

The Magical and Sacred Medical World

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Edited by

Éva Pócs

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PREFACE

ÉVA PÓCS

The conference which lends its title to the present volume was held in the city of Pécs and was organised by the Department of Ethnography and Cultural Anthropology of Pécs University in September 2009. This collection of papers presents, in line with the purpose of the conference, the sacred and magical aspects of ethnomedicine. The subject area itself was identified by the common points between religious anthropology, ethnomedicine and medical anthropology, focusing on topics like magical and religious concepts of health and disease, causes of disease, various illnesses, religious and magical averting and healing rites, healing gods, saints and holy places and, last but not least, the part that these play in the society, religion, mentality and everyday life of a community, as well as their various representations in folklore, literature or art.

We know of a wide range of different phenomena within the religious and magical aspects of European ethnomedicine; nevertheless, there are not many works of a high theoretical standard that place these in a broader religious, anthropological, folkloristic, social or historical context. Considerable advances have been made over recent decades (e.g. in studying the relevant aspects of shrines, possession, shamanism or witchcraft, or the study of bewitchment and charms, or in processing the historical records of a narrower area such as medicine in the region of Naples and summarising its medical “holy system”). Nevertheless, there has been a scarcity of interdisciplinary works that could equally well take into account considerations of medicine, folklore studies or religious studies. Apart from a few well-known Italian and Greek examples, there have been hardly any investigations into contemporary healing practices using modern anthropological methodology and extended fieldwork (and where there have been such efforts, e.g. in Karelia, they have still gone unpublished), in spite of the fact that Europe offers no fewer opportunities for such research than the non-European traditional societies. Thus, it is natural that we welcomed accounts of such research endeavours at the conference, as well as in the present volume. These papers present the local systems and connections of various phenomena and describe the part

they play in their local societies, or they analyse broader connections of medical phenomena in terms of religious ethnology, medical history, medical anthropology and folklore. The volume includes, without restrictions of a methodological, temporal or geographical nature, works from the fields of folklore studies, anthropology, cultural history, comparative historical and textual philology, as well as research findings which use the latest methods of analysis in textual folklore or are based on archival research or fieldwork in or outside of Europe. Besides anthropologists and folklore researchers, representatives of psychiatry, literary scholarship and linguistics were also welcome to contribute. Our goal was that each of the four chapters of the book should present one subject matter from a multiplicity of angles and within broad time frames, preferably featuring several regions of Europe.

Part 1 of the book is devoted to concepts of disease, within which demonic causes of disease have played a special role throughout the recorded past of Europe and the ancient Orient right up until the present day. The most varied forms of assaults from demons against the human world have been known, both in the pre-Christian religions and the accompanying folk beliefs, and in Christianity—the chapter also offers samples of these. *Janine Rivière* has examined notions of the night-time demon known by names such as *Mahr/mare/mara* and *nightmare*, as well as the pressure exerted by these demons and experienced by humans. She looks at the way in which the demon, known to assault its victims sexually, appears in the medical theories and popular experience of early modern England, and how these parallel sets of ideas mutually influence each other. *Svetlana Tsonkova* explores a disease demon called the *nezhit*, which often appears in late Medieval and early modern Bulgarian charm texts. She identifies the kind of divine healing and averting procedures in whose context these demons, already known from magical texts of the ancient Orient, tend to appear, and she describes the kinds of remedies offered against them by the healing texts and by contemporary practice. *Laura Iancu* summarises the results of her extended fieldwork in Moldova when analysing the disease concepts of the Roman Catholic population of Magyarfalu (Arini) as part of the world view of that community and within the broader social system of magical and religious healing. She offers a detailed analysis of the role of a specific demonic cause of disease also mingled with the figure of the Christian devil referred to as *rossz* or *nem tiszta* [literally “evil” or “not pure”] and the diseases and healing methods associated with this demon.

The dualistic figure of the Eastern European witch, a simultaneously human and demonic figure, represents at once the category of demonic perpetrators of disease and the class of harmful humans. In her paper, *Katerina Dysa* presents early modern examples of witchcraft from the Ukraine and Poland. She analyses the chain of events of the witch performing maleficium and then the healing of this condition through the prism of the everyday tensions and conflicts of past religious communities. Referring to cases of magical healing, she draws attention to the way in which natural and magical causes of disease were conflated and treated in the same way in past societies. *József Gagyí* analyses contemporary witchcraft in villages of the Székler Land region and points out certain alternative causes of disease living alongside each other through the exploration of a case in which the community gave preference to a breach of taboo rather than an explanation of disease based on bewitchment.

Another dualistic figure, half demon, half human, that has played a significant part in popular belief in Eastern Europe is the vampire. A paper by *Ádám Mézes* treats a phenomenon which provoked panic in the Carpathian Basin in the eighteenth century—fear of assault by vampires. The author analyses the investigations into vampire belief that were commissioned during the reigns of emperors Charles VI and Maria Theresa. He also reviews a work called *Visum repertum* written by a surgeon called Georg Tallar as part of the state control mechanism. This forms part of an effort to reconstruct the activity and participants of the medical committee which was examining the vampire phenomenon, and to interpret cases of latter-day vampirism in the context of the processes of the enlightenment, the expansion of state control, medicalisation and secularisation.

Part 2 describes some of the human agents and rituals, in and outside Europe. It discusses methods of magic and healing and the overall activity of rural healers and clerical and lay representatives of elite culture, as well as their related views and doctrines. All of these have existed and functioned in close interaction and with mutual influence since antiquity, from the Middle Ages right up until early modern times. *Christa Agnes Tuczay* examines a whole sequence of mostly ancient Greek and medieval German literary and linguistic records from the point of view of the activity of specialists of sacred communication and mediumism. She presents methods of this special kind of perception and related healing techniques in a classification which follows the categories of divination by offering a number of interesting examples of divining mediums possessed by spirits. *Ane Ohrvik* describes a few noted instances from eighteenth-

and nineteenth-century Norwegian MS recipe books, by analysing the roles of the different types of healers and the plurality of contemporary healing practice.

Madis Arukask's paper on the Vepsian "cunning man" (*tedai*) brings us back to the present age and describes the dialogue between the collecting ethnographer in search of archaic textual relics and contemporary society which is concerned with the survival or extinction of certain elements of traditional healing. The universal character of witchcraft and magic, and the similarities which overarch great expanses of space and time have been a constant source of wonderment for researchers—the papers in this section may have a similar effect. *Gábor Vargyas* offers a piece in which he analyses the social role of the shamans of the *Bru* tribe in Vietnam from the point of view of the inherent ambivalence of their activity. In this way, he draws attention to the dual role of bewitchment and healing carried out by magicians and shamans, which is also a universal trait well known in the systems of European witchcraft. *Krisztina Kehl-Bodrogi* reports on her fieldwork in Uzbekistan and analyses the recovery of religious healing in the period after the dissolution of the Soviet Union and the country's independence. Her case study sheds light on the way in which, besides the increase in religious beliefs, various phenomena of New Age spiritualism are also gaining ground.

Two papers are concerned with exorcisms performed by priests according to a routine fixed in the liturgy. By practising exorcism, the church was carrying out an anti-demon activity which used and integrated both the textual legacy of the anti-demon practice of oriental antiquity together with the Hellenistic belief in demons, and the formulas of popular magic used to expel illness demons and send them out of the body. This ecclesiastical practice played a role identical to that of lay, popular healing methods and both were performed in the same spheres of private and public lives: to render assistance in the crisis situations of human life. The paper of *Dániel Bárh* sheds light on the contours of these practices by presenting an extremely significant, though so far unprocessed, Hungarian source: part of a Benedictine manuscript collection, written in eighteenth-century Hungary, held at the Benedictine Pannonhalma Archabbey. The healing and exorcising priest became practically extinct in the area of western Christianity by the twentieth century, contrary to the practice of the Eastern Church. *Tünde Komáromi's* paper makes a Christian perpetrator of disease its focus and she writes about Satan as he comes to possess humans. Reporting on her fieldwork which she had carried out in Russia, she describes rituals of exorcism practised in the monastery of the Holy Trinity and offers a portrait of an exorcising priest of nationwide

renown. Her analysis places all of this in the context of the symptomatology of contemporary Russian society.

Part 3 is about the healing effect of deities and saints. The rural cultures of Europe are known to have featured a whole range of non-Christian demonic beings with goddess traits, such as the fairies of the Balkans, the figure of *Luca (Lucy)* known among the Hungarians, the German-Austrian *Perchta* or the Russian *Friday women* who assault and sicken people as a punishment for breaches of taboo. *Mirjam Mencej* offers us a broad-ranging description of these “divine” concepts of disease. The author places the main focus on Slovenian belief figures who punish people for breaking known taboos, while she also draws conclusions regarding the symbolic significance of thread and spinning.

The healing effect of deities and saints, most potent in the vicinity of sacred spots such as their graves, relics, images and statues, prevalent since antiquity and all the way to the most contemporary shrines, constitutes one of the key chapters in the history of magical healing. *Emanuela Timotin* peruses Romanian charm texts from MS records from the seventeenth to the nineteenth centuries and analyses the role of healing saints that feature in these texts (Saint Cosmas and Damian, Simeon, Cyprianus etc.). She explores the roots of this tradition in the hagiography of the saints in question and involves textual parallels from the orally transmitted textual legacy of the most recent period.

Éva Pócs’s paper on dream healing offers a review of healing by incubation in Europe and discusses the non-Christian variants of the phenomenon and cases of dream healing not related to sacred spots, offering a pan-European review overarching several epochs. She then goes on to analyse cases of dream battles between the healing and harmful spirits which emerge from the documentation of witchcraft trials of the early modern period. *Albena Georgieva* explores cases of healing reported to have taken place at Bulgarian shrines from the point of view of the emanating effect of the saint. She also analyses the significance of narratives that emerge in the wake of such instances of healing by incubation and other influences in sustaining knowledge of the history of the shrine and initiating newcomers into its community.

The papers in *Part 4* present vital aspects of European antiquity and the ancient Orient which constitute the very roots, indeed the archaic foundations, of European ethnomedicine and which in certain respects are in fact alive to this very day. *Nora Zergi* contributes to an ongoing debate about the identification of a plant, the *moly*, which appears in the works of

Homer, by making an interesting proposal. *Anna Tóth* asks an exciting question in the context of Greek and Roman statues of deities—how and why did people start to attribute healing power to these in late antiquity? *Ildikó Csepregi* explores more general issues of religious taboo and religious scepticism in the course of her examination of cases of incubation, and sleeping at a holy place and experiencing recovery, reconstructed from late antique and medieval material. Incubation dreams often include pork, a taboo in several religions, used as a medication in spite of that injunction.

The last two papers bring us back to the present time. *Judit Kis-Halas* offers a case study about a new method of healing, “spirit surgery” or *psychotronics* from Baranya County, Hungary, using a great deal of illustrative material. This method bears some shamanistic traits (“soul journeys” to the heavenly Jerusalem and carrying out operations there) and is highly popular—so much so that a number of traditional healers have integrated it into their toolkit and use it in combination with their previous range of methods. Two of our authors—*József Vas* and *Noémi Császár*—are psychiatrists and rely on the day-to-day experience of the working therapist when they describe a successful psychiatric method for treating grave psychological conditions which utilises certain archaic elements of spirituality for, as it were, medical purposes.

Naturally, neither the conference nor the resulting volume could exhaust every possible aspect of such an extensive central theme—we must make do with the “taster” that we have been offered through the above examples. However heterogeneous and colourful the material, we hope that the present collection is helpful, not by transmitting the entire system of sacred and magical healing, but by bringing the reader closer to the crucial questions of contemporary European research and by further broadening the still rich and colourful horizon of “magical and sacred medicine” in Europe.

1. MAGICAL AND SUPERNATURAL CAUSES OF ILLNESSES

“HAG-RIDING”:
DEMONS OF DESIRE
OR SYMPTOMS OF DISEASE?
MEDICAL THEORIES AND POPULAR
EXPERIENCES OF THE NIGHTMARE
IN PREMODERN ENGLAND

JANINE RIVIÈRE

In thoughts from the Visions of the night, when deep sleep falleth upon Men, Fear came upon me, and Trembling, which made all my Bones to shake. Then a Spirit passed before my face; the hair of my flesh stood up. (Job. 4:13–15).

In this disease, the patient, in time of sleep, imagines he feels an uncommon oppression or weight about his breast or stomach, which he can by no means shake off. He groans, and sometimes cries out, though oftener he attempts to speak in vain. Sometimes he imagines himself engaged with an enemy, and, in danger of being killed, attempts to run away, but finds he cannot. (William Buchan. *Domestic medicine*.... London, 1772; Oldridge 2002).

Terrifying dreams frequently wakened premodern English men and women from their sleep. On Friday the 16th of July 1658, Thomas Vaughan, the rector of St Bridget's Church, Oxford, had the following nightmare, “I was pursued by a stone horse, as my deare wife dreamed, before shee sickened, and I was grivously troubled all night with a suffocation att the Heart, which continued all next day most violently, and still it remaines, but with some little remission” (Vaughan 1941, f.107; Marilla 1944). Vaughan is describing a kind of dream that premodern English people knew as the nightmare, a specific form of bad dream. Today, this form of the nightmare is understood as a form of sleep disorder that modern scientists define as sleep paralysis. This is an experience that typically occurs in hypnagogic (before falling asleep) states or hypnopompic (before waking up) states and results in feelings of intense

terror, physical paralysis and the sense of being suffocated.¹ As historians Owen Davies and Willem de Blécourt have suggested, premodern accounts of the nightmare, often associated with witchcraft, can be attributed to incidents of sleep paralysis (Davies 2003; de Blécourt 2003).

But what exactly is sleep paralysis? The most respected expert in this field is the psychologist Dr Allan Cheyne, who has collated thousands of records of sleep paralysis and associated experiences. Cheyne defines sleep paralysis as “a period of paralysis upon waking or falling asleep and is often accompanied by terrifying hallucinations” (Cheyne 2002). The links between sleep paralysis and premodern and modern experiences of the nightmare, *incubus* or “hag-riding” were only made by the folklorist David Hufford in the 1970s when he studied beliefs in the “Old Hag” in Newfoundland (Hufford 1982). Since then, neurologists, psychologists, sociologists and anthropologists have studied this phenomenon in a variety of cultures. It has been found that across cultures, sleep paralysis incorporates a strikingly consistent series of symptoms, including intense terror, a sensed or seen malevolent presence, physical and/or verbal paralysis, and physical or sexual assault by an unknown being (Cheyne 2001; Cheyne, Newby-Clark and Rueffer 1999; Cheyne 2005). Like premodern experiences of the nightmare, modern sufferers of sleep paralysis are often confused as to whether they are dreaming or waking.

This essay will chart medical understandings of the nightmare from the mid-sixteenth to the mid-eighteenth century in order to show that the discourse on the nightmare reflects important cultural shifts and tensions in contemporary attitudes, particularly in medical circles, to dreams and the discernment of dreams. At the beginning of the seventeenth century, intellectual discussions regarding the nightmare within the discourses on dreams, witchcraft and medical literature reveal cultural tensions between a supernatural and natural aetiology of dreams. However, by the mid-eighteenth century, the supernatural causes of the nightmare had been largely undermined by a purely medical and physiological explanation in learned discourse. What this indicates is that the traditional belief in the supernatural nature of the nightmare was increasingly less acceptable in learned discourse due to the rise of materialist, medical theories of the body and mind.

Similarly, there is an inherent tension in the idea that dreams and the nightmare are caused by either exterior or interior forces that act upon the mind/soul in sleep. In line with the intellectual reaction against the popular

¹ For modern studies of sleep paralysis see: Cheyne 2005; Cheyne, Newby-Clark and Rueffer 1999; Cheyne 2002; Yeung, Xu and Chang 2005; Szklo-Coxe, Young, Finn and Mignot 2007; Semiz, Basoglu, Ebrinc and Cetin 2008).

belief in prognostic dreams, the discourse on the nightmare followed a similar trend of demoting the supernatural to the level of superstition. (This is a pattern that Lucia Dacombe noted in her study of dreams in eighteenth-century medical discourse. Dacombe 2004). However, as is apparent in modern cultures today, both the natural and supernatural theory of the nightmare coexisted and, rather than decline, actually continued from the sixteenth well into the eighteenth centuries in spite of important developments in natural philosophy and medicine. Premodern folk continued to believe in the existence of nocturnal demons who assaulted sleeping humans in the vulnerable state of sleep.

The issue of dream discernment in the eighteenth century subtly shifted from being centred on discriminating between divine and demonic dreams, to distinguishing natural from supernatural dreams. Premodern people tried to understand the cause and meaning of the nightmare. Was the nightmare the result of natural imbalances in the body or was it indeed the terrifying assaults of real malevolent beings? Discernment was thus also a problematic and ambiguous issue for victims of the nightmare as a manifestation of the demonic in daily life. Questions about the cause of the nightmare also oscillated between the discernment of supernatural, preternatural and natural agents, which centred on the inherent problem of distinguishing reality from fantasy and the imagination. Was it a real experience, proof of the demonic or the supernatural, occurring in waking life or was it merely a projected fantasy of the sleeper manifesting in terrifying dreams? As this essay seeks to show, accounts and theories of the nightmare can also reveal important insights into premodern men and women's fantasies about sex and sexuality. As contemporary writers themselves acknowledged, victims of the “Mare” often reported being sexually assaulted. In the history of dreams, the nightmare is the dark other of the divine dream, offering us glimpses into the terrifying fears and anxieties of past people.

In seventeenth- and eighteenth-century England there was a close correlation between witchcraft beliefs and beliefs about the “Mare”. The older associations between witchcraft and the supernatural assaults of night demons or spirits are still apparent in several modern cultures. For example, David Hufford found that modern Newfoundlanders still believe that the “Old Hag” is sometimes sent by an individual with a grudge against the victim. They also believe that by saying the “Lord’s prayer backwards in the name of the devil” it was possible to “hag” someone (Hufford 1982, 4). A recent transcultural study of sleep paralysis among African Americans also shows that many people still refer to the encounter as “being ridden by the witch”. They counteract the threat by placing a

broom at the bedroom door so that the witch will “be kept busy counting straws” rather than attacking the sleeper (Paradis and Friedman 2005).

Victims recall the sense of terror associated with the nightmare or sleep paralysis as being acute and debilitating. John Bond, an eighteenth-century Scottish physician and chronic sufferer of the nightmare, recalled suffering “strong palpitations, great Anxiety, Languor, and Uneasiness” during and after the experience (Bond 1753, 2). In fact, the terror associated with sleep paralysis has become recognised as one of its defining features, being reported by 66–88 per cent of subjects studied (Parker and Blackmore 2002). Cross-cultural studies in psychiatry have revealed both differences and significant similarities in cultural beliefs and explanations of sleep paralysis (Hufford 2005; Law and Kirmayer 2005; De Jong 2005; McNally and Clancy 2005: 113–22; Hinton, Pich, Chhean and Pollack 2005; Paradis and Friedman 2005; Yeung, Xu and Chang 2005). For example, whilst Newfoundlanders believe that sleep paralysis, known by them as the “Old Hag”, involves a supernatural assault by a spirit of a witch, traditional Japanese culture refers to the *kanashibari*, in which the sleeper is attacked by the spirits of the dead (Hufford 1982; Schegoleva 2001). Common to all cultures is the persistence of the belief that sleep paralysis, despite modern scientific research, is in fact a supernatural assault by a malevolent being.

Whilst some scientists assert that sleep paralysis is merely the result of physiological malfunctions of the brain—specifically the limbic system or visual cortex—it remains that science has still not fully solved the mystery of how perfectly healthy individuals can have experiences involving full-blown “hallucinations” of demonic beings assaulting them (Cheyne 2001). David Hufford has suggested that culture, rather than forming or shaping experience according to prescribed cultural models, is shaped by the experiences themselves. That is to say that experiences of sleep paralysis give rise to cultural beliefs and not vice versa (Hufford 2005). Cheyne suggested as much in his article on the “ominous numinous” (Cheyne 2001). Read in this light then, cultural beliefs and individual experiences of the “Mare” or *incubus* in the premodern period can serve as a vital way for historians to understand how experiences shape culture and vice versa. Owen Davies believes that early modern accounts of the nightmare and witchcraft beliefs were inherently shaped by experiences of sleep paralysis (Davies 2003).

Certainly, there is a striking resemblance between modern descriptions of sleep paralysis across cultures and early modern accounts of witchcraft and the “Mare”. Reginald Scot in his *Discoverie of Witchcraft* (1584) included the account of a priest who recalled, “There cometh unto mee,

almost everie night, a certeine woman, unknowne to me, and lieth so heavie upon my brest, that I cannot fetch my breth, neither have anie power to crie, neither doo my hands serve me to shooove hir awaie, nor my feete to go from hir” (Scot 1584, 66). Modern sleep research has compiled hundreds of remarkably similar narratives of sleep paralysis. The following account is from a 35-year-old Moroccan male from a study on sleep paralysis in 2005.

Once a week an old lady comes to him without him knowing whether he is awake or asleep. Sometimes it is a being that he cannot describe. It goes on top of him, holds him and tries to strangle him. ... Mohammed described his attack as follows: “When I lie on my back I either hear ringing in my ears or I hear the doorbell ringing. ... My heart is pounding and my body feels agitated and trembles as if I am getting shocks, or as if I am being put under narcosis. From time to time, it seems as if someone is pressing on my body. Sometimes I see a scary old witch with a skinny head, long dirty hair, dirty teeth and old black clothes coming towards me. She spreads out her hands towards me to strangle me and she is so strong that I cannot push her away from me” (De Jong 2005: 83).

Whilst our modern understanding of nightmares refers to any kind of terrifying dream, up until the last century, the nightmare was believed to be either a specific kind of supernatural nocturnal assault, or an illness in which the person “affected with this disease does dreame, that they are set upon or Tortured with some great weight lying upon them” (Anon., Sloane 1821, f. 91). In addition to the nightmare as a specific kind of dream encounter, premodern writers also spoke of “fearful dreams” and “demonic dreams”. “Fearful dreams” referred to terrifying dreams which were not necessarily ascribed to the Devil. “Demonic dreams” on the other hand were dreams sent by the Devil that were not always terrifying, since the Devil might send a dream in the disguise of an Angel of Light.

Many premodern English accounts of the nightmare come from witchcraft trials. In these accounts, a common alternate term for the nightmare is being “witch-ridden”. In an English witchcraft trial in York in 1595, Dorothy Jackson accused her neighbour of witchcraft, claiming that she was “ridden with a witch three times of one night, being thereby greatly astonished and upon her astonishment awakened her husband”. Nicolas Raynes in a Northumberland trial accused Elizabeth Fenwick of “hag-riding” his wife who, “after being threatened, has been continually tormented by Elizabeth, a reputed witch, who rides on her, and attempts to pull her on to the floor” (Davies 2003, 186). Similarly, in March 1649/50, the child of Sara Rodes of Bolling, Yorkshire, suffered from a serious nocturnal assault, which she believed was an attack of witchcraft. Sleeping

in the same bed, Rodes woke one evening to find her child trembling and terrified saying, “Mother, Sikes wife came in att a hole att the bedd feete, and upon the bedd, and tooke me by the throate, and wold have put her fingers in my mowth, and wold needs choake me” (Davies 2007, 146).

Reports of witches “riding” or assaulting their victims in sleep also occur in early modern French, Dutch and German accounts. Lyndal Roper informs us of several German cases from Augsburg, where pregnant women complained of witches tormenting them at night by pressing down on their chests after they had recently given birth (Roper 1994, 209). Robin Briggs also notes the cases of several witch trials in Lorraine, whereby victims claimed to be assaulted by supernatural beings, including animals and witches. For example, in 1601 Jacotte Simon claimed that whilst lying in bed after her husband had left, she “felt something press down on her”. When she made the sign of the cross with her tongue, since she could not move her body, her assailants relented somewhat, yet continued to press her into the bed until her husband entered the room (Briggs’ account, quoted in Davies 2003, 185).

One of the most intriguing and full accounts of an early modern sleep paralysis case came to the attention of English readers in 1689, when William Salmon translated the case notes of the esteemed Dutch physician Isbrand van Diemerbroeck (1609–1674) (Kompanje 2008; Salmon 1694). Within this text is Diemerbroeck’s case notes of a 50-year-old woman who suffered from the nightmare.

A woman of fifty years of age, in good plight, fleshy, strong and plethoric, sometimes troubled with a headache, and cattarrhs falling upon her breast in the winter, molested with no catarrhs, but very sore in the daytime, but in the night-time, when she was composing her self to sleep, sometimes she believed the devil lay upon her and held her down, sometimes that she was choked by a great dog or thief lying upon her breast, so that she could hardly speak or breath, and when she endeavoured to throw off the burthen, she was not able to stir her members. And while she was in that strife, sometimes with great difficulty she awoke of her self, sometimes her husband hearing her make a doleful inarticular voice, waked her himself; at what time she was forced to sit up in bed to fetch her breath; sometimes the same fit returned twice in the night upon her going again to rest (Salmon 1694, 183–5).

Whilst the woman understood herself to be “overlay’d by some Demon, thief or other ponderous Body”, Diemerbroeck believed her to be suffering from the medical disease of the *incubus*, which was caused by “the collected vapours being condensed in the head” (Salmon 1694, 183–5). Although the terms “Mare”, nightmare or “witch-riding” were used in

popular accounts, in medical works, physicians referred to the same experience as a disease known as the *incubus*. The notable discrepancies between the medical prognosis of Dimerbroeck and the beliefs of his patient reflect the ongoing tensions between the supernatural and medical theory of the nightmare.

The belief that experiences of the nightmare were supernatural assaults versus the medical theory that it was a disease coexisted in the premodern period and survive to this day. In many ways, the tension between modern scientific theories of sleep paralysis and the continuing cultural beliefs in the supernatural nature of the nightmare is a continuation of premodern debates. What this essay aims to show is how these two parallel views of the nightmare coexisted in premodern English culture.

According to modern sleep research, 25 to 40 per cent of persons experience one or more incidents of sleep paralysis in their lives (Cheyne, Newby-Clark and Rueffer 1999). If we accept that our fundamental psychological make-up is not all that different at the basic phenomenological level from premodern people, then it stands to reason that numerous premodern men and women also experienced sleep paralysis. Early modern narratives of dreams, nightmares, and more specifically the nightmare, indicate that our basic psychic structure and preoccupations have not changed, even if our cultural understandings of mental aspects of life have definitely evolved. This is not to assert by any means that there are no differences between past and present people; rather I am suggesting that historians have neglected to fully explore or acknowledge our common human and psychic infrastructure (Roper 1994).

The surviving premodern English accounts of the nightmare report remarkably similar symptoms to modern accounts of sleep paralysis: intense fear, paralysis, a sense of oppressive weight and frequently a feeling of something creeping up on them. Unfortunately, few detailed accounts of premodern nightmare experiences are recorded. Most accounts are fragmentary and appear in witchcraft accounts and trial records or in the clinical notes of physicians like Richard Napier, who meticulously recorded the prognosis and symptoms of his diverse clientele. However, as Carolyn Walker Bynum astutely noted in her important work on medieval female mystics, history is in truth, always fragmentary (Bynum 1992).

In early modern England, the nightmare or “*incubus*” was a term used to refer to a specific experience whereby the victim suffered a “fearful dream” or sometimes a lucid encounter in which they were temporarily paralysed and assaulted by a male (*incubus*) or female (*succubus*) night demon, witch or the Devil. As this chapter will illustrate, this definition lost currency in some medical and learned circles in the course of the

seventeenth century. By the mid-eighteenth century, the idea that the nightmare was a disease rather than a real encounter had become dominant in medical discourse. However, whilst there was a definite shift towards a somatic theory of the nightmare, the idea that it was merely a bad dream or hallucination, and not a real encounter as a result of a physiological disease, had been around since at least the fifteenth century.

As Ernest Jones, the early psychoanalyst, argued in his important, though controversial work, the nightmare was historically and culturally inextricably linked to beliefs and experiences of *incubi* or *succubi* (Jones 1951, 77. Note: it is important to recognise that Jones' predominant agenda was to establish psychoanalysis as a credible science in this work). Early modern English and Continental definitions of the nightmare also show these patterns and support Jones' conclusions about the common etymology of the nightmare being linked to the Anglo-Saxon word "Mara" meaning "crusher" (Jones quoted in Hufford 1982, 53). Thomas Blount's dictionary from 1661, the *Glossographia*, defined the nightmare as "a kind of disease commonly called the Elfe, or Night-Mare with which whoever is affected, he supposes himself to be invaded by some spirit, which leaning hard upon him, stops the passage of the breath" (Blount 1661). Similarly, showing the twofold medical and supernatural theory of the nightmare, Elisha Coles' English dictionary of 1677 defined the word "*incubus*" as "the Devil (in Mans shape) lying with women, as Succubus with men, also the Night-mare, or raw humours from the stomach troubling the brain and animal spirits, that the body cannot move" (Coles 1677). The premodern English understanding of a nightmare was thus a shifting cultural category for a specific kind of dream experience. As this chapter will demonstrate, physicians increasingly asserted that the nightmare was a symptom of a specific disease, rather than a supernatural assault by night demons as was popularly believed.

Terror and fantasy: "hag-riding" and experiences of the nightmare

The nightmare as a male (*incubus*) or female (*succubus*) demon was a terrifying figure that haunted the dreams and sleep of early modern people. Drawing on the writings of the ancient Greeks, the nightmare survived in learned medical and folk beliefs through the medieval into the early modern period. In late medieval and early modern medical writings, the nightmare was understood as a "disease bredde and engendered by overmuch excess of drinking, and by a continuall and long cruditie or

rawness of the stomacke” (le Loyer 1605, 102). This theory drew on the ideas of Galenic medicine and was accepted by numerous writers.

Galen had expounded a medical theory of the four humours (blood, phlegm, choler, melancholy) that explained all diseases and prescribed cures based on this system. The humoral system was founded on the idea of the symbiotic relationship between the macrocosm and the microcosm. All things existed in a delicate balance of cause and effect and the movements of the planets and stars affected human beings and their inner physiologies as a result. Personality as well as behaviour were explained according to this schema and mental illness as well as biological disease were the consequences of imbalances in the four humours. Early modern people thus had a distinctly different idea of the relationship between the body, self and exterior world than we do today. Their idea of the self and the complex relationship between body, mind and soul was distinctly more of a fluid, symbiotic relationship.

The exterior world mysteriously impacted on the body and mind of the individual. The movements of the planets, the quality of the air and varying temperatures caused direct shifts in individual behaviour and health. The body itself was understood to be in a state of delicate balance, sensitive to the moon, sun and planets as well as subtle alterations in temperatures and the five elements. Personality and behaviour were equally more volatile and subject to dramatic changes as a result of imbalances in the body’s humours and temperature. The self as we know it as a supposed unified, self-contained and intangible entity was understood quite differently and subject to a more complex range of external stimuli. Before Freud and modern dream theory, dreams were understood as expressions, not of the internal struggles of the psyche between unconscious and conscious forces, but rather produced and affected by a complex range of exterior and interior forces. Yet, whilst understandings of dreams subtly and slowly changed, experiences themselves remained remarkably similar in narrative accounts.

Typically, the victim of the nightmare felt great pressure on the chest, had trouble breathing, could not move nor cry out of fear and saw a terrifying demonic being coming towards them. In 1583 Phillip Barrough wrote in his medical work, *The methode of physicke*, “Ephialtes in Greeke, in Latin Incubus and Incubo. It is a disease, where as one thinketh him selfe in the night to be oppressed with a great waight, and beleeveth that some thing commeth upon him, and the patient thinketh himselfe strangled in this disease. It is called in English the Mare” (Barrough 1583, 34). The feeling of terror and an oppressive weight upon the chest recurs in physicians and victims’ descriptions of the nightmare. Similarly, the

person who suffered such attacks also struggled against temporary paralysis of the body and an inability to speak or cry out. In addition to English prescriptive treatises, Continental medical works were popular in England and frequently translated into English. These tracts typically included discussions of the causes, symptoms and “physick” of common diseases. According to the late sixteenth-century medical work by Hieronymus Brunschwig, “the disease called Incubus/that is the Mare/ whych is a sycknesse or fantasie oppressing a man in his slepe/ that him semeth a great weyght lye upon his body/ wherefore he groneth and sigheth/but can not speake” (Brunschwig 1561, 10). Here we can see the complex blending of popular and medical knowledge.

The history of emotions is receiving increasing interest by historians (Rosenwein 2003; Reddy 2001; Ray 2001; Oatley 2004; Gross and Gross 2006; Gouk and Hills 2005; Stearnes 1986; Stearnes and Stearnes 1988). A cultural history of the nightmare can help us to understand how early modern people experienced terror, fear, anxiety and dread as a debilitating emotion. Feelings of helplessness and of complete paralysis, in addition to the sight of a terrible being coming to assault the victim, are descriptions which physicians consistently include in their symptoms of the nightmare. These symptoms are curiously analogous and indicate the primacy of the emotion of terror in nightmare experiences. Furthermore, the symptoms associated with the nightmare are also clearly indicative of the body’s primal physiological response to intense fear and terror. Those afflicted with the “Mare” were reported to sweat profusely, lose the power of speech, become immobile, breathless and feel suffocated (see for example: Bayfield 1663, 65; Bruele 1632, 51; Gardiner 1611, 55).

As mentioned earlier, individual accounts of the nightmare are unfortunately rare from this period. However, the notes of the physician Richard Napier show that men, women and children of all ages, from all kinds of backgrounds, consistently complained of “fearfull dreams” and being afraid at night in the dark, lest some “divel” attack them. Napier’s notebooks include one incident whereby a woman suffered from the nightmare proper. Elizabeth Banebery, aged 22 of Fenny, Stratford, saw Napier in 1618 about several symptoms following a difficult pregnancy and Napier concluded that the indications were symptomatic of a mental disorder rather than a physical disease, noting she was “mightily afflicted in mind, not sick in Body” (Crawford and Gowing 1999, 275). She complained of dreams that made her “mopish” and that she would suffer violent mood swings. On one occasion she was “tempted to kill herself and had a knife in her hand”. On March 13th Banebary confided in Napier, “after her child birth fell with a dream and was frighted as if something lay

upon her and since has been troubled with worldly matters” (Crawford and Gowing 1999, 276). This was clearly by seventeenth-century terms a serious bout of the nightmare or *incubus*.

Authors of medical works complained that the “vulgar” sort still held to the belief that the nightmare was in fact a supernatural, real assault of a male or female demon. These comments indicate the continuity of the popular belief in the reality of the nightmare as a supernatural physical, psychic and sexual assault. In 1630 Richard Bernard wrote a tract giving advice to English magistrates on how to deal with witchcraft trials. On the subject of bewitchment, Bernard wrote that,

Because of the strong imagination of such as suspect themselves to be bewitched, which will make them think verily that they see strange apparitions: and for feare will dreame of the suspected, and so may cry out, and talke of him or her in their fearefull dreames, the fantasie being oppressed. And if the disease called the Mare, happen to such an one, then their sweating, their moving and struggling, with an imagination of one creeping upon them, from the feete to their brest, (they a waking in feare and trembling) wil make them say & sweare too that they are bewitched (Bernard 1630, 195–196).

Pierre le Loyer, a French expert on ghosts, and much admired in England, wrote that victims of the nightmare “imagin some man or woman of an exceeding great and wonderful stature dooth stop their mouth for feare they should cry. They move their armes and their legges to and fro in their bedde, thinking so to chase and heare them speake unto them” (le Loyer 1605, 102). The accompanying terror associated with the experience of the nightmare is understandable in light of these accounts showing that persons afflicted frequently believed themselves helplessly the prey of terrifying night demons. As late as 1689, Thomas Tryon commented that the vulgar still believed the nightmare was a supernatural assault of demons (Tryon 1689, 24–25).

As mentioned earlier, experiences of the nightmare or *incubus* were also linked in popular beliefs and learned lore to incidents of witchcraft (see for example: Davies 2003; de Blécourt 2003). In the north-east of England in 1660, Elisabeth Simpson was accused of “hag-riding” Frances Mason who complained that whilst in bed “where she lay miserably tormented, crying out that the said Elisabeth did pinch her heart and pull her in pieces”. Similarly, using almost identical descriptors, Jane Milburne testified in 1663 that Dorothy Stranger bewitched her “soe intollerably that she could not rest all the night and was like to teare her very heart in peeces and this morning left her” (Oates 2003, 220). As in modern accounts of sleep paralysis, premodern experiences of the “Mare” also

included tales of being assaulted by demonic animals. Edward Wayman, a Fifth Monarchist, reported an experience of the nightmare, which he believed to have been his “first call”.

My first call was upon a dream, which I had of a great black terrible dog, which seized upon me, and took hold of my ear fast, which I thought was the Devil; at which, I waked with screams and cries, and such frights, as for three weeks I thought that I should have gone distracted; for I found this was sent to raise me out of my sins, which were after set so before me, so that I was a long time afflicted (Rogers 1653, 409).

Those who experienced terrifying dreams also frequently spoke of fearing supernatural assaults of the Devil or thought of themselves as bewitched. Ellen Greene, aged 34, of Fentraiton [sic] in Cambridge told Napier she was “haunted by an ill spirit, whom she saith he speaketh to her” on August 8th 1634. Another patient of Napier’s, Mr Thomas Amstron of Catnoll, aged 30, was “distracted this 14 nights, fearfull of every thing specially by night, dispairing better with company, cannot sleep well” (Napier, *Ashmole* 412). These accounts support Owen Davies’ and Willem de Blécourt’s arguments about the way that premodern experiences of “sleep paralysis” gave rise to witchcraft beliefs.

English men and women frequently seemed to be suffering from nightmares and had difficulty sleeping, being “troubled in mind” by terrifying images seen in sleep which resulted in chronic fear, insomnia and anxiety. Children were also prey to “night terrors” (Nash 1594). One of Napier’s clients was Joseph Sparo, an 11-year-old boy whose parents sent him to Napier in 1602 since he was “fryghtfull in the night” (Napier, *Ashmole*, 221, f. 223). However, it was not only the young who suffered bad sleep and petrifying dreams: Napier also reports that Old Goody Child of Aspley, aged 79, was “troubled in mynd” and “fearfull of some devill, cannot sleep” (Napier, *Ashmole* 217, f. 30). While these accounts provide clues to premodern English mental life, these experiences are more likely incidents of ordinary bad dreams rather than the nightmare proper. Interestingly, insomnia was clearly a common complaint among seventeenth-century people.

John Bond’s important medical tract, *On the Incubus or Nightmare* (1753) reflects the mid-eighteenth century medical consensus that the nightmare was solely the result of complex imbalances in the body, a disease that resulted in temporary paralysis and intense feelings of dread. Little is known about John Bond, other than that he was a Scottish physician who submitted a Latin version of his work on the Incubus for his Doctorate at the University of Edinburgh. As mentioned earlier, Bond was

also himself a chronic sufferer of the nightmare (Dacombe 2004, 408). In his preface, he confessed the reason for writing his work, “Being much afflicted with the Night-mare, self-preservation made me particularly inquisitive about it. In consulting the ancient Physicians, I found little information concerning it, except dreadful prognostics; nor could a rational account of it be expected from them, as they were unacquainted with the circulation of the blood” (Bond 1753: preface).

Bond believed that the paucity of medical knowledge about the nightmare was the result of the lack of empirical studies of the disease and was also due to the fact that previous authors had not experienced the phenomenon themselves. He used contemporary advancements in knowledge about the circulation of the blood to suggest, contrary to previous medical theories, that “the Night-Mare is commonly, and, I believe, justly, attributed to a stagnation of the Blood; but how this stagnation is produc’d has not been explain’d, so far as I know, in a satisfactory manner” (Bond 1753).

Within his important text, Bond included multiple accounts of individuals who suffered the nightmare, believing them to be assaults of the Devil or night demons. This indicates the continuity of popular belief in the supernatural cause of the nightmare even until the mid-eighteenth century. Interestingly, Bond included testimonies of the nightmare reported by numerous women, presumably his patients or those of his colleagues, which he believed occurred “before the eruption of the Menses”.

A young Lady, of a tender, lax habit, about fifteen, before the Menses appear’d, was seiz’d with a fit of this Disease, and groan’d so miserably that she awoke her Father, who was sleeping in the next room. He arose, ran into her chamber, and found her lying on her Back, and the Blood gushing plentifully out of her Mouth and Nose. When he shook her, she recover’d, and told him she thought some great heavy Man came to her bedside, and, without farther ceremony, stretched himself upon her. She had been heard moaning in sleep several nights before (Bond 1753).

Bond believed that this woman suffered the nightmare due to an excess of menses or blood that was subsequently cured when “she had a copious eruption of the Menses, which, for that time, remov’d all her complaints” (Bond 1753). The build-up of blood in the body, according to Bond’s theory, oppressed the brain resulting in hallucinations of the nightmare. Once the proper balance of blood in the body was restored, the nightmare ceased.