

Introduction

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As a young adult, Anne Bradstreet traveled across the Atlantic from her birthplace in England and landed in Salem, Massachusetts, in 1630.¹ At sixteen and while still living in England, Bradstreet had suffered a bout of smallpox; throughout her life, and after her arrival in New England, she endured periods of poor health and sickness.² Bradstreet's experiences of illness in conjunction with her religious fervor as a Puritan became central subjects in the verse she composed, and Bradstreet would gain a reputation as "the first female poet and the first colonial poet in English."³ When an edition of Bradstreet's writing was published in 1650 in England, titled *The Tenth Muse Lately Sprung Up in America*, allegedly without the poet's permission and while she resided in New England, it included the poem "A Dialogue Between Old England and New, Concerning Their Present Troubles. Anno 1642." A later version of the collection would be published in Boston by John Foster as *Several Poems Compiled with Great Variety of Wit and Learning, Full of Delight Wherein Especially Is Contained a Compleat Discourse, and Description of the Four Elements, Constitutions, Ages of Man, Seasons of the Year* (1678). In "A Dialogue Between Old England and New," Bradstreet constructs an exchange between the England she left behind and the New England where she settled, describing the numerous afflictions and struggles suffered by England. At the heart of the debate is the civil war in England. Bradstreet devises an Atlantic divide represented by Old England as an ailing mother and New England as her daughter. When New England asks, "Alas, deare Mother, fairest Queen, and best, / With honour, wealth, and peace, happy and

blest, / What ayles thee hang thy head, and cross thine armes? / And sit i' th dust, to sigh these sad alarms?" Old England responds by describing her body and health in decline:

Art ignorant indeed, of these my woes?
 Or must my forced tongue these griefes disclose?
 And must my selfe dissect my tatter'd state,
 Which 'mazed Christendome stands wondring at?
 And thou a childe, a Limbe, and dost not feele
 My weakned fainting body now to reele?
 This Phisick-purging-potion I have taken,
 Will bring Consumption, or an Ague quaking,
 Unlesse some Cordial thou fetch from high,
 Which present help may ease this malady.
 If I decease, dost think thou shalt survive?
 Or by my wasting state, dost think to thrive?⁴

The mother figure of Old England is afflicted with an illness that leaves her in a "wasting state." She takes a purging potion, but the source of the illness is not physiological; instead, her medical strife is occasioned by religious unrest. When New England asks, "What Medicine shall I seek to cure this woe, / If th' wound's so dangerous *I* may not know?" Old England responds,

Before I tell the effect, ile shew the cause,
 Which are my Sins, the breach of sacred Lawes;
 Idolatry, supplanter of a Nation,
 With foolish superstitious adoration;
 And lik'd, and countenanc'd by men of might,
 The Gospel is trod down, and hath no right;
 Church Offices are sold, and bought, for gaine,
 That Pope, had hope, to finde *Rome* here againe;
 For Oathes, and Blasphemies did ever care
 From *Beelzebub* himself, such language heare?
 What scorning of the Saints of the most high,⁵

Bradstreet easily conflates geographical, medical, and religious concerns. She captures how closely related issues of medicine and religion were for Puritans

who had left behind England for a land they believed promised religious freedom. For early New England settlers, medicine and religion were almost indivisible. Often the same men who preached as ministers served as doctors, and as Jean Marie Lutes explains in “Negotiating Theology and Gynecology: Anne Bradstreet’s Representations of the Female Body,” the lines between medicine and religion were largely porous in Puritan New England: “Medical treatment and religious attitudes affected each other in many concrete ways in Bradstreet’s world.”⁶ Though the physical manifestation of illness in Old England is wide-ranging, many of the symptoms she describes were common features of the illnesses that blighted England and New England in the early modern period. Old England describes her body pestered by sores—“I must confesse, some of those Sores you name, / My beauteous Body at this present mime”—similar to those that might appear during a plague or smallpox outbreak, afflictions that both wrote their symptoms on the body and terrorized England (plague and smallpox) and New England (smallpox).⁷ It was not only the arriving settlers in New England who viewed medicine with a religious worldview. Within both Native and colonial populations, some level of spirituality was closely tied to the delivery of medical care in colonial America. While there was a shift toward empiricism in British medicine as the seventeenth century progressed, this was delivered within the context of religious reasoning. In a similar way, the medical practices of the Native Americans, as diverse as they were, often hinged on the understanding that the diseases they were familiar with and health more generally were closely tied to spirits and spiritual matters.⁸

Within the Spanish New World, Sor Juana Inés de La Cruz, who was born in San Miguel Nepantla, Viceroyalty of New Spain (Mexico), was a contemporary of Bradstreet. Sor Juana composed poetry and dramatic works that gained significant popularity in Latin America. Suzanne Shimek notes in her comparative study of Sor Juana’s and Bradstreet’s verse that the two writers “invite comparison: they were two of the first published poets in the European colonies, they both struggled with religious faith.”⁹ Sor Juana’s writing was both secular and religious in nature, in part reflecting her eventual decision to leave the viceroyalty court and instead take up the vocation as a nun.¹⁰ In “Primero sueño,” or “First I Dream” (1692), Sor Juana contrasts the state of the body with that of the soul, describing the descent into a dream state: “the gift of vegetative warmth, the mortal / shell in restful lassitude, cadaver, / yet with a soul imbued, / dead in life, but living still in death.”¹¹ Reflecting on a body that seems suspended between life and death, Sor Juana dissects the bodily vessel into its contingent parts. She settles on the stomach, writing,

That most competent and scientific
 laboratory,
 dispensing warmth to all the body,
 withholding never, ever diligent,
 neither to neighbor showing preference
 nor slighting one remote,
 with nature's instrument is taking note
 of precise measurements
 of chyme it will assign throughout the soma.¹²

Sor Juana's narration of the body is consistent with emerging interpretations of the body and soul in her time. Her writing reflects familiarity with current scientific reasoning and René Descartes's teachings and in particular his *Discourse on Method* (1637).¹³ Sor Juana, like Bradstreet, narrates the body in a state of transformation. While Bradstreet refers to Old England's disease-riddled body, Sor Juana's own dissection of the body—heart, lungs, throat, tongue, stomach, brain—and characterization of the stomach as the body's laboratory, “competent and scientific,” creates a striking meeting point between concerns of the body and those of the soul.

Both Bradstreet's “A Dialogue Between Old England and New” and Sor Juana's “First I Dream,” cast into the literary landscape of the seventeenth-century Atlantic world, show a facility describing corporeal and providential concerns, with each poet depicting the body as a conflicted space. Scholarship has thoroughly addressed the union of medicine and religion in colonial America. Outside of colonial America, however, the subjects of medicine and religion in the Atlantic world have more frequently been treated as discrete areas of inquiry. Religion in the Atlantic world has been the increasing focus of scholarship. Gatherings such as the Catholics and Puritans in the Trans-Atlantic World conference held at Trinity College Dublin in 2013 and book series such as *Christianities in the Trans-Atlantic World* published by Palgrave Macmillan and edited by Crawford Gribben and Scott Spurlock continue to refine our understanding of how religion shaped the Atlantic world.¹⁴ Meanwhile, a large body of scholarship shows how medicine and science impacted and were impacted by transatlantic movement in the early modern period.¹⁵ This volume insists on a nuanced approach to the intersection of these subjects, building on previous scholarship that has demanded a more accurate view of the cross-currents between medicine and religion in colonial America and reappraising our

understanding of the interactions between medicine and religion in the Atlantic world. Each chapter reenters a key moment in the early modern Atlantic world during a period of remarkable upheaval, with the collection applying an interdisciplinary approach to meeting points between medicine and religion that were frequently contingent on location. In addition to addressing the religious belief systems of colonizing forces, as they were understood within the context of medical reasoning, including Puritanism, Protestantism, and Catholicism, this volume also explores spiritual understanding and belief systems within enslaved and Indigenous communities in relation to healing. Within this text, the term “spiritual” is deployed as an adjective to describe beliefs that extend beyond corporeal concerns, and it is used in relation to both colonists and the enslaved or Indigenous peoples described.

The movement of people in the Atlantic world saw diseases taking hold in new locales, creating a frightening moment of medical reckoning foregrounded against an era of unprecedented migration. Care of the body was mediated by and constructed through religious or spiritual belief systems. The religious traditions that accompanied plague outbreaks in early modern England informed devotional customs in the face of smallpox epidemics in New England.¹⁶ Extensive writings by Jesuits on plants and herbs in early modern Peru, derived, in part, from the vast body of knowledge held by Indigenous healers, were stripped of all spiritual meaning, even as Jesuits pursued their own efforts to evangelize Indigenous peoples.¹⁷ The maternal body became contested ground, as all aspects of childbearing and nursing—from the instruments used in childbirth to the subject of male midwives—were interpreted and reinterpreted in moral and providential terms.¹⁸ Illness was framed as an extension of enslaved people’s spiritual life on Jamaican plantations.¹⁹ Religious missions led by the Catholic Church were the chosen vehicle for the first vaccine distribution throughout the Spanish Empire.²⁰ The chapters in this volume demonstrate that, far from being an objective process, the delivery of medical care was contingent on geographical context and the religious and spiritual beliefs of the people who lived there. As such, with the increasingly transatlantic complexion of life in the early modern period, entirely new ways of thinking about the body and its intersection with religious life unfolded.

Travel across the Atlantic revealed the horrific biological potential of humans from different parts of the globe coming together. Bodily health was of eminent concern for both Native populations and colonists; however, the ways in which these bodily concerns were expressed were often strikingly different. The

Mohegan people, whose lands are found in the area now known as Connecticut, preserved traditional medical and healing practices despite the devastating effects of colonization.²¹ In Siobhan Senier's article "Traditionally, Disability Was Not Seen as Such," she notes that within this culture, while "acute sickness" was readily acknowledged and associated with the destruction that accompanied colonization, "it appears that long-term or permanent bodily impairments and differences were not," with Senier tracing the evolving understanding of disability in Mohegan documents from the mid-eighteenth century into the twenty-first century.²² Medicine and religion were inextricably connected to much of the colonizing process, and all too often these collisions came at one community's detriment. New illnesses were introduced, leaving people ravaged by disease. The introduction of unfamiliar diseases to new locales, by way of human migration and conquest, decimated populations. While there were clear biological implications that followed the introduction of diseases, their spread was also a consequence of colonizing practices that upended communities.²³ In the past two decades, research has demanded a more nuanced understanding of why these interactions led to such devastating results, most often for Native populations. In "Virgin Soils Revisited," David S. Jones interrogates widespread but reductive ways of interpreting the biological and social phenomena at play during periods of colonization. Jones argues that justifications focused on genetic or biological reasoning risk perpetuating "racial theories of historical development," ignoring "the same forces of poverty, social stress, and environmental vulnerability that cause epidemics in all times and places." He warns, "These new understandings of the mechanisms of depopulation require historians to be extremely careful in their writing about American Indian epidemics."²⁴ This volume covers a broader geographical area than only colonial America, but the chapters contained feature microhistories, case studies, and literary close readings that attempt to elucidate how religion, in particular, played into the medical landscape of the early modern Atlantic world, often becoming entangled in colonizing practices.

The convergence of medicine and religion in the face of epidemic disease in the Atlantic world was particularly evident. A number of chapters in this volume provide novel approaches to the historical and literary study of epidemics and their corresponding literature, examining how the experience of plague and smallpox were shaped by religious negotiations in a transatlantic context. The devastating effects of plague were well known in England and among early Puritan settlers in colonial America. Settlers applied much of their

knowledge of pestilence to the more common smallpox outbreaks that terrorized New England. While plague was not a prevalent affliction in New England, smallpox outbreaks ravaged both settlers and Native populations, playing a significant role in how colonization played out. When settlers from England arrived in Massachusetts Bay Colony, they brought with them their knowledge of how disease was dealt with in their birthplace but also the illnesses from that birthplace. As John Duffy explains of smallpox in *From Humors to Medical Science: A History of American Medicine*, “In the same way that it had swept through Central and South America in the sixteenth century, paving the way for the Spanish Conquistadores, so it proved an advance guard for the European occupation of North America.”²⁵ New England settlers addressed smallpox in a manner that closely mirrored responses to plague in early modern England, with a combination of public health and religious measures deemed to have some efficacy against the disease. Furthermore, the spread of disease was essential to the processes of colonial power. In Stephen Greenblatt’s “Invisible Bullets: Renaissance Authority and Its Subversion, *Henry IV* and *Henry V*,” he describes Thomas Harriot’s meticulous reporting on the first colony in Virginia in *A Brief and True Report of the New Found Land of Virginia* (1588) and Harriot’s narration not only of the views of the colonizers but also those of the colonized, including their understanding of smallpox as “invisible bullets” shot by colonizers. Greenblatt describes this as part of the colonizing process: “The recording of alien voices, their preservation in Harriot’s text, is part of the process whereby Indian culture is constituted as a culture and thus brought into the light for study, discipline, correction, transformation.”²⁶ Smallpox was of eminent concern in the Spanish Empire, as well, with the Catholic Church becoming an essential actor in the first steps toward eradicating the disease through the process of vaccination.²⁷ Silva Cristobal’s *Miraculous Plagues: An Epidemiology of Early New England Narrative*, in which he coins the term “epidemiology of narrative,” draws on and critiques epidemiology, noting the limits of epidemiological approaches and seeking to “demonstrate how these discourses are bound up in the cultural assumptions of the communities that produce them—how, for example, their representational practices regulate access to medicine, and define the boundaries of citizenship.”²⁸ This volume contributes significantly to the body of work that is currently being done on both plague and more widely on epidemics, in which the historical and literary role that these diseases and events have played in the early modern world is being explored at an unprecedented pace.²⁹

This volume marks a robust starting point for further investigations into the intersection of medicine and religion in the Atlantic world. There are limitations to the scope of the volume, however, that cannot be ignored. The essays here focus on British and Spanish colonial interactions, with a particular emphasis on Anglophone contexts; future scholarship could focus on the experiences of Indigenous and enslaved peoples at the intersection point between medicine and religion. Such a project would demand looking critically at how we approach the archive, including information conveyed through the printing press, a technology deeply implicated in imperial actions in the early modern period, as noted in this volume. Mark Alan Mattes traces the important work being done to expand the archive, noting, “Scholars in Native American and Indigenous Studies (NAIS) have long raised important concerns about the equal and equitable treatment of archival media, including the opportunities and limits of expanding the category of writing. Because the particularities of the material forms, affordances, and literacies connected to any archive render any one medium irreducible to another, one must avoid a universalizing conception of any media practice.”³⁰ Within this volume, the limitations of the historical record are perhaps best lamented by Rana Hogarth, who notes how “the tense relationships between Blacks and whites, the lack of written sources from enslaved populations, and the appalling material conditions of slavery” (155) have impacted her own research. The archive of the colonial Atlantic world is full of insufficiencies that reflect these conditions of systemic oppression.

As the organizer of the volume, my research interest in writing that emerged from early modern English plague epidemics, in conjunction with the expertise of the contributors, has resulted in a substantial amount of material that addresses how epidemic disease was understood in religious dialogues that evolved from transatlantic movement between England and colonial America. Placing essays that examine the colonial contexts of medicine and religion in England and early America in dialogue with those describing medical and scientific discovery in the Spanish Empire, however, reveals the extent to which understanding of the body was frequently inseparable from spiritual matters and the surprising parallels that emerge from these interactions. From Jamaican plantations and the construction of the medical conditions that afflicted the enslaved to the first vaccination campaign in the Spanish Empire to the stark categorization of natural knowledge in Peru by missionaries, scientific understanding, medical treatment of the body, and the delivery of bodily care were interpreted and addressed within religious and spiritual belief systems. This

volume's interdisciplinary approach proved especially successful at teasing out nuanced research on the intersection of medicine and religion, and a similarly interdisciplinary approach to future research on this point of juncture could take a number of directions: examining other diseases and bodily conditions; focusing on the knowledge and beliefs of different Indigenous communities; or considering how the issues of medicine and religion were entwined in Dutch, French, and Portuguese colonial actions.

CHAPTER DESCRIPTIONS

This volume is organized to underscore the back-and-forth dialogue between people and places guided by conflicting religious and health-related belief systems. Moving broadly between research that focuses on the thought of the colonizer, in contrast to insights into the histories and beliefs tied to Indigenous or enslaved peoples, gives this book space to explore a range of transitions occurring in the early modern Atlantic world. Encompassing a geographical area that includes England, New England, the Spanish New World, and Jamaica, the authors apply interdisciplinary approaches to the subjects of medicine, religion, and transatlantic movement. Drawing together historical, literary, and material culture lines of inquiry, these essays provide novel insights into the collision of medicine and religion in the Atlantic world. From seventeenth-century plague outbreaks in England to the first vaccination campaign in the Spanish Empire, each contribution touches on key moments of conflict and change during a period spanning from 1590 to the early nineteenth century. Arranging the chapters to highlight the tension between divergent religious belief systems and the medical practices tied to those beliefs gives this collection room to scrutinize colonial interactions that shaped medical and scientific discovery.

Matthew James Crawford's "The Secularization of Nature: Jesuit Missionaries and Indigenous Healing Knowledge in Early Modern Peru (1590–1710)" opens the volume, comparing how Indigenous peoples and missionaries used knowledge of herbs native to early modern Peru. Jesuits mined Indigenous healers' understanding of herbs, playing a conflicted role in codifying the medical and scientific value of these plants while in turn promoting an agenda of religious conversion. Crawford problematizes the spread of scientific knowledge within the Spanish Empire, as understanding of the healing potential of plants was divorced from its Indigenous roots by agents of the Catholic Church. Following on from Crawford's deft portrayal of the religious politics underlying the

collection and subsequent spread of scientific knowledge, Allyson M. Poska's "Vaccinating in the Name of the Lord: The Catholic Church and the Extension of Smallpox Vaccination in the Spanish Empire (1803–1810)" shows how the Catholic Church played an essential role in the first vaccination campaign and the incredible measures that were taken to both distribute and encourage uptake of the smallpox vaccine via a naval mission to destinations throughout the Spanish Empire. Within the context of the vaccination campaign, the Catholic Church became a central actor in distributing lifesaving medical care and a partner in deploying essential public health measures. While Western religious traditions could be mobilized within colonies to spread positive health outcomes, the Catholic Church's assistance with the distribution of the smallpox vaccine being one example, the relationship between caring for the health of the body and the maintenance of the soul was rarely straightforward in the Atlantic world, as is evident in the erasure of Indigenous healing knowledge when Jesuits rewrote the history of the herbs of early modern Peru.

Within the Western Christian worldview, a sick body often signified moral or spiritual decay, and Crawford Gribben's chapter, "John Owen, Plague, and the Meanings of Disaster," traces the role of dissenters and the state of English nonconformity following the restoration of the monarchy, narrowing in on nonconformist Owen's interpretation of disasters, such as the plague outbreak in 1665 London, as divine judgments. The body and its state of health or ill health could signify one's spiritual well-being, and likewise the maternal body in the Atlantic world was a corporeal space onto which religious beliefs were grafted and interpreted. In "Maternal Bodies: Religion, Medicine, and Politics in Early America and the Atlantic World," Philippa Koch turns, in part, to midwifery manuals that spread through the seventeenth- and eighteenth-century Atlantic world to reveal contentious medical and moral debates over the maternal body and nursing, outlining how Mary, mother of Jesus, signified the redemptive potential of childbirth, a message spread by "American clergy and missionaries of the Atlantic world" (76). Koch narrows in on the divergent ways in which women's bodies, whether that of a colonist or that of an Indigenous or enslaved person, were depicted to meet "the purposes of European colonists" (92). Koch critically examines how value was placed on maternal bodies. If the printing press served to disseminate understanding of the maternal body across the Atlantic world in the form of midwifery manuals, it also allowed medical and religious paradigms to become embedded in new locations and appropriated for local audiences through the spread of print documents. My own essay in this volume,

“Printing England’s Plague Past in New England,” examines how texts about early modern English plague epidemics were recontextualized and reprinted on New England presses; furthermore, I note that the texts favored for reprinting were those that saw plague in divine terms, as a punishment for sin, and, perhaps unsurprisingly, those written by nonconformist ministers. The spread of knowledge about disease made possible through the printing press meant culturally and location-specific approaches to illness could be transferred to occupied lands and to the medical afflictions prevalent in those places. New Englanders facing the threat of smallpox, for example, turned to English religious responses to plague, and Catherine Reedy’s “Contagious Fasts: Occasional Worship and Medical Practice in England and Massachusetts Bay Colony” considers occasional worship days and fasting in seventeenth-century Boston in response to the smallpox outbreak from 1677 to 1678. Reedy describes the close ties between the religious responses to smallpox and similar measures enacted during the frequent outbreaks of plague in early modern England. During outbreaks of contagious disease, religious measures were often introduced in tandem with public health directives that addressed the bodily threat of illness, such as quarantine guidelines. In the instances of both plague epidemics in England and smallpox outbreaks in New England, contagious disease was treated as both a spiritual and bodily affliction.

In contrast to contagious disease, which could spread silently among colonists and the colonized alike, the final essay in the volume scrutinizes a bodily condition, dirt eating, that challenged explanation for those who were describing its pathology and that seemingly only afflicted the enslaved. Rana A. Hogarth’s “Enslaved Bodies and the White Imagination: (Mis)Perceptions of Dirt Eating on Jamaican Plantations” describes a disease suffered by enslaved people on Jamaican plantations, *Cachexia Africana*, which was widely recorded and endlessly interpreted by white physicians. Turning to accounts of *Cachexia Africana* compiled by plantation physicians and planters, Hogarth interrogates the role this affliction played within enslaved populations and among their spiritual healers, Obeah practitioners. In each of these chapters, the body is a contested space, entangled in colonizing narratives and bending to religious motivations.

Within *Doctrine and Disease in the British and Spanish Colonial World*, unexpected connections become apparent, with ways of thinking within these colonial interactions extending between essays. Crawford states that Jesuits feared Peru’s Indigenous healers, whom they called *curanderos*, in part because

they viewed these healers “as their direct competitors as spiritual leaders” (26), a sentiment comparable to the phenomenon Hogarth acknowledges on Jamaican plantations, where, in white physicians’ accounts, “the Obeah practitioner was more than just a competitor; they became a menace to the health of enslaved bonds people” (161). The overlap between religious and medical practice is evident throughout the volume, as Jesuits collected natural knowledge in early modern Peru, the Catholic Church became a central figure in vaccination efforts in the Spanish Empire, and physician-ministers tended to citizens’ physical and spiritual health in early New England. Furthermore, threads of English non-conformity impacted not only how plague was understood in England but also how smallpox would come to be interpreted by New England settlers, with the chapters by Gribben, Reedy, and me exposing porous lines of communication between England and New England that shaped both the printed word and religious thought. Whether illness and the body were addressed by Western religious traditions or within the healing practices of Indigenous or enslaved peoples, such as by Obeah practitioners on Jamaican plantations or by *curanderos* in early modern Peru, poor health was often treated as a natural and magical phenomenon, potentially aided by a combination of magical thinking and natural measures. Much as Crawford notes that *curanderos* treated a range of afflictions, “from those that had natural causes to those that had magical or spiritual causes” (26), New England settlers chose to address smallpox with the spiritual balm of fasting days, fixating over how to best venerate the Lord and identify the moral and spiritual infractions that had caused the divine judgment of bodily devastation by way of disease. As the essays in this volume consistently demonstrate, religious and medical thought bled into each other time and time again in the early modern Atlantic world.

CONCLUSION

With the advent of the COVID-19 pandemic, medical knowledge and language about pandemic disease have become entwined in the public dialogue to a greater extent than at any other moment in history. Despite the remarkable pace at which twenty-first-century medicine has devised effective vaccines to end the pandemic and established vectors of transmission for the virus, the international community has witnessed how easily science and medicine bend to concerns that are geographically, culturally, and religiously contingent, even when these are directly in contradiction of public health measures and

evidence-based knowledge. How understanding of disease is mediated by religious belief systems and geographical place has been laid bare before a global audience. Perhaps, then, it is unsurprising that health care in the early modern Atlantic world, as it continues to be today, was frequently indivisible from the religious and cultural meaning that was invested in understanding of the body and its illnesses.

NOTES

1. Keeble, "Bradstreet [née Dudley], Anne."
2. Keeble, "Bradstreet [née Dudley], Anne"; Lutes, "Negotiating Theology and Gynecology," 314; Daly, "Bradstreet, Anne (1612–1672), poet."
3. Keeble, "Bradstreet [née Dudley], Anne."
4. Bradstreet, "Dialogue," 180–81.
5. Bradstreet, "Dialogue," 181, 183–84.
6. Lutes, "Negotiating Theology and Gynecology," 314.
7. Bradstreet, "Dialogue," 182.
8. Duffy, *From Humors to Medical Science*, 1–2.
9. Shimek, "Tenth Muses."
10. Correia and Stavans, "Sor Juana Inés."
11. Cruz, *Poems, Protest, and a Dream*, 89.
12. Cruz, *Poems, Protest, and a Dream*, 91.
13. McKenna, "Rational Thought," 43. For a discussion of other possible influences on Sor Juana's thought in "Primer sueño," see McKenna, "Rational Thought," 40.
14. The Catholics and Puritans in the Trans-Atlantic World, 1500–1800 Conference at Trinity College Dublin in 2013 led to the publication of Gribben and Spurlock's *Puritans and Catholics*; see also Brown and Tackett, *Cambridge History of Christianity*; Mills, "Religion in the Atlantic World"; Kopelson, *Faithful Bodies*; Glasson, *Mastering Christianity*; MacCormack, *Religion in the Andes*.
15. See Duffy, *From Humors to Medical Science*; Breslaw, *Lotions, Potions, Pills, and Magic*; Finch, *Dissenting Bodies*; Jones, "Virgin Soils Revisited"; Brown, *Reaper's Garden*; Crawford, *Andean Wonder Drug*; Cristobal, *Miraculous Plagues*.
16. See Catherine Reedy's chapter in this volume.
17. See Matthew James Crawford's chapter in this volume.
18. See Philippa Koch's chapter in this volume.
19. See Rana A. Hogarth's chapter in this volume.
20. See Allyson M. Poska's chapter in this volume.
21. Senier, "Traditionally, Disability," 214.
22. Senier, "Traditionally, Disability," 219.
23. David S. Jones offers wide-ranging examples of existing research into how the nuanced situations surrounding colonizing practices and those who were being colonized could result in different rates of mortality from encounters with disease. See Jones, "Virgin Soils Revisited," 736–39.
24. Jones, "Virgin Soils Revisited," 705.
25. Duffy, *From Humors to Medical Science*, 5.
26. Greenblatt, "Invisible Bullets," 91.
27. See Allyson M. Poska's chapter in this volume. Smallpox was introduced within the Spanish New World by Spanish colonization. The sixteenth century saw major outbreaks in the Caribbean, Mexico, Peru, and Brazil. Centers for Disease Control and Prevention and World Health Organization, "History of Epidemiology," slide 4.
28. Cristobal, *Miraculous Plagues*, 4, 10.
29. In 2018, two gatherings of scholars brought together new views on plague in the early modern period: The Worlds That Plague Made Conference held at New York University and the London Bills of Mortality Symposium held at the Folger Shakespeare Library in Washington, DC. For early modern plague scholarship, see Gilman, *Plague Writing*; Slack, *Impact of Plague*; Greenberg, "Plague, the Printing Press"; Totaro, *Plague Epic*; Gilman and Totaro, *Representing the Plague*; Totaro, *Suffering in Paradise*; Munkhoff, "Searchers of the Dead."
30. Mattes, "Writing the Indigenous Americas," 1702. See also Ballantyne and Paterson, "Introduction."

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