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*Evacuating the Womb:
Abortion and Contraception in the High Middle Ages,
circa 1050-1300*

Lydia Harris

Submitted in Requirement for the Degree of Doctor of Philosophy
Department of History
Durham University
2017

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Pre-1304, France



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<i>Text</i>	<i>Author</i>	<i>Date/Place of Creation</i>	<i>Influences</i>	<i>Influenced/ Mentions</i>	<i>Languages</i>	<i>Copies by 1300</i>	<i>Notable Circulations</i>
<i>Qānūn fi t-tibb</i> (<i>Canon of Medicine</i>) ¹	Ibn-Sīnā (d. 1037)	c. 1016-1025 Hamadan	Aristotle Galen al-Rāzī ʿAlī ibn ʿAbbās	Salerno School Peter of Spain <i>De secretis mulierum</i> Albertus Magnus Thomas Aquinas	Arabic, Latin, Hebrew, French, Italian, Spanish, English	By 13 th c. – Canterbury, Bologna, Paris, Amiens, Toledo, Monte Cassino, Salerno, Montpellier, et al	1150-1187 – Gerard of Cremona translation 12 th – 18 th c. – curriculum at universities of Paris, Montpellier, Bologna, Oxford, et al, School at Salerno
<i>Pantegni, (Kitāb Kāmil ā- ṣināʾa at-tibbiyya)</i> ³	Constantine the African (c. 1010-1087) ʿAlī ibn ʿAbbās al-Maḡūsī (d. 982/994)	c. 1070s – Latin translation c. 977 – Arabic original Salerno	-	<i>Trotula Compendium</i> <i>Dragmaticon Philosophiae</i> , William of Conches Adelard of Bath 1127 – Stephen of Antioch	Latin, Arabic	100+ extant manuscript copies	1140 – Hildesheim Mid-12 th c. – St. Amand Mid-12 th c. – Durham 1177-1194 – Peterborough ²

* Denotes indirect or supposed influences.

¹ Jon McGinnis, *Avicenna* (Oxford: OUP, 2010); Lenn E. Goodman, *Avicenna* (London: Routledge, 1992); Nancy Siraisi, *Avicenna in Renaissance Italy: The Canon and Medical Teaching in Italian Universities after 1500* (Princeton, NJ: Princeton University Press, 1987); and, Thomas F. Glick, Steven Livesey, and Faith Wallis, eds., *Medieval Science, Technology, and Medicine: An Encyclopedia* (London: Routledge, 2005).

² Monica H. Green, ‘The Recreation of the Pantegni Practica VIII,’ in *Constantine the African and ‘Alī ibn ‘Abbās al-Maḡūsī: The Pantegni and Related Texts*, eds. Charles Burnett and Danielle Jacquart (Leiden: Brill, 1994), 144-147.

³ Charles Burnett and Danielle Jacquart, eds. *Constantine the African and ‘Alī ibn ‘Abbās al-Maḡūsī: The Pantegni and Related Texts* (Leiden: Brill, 1994); Gerald J. Grudzen, *Medical Theory about the Body and the Soul in the Middle Ages: The First Western Medieval Curriculum at Monte Cassino* (Lewiston, N.Y.; Lampeter: Edwin Mellen Press, 2007).

<i>Text</i>	<i>Author</i>	<i>Date/Place of Creation</i>	<i>Influences</i>	<i>Influenced/ Mentions</i>	<i>Languages</i>	<i>Copies by 1300</i>	<i>Notable Circulations</i>
<i>Viaticum, (Zād al-musāfir wa-qūt al-hādir)</i> ⁴	Latin translation - Constantine the African Arabic original - Ibn al-Jazzār (c. 895 -979)	c. 1070s - Latin translation c. 950s - Ibn al-Jazzār Salerno	Hippocrates Aristotle Rufus of Ephesus Galen of Pergamom Paul of Aegina	Al-Rāsī (d. 923/24) <i>Trotula compedium</i> <i>Thesaurus Pauperum</i> , Peter of Spain	Beginning 11 th c. - Greek 1070s - Latin 1124 - Hebrew	123 extant manuscripts	13 th c. - Montpellier School, Universities of Bologna, Paris, & Oxford
<i>De Viribus Herbarum</i> ⁵	Exact Identity Unknown - Macer Floridus Odo of Meung	Possibly late-11 th c. Northern France	Galen Dioscorides Pliny the Elder	Alexander Neckham Giles of Corbeil Henry of Huntingdon	Latin, Italian, French, English, Catalan, Spanish, Hebrew, Danish	100+ extant manuscripts	1290s - Bologna 1320s/1330s - Kings Jaume and Alfonso IV of Aragon

⁴ Gerrit Bos, 'Ibn Al-Jazzar on Women's Diseases and their Treatment,' *Medical History* 37, (1993): 296-312; Gerrit Bos, ed. and trans., *Ibn al-Jazzār On Sexual Diseases and their Treatments* (London: Kegan Paul International, 1997); and, Mary Wack, *Lovesickness in the Middle Ages: The Viaticum and its Commentaries* (Philadelphia, PA: UPP, 1990).

⁵ Javier Calle-Martín and Antonio Miranda-García, eds., *The Middle English Version of De Viribus Herbarum (GUL MS Hunter 497, ff. 1r-92r)* (Bern: Peter Lang, 2012); Bruce P. Flood, Jr., 'The Medieval Herbal Tradition of Macer Floridus,' *Pharmacy in History* 18, no. 2 (1976): 62-66; Winston Black, "I will add what the Arab once taught": Constantine the African in Northern European Medical Verse,' in *Herbs and Healers from the Ancient Mediterranean through the Medieval West: Essays in Honor of John M. Riddle*, eds. Anne Van Arsdaal and Timothy Graham (Farnham: Ashgate, 2012); and, John M. Riddle, *Contraception and Abortion from the Ancient World to the Renaissance* (Cambridge, MA: Harvard University Press, 1992).

<i>Text</i>	<i>Author</i>	<i>Date/Place of Creation</i>	<i>Influences</i>	<i>Influenced/ Mentions</i>	<i>Languages</i>	<i>Copies by 1300</i>	<i>Notable Circulations</i>
<i>Regimen Sanitatis Salernitanum</i> ⁶	Exact Identity Unknown – John of Milan Arnold of Villanova	12 th century Salerno	<i>Viaticum & Pantegni</i> , Constantine the African <i>*De viribus herbarum</i>	<i>*De viribus herbarum</i> John of Milan Arnold of Villanova Pedro de Crescenzi	By 15 th c. – 40 languages, including French, German, Italian, and English	7 extant manuscripts from the 13 th century 28 copies by 1500 120 print copies	c. 1200 - Bologna c. 1200 – Montpellier and Paris c. 1200 - England
<i>Liber de sinthomnibus mulierum</i> (Book on the Conditions of Women) of the Trotula compendium ⁷	Exact Identity Unknown – Attributed to Trocta/Trota of Salerno	LSM prior to 1187 <i>Trotula compendium</i> compiled by mid-13 th century Salerno	*Hippocrates *Soranus of Ephesus *Galen of Pergamon <i>Viaticum</i> , Ibn al-Jazzār	Orderic Vitalis <i>Sefer Dinah...</i> Peter of Spain <i>De Secretis Mulierum</i>	Late 12 th c. – Hebrew 13 th c. – Anglo-Norman, French; 14 th c. – Dutch, Middle English, German, Irish, Italian	29+ extant manuscripts	c. 1250 - Italy, France, & Germany 1305 – Montpellier School Mid-14 th – Sorbonne, Paris

⁶ Virginia de Frutos Gonzalez, *Flos Medicine (Regimen Sanitatis Salernitanum): estudio, edición crítica y traducción* (Valladolid: Universidad de Valladolid, 2010); Melitta Weiss Adamson, *Medieval Dietetics: Food and Drink in Regimen Sanitatis, Literature from 800 to 1400* (Berlin: Peter Lang, 1995); Plinio Prioreschi, *Medieval Medicine* (Omaha, NE: Horatio Press, 2003); and, Tony Hunt, *Popular Medicine in Thirteenth-Century England: Introduction and Texts* (Cambridge: D. S. Brewer, 1990).

⁷ See: Monica H. Green, ed. and trans., *Trotula: A Medieval Compendium of Women's Medicine* (Philadelphia, PA: UPP, 2001); John F. Benton, 'Trotula, Women's Problems, and the Professionalization of Medicine in the Middle Ages,' *BHM* 59, no. 1 (1985): 30-53; and, Edward F. Tuttle, 'The "Trotula" and Old Dame Trot: A Note on the Lady of Salerno,' *BHM* 50, no. 1 (Spring 1976): 61-72.

<i>Text</i>	<i>Author</i>	<i>Date/Place of Creation</i>	<i>Influences</i>	<i>Influenced/ Mentions</i>	<i>Languages</i>	<i>Copies by 1300</i>	<i>Notable Circulations</i>
<i>Causae et Curae (Book of Compound Medicines)⁸ & Physica (Book of Simple Medicines)</i>	Hildegard of Bingen (1098-1179)	c. 1150-1157 Eibingen	Aristotle Galen Pliny the Elder Isidore of Seville *Constantine the African	Bernard of Clairvaux Pseudo-Albertus Magnus	Latin and German	<i>Causae et Curae</i> – 1 extant copy <i>Physica</i> – 5 extant copies	12 th c. – Mostly other German convents and abbeys 13 th c. - Cisterican abbey of Seligenthal 15 th c. – York
<i>Sefer Hanisyonot (Book of Medical Experiences)⁹</i>	Abraham ibn Ezra	12 th c. Unknown (Al-Andalus)	`Adl al-Rahman	<i>Sefer Ahavat Nashim</i>	Hebrew	1 extant manuscript	Unknown

⁸ Margret Berger, ed. and trans., *Hildegard of Bingen, On Natural Philosophy and Medicine: Selections from Causa et Cura* (Cambridge: D. S. Brewer, 1999); Priscilla Throop, ed. and trans., *Physica* (Rochester, VT: Healing Arts Press, 1998); Marcia Kathleen Chamberlain, 'Hildegard of Bingen's *Causes and Cures*: A Radical Feminist Response to the Doctor-Cook Binary,' in *Hildegard of Bingen: A Book of Essays*, ed. Maud Burnett McInerney (New York, NY: Garland Publishing, 1998); Monica H. Green, 'In Search of an Authentic Women's Medicine: The Strange Fates of Trota of Salerno and Hildegard of Bingen,' *Dynamis* 19 (1999): 25-54; and Thomas F. Glick, Steven Livesey, and Faith Wallis, eds., *Medieval Science, Technology, and Medicine: An Encyclopedia* (London: Routledge, 2005).

⁹ Caballero-Navas, Carmen, ed. and trans., *Sefer Ahavat Nashim, The Book of Women's Love and Jewish Medieval Medical Literature on Women* (London: Kegan Paul International, 2004).

<i>Text</i>	<i>Author</i>	<i>Date/Place of Creation</i>	<i>Influences</i>	<i>Influenced/ Mentions</i>	<i>Languages</i>	<i>Copies by 1300</i>	<i>Notable Circulations</i>
<i>Terufot le-herayon ha-niqra' Magen ha-rosh (Medicaments for pregnancy, called "The head's shield")</i> ¹⁰	Rabbi Sheshet ha-Nasi & Jedudah al-Harîzî (1170-1235)	Late 12 th c. Barcelona	Unknown	-	Hebrew	1 extant 15 th manuscript	Court physician to kings Pedro II and Alfonso II in Barcelona
<i>Zikron ha-holayim ha-hovin bi-khleï ha-herayon (A Record of the Diseases Occurring in the Genital Members)</i> ¹¹	Unknown Jewish immigrant to Castile	Late 12 th c. Unknown (Al-Andalus)	Arabic works Latin, Castilian, and Hebrew terms appear	-	Hebrew	1 extant 15 th c. manuscript	-

¹⁰ Ron Barkai, ed. and trans., *A History of Jewish Gynaecological Texts in the Middle Ages* (Leiden: Brill, 1998).

¹¹ Ron Barkai, ed. and trans., *A History of Jewish Gynaecological Texts in the Middle Ages* (Leiden: Brill, 1998).

<i>Notable Circulations</i>	<i>Copies by 1300</i>	<i>Languages</i>	<i>Influenced/ Mentions</i>	<i>Influences</i>	<i>Date/Place of Creation</i>	<i>Author</i>	<i>Text</i>
-	1 extant manuscript	Written in Judeo-Arabic, Hebrew, Latin	-	<i>Gynaecia</i> , Muscio <i>Trotula</i> compendium	13 th C. Unknown (Al-Andalus)	Unknown	<i>Sefer Dinali le-khol 'inyan ha-rehem ve-holayeha</i> (<i>Dinalis Book on All that Concerns the Womb and its Sicknesses</i>) ¹²
Universities of Paris, Montpellier, Oxford, and Bologna	Limited pre-1300	Latin, Italian, Spanish, Hebrew, French	-	Averroes Ibn Sīnā 'Alī ibn 'Abbās Dioscorides <i>Trotula</i>	c. 1272 Rome	Peter of Spain (c. 1205-1277)	<i>Thesaurus Pauperum</i> ¹³

¹² Ron Barkai, ed. and trans., *A History of Jewish Gynaecological Texts in the Middle Ages* (Leiden: Brill, 1998).

¹³ Thomas F. Glick, Steven Livesey, and Faith Wallis, eds., *Medieval Science, Technology, and Medicine: An Encyclopedia* (London: Routledge, 2005); Jeremiah Hackett, ed., *Medieval Philosophers* (Detroit, MI: Gale Research, 1992); and, L. M. de Rijk, 'On the Life of Peter of Spain, the Author of the *Tractatus*, Called Afterwards *Summule logicales*,' *Vivarium* 8, no. 2 (1970): 123-154.

<i>Text</i>	<i>Author</i>	<i>Date/Place of Creation</i>	<i>Influences</i>	<i>Influenced/ Mentions</i>	<i>Languages</i>	<i>Copies by 1300</i>	<i>Notable Circulations</i>
<i>De Secretis Mulierum</i> ¹⁴	Exact Identity Unknown - Pseudo-Albertus Magnus	Late 13 th / early 14 th c. Unknown (Cologne)	Aristotle Galen of Pergamom Averroes Ibn Sina Albertus Magnus	Michael Scot *Vincent of Beauvais *Giles of Rome Anthonius Guainerius <i>Malleus Maleficarum</i>	Latin, German, French, Dutch, English, Italian	Not available pre-1300	83 extant manuscripts 15 th c. - 50 printed copies 16 th c. - 70 printed copies Often compiled together with the <i>Trotula</i> texts
<i>Sefer Ahavat Nashim</i> (The Book of Womans Love) ¹⁵	Unknown	Possibly 12 th /13 th c. Unknown (Catalan-Provençal region)	<i>Sefer Hanisyonot</i>	Unknown	Hebrew	1 extant 15 th c. manuscript	-

¹⁴ Helen Rodnite Lemay, ed. and trans., *De Secretis Mulierum* (Albany, NY: State University of New York Press, 1992); Monica H. Green, 'From "Diseases of Women" to "Secrets of Women": The Transformation of Gynecological Literature in the Later Middle Ages,' *JMEMS* 30, no. 1 (Winter 2000): 5-39.

¹⁵ Caballero-Navas, Carmen, ed. and trans., *Sefer Ahavat Nashim, The Book of Women's Love and Jewish Medieval Medical Literature on Women* (London: Kegan Paul International, 2004).

ABBREVIATIONS

Secondary Source Material:

Bibliothèque Nationale de France – BNF
British Library – BL
Bulletin of the History of Medicine – BHM
Cambridge University Press – CUP
Gender & History – G&H
Journal of the History of Sexuality – JHS
Journal of Medieval and Early Modern Studies – JMEMS
Journal of Medieval History – JMH
Journal of Women’s History – JWH
Miscelánea de Estudios Árabes y Hebraicos – MEAH
Oxford University Press – OUP
Past and Present – P&P
Patrologia Latina – PL
Social History of Medicine – SHM
University of Chicago Press – UCP
University of Pennsylvania Press – UPP

Primary Source Material:

De Secretis Mulierum – DSM
De Viribus Herbarum – DVH
Liber de sinthomatibus mulierum – LSM
Regimen sanitates Salernitanum – RSS
Sefer Ahavat Nashim – SAN

NB: When citing the *Trotula* compendium, I am using the 2001 edition. All numbers in the citations refer to treatise number, not the page.

Unless stated otherwise, all dates are CE.

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*For Jay and Grandy –
who never knew of this project,
but instilled in me the strength to finish it.*

INTRODUCTION

At the end of the twelfth century, a gynaecological compendium was assembled in the medical school of the port city of Salerno, Italy, on the various complications which could befall a woman's body. The compilation of texts, which became known as the *Trotula* after its legendary author Trota of Salerno, comprised three books concerning an array of bodily concerns, from difficult childbirths to teeth-whitening: *Liber de sinthomatibus mulierum*, *De curis mulierum*, and *De ornatu mulierum*.¹ The three different books were assembled into one compendium by the end of the thirteenth century, although it is far more difficult to definitively date the creation of each individual text; it is likely that they were written and amended over the course of a century, starting with the influences of the translated Arabic works of the eleventh century and reaching their final state by the end of the thirteenth.² One particular treatise in this compendium stated that there are women who, because of various circumstances, should not have 'sexual relations with men lest they conceive and die [sic], but all such women are not able to abstain, and so they need our assistance'.³ Unfortunately, this passage does not clarify what these circumstances may have been or what assistance was offered: as a result of this ambiguity, it could refer to any number of things. The 'assistance' offered in this manuscript may have been to provide methods for ensuring a healthy pregnancy, transmit advice to the midwife or physician during a dangerous labour, offer information on post-natal health, or, possibly, facilitating means of controlling conception.

¹ Monica H. Green, 'The Development of the Trotula,' *Revue d'Histoire des Textes* 26 (1996): 153-155; and, Karma Lochrie, *Covert Operations: The Medieval Uses of Secrecy* (Philadelphia, PA: UPP, 1999), 123.

² Green, 'The Development', 123-126; Monica H. Green, 'From "Diseases of Women" to "Secrets of Women": The Transformation of Gynecological Literature in the Later Middle Ages,' *JMEMS* 30, no. 1 (Winter 2000): 9-11; and, Laurinda S. Dixon, 'The Curse of Chastity: The Marginalization of Women in Medieval Art and Medicine,' in *Matrons and Marginal Women in Medieval Society*, eds. Robert R. Edwards and Vickie Ziegler (Woodbridge: Boydell Press, 1995), 58-60.

³ 'Galyenus dicit mulieres que habent uulvas angustas et matrices strictas non debent uiris uti, ne concipiant et moriantur. Sed omnes tales non possunt abstinere, et ideo nostro indigent auxilio.' *Trotula: A Medieval Compendium of Women's Medicine*, ed. and trans. Monica H. Green (Philadelphia, PA: UPP, 2001), 83.

Ample evidence survives which supports that medieval childbearing was a life-threatening experience for many women and death was always a possibility for expectant mothers. Medical texts from the high Middle Ages are filled with methods to preserve the life of the mother and child from the many complications which could occur during pregnancy and delivery, offering a variety of remedies both physical and spiritual to aid women in their hour of need. The threat of dangerous childbearing was not restricted to any one class, sect, or religious affiliation of medieval society: any woman who was sexually active faced the possibility of ante- and post-natal complications.⁴ Monica Green has argued that childbirth was a ‘highly loaded cultural event, at which we might expect to find many beliefs and practices tied intimately to religion...[as] medicine in general was an area where there was a considerable amount of cross-confessional interaction,’ connecting Christian, Muslim, and Jewish women.⁵ Medical works described childbearing as a hazardous situation requiring great care and anatomical insight, particularly in works like the *De Viribus Herbarum*, *Regimen Sanitatis Salernitanum*, and *Trotula* compendium.⁶ As a result of these concerns, some medical manuals went even further to assure the safety of women in labour by prescribing a variety of methods to control reproductive outcomes. When faced with the prospect of an unwanted and possibly dangerous pregnancy some women could have resorted to any number of solutions to avoid such an outcome, despite whatever was morally acceptable by contemporary society.

⁴ Valerie L. Garver, ‘Childbearing and Infancy in the Carolingian World,’ *JHS* 21, no. 2 (May 2012): 234; Monica H. Green and Daniel Lord Smail. ‘The Trial of Floreta d’Ays (1403): Jews, Christians, and Obstetrics in Later Medieval Marseille,’ *JMH* 34, no. 2 (2008): 185-211; Myriam Greilsammer, ‘The Midwife, the Priest, and the Physician: the Subjugation of Midwives in the Low Countries at the End of the Middle Ages,’ *JMRS* 21, no. 2 (1991): 287; and, Katharine Park, ‘Birth and Death,’ in *A Cultural History of the Human Body in the Medieval Age*, ed. Linda Kalof (London: Bloomsbury, 2010), 21-23.

⁵ Monica H. Green, ‘Conversing with the Minority: Relations among Christian, Jewish, and Muslim Women in the High Middle Ages,’ *JMH* 34, no. 2 (2008): 111-12; and, Elisheva Baumgarten, *Mothers and Children: Jewish Family Life in Medieval Europe* (Princeton, NJ: Princeton University Press, 2004), 9, 13.

⁶ Virginia de Frutos Gonzalez, *Flos Medicine (Regimen Sanitatis Salernitanum): estudio, edición crítica y traducción* (Valladolid: Universidad de Valladolid, 2010), 54-58.

The existent evidence for medieval fertility control shows a much more practical and, at times, desperate opinion of reproduction.⁷

Monica Green has noted that a medical historian is often helplessly removed from the fatal events which occurred during pre-modern medicine, leaving us to only sympathise with the tragedies that unfolded for medieval women.⁸ While this is certainly true for the medieval period, the threat of death from gynaecological complications was not solely relegated to the pre-modern era. In the spring of 1934 in rural East Texas, my great-grandmother died of an ectopic pregnancy. These abnormal pregnancies, now so readily healed with modern medical procedures, were deathly occurrences less than a century ago. My grandmother, then only six years old at the time, was left motherless along with her five siblings during the height of the American Depression. Even now, she still tearfully recalls her mother's final moments: suffering agonising pain from internal bleeding and crying to see her children one last time. This, understandably, left a huge impression on my grandmother. Until all three of her children were grown, she never travelled with my grandfather to ensure that one parent would be spared in the event of an accident and dedicated herself to a healthy lifestyle, so terrified that a mishap or avoidable illness would cause her own children to prematurely lose a parent. Subsequently, my grandmother broke with many in her own society to adamantly support the legalisation of birth control and abortion and has maintained a very firm stance on progeny: sometimes pregnancies should not happen, and modern medicine must enable women to have access to these options.

While it is futile to debate whether my great-grandmother might have survived if she had received modern medical treatments or even if she would have willingly practised contraception, the fact remains that she had very few safe options available, encouraging her

⁷ Peter Biller, 'Birth-Control in the West in the Thirteenth and Early Fourteenth Centuries,' *P&P* 94 (1982): 16.

⁸ Monica H. Green, 'Midwives and obstetric catastrophe: retrieving the past,' *The Lancet* 372 (September 27, 2008): 1143.

daughter to champion these modern medical practises. People may have been affected by similar events in the Middle Ages, shaped by the childbed misfortunes of their mothers, sisters, wives, or daughters, leading them to seek methods to avoid these life-threatening situations.⁹ However many centuries separated them, the women at risk of death in the *Trotula* texts were just as vulnerable as my great-grandmother to the fatal complications that could arise during pregnancy. Although it is possible that these dangers may have led some women to seek fertility control methods, deciding to practise contraception or abortion could have been equally perilous with far reaching societal consequences: as Green has suggested, ‘whatever emotions or motives we would like to see at play in any individual woman’s decision to limit or disrupt her fertility, her decisions also had an impact on society as a whole.’¹⁰ Women who practised these methods risked social and religious condemnation, possibly ostracising themselves from their communities. Additionally, women who chose to control their reproductive capabilities were at risk from the invasive or potentially toxic methods prescribed for contraception and abortion. While it is impossible to state whether medieval women were seeking methods to control their reproductive capabilities or disseminating this information within their own communities, methods for contraception and abortion did appear in contemporaneous texts. This thesis will explore these sources to examine medical, theological, and secular approaches to medieval reproduction, discussing how women’s sexualities and their reproductive abilities were perceived in the high Middle Ages.

I. Thesis Outline

Overwhelmingly, gynaecological treatises from the Middle Ages focused on how to successfully conceive and safely deliver children: the sheer volume of remedies which were dedicated to these issues attests to this way of thinking. Medicines for contraceptive and

⁹ Caroline Walker Bynum, *Holy Feast, Holy Fast: The Religious Significance of Food to Medieval Women* (Berkeley, CA: University of California Press, 1987), 226.

¹⁰ Monica H. Green, ‘Gendering the History of Women’s Healthcare,’ *G&H* 20, no.3 (November 2008): 488.

abortive procedures also exist from the high medieval period and the description of women who practised or transmitted these methods is almost entirely negative. Although the vast majority of medical texts were written and disseminated by men, they were rarely censured for their contraceptive and abortive knowledge.¹¹ For example, William of Saliceto (c. 1210-1276/77) provided both contraceptive and abortive methods in *Summa conservationis et curationis* because of the danger that pregnancy could pose for women who were unhealthy, weak or physically immature without facing the same criticism as the women who were said to perform these procedures.¹² Unlike the men who recorded them, the women who were thought to practise these methods were often portrayed as villainous and devious creatures, overwhelmed by their hyper-sexuality.¹³ This misogynistic interpretation was one of the predominant images of women presented in contemporaneous texts. Celibate theologians-cum-naturalists like William of Conches (1080-1154) and the anonymous author of the *De Secretis Mulierum* (late-thirteenth century) portrayed women as overtly sexualised, hardly surprising from a sect of people described by Judith Bennett as ‘the most male and most sexually anxious segment of medieval society.’¹⁴

Even female authors like Marie de France (fl. circa 1155-1200) and Hildegard of Bingen (1098-1179) – who represented two distinct societal groups, the secular and the clerical – portrayed female sexual promiscuity in undesirable ways.¹⁵ Women were slaves to their sexual bodies and, unlike men, were thought to be far more intimately equated with perversion

¹¹ Garver, ‘Childbearing’, 209; John F. Benton, ‘Trotula, Women’s Problems, and the Professionalization of Medicine in the Middle Ages,’ *BHM* 59, (1985): 31-33; and, Monica Green, ‘The *De genecia* Attributed to Constantine the African,’ *Speculum* 62, no. 2 (April 1987): 310-311.

¹² William of Saliceto, ‘Debis que probibent impregnationem et aborsum facium,’ *Summa conservationis et curationis*, (Venice, 1502), I.175; and, Vern L. Bullough and James Brundage, *Sexual Practices and the Medieval Church* (1982, repr., Amherst, NY: Prometheus Books, 1994), 200.

¹³ Bettina Bildhauer, *Medieval Blood* (Cardiff: University of Wales Press, 2006), 36.

¹⁴ Green, ‘Gendering’, 505; Lochrie, *Covert*, 217; and, Judith Bennett, *History Matters: Patriarchy and the Challenge of Feminism* (Philadelphia, PA: UPP, 2006), 112.

¹⁵ Marcia Kathleen Chamberlain, ‘Hildegard of Bingen’s *Causes and Cures*: A Radical Feminist Response to the Doctor-Cook Binary,’ in *Hildegard of Bingen: A Book of Essays*, ed. Maud Burnett McInerney (New York, NY: Garland, 1998), 54; and, Monica H. Green, ‘Books as a Source of Medical Education for Women in the Middle Ages,’ *Dynamis* 20 (2000): 352.

and irrationality.¹⁶ Domestic spaces were thought to be managed by women and men were supposedly controlled by the sexual sway they held over these places. Georges Duby concludes that ‘masculine power ended on the threshold of the room in which children were conceived and brought into the world...[i]n this most private sanctum, woman ruled over the dark realm of sexual pleasure, reproduction, and death.’¹⁷ So too were they thought to rule over the ‘secretive’ parts of their bodies: namely, their reproductive organs.

The negative perception of women who were thought to practise contraceptive and abortive methods is undeniable. While it may be difficult to find proof that these practises were commonly occurring, contemporary observations indicate that some women were perceived to be practising and – or – encouraging others to participate in these activities. Based on spiritual, legal, literary, and medical texts, this thesis will examine the perception of reproductive control in high medieval European thought. Using source material from France, Italy, the Rhineland, and the Iberian Peninsula, this analysis will explore the perception of contraceptive and abortive procedures in contemporaneous medical works, the opposition to these practises in literary compositions and legal sanctions, and theological debates on the sanctity of human life. This research will also include some Arabic and Hebraic medical works circulating in high medieval scholastic society, particularly to examine their similarities to Christian texts. In presenting this range of source material, this thesis will explore perceptions of female sexuality and societal attitudes towards contraception and abortion during the high medieval period.

This thesis will begin by discussing instances of sterility and infertility (Chapter One). Hindrances to fertility were cause for concern and these problems were usually subjected to

¹⁶ Vern L. Bullough, ‘On Being a Male in the Middle Ages,’ in *Medieval Masculinities: Regarding Men in the Middle Ages*, eds. Clare A. Lees, Thelma Fenster, and Jo Ann McNamara (Minneapolis, MN: University of Minnesota Press, 1994), 32-33; and, Edward Shorter, *A History of Women’s Bodies* (New York, NY: Basic Books, 1982), 286-287.

¹⁷ Georges Duby, ‘The Aristocratic Households of Feudal France,’ in *A History of Private Life: Volume II: Revelations of the Medieval World*, eds. Philippe Ariès and Georges Duby, trans. Arthur Goldhammer (Cambridge, MA: Belknap Press, 1988), 80-81.

public scrutiny.¹⁸ Although infertility is an entirely different bodily condition from purposeful fertility control, there are some instances when the two were connected. Some prescriptions exist which were said to cause sterility to avoid the procreation of children: the *Liber de sinthomatibus mulierum* of the *Trotula* compendium, for example, contains a method to ensure barrenness.¹⁹ High medieval literature is then consulted, as the *lais Guigemar* and *Yonec* of Marie de France featured the common trope of cuckolded, impotent older men married to younger beautiful women, emphasising the farcical perception of this affliction.²⁰ Abstinence may also be interpreted as another method for avoiding offspring (Chapter Two). Contemporary literature promoted celibacy as a desirable alternative to the dangers of pregnancy and childbirth. High medieval works like the late twelfth-century English text, *Hali Meïðhad* (*Holy Virginity*), cited the horrors of parturition to promote a life of abstinence.²¹ Additionally, lust was perceived as a negative trait and the desire to curb these urges were prescribed, as the Christian mystic Hildegard of Bingen, the Jewish physician Moses Maimonides (1135-1204), and the Arabic physicians ‘Alī ibn ‘Abbās (Haly Abbas, d. 982-994) and Ibn-Sīnā (Avicenna, d. 1037) provided methods to control sexual urges, portraying promiscuous activities as a universal fear.²² Abstinence and controlled sexuality, while a main

¹⁸ Catherine Rider, *Magic and Impotence in the Middle Ages* (Oxford: OUP, 2006), 45-52, 57-64; Catherine Rider, “‘A Defect of the Mind or Body’: Impotence and Sexuality in Medieval Theology and Canon Law”, in *The Ends of the Body: Identity and Community in Medieval Culture*, eds. Suzanne Conklin Akbari and Jil Ross (Toronto: University of Toronto Press, 2013), 202; Kristen L. Geaman, ‘Anne of Bohemia and Her Struggle to Conceive,’ *SHM* 29, no. 2 (2014): 224-244; and Katherine Park, *Secrets of Women: Gender, Generation, and the Origins of Human Dissection* (New York, NY: Zone Books, 2006), 98.

¹⁹ ‘Si autem lesa fuerit in partu et postea pre timore mortis non uult concipere amplius, ponat in secundinam tot grana cathapuciarum uel ordeï quot annis uult sterilis permanere. Et si inperpetuum uult sterilis permanere, plenam manum inponat.’ *Trotula*, 87.

²⁰ Logan E. Whalen, ‘A Matter of Life or Death: Fecundity and Sterility in Marie de France’s *Guigemar*,’ in *Shaping Courtliness in Medieval France: Essays in Honor of Matilda Tomaryn Bruckner*, eds. Daniel E. O’Sullivan and Laurie Shepard (Cambridge: D. S. Brewer, 2013), 142-147; and, Roberta L. Krueger, ‘The Wound, the Knot, and the Book: Marie de France and Literary Traditions of Love in the *Lais*,’ in *A Companion to Marie de France*, ed. Logan E. Whalen (Leiden: Brill, 2011), 75.

²¹ Bella Millet and Jocelyn Wogan-Browne, ed. and trans, *Medieval English Prose for Women* (Oxford: OUP, 1990), 33.

²² ‘Wile *latich* assum balneum faciat, et in balneo sedens aquam illam in qua coctae sunt, lapidibus ignitis superfundat, et eas etiam ita coctas et calidas super umbilicum suum ponat, et hoc saepe faciat, et libidinem ab ipsa fugabit, ita tamen quod sanitatem corporis ejus non minuit. Ssd etiam sive vir, sive mulier, qui in libidine incontinens est, *wilde latich* in sole exsiccat et ita in manu sua in pulverem redigat, et pulverem istum in calido vino saepe bibat, et libidinem in eo exstinguit absque laesione corporis sui.’ Hildegard of Bingen, *Opera Omnia*,

part of Christian ideas of spiritual health, may have dually functioned to avoid the complications and fatalities which could threaten a parturient woman, thus inadvertently acting as a form of contraception. Despite the promotion of celibacy, most medieval women would have engaged in marital sex and contemporary literature frequently discussed wedded relations (Chapter Three). Medieval theologians debated how to conceive virtuous children while also discussing the emergence of the human soul. The birth of abnormal children, like in the later Middle English chivalric romance *The King of Tars*, questions the sanctity of cross-cultural marital sex as well as larger issues like race and religious co-mingling.²³ Although Christian authors were suspicious of interracial relations, they frequently copied Arabic and Jewish texts on contraception. Methods of male contraception, like rudimentary spermicides and *coitus interruptus*, were also discussed by Christian authors as possible alternatives to the more drastic measures of abortion.²⁴

Unlike conjugal sex, instances of illicit sexuality were far more likely to feature the conception of unwanted children (Chapter Four). The disappearing pregnancy in the story of the Nun of Watton is celebrated as a miraculous story of redemption and spiritual forgiveness, although the underlying tone of the account questions the sanctity of embryonic life. This narrative also promotes the misogynistic inclinations of some high medieval writers towards the sexualised bodies and supposed licentious conduct of women. This mistrust of sexual women is also apparent in the many legal condemnations of contraceptive and abortive practitioners, as well as the unnatural attributions so commonly associated with prostitution in

PL 197.1165-1166; Moses Maimonides, *Treatise on Cohabitation*, in *Gender and Sexuality in the Middle Ages: A Medieval Source Documents Reader*, ed. Martha A. Brożyna (Jefferson, NC: McFarland & Company, 2005), 163; ‘Alī ibn ‘Abbās (Haly Abbas), *The Royal Book (Liber regius)*, in *Medical History of Contraception*, ed. N. E. Himes (New York, NY: Schocken Books, 1970), 139-140; and, Ibn-Sīnā (Avicenna), *Canon of Medicine*, in *Medical History of Contraception*, ed. N. E. Himes (New York, NY: Schocken Books, 1970), 142.

²³ *The King of Tars*, ed. *From the Auchinleck MS, Advocates 19.2.1*, ed. Judith Perryman (Heidelberg: Carl Winter Universitätsverlag, 1980), 9-11, 73-101.

²⁴ Wolfgang P. Müller, *Huguccio: The Life, Works, and Thoughts of a Twelfth-Century Jurist* (Washington D. C.: Catholic University of America Press, 1994), 4-6; and, Thomas of Chobham, *Summa confessorum*, ed. Rev. F. Bloomfield, *Analecta mediaevalia Namuroensia*, 25 (Louvain: Nauwelaerts, 1968), 333.

theological rhetoric.²⁵ The central plot in *Le Fresne* of Marie de France, for example, features sexually charged themes like adultery, infanticide, and child abandonment, showing undesirable aspects of copulation when faced with societal ridicule.²⁶ Infertility was also related to sexual promiscuity, as the *Dragmaticon Philosophiae* by William of Conches associated this condition with prostitution and lascivious behaviour.²⁷ Lastly, this thesis will examine the circulation of these texts, particularly focusing on how the knowledge of fertility control was transmitted, disseminated, and received in medieval society (Chapter Five). Determining the abortive or contraceptive intentions of medieval women is extremely difficult, particularly as little evidence exists which suggests that they were receiving instruction on the methods prescribed in medical texts.²⁸ This section will discuss the possible ways that fertility control methods were suggested in medical rhetoric. For example, accidental fertility control could have been supplied in the form of menstrual regulators, unintentionally causing an early-term abortion or acting as a contraceptive. Therefore, contraception and abortion are often just one of the many possible interpretations for expulsive, regulatory, and preventative gynaecological procedures.

II. Research Parameters

Medical material from Southern Italy, France, the Rhineland, and the Iberian Peninsula will be used to examine the perception of fertility control in the high medieval period, circa 1050-1300. Contemporaneous literary, legal, and theological texts will also be used to provide further

²⁵ Ruth Mazo Karras, *Sexuality in Medieval Europe: Doing Unto Others* (2005, repr., London: Routledge, 2012), 137.

²⁶ Marie de France, *Le Fresne*, in *The Lais of Marie de France*, trans. Robert Hanning and Joan Ferrante (Grand Rapids, MI: Baker Academic, 1995), 73-91.

²⁷ 'Est autem matrix intus uillosa, ut melius semen retineat. Septem habet cellulas humana figura ad modum monetarum impressas; inde est quod septem nec plures potest mulier uno lecto parere. Prostitutae igitur ex frequentia coitus matricem habent oblimatam uillosque, quibus semen deberet retinere, coopertos: unde ad modum marmoris uncti quicquid recipit, statim emittit.' William of Conches, *Dragmaticon Philosophiae*, Corpus Christianorum: Continuatio Mediaevalis, CLII (Turnhout: Brepols, 1997), 208.

²⁸ Florence Eliza Glaze, 'Master-Student Medical Dialogues: The Evidence of London, British Library, Sloane 2839,' in *Form and Content of Instruction in Anglo-Saxon England in the Light of Contemporary Manuscript Evidence: Papers Presented at the International Conference, Udine, 6-8 April 2006*, eds. Patrizia Lendinara, Loredana Lazzari, Maria Amalia D'Aronco (Turnhout: Brepols, 2007), 3-4.

context for the reception, dissemination, and interpretation of medieval reproduction, particularly towards contraceptive and abortive techniques. As each of these regions tended to study and transmit similar medical compendia, this vast geographical area was subject to much of the same thoughts, texts, and practices. These wide and diverse geographical regions prescribed comparable remedies for reproductive control and, through the rise in universities and the prolific manuscript transmissions among religious houses, medical knowledge was frequently disseminated and adapted to local beliefs.²⁹ Medieval medicine – and medieval science more broadly – was an international field. It did not strictly adhere to religious or cultural boundaries and medical books of Jewish, Christian, and Islamic origin frequently found their way into monastic houses, urban centres, and medical schools. The presence of such works, particularly those on sexuality, illustrate the curiosity about the natural body which pervaded monastic centres of learning, regardless of cultural or religious origin. Medieval medicine was largely based on two aspects of remedial care: practical and theoretical medicine. Practical medicine was closely allied with *physica*, or that branch of medicine which sought to alleviate illness through therapeutic approaches and the theoretical division was devoted to understanding the philosophical elements of well-being through the transmission of written, formally educated medical information.³⁰

Although non-procreative practices appeared in medical texts, the terms ‘contraception’ and ‘abortion’ did not necessarily carry the same connotations in the medieval period as those in the modern era. It is important to distinguish what constitutes contraception and abortion

²⁹ Hilde de Ridder-Symoens, ed., *A History of the University in Europe. Vol. I, Universities in the Middle Ages* (Cambridge: CUP, 1992); and, Lucille B. Pinto, ‘The Folk Practice of Gynecology and Obstetrics in the Middle Ages,’ *BHM* 47 (1973): 513-523.

³⁰ Danielle Jacquart, ‘«Theorica» et «practica» dans l’enseignement de la médecine à Salerne au XIIe siècle,’ in *Vocabulaire des écoles et des méthodes d’enseignement au Moyen Age, Actes du colloque Rome 21-22 octobre 1989*, ed. O. Weijers (Turnhout: Brepols, 1992), 104-105; Luis García-Ballester, ‘The Construction of a New Form of Learning and Practicing Medicine in Medieval Latin Europe,’ *Science in Context* 8 (1995): 75-102; and, Jole Agrimi and Chiara Crisciani, ‘The Science and Practice of Medicine in the Thirteenth Century According to Guglielmo da Saliceto, Italian Surgeon,’ in *Practical Medicine from Salerno to the Black Death*, eds. Luis García-Ballester, Roger French, Jon Arrizabalaga, and Andrew Cunningham (Cambridge: CUP, 1994), 60-87.

and how this thesis understands these rather vaguely defined subjects. In modern western thought, scientific accuracy and clearly defined terminology dominate medical and anatomical understanding. As a result, abortion and contraception are clearly defined as the means with which to end or avoid reproduction, often through pharmaceutical or surgical means.³¹ Modern abortion is usually demarcated as the expulsion of a foetus before it reaches viability, with most occurring either naturally – or through inducing – between the sixth and tenth week of pregnancy.³² Contraception is any form of birth control which seeks to expel or restrict sperm entering the cervical canal, prevent the fertilisation of an ovum, or hinder the implantation of a fertilised egg to the uterine wall (i.e. the ‘morning after’ pill).³³ Although the scientific parameters of abortion and contraception are clearly defined, this is not meant to include the various social interpretations of these procedures which are still in a state of flux. For example, given current attitudes in the American political, spiritual, and cultural spectrum, these terms are often redefined or differently construed within societal subgroups and certain religious institutions.³⁴ This highlights a very important debate and one which also existed in the Middle Ages: namely, where does a contraceptive remedy end and an abortive remedy begin. To examine these different spectrums of contraception and abortion, this thesis will discuss the various definitions and societal perceptions associated with medieval reproduction,

³¹ M. G. Elder, *Reproduction, Obstetrics and Gynaecology* (London: Heinemann Professional Publishing, 1988), 240-248.

³² ‘Abortion is defined as the expulsion of a foetus before it reaches viability. Because of different definitions of viability in different countries, the World Health Organisation (WHO) has recommended that a foetus is viable when the gestation period has reached 22 or more weeks, or when the foetus weighs 500g or more. As the term abortion does not differentiate between spontaneous and induced abortion, many obstetricians refer to the former as miscarriage. Most abortions occur naturally (or are induced) between the 6th and 10th week of pregnancy.’ Derek Llewellyn-Jones, *Fundamentals of Obstetrics and Gynaecology*, 7th ed. (London: Mosby, 1999), 105-06.

³³ James Trussell, ‘Emergency Contraception: Hopes and Realities,’ in *Emergency Contraception: The Story of a Global Reproductive Health Technology*, eds. Angel Foster and L. L. Wynn (New York, NY: Palgrave MacMillan, 2012), 19-35.

³⁴ L. L. Wynn, ‘United States: Activism, Sexual Archetypes, and the Politicization of Science,’ in *Emergency Contraception: The Story of a Global Reproductive Health Technology*, eds. Angel Foster and L. L. Wynn (New York, NY: Palgrave MacMillan, 2012), 38.

emphasising the fluidity – and possibly, confusion – with which these terms were used in contemporary rhetoric and the different opinions these terms incited.

III. Historical Background and Source Origins

This thesis will explore the perception of fertility control from four distinct regions of medieval western Europe and the medical manuals which emerged from them: southern Italy, namely the abbey of Monte Cassino and the medical school of Salerno; the French universities which inherited these Italian texts, like those at Paris and Montpellier; the medical works of Hildegard of Bingen and Pseudo-Albertus Magnus which emerged from the monastic communities of the Rhineland; and the multi-cultural regions of the Iberian Peninsula where Christian, Jewish, and Islamic medical traditions were freely disseminated.

*Figure I: Map of Medical Centres and Gynaecological Manuscript Production*³⁵



³⁵ Monte Cassino, site of Constantine the African's Arabic to Latin translations; Salerno, site of the medical school which produced works like the *Trotula* texts, *Regimen sanitatis Salernitanum*, and *Antidotarium Nicolai*; Toledo, site of Gerard of Cremona's 1127 Arabic to Latin translations; Montpellier and Paris, the main inheritors of the Salerno curriculum; Eibingen, location of Hildegard of Bingen's abbey where she produced her medical works; and, Cologne, supposed location of Pseudo-Albertus Magnus.

High medieval southern Italy was a diverse region, housing Latin, Christian, Greek, Jewish, and Arabic populations. Southern Italian culture profited from these distinct groups, benefiting from the ease of travel and frequency of mercantile exchange which contributed greatly to the multi-culturalism of the peninsula.³⁶ These distinct communities shared their scientific, philosophical, and medical knowledge, leading to the rise of the medical school at Salerno.³⁷ Founded before 1000, the school at Salerno thrived within this ethnically integrated setting, benefiting greatly from the Jewish, Arabic, and Greek communities present in the tenth and eleventh centuries.³⁸ Patricia Skinner has shown that Salerno – and southern Italy, in general – had a well-established medical reputation by the tenth and eleventh centuries, mostly due to the large numbers of scholars, saints, and travellers who frequently passed through this area, facilitating the transference of different knowledge.³⁹ As Skinner has revealed, this established medical presence laid the foundations for the medical school to rise in notoriety and, based on the establishment of Latin technical terminology in the eleventh century, created an atmosphere which would foster the production of medical texts that continued in the twelfth century.⁴⁰ Benefitting from its multi-cultural port, the study of medicine at Salerno was greatly influenced by this confluence of cultures. Florence Eliza Glaze has stated that the multi-lingual environment between Latin, Greek, and Arabic populations in southern Italy between 1040 and 1100 ‘converged...in a way that promoted scholarly debate and a search for greater medical certainty,’ leading Salerno to become a prominent medical school during the eleventh- and twelfth-century west.⁴¹

³⁶ Patricia Skinner, *Health and Medicine in Early Medieval Southern Italy* (Leiden: Brill, 1997), 144.

³⁷ David Abulafia, *Italy in the Central Middle Ages, 1000-1300* (Oxford: OUP, 2004), 202.

³⁸ Joanna H. Drell, *Kinship and Conquest: Family Strategies in the Principality of Salerno during the Norman Period, 1077-1194* (Ithaca, NY: Cornell University Press, 2002), 3.

³⁹ Skinner, *Health*, 131.

⁴⁰ *Ibid*, 133.

⁴¹ Florence Eliza Glaze, ‘Speaking in Tongues: Medical Wisdom and Glossing Practices in and around Salerno, c. 1040-1200,’ in *Herbs and Healers from the Ancient Mediterranean through the Medieval West: Essays in Honor of John M. Riddle*, eds. Anne Van Arsdaal and Timothy Graham (Farnham: Ashgate, 2012), 64-65.

Although the medical establishment at Salerno was regarded as a great centre of teaching and practice, it would be incorrect to label it as a ‘medical school’ in the modern sense. John Riddle questions whether this term should apply at all, particularly since practical medicine was overwhelmingly taught from a master to an apprentice, removing the need for formalised education.⁴² Paul Oskar Kristeller’s study was the first to correct Salvatore De Renzi’s outdated portrayal of Salerno as a continuously structured medical institution, suggesting that historians must distinguish between ‘medical practice, practical instruction in medicine, medical literature, [and] organizing teaching of medicine...[which] were not all present at the same time or from the beginning’ of the school’s establishment.⁴³ Other scholars of Salernitan medicine, like Glaze and Green, have similarly refuted De Renzi’s semi-legendary history of the medical school at Salerno.⁴⁴ Although Green has stated that the ‘so-called “school” of Salerno was...nothing more than an informal gathering of masters and pupils, not a real physical or legal entity,’ the style of commentaries on authoritative texts emerging from Salerno would ‘characterize formal medical education for the next several centuries’, greatly altering the teaching of medicine.⁴⁵

Medical advancements were not limited to Salerno, but were also encouraged by the diversity of the principality of Salerno. The port city of Amalfi, for example, facilitated the spread of various herbs, spices, and items of Islamic influence.⁴⁶ The abbey of Monte Cassino, some 150 kilometres north of Salerno, also housed translations of the Arabic pharmacopeia which emerged from Mediterranean trade.⁴⁷ In the 1060s Constantine the African (c. 1010-1087), a converted Muslim in the monastic fold, translated some of the medical material from

⁴² John M. Riddle, ‘Theory and Practice in Medieval Medicine,’ *Viator* 5 (1974): 159.

⁴³ Paul Oskar Kristeller, ‘The School of Salerno: Its Development and Its Contribution to the History of Learning,’ *BHM* 17 (1945): 142.

⁴⁴ Green, ‘Gendering’, 493-494; and, Glaze, ‘Master-Student’, 5-8.

⁴⁵ Monica H. Green, *Making Women’s Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynecology* (Oxford: OUP, 2008), 21-22.

⁴⁶ Barbara M. Kreutz, *Before the Normans: Southern Italy in the Ninth and Tenth Centuries* (Philadelphia, PA: UPP, 1991), 146.

⁴⁷ Alex Metcalfe, *The Muslims of Medieval Italy* (Edinburgh: Edinburgh University Press, 2009), 258.

the Arabic world into Latin for Western audiences.⁴⁸ Based at Monte Cassino, Constantine was well-placed for interacting between both the scientific and religious worlds.⁴⁹ A travelled man and voracious scholar of Arab learning, he was described by Peter the Deacon as ‘learned in all philosophical studies, master of East and West, a new Hippocrates,’ and educated in ‘grammar, dialectic, rhetoric, geometry, arithmetic, mathematics, astronomy, necromancy, music and the medicine of the Chaldeans, Arabs, Persians, and Saracens’.⁵⁰ Two of the Arabic medical works translated by Constantine the African in eleventh-century Monte Cassino, the *Pantegni* and *Viaticum* – originally written by ‘Alī ibn ‘Abbās (d. c. 982-994) and Ibn al-Jazzār (d. 979/980), respectively – discussed gynaecological concerns and provided an Islamic perspective to Western medical audiences.⁵¹ Remedial knowledge from Salerno produced numerous volumes of medicine; for example, the compiled texts of the *Trotula* manuscripts, the *Regimen sanitatis Salernitanum*, and the *Antidotarium Nicolai* were composed in Salerno.⁵² These medical compendia appeared in libraries across Western Europe, spreading the influence of Mediterranean medical thought much further abroad.⁵³ The *De Coitu* and the *Viaticum*,

⁴⁸ Green, ‘The *De genecia*’, 306; and, Joan Cadden, *Meanings of Sex Differences in the Middle Ages* (Cambridge: Cambridge University Press, 1993), 57-58.

⁴⁹ Gerald J. Grudzen, *Medical Theory about the Body and the Soul in the Middle Ages: The First Western Medieval Curriculum at Monte Cassino* (Lewiston, N.Y.; Lampeter: Edwin Mellen Press, 2007); and, H. E. J. Cowdrey, *The Age of Abbot Desiderius: Monte Cassino, the Papacy, and the Normans in the Eleventh and Twelfth Centuries* (Oxford: Clarendon Press, 1983).

⁵⁰ Faith Wallis, *Medieval Medicine: A Reader* (Toronto: University of Toronto Press, 2010), 137.

⁵¹ Darrel W. Amundsen, *Medicine, Society and Faith in the Ancient and Medieval Worlds* (Baltimore: Johns Hopkins University Press, 1996), 117; and, Monica H. Green, ‘The Recreation of the *Pantegni Practica* VIII,’ in *Constantine the African and ‘Alī ibn ‘Abbās al-Mağūsi: The Pantegni and Related Texts*, eds. Charles Burnett and Danielle Jacquart (Leiden: Brill, 1994), 133-137. See Chapter V, Section II: Intention for further discussion of the *Viaticum*.

⁵² John M. Riddle, *Contraception and Abortion from the Ancient World to the Renaissance* (Cambridge, MA: Harvard University Press, 1992), 122-24; Patricia Skinner, *Women in Medieval Italian Society, 500-1200* (Harlow: Longman, 2001): 180; and, Luis García-Ballester, ‘Changes in the *Regimen sanitatis*: The Role of the Jewish Physicians,’ in *Health, Disease and Healing in Medieval Culture*, eds. Sheila Campbell, Bert Hall, and David Klausner (New York, NY: St. Martin’s Press, 1992), 123; and, Jerry Stannard, ‘Medieval Italian Medical Botany,’ in *Atti del XXI Congresso internazionale di storia della medicina, Siena, 22-28 Settembre 1968, vol. 2* (Rome, 1970): 1554-1565.

⁵³ Glaze, ‘Speaking’, 64-65.

translated from the Arabic by Constantine, appeared in medieval monastic libraries as far away as Durham Cathedral.⁵⁴

The *Trotula* texts also appeared in monastic libraries and approximately one hundred and thirty-five copies of this compilation survive: copies of the *Tractatus de egritudinibus mulierum*, the earlier simplified form of the *Liber de sinthomatibus mulierum*, appeared in Benedictine houses by the mid-twelfth century.⁵⁵ The *Trotula* compendium was the leading book on gynaecological concerns until the early modern period.⁵⁶ One of the reasons attributed to the *Trotula*'s fame was that its author was thought to be a woman; both Monica Green and John F. Benton agree that male physicians took comfort in the thought that they were reading what a woman had to say about gynaecology.⁵⁷ John F. Benton has argued that the woman said to be 'Trota' was not a *magistra* at the medical school of Salerno, as previously asserted by contemporaneous medieval authors, and did not author any parts of the *Trotula*.⁵⁸ Instead, he argued that the woman said to be Trota most likely produced a *Practica* from which an extract appears in a *Practica Secundum Trotam*. Monica Green, in her translation of the *Trotula* texts, attributes much of the misunderstanding of authorship over confusions in the title of the text. She argues that subsequent medieval editors and scribes mistook the title 'Trotula' to be the author's name, particularly since most medieval authors referred to the author as Trota of Salerno or, more famously, 'Dame Trot'.⁵⁹ Although she does not deny that such a woman did exist, she does have doubts as to the authorship of Trota for the entirety of all three texts.

⁵⁴ Durham Cathedral Library, MS C.IV.12. fols. 105-120; MS C.IV.4., fols. 38-75v and 76-94; and, Green, 'The Recreation', 144-147; and, Mary Wack, *Lovesickness in the Middle Ages: The Viaticum and its Commentaries* (Philadelphia, PA: UPP, 1990), 32-33, 47-48.

⁵⁵ Green, 'The Development', 129-30.

⁵⁶ Edward F. Tuttle, 'The "Trotula" and Old Dame Trot: A Note on the Lady of Salerno,' *BHM* 50, no. 1 (Spring 1976): 61-72.

⁵⁷ Although Benton does support this idea, he suggests that if medieval male physicians had really wanted to know 'what women think,' they could have looked at the medical writings of the twelfth-century German abbess, Hildegard of Bingen. Monica H. Green, 'Women's Medical Practice and Health Care in Medieval Europe,' *Signs* 14, no. 2 (Winter 1989): 467.

⁵⁸ Benton, 'Trotula', 31.

⁵⁹ Green, *Trotula*, xii.

Instead, she has concluded that, based on the study of pronouns used in the text and the author's voice, that Books I and III were most likely written by a male author while Book II (*De curis mulierum*) represents a palimpsest with a female's voice overwritten by another author of uncertain gender.⁶⁰

Although the author of the *Trotula* was thought to have been a woman from its creation, it is only in the past century that historians have really started to question the author's identity and the subsequent impact that women had on formal medicine during the twelfth century. Skinner, for example, has argued for the existence of Trota: she surmises that, based on the levels of lay literacy and relaxed regulation toward female practitioners, it is entirely possible that women were involved in the medical trade and may have contributed towards the knowledge contained in the *Trotula* texts.⁶¹ Additionally, she has shown that women were practising remedial medicine in Salerno: while the intellectual tradition was thriving at Monte Cassino, remedial medicine was practised at Salerno, separating these two fields of thought and allowing women the chance to openly contribute to remedial practise.⁶² Although the question of the author's gender has repeatedly been questioned by modern historians, they were overwhelmingly believed to have been a woman in the medieval and early modern periods, as evidenced by Images I and II depicting the author as a woman.⁶³ The first image, Wellcome Library, MS 544, appears from an early fourteenth-century French manuscript of medical material, *Miscellanea medica XVIII*. Trota of Salerno, evidently portrayed as a woman from her dress, is holding an orb, asserting the depth of her knowledge. She is predominately displayed at the beginning of the text, illustratively asserting the dominance of the medical expertise in the following pages. The second image, found in a pre-1304 French encyclopaedic text, Rennes, Bibliothèque Municipale, MS 593, expanded on this idea of Trota's knowledge,

⁶⁰ Green, *Trotula*, xv-xvi.

⁶¹ Skinner, *Health*, 88-90.

⁶² *Ibid*, 135.

⁶³ Image I: Wellcome Library, MS 544. Image II: Rennes, Bibliothèque Municipale, MS 593.

illustrating her exchange with a male physician. In this representation, Trota is examining an open book, presumably one of the texts in the *Trotula* compendium, and is elucidating the medical information to the male onlooker. This image predominately displays Trota as the teacher and the man as the student, exemplifying the fourteenth-century belief that women were the guardians of sexual knowledge and feminine health.⁶⁴

In 1191, Salerno was sacked by Emperor Henry VI, causing the medical centre to go into decline in the thirteenth century and allowing for other formal medical institutions to take over in prestige.⁶⁵ France, as home to the budding community of medical scholars at Paris and Montpellier, inherited many students and texts from the Salerno community; by the end of the thirteenth-century, Salernitan works like the *Antidotarium Nicolai* were being used by physicians at the schools of Paris and Montpellier, reflecting this transition.⁶⁶ Commentaries of the *Regimen Sanitatis Salernitanum* were in circulation by the thirteenth century in Montpellier and several copies of the Latin and vernacular French translations of the *Trotula* texts emerged in the thirteenth century.⁶⁷ Benton surmises that Salernitan masters and students brought their medical works with them to Montpellier and, subsequently, made their way to northern France and to England, 'the centre of their greatest popularity and diffusion in the thirteenth century.'⁶⁸ Alongside the Salernitan works, medical texts transmitted in France represented the various influences so prevalent in European universities during the twelfth and thirteenth centuries, particularly with the increased interest of women's bodies and the secrets they were thought to contain.⁶⁹

⁶⁴ The emergence of this belief is discussed in Chapter IV.

⁶⁵ Benton, 'Trotula', 23-24; Hiroshi Takayama, *The Administration of the Norman Kingdom of Sicily* (Leiden: Brill, 1993): 8-9; and, Donald Matthew, *The Norman Kingdom of Sicily* (Cambridge: CUP, 1992), 116-117.

⁶⁶ Pedro Gil-Sotres, 'The *Viridarium id est expositio antidotarii Nicolai Salernitani* by Stephanus Arlandi,' in *Between Text and Patient: The Medical Enterprise in Medieval and Early Modern Europe*, eds. Florence Eliza Glaze and Brian K. Nance (Firenze: SISMEL, 2011), 90.

⁶⁷ Gonzales, *Flos Medicines*: 55; Green, 'The Development': 125-27; and, Montserrat Cabré, 'From a Master to a Laywoman: A Feminine Manual of Self-Help.' *Dynamis* 20, (2000): 371-393.

⁶⁸ Benton, 'Trotula', 53.

⁶⁹ Park, *Secrets*, 80-81; and, Vern L. Bullough, *Universities, Medicine and Science in the Medieval West* (Aldershot: Ashgate Variorum, 2004), 137-142.

Benefiting greatly from royal patronage, the University at Paris flourished after the year 1100.⁷⁰ The Paris school profited from the French political atmosphere: surrounded by vassal lands of the English kings and seeking to widen their hold, Louis VII and Philip II recognised the potential of investing in scholars, particularly for their ability to shape public opinion.⁷¹ In addition to Paris, other cathedral schools of northern France advanced from this educational push during the twelfth century. Philosophers like Peter Abelard (1079-1142) emerged from the Paris school and William of Conches (c. 1090-1154) from the school at Chartres, both heavily influenced by Greek, Arabic, and Salernitan texts on physicality and the human body.⁷² In addition to scholastic advancements, these centres could often provide gifted students with the opportunity to seek careers in high ecclesiastical posts, allowing social as well as educational progression.⁷³ In addition to Paris and the northern French schools, the centre at Montpellier also benefited from the decline of Salerno. In 1180, the count of Montpellier decreed that anyone who wished to teach medicine at the school could do so, expanding the range of curriculum.⁷⁴ Medicine was also taught at the University of Paris but, as it was not a primary specialisation, it was not as influential as that of Montpellier.⁷⁵ However, it was significant in discerning how education – particularly of medicine – was to be formally taught. By the end of the thirteenth century, the medical faculty at the University of Paris had greatly limited the practice of medicine to university-trained physicians, excluding women from gaining the same level of formal education and initiating some of the distrust of learned women which was to continue throughout the medieval period.⁷⁶

⁷⁰ Stephen C. Ferruolo, *The Origins of the University: The Schools of Paris and Their Critics, 1100-1215* (Stanford, CA: Stanford University Press, 1985), 11-12.

⁷¹ Ibid, 13; Jean Dunbabin, *France in the Making: 843-1180* (Oxford: OUP, 1985), 124; Elizabeth M. Hallam and Judith Everard, *Capetian France, 987-1328* (1980, repr., Harlow: Pearson Education Limited, 2001), 152.

⁷² Lochrie, *Covert*, 127; and, Karras, *Sexuality*, 130.

⁷³ Ian P. Wei, *Intellectual Culture in Medieval Paris: Theologians and the University, 1100-1330* (Cambridge: CUP, 2012), 17.

⁷⁴ Olaf Pedersen, *The First Universities: Studium generale and the Origins of University Education in Europe*, trans. Richard North (Cambridge: CUP, 1997), 125.

⁷⁵ Ibid, 131.

⁷⁶ Lochrie, *Covert*, 118; and, Green, 'Gendering', 495-496.

Peter of Spain (c. 1205-1277), was one medical scholar who emerged from the school at Paris. Born in Lisbon, Peter was a voracious traveller through western Europe during his lifetime. After studying in Paris (c. 1229), Peter later travelled to the north of Spain and then Italy, establishing himself as a professor of medicine at the university of Siena in 1245, before later returning to Lisbon, becoming a *magister scholarum* at the cathedral school in Lisbon in 1263.⁷⁷ Peter's travels exposed him to a wide variety of medical thought, texts, and regional practices, culminating in his *Thesaurus Pauperum* (c. 1272), most likely written while serving as the court physician to Pope Gregory X.⁷⁸ Composed for those students who were too poor to afford the more expensive books, the *Thesaurus Pauperum* combined the teachings from these works into an encyclopaedic compendium on the nature of the body. In addition to treatises on various ailments of the body, the *Thesaurus Pauperum* discussed gynaecological medicine and contraceptive techniques. His inclusion of these non-procreative measures is particularly surprising, especially since he is usually thought to have become the short-lived Pope John XXI in 1276, questioning the opinions of medieval ecclesiastics towards contraception.⁷⁹

In addition to the Salernitan texts, French works like the *De Viribus Herbarum* (DVH), a poem about the various medical qualities of seventy-one different plants and herbs, supposedly of late-eleventh- or early-twelfth-century origin, was frequently copied and circulated among scholars of French, English, and Italian origin.⁸⁰ Although the DVH was well circulated in this period, the origin and identity of its author have long been debated in historical

⁷⁷ Jeremiah Hackett, ed., *Medieval Philosophers* (Detroit, MI: Gale Research, 1992), 316; and, L. M. de Rijk, 'On the Life of Peter of Spain, the Author of the *Tractatus*, Called Afterwards *Summule logicales*,' *Vivarium* 8, no. 2 (1970): 152.

⁷⁸ Hackett, *Medieval*, 319.

⁷⁹ Riddle, *Contraception*, 138-139; John M. Riddle, *Eve's Herbs: A History of Abortion and Contraception in the West* (Cambridge, MA: Harvard University Press, 1997), 33; and, Thomas F. Glick, Steven Livesey, and Faith Wallis, eds., *Medieval Science, Technology, and Medicine: An Encyclopedia* (London: Routledge, 2005), 389-391.

⁸⁰ Bruce P. Flood, Jr., 'The Medieval Herbal Tradition of Macer Floridus,' *Pharmacy in History* 18, no. 2 (1976), 64.

circles.⁸¹ John Riddle believes that the *DVH* was likely written by a Frankish monk named Marbode, Bishop of Rennes (1035-1123), under the pseudonym of Macer: however, other medical works of Marbode exist, possibly negating this theory.⁸² Another potential author was proposed by Bruce P. Flood who has suggested that the text is far too early to have been composed by Marbode of Rennes, proposing instead that the work was composed by Odo of Meung in southern France at the end of the ninth century.⁸³ His theory of Macer's identity is based on the assertion that, since the work does not directly mention any Arabic influence but was evidently influenced by works in Salerno, it may have been written at the end of the ninth century before the translations by Constantine the African emerged.⁸⁴

This interest in reproductive medicine was not limited to the multi-cultural world of southern Italy or the quickly growing schools in Paris and Montpellier, but also influenced scholastic thinking in the Rhineland. The theologian and mystic Hildegard of Bingen (1098-1179), whose own lifetime coincided with the proliferation of texts produced in Salerno, wrote two works on medical health, *Physica* (*Book of Simple Medicines*) and *Causae et Curae* (*Book of Compound Medicines*). These works, written sometime in the 1150s, take two distinct forms: *Physica* is presented as a pharmacological index of remedial elements like plants, stones, and animals, while *Causae et Curae* explores the philosophical, humoral, and theological reasons for illnesses. Both *Physica* and *Causae et Curae* openly discuss sexual matters, like conception, childbirth, and gynaecological health despite Hildegard's celibate lifestyle. In *Physica*, Hildegard wrote on the female body and supplied her own knowledge of abortive and contraceptive plants.⁸⁵ Laurence Moulinier has suggested that Hildegard's understanding of

⁸¹ Winston Black, "I will add what the Arab once taught": Constantine the African in Northern European Medical Verse,' in *Herbs and Healers from the Ancient Mediterranean through the Medieval West: Essays in Honor of John M. Riddle*, eds. Anne Van Arsdall and Timothy Graham (Farnham: Ashgate, 2012), 156.

⁸² Riddle, *Contraception*, 114.

⁸³ Flood, 'The Medieval', 62-63.

⁸⁴ Ibid, 63-64.

⁸⁵ Hildegard of Bingen, *Physica: The Complete English Translation of her Classical Work on Health and Healing*, trans. Priscilla Throop (Rochester, VT: Healing Arts Press, 1998), XXXIV, XLVIII.

sexual health was influenced by works from Salerno, particularly the translation of *De Coitu* by Constantine the African and the *Questions salernitaines*, indicating that these works had reached the Rhineland by the mid-twelfth century.⁸⁶ Unlike Hildegard's spiritual writings and letters, which extended beyond her monastery, there is very little evidence that her medical works ever gained the same popularity.⁸⁷ However limited their circulation, Hildegard's physical compendia did reach some audiences. For example, a German-Latin medical volume which drew heavily on Hildegard's *Physica* may have been produced at (and possibly for) the female Cisterican abbey of Seligenthal in the early thirteenth century.⁸⁸ Despite her writing capabilities, Hildegard reflected the medieval view of women's inferiority and often stressed this belief: she would refer to herself as *paupercula feminae forma*, a poor little woman's shape. She claimed that God chose an uneducated and timid woman as his mouthpiece because of how morally low the higher clergy had fallen.

Writing about sexuality while in a monastic setting was not unique to Hildegard, however, as her engagement with the medical and physical arts indicates the prominence of these subjects in scholarly cultures, particularly among theologians. Although the study of medicine was rarely undertaken by students in German universities, reflected by contemporary figures like Conrad of Megenberg who spoke of this profession in negative connotations, medical practice was often relegated to those of non-noble birth who did not have access to the higher studies of canon law.⁸⁹ At the university of Regensburg during the fourteenth century, for example, very few copies of medical or natural works existed: however, the libraries of four Benedictine houses near the university had a long tradition of medical education and training.⁹⁰

⁸⁶ Laurence Moulinier, 'Conception et corps féminin selon Hildegard de Bingen,' *Storia delle donne* 1 (2005): 143.

⁸⁷ Monica H. Green, 'In Search of an Authentic Women's Medicine: The Strange Fates of Trota of Salerno and Hildegard of Bingen,' *Dynamis* 19 (1999): 52-53.

⁸⁸ Green, 'Books', 349.

⁸⁹ David L. Sheffler, *Schools and Schooling in Late Medieval Germany: Regensburg, 1250-1500* (Leiden: Brill, 2008), 135, 163n7, 177.

⁹⁰ *Ibid*, 65-66, 115.

Despite the negative connotation associated with the medical arts in German universities, medical texts and herbalogical works were being transmitted and used in monastic houses. Another figure from the Rhineland, Albertus Magnus (c. 1193-1280), also wrote on the natural world and a work falsely attributed to him, *De secretis mulierum* (DSM), took a very misogynistic stance towards women's bodies, particularly regarding their sexuality and supposed wantonness.⁹¹ The real Albertus Magnus, the Dominican friar and bishop of Regensburg, did create a work on natural elements and healing properties, much in the same way that Hildegard of Bingen's *Physica* supplied pharmacological principles to various plants, stones, and animals: however, there is very little to indicate that he was actually involved in the production of gynaecological material, particularly the *DSM*.⁹² However, Albertus Magnus did serve as the first rector of the school at Cologne – opened in 1248 after the only other Dominican school at Paris was overburdened with students – emphasising the relationship between monasteries and scholastic education.⁹³ Although Hildegard and Pseudo-Albertus both flourished in German monastic settings, their attitudes towards women's health were vastly different, revealing the changing narratives between the twelfth and late-thirteenth centuries which perceived women to be 'secretly' coveting sexual knowledge.⁹⁴

The medical advancements of the multi-cultural and multi-religious Iberian Peninsula will be used for comparative and influential purposes, analysing those Islamic and Hebraic sources which influenced the Christian West. The cohabitational communities of high medieval Spain were especially exposed to cross-cultural contraceptive views, since Christian, Islamic,

⁹¹ Albertus Magnus, *The Book of Secrets of Albertus Magnus of the Virtues of Herbs, Stones and Certain Beasts* (*Liber secretorum de virtutibus herbarum, lapidum et animalium quorundam*), eds. Michael R. Best and Frank H. Brightman (Oxford: Clarendon Press, 1973).

⁹² David J. Collins, 'Albertus, Magnus or Magus?: Magic, Natural Philosophy, and Religious Reform in the Late Middle Ages,' *Renaissance Quarterly* 63, no. 1 (2010): 1-44; Irvén Resnick, ed., *A Companion to Albert the Great: Theology, Philosophy, and the Sciences* (Leiden, Brill, 2013); and, Francis J. Kovach and Robert W. Shahan, eds., *Albert the Great: Commemorative Essays* (Norman: University of Oklahoma Press, 1980).

⁹³ Alfred Haverkamp, *Medieval Germany, 1056-1273*, trans. Helga Braun and Richard Mortimer (1988, repr., Oxford: OUP, 2011), 328.; and, James H. Overfield, *Humanism and Scholasticism in Late Medieval Germany* (Princeton, NJ: Princeton University Press, 1984), 23-24.

⁹⁴ See Chapter IV, Section I: The 'Secrets' of Women.

and Jewish sects regularly interacted in the Southern Iberian Peninsula.⁹⁵ Following the conquest of the southern Iberian Peninsula by the Moors beginning in the early-eighth century, high medieval Spain was a cohabitational mix of three distinct cultures: Christian (Latin), Arabic, and Jewish.⁹⁶ Known as Al-Andalus, Muslim-controlled Spain was managed by emirs who, in connection with adjacent communities in North Africa, prospered from the wealth of resources in both territories: agriculture from Spain and gold from Morocco allowed Islamic groups to flourish.⁹⁷ Although controlled by Muslim leaders, Jewish and Christian communities were allowed to live and trade in southern Spain: however, by the end of the twelfth century, the gradual territorial conquests from the kingdoms of northern Spain began to encroach on Muslim territory, leading to the migration of Christians who spread the Al-Andalusian influence northward.⁹⁸ Within this multi-religious setting, medicine was influenced by these different dogmas and the translation and circulation of anatomical philosophy was allowed to thrive.⁹⁹

Mandated medical licensing for formal practitioners emerged in Castile from the early twelfth century: by the beginning of the thirteenth century, women were banned from gaining these licenses, thereby excluding them from practising ‘professional’ medicine.¹⁰⁰ Additionally, women of all faiths were barred from receiving a university education, yet interacted with one another in the more personal spheres of society, like those associated with gynaecological health and beauty regimes, indicating that their bodily knowledge was learned

⁹⁵ Patricia Skinner, ‘Confronting the “Medieval” in Medieval History: The Jewish Example,’ *P&P*, no. 181 (November 2003): 227-228.

⁹⁶ Hugh Kennedy, *Muslim Spain and Portugal: A Political History of al-Andalus* (Harlow, Essex: Longman, 1996), 3-15; Chris Lowney, *A Vanished World: Muslims, Christians, and Jews in Medieval Spain* (Oxford, OUP, 2005), 15-27, 94-101.

⁹⁷ Bernard F. Reilly, *The Medieval Spains* (Cambridge: CUP, 1993), 118-119.

⁹⁸ *Ibid.*, 121-122.

⁹⁹ Mark Cohen, *Under Crescent and Cross: The Jews in the Middle Ages* (Princeton, NJ: Princeton University Press, 1994), 134-135; and, Brian A. Catlos, *Muslims of Medieval Latin Christendom, c. 1050-1614* (Cambridge: CUP, 2014), 431-437.

¹⁰⁰ Michael Solomon, *The Literature of Misogyny in Medieval Spain* (Cambridge: CUP, 1997), 152.

through informal means.¹⁰¹ Monica Green has argued that childbirth was as systematically gendered in Jewish and Muslim contexts as it was in Christian, particularly in the Iberian Peninsula: ‘that is, it was an event in which women joined together to assist the labouring mother and attend to her and her child’s needs for several weeks after the birth.’¹⁰² Although women were involved in childbirth, female physicians were considered threatening to male medical practitioners in Islamic society as readily as they were in Christian, encouraging an equally suspicious view of learned women in both communities, particularly concerning their reproductive knowledge.¹⁰³ The mistrust associated with women’s healthcare practises was also deeply rooted in Jewish thought: for example, the association with ‘secret’ to ‘women’s genitalia’ has an ancient and long history within Jewish literature, echoing the Christian perception that women’s bodies contained ‘secretive’ information unknown to men.¹⁰⁴ Jewish medical works were both influencing and being influenced by Arabic and Christian compendia, suggesting that treatises from all three religious cultures were being copied and circulated in spite of their theological differences.

As Jewish sources were heavily influenced by ancient, Arabic, and Christian sources, they will be used for their cultural dispersion within western European communities. The study of Jewish medicine in this thesis, for example, does not apply to the whole diasporic community in western Europe, North Africa, or the Middle East; instead, only the cohabitated communities of Ashkenazic high medieval Spain will be used.¹⁰⁵ In Spain, both Christian and Jewish women were barred from a university education, yet interacted with one another in the more personal spheres of society, like those associated with gynaecological health and beauty regimes.¹⁰⁶ As

¹⁰¹ Carmen Caballero-Navas, ‘The Care of Women’s Health and Beauty: An Experience Shared by Medieval Jewish and Christian Women,’ *JMH* 34 (2008): 148-149.

¹⁰² Green, ‘Conversing’, 111.

¹⁰³ Peter E. Pormann and Emilie Savage-Smith, *Medieval Islamic Medicine* (Edinburgh: Edinburgh University Press, 2007), 90.

¹⁰⁴ Carmen Caballero-Navas, ‘Secrets of Women: Naming Female Sexual Difference in Medieval Hebrew Medical Literature,’ *Nashim: A Journal of Jewish Women’s Studies and Gender Issues* 12, (Fall 5767/2006): 39.

¹⁰⁵ Skinner, ‘Confronting’, 227-228.

¹⁰⁶ Caballero-Navas, ‘The Care’, 148-149.

they interacted in this multicultural society, their medical knowledge was also shared across these religious and social boundaries. The university at Toledo, for example, housed medical books of Jewish, Arabic, and Christian origin, no doubt influenced by the translations of Gerard of Cremona (c. 1114-1187), and manuscripts which discussed reproductive control were frequently copied and circulated from monastic centres.¹⁰⁷ Gerard, one of the many Christian Italian immigrants who travelled to southern Spain to benefit from Muslim medical texts, began to translate the available Arabic works into Latin at the library at Toledo, including the *Canon of Medicine* by Ibn-Sīnā.¹⁰⁸ In the thirteenth century, Alfonso X moved his courts to Toledo after being heavily influenced by the Jewish and Muslim works in circulation there during his childhood, emphasising their importance in high medieval Spanish thought.¹⁰⁹

Although this study will focus primarily on reproductive medicine in eleventh-, twelfth- and thirteenth-century Christian societies, some discussion will feature the heavily influential Arabic medical works of the ninth and tenth centuries for contextual and comparative purposes. As gynaecology in this period relied heavily on cross-cultural knowledge which allowed for non-Christian thought to influence reproductive medicine, so must earlier Arabic thought be consulted for its impact on high medieval Western philosophy. Medical compendia were also largely based on the many ancient non-Christian sources housed in monasteries and other literate epicentres, using the works of Hippocrates (5th-4th century BCE), Soranus of Ephesus (1st/2nd century), and Galen of Pergamon (2nd/3rd century) for medical advice, in addition to Arabic medical compendia.¹¹⁰ Within western Europe, culturally unique medical remedies

¹⁰⁷ Charles Burnett, 'The Coherence of the Arabic-Latin Translation Program in Toledo in the Twelfth Century,' *Science in Context* 14, no. 1-2 (June 2001): 266; Gary B. Ferngren, *Medicine and Religion: A Historical Introduction* (Baltimore, MD: Johns Hopkins University Press, 2014), 100; and, Monica Green, 'Making Motherhood in Medieval England: The Evidence from Medicine,' in *Motherhood, Religion, and Society in Medieval Europe, 400-1400: Essays Presented to Henrietta Leyser*, eds. Conrad Leyser and Lesley Smith (Aldershot: Ashgate, 2011), 174-175.

¹⁰⁸ Lowney, *A Vanished*, 150.

¹⁰⁹ Peter Linehan, *Spain, 1157-1300: A Partible Inheritance* (Oxford: Blackwell, 2008), 133-135.

¹¹⁰ John M. Riddle, J. Worth Estes and Josiah C. Russell, 'Ever Since Eve... Birth Control in the Ancient World,' *Archaeology* 47, no. 2 (March/April 1994): 29-35.

were occasionally assimilated alongside these more ancient texts: gynaecological medical knowledge was no exception to this intellectual mix of ancient and contemporary, learned and orally transmitted medical procedures.

This intellectual milieu also presents several methodological issues, particularly concerning the purpose and audience of these texts. The reliance on ancient authority for their medical knowledge may have served a rhetorical purpose, merely emphasising the author's range of literary exposure. Many of the remedies listed in these texts may have been repeated rather than practised, enhancing the author's apparent expertise by citing material from classical antiquity.¹¹¹ Alternatively, the inclusion of contraceptive and abortive remedies in medical texts, and their close association with negative perceptions of women, might reveal the misogynistic fears of educated men that these practises were occurring.¹¹² These fears might have also arisen from first-hand accounts or local rumours of women practising these methods.¹¹³ Legal and ecclesiastical authorities reflected this fear, determining appropriate punishment and penance for those who were perceived to be practising these methods. In addition to these concerns, determining the intended audience and purpose of these texts can be problematic. These discourses could have been intended as the manuals for practising physicians and are often written as if relaying this information to be remedially, rather than theoretically, used. The question of whether relaying this information in this fashion was a rhetorical device or reflecting the actions of medieval women is problematic, particularly since most women were illiterate and highly unlikely to utilise these texts, although the possibility does exist that this information was transmitted orally. Despite these methodological problems, there is a wealth of material which does suggest that women were using contraceptive and

¹¹¹ See Chapter III, Introduction.

¹¹² See Chapter IV, Section I: The 'Secrets' of Women

¹¹³ See Chapter IV, Section III: Violent Abortions and Section IV: Herbal Abortions

abortive methods, indicating that these practises were perceived to be available in the high Middle Ages.

IV. Literature Review

In the past several decades, the scholarship devoted to women's issues has increased exponentially. Stirred by the feminist waves of the twentieth century, the study of medieval history has expanded to include discussions of sexuality, gender, and the human body.¹¹⁴ The growing field of medical humanities has encouraged some researchers of women's history to expand their focus, particularly in the last thirty years, to include the history of gynaecology in the medieval world. Although there was a medical presence in medieval research, the historical perspective of women's health was limited in scope. C. H. Talbot and E. H. Hammond, for example, were only able to find the names of six women physicians in their 1965 study, *The Medical Practitioners in Medieval England: A Biographical Register*.¹¹⁵ As women were mostly excluded from trade guilds and university education in the high and late Middle Ages, it is hardly surprising that very few names exist of women who performed medicine.¹¹⁶ The inclusion of women's health in similar studies was also very limited. Other medical publications in medieval studies before the 1990s limited their focus to similar case studies; additional research by C. H. Talbot, Stanley Rubin, and Edward J. Kealey excluded the study of gynaecology almost entirely from their works.¹¹⁷ Despite this exclusion, some historians did engage with women's medicine. Kate Campbell Hurd-Mead published an article in 1930 on

¹¹⁴ 'Feminists, then, are revising the field of medieval studies from three directions: adding new information, answering old questions in new ways, and creating entirely new research agendas. We have helped to introduce the "linguistic turn" to medieval studies, and we are taking all of the Middle Ages (men as well as women, masculinity as well as femininity) under our view.' Judith M. Bennett, 'Medievalism and Feminism,' *Speculum* 68, no. 2 (April 1993): 327.

¹¹⁵ C. H. Talbot and E. A. Hammond, *The Medical Practitioners in Medieval England: A Biographical Register* (London: Wellcome Historical Medical Library, 1965).

¹¹⁶ Monica Green has expanded their study to include the number of female practitioners in France, Italy, Spain, and Germany. Green, 'Women's', 440-443.

¹¹⁷ C. H. Talbot, *Medicine in Medieval England* (London: Oldbourne, 1967); Stanley Rubin, *Medieval English Medicine* (Newton Abbot: David and Charles, 1974); and, Edward J. Kealey, *Medieval Medicus: A Social History of Anglo-Norman Medicine* (Baltimore, MD: Johns Hopkins University Press, 1981).

the *Trotula* and devoted a chapter to this work in her 1938 publication, *A History of Women in Medicine from the Earliest Times to the Beginning of the Nineteenth Century*.¹¹⁸ Muriel Joy Hughes also conducted a 1943 study, *Women Healers in Medieval Life and Literature*, which focused primarily on the literary presence of feminine knowledge in medical lore.¹¹⁹

Although the history of sexual health was a relatively sparse field for most of the twentieth century, scholarly engagement in this topic was on the rise by the 1960s and 1970s.¹²⁰ *The Medical History of Contraception* (1970) by Norman Himes offers a compendium of translated contraceptive techniques from both medieval Latin and Arabic traditions, one of the first in this genre. His study provided a compilation of various historical contraceptive procedures, including hitherto unpublished translations of Islamic sexual medicine. Around the same time, the American lawyer and Papal activist, John T. Noonan, published two studies on the Catholic Church's involvement with historical reproductive rights: *Contraception: A History of Its Treatment by the Catholic Theologians and Canonists* (1968) and *The Morality of Abortion: Legal and Historical Perspectives* (1970).¹²¹ Reflecting the rapidly changing political attitudes towards reproductive control during the 1960s and 1970s, Noonan's research examined the historic precedent for unwanted fertility and its involvement in the Catholic Church. The studies by both Himes and Noonan heralded a transition in historiographical research. Combining the history of medicine with the history of sexuality helped to establish a new branch of medical humanities by questioning how and why women have sought to control their fertility.

¹¹⁸ Hurd-Mead was a gynaecologist, having received her medical license in 1888. Kate Campbell Hurd-Mead 'Trotula,' *Isis* 14, (1930): 349-367; and, *A History of Women in Medicine from the Earliest Times to the Beginning of the Nineteenth Century* (1938, repr., Haddam, CT: The Haddam Press, 1988).

¹¹⁹ Muriel Joy Hughes, *Women Healers in Medieval Life and Literature* (1948, repr., Freeport, NY: Books for Libraries Press, 1968).

¹²⁰ Green, 'Gendering', 487.

¹²¹ John T. Noonan, *Contraception: A History of Its Treatment by the Catholic Theologians and Canonists* (Cambridge, MA: Harvard University Press, 1968); and, *The Morality of Abortion: Legal and Historical Perspectives* (Cambridge, MA: Harvard University Press, 1970).

In the past thirty years, the study of women's medical history has flourished through the research of numerous historians. Vern Bullough and Danielle Jacquart, for example, have both contributed greatly to medieval sexuality and gender differences in historical perspectives. Bullough's work on women's health, longevity, and diet have been especially useful to this thesis, as has his 1996 collaboration with James A. Brundage on medieval sexuality.¹²² In particular, Danielle Jacquart and Claude Thomasset conducted a study on the nature of sexuality and medicine in the Middle Ages, further combining the rhetoric of Islamic sexuality with that of Christian.¹²³ Their research also examined the medical perspective of menstrual blood, highlighting similarities which may exist between uterine and embryonic purges, suggesting that some menstrual cleanses may have acted as abortions.¹²⁴ Additionally, the research of Bettina Bildhauer, Karma Lochrie, and Peggy McCracken have examined the relationship between blood and body, focusing specifically on misogyny and perceptions of the menstruant body.¹²⁵ Ruth Mazo Karras, Caroline Walker Bynum, and Katherine Park have also contributed significantly to the study of medieval gender, sexuality, and the female form, particularly concerning spiritual impressions of the body and intersectionality.¹²⁶ Karras's work on masculinity has provided valuable discussions on heteronormativity and the male experience in medieval society.¹²⁷

¹²² Vern L. Bullough, and Cameron Campbell, 'Female Longevity and Diet in the Middle Ages,' *Speculum* 55, no. 2 (April 1980): 317-325; and, Vern L. Bullough and James A. Brundage, eds., *Handbook of Medieval Sexuality* (London: Garland Publishing, 1996).

¹²³ Danielle Jacquart and Claude Thomasset, *Sexuality and Medicine in the Middle Ages*, trans. Matthew Adamson (Princeton, NJ: Princeton University Press, 1988).

¹²⁴ *Ibid*, 164.

¹²⁵ Bildhauer, *Medieval*; Lochrie, *Covert*; and, Peggy McCracken, *The Curse of Eve, the Wound of the Hero: Blood, Gender, and Medieval Literature* (Philadelphia, PA: UPP, 2003).

¹²⁶ Karras, *Sexuality*; Park, *The Secrets*; Karras, *Common Women: Prostitution and Sexuality in Medieval England* (Oxford: OUP, 1996); Karras, *Unmarriages: Women, Men, and Sexual Unions in the Middle Ages* (Philadelphia, PA: UPP, 2012); Caroline Walker Bynum, *Fragmentation and Redemption: Essays on Gender and the Human Body in Medieval Religion* (New York, NY: Zone Books, 1991); and, Bynum, *Metamorphosis and Identity* (New York, NY: Zone Books, 2001).

¹²⁷ Ruth Mazo Karras, *From Boys to Men: Formations of Masculinity in Late Medieval Europe* (Philadelphia, PA: UPP, 2003).

One of the more prolific modern scholars on gender, medicine, and remedial texts is Monica Green, whose extensive work on these themes have immeasurably influenced the field of medical history. Her monograph, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (2009), has combined all three of these elements to discuss the gendered perceptions of medieval gynaecological practise in western Europe.¹²⁸ This work has challenged the assumption that men were minimally involved in women's health, based on her previous research undertaken in articles like 'Gendering the History of Women's Healthcare,' which deconstructed the outdated arguments that women were solely concerned with gynaecological matters.¹²⁹ Green's research has extensively discussed these perceptions and how to approach these methodological problems, particularly concerning the lack of the feminine voice in almost all medieval compendia. Her research on the gendered body has also focused on the textual transmission of gynaecological works – like the *Trotula* texts – and the remedial practice of women's medicine in the high medieval period.¹³⁰ Most notably, Green produced a critical edition and comprehensive translation of the *Trotula* compendium, discussing the creation, transmission, and circulation of these texts from the school of Salerno.¹³¹ In addition to Green, Patricia Skinner has also worked extensively on southern medieval Italian culture, particularly focusing on the intellectual, remedial, and textual practices occurring in early and high medieval Salerno. Skinner's study of medicine and the rise of the Salernitan school is researched extensively in *Health and Medicine in Early Medieval Southern Italy* (1997) and the distinctly gendered perception is discussed in *Women in Medieval Italian Society, 500-1200* (2001).¹³² Green and Skinner have both studied the

¹²⁸ Green, *Making*.

¹²⁹ Green, 'Gendering', 487-518.

¹³⁰ Green, 'The Development', 119-203; Green, 'From "Diseases"', 5-39; and, Green, 'Documenting Medieval Women's Medical Practice,' In *Practical Medicine from Salerno to the Black Death*, eds. Luis García-Ballester, Roger French, Jon Arrizabalaga, and Andrew Cunningham (Cambridge: CUP, 1994).

¹³¹ Green, *Trotula*.

¹³² Skinner, *Health*; and Skinner, *Women*.

cultural cohabitations of Christian, Jewish, and Muslim women in high medieval Italy, particularly how these different sects interacted in matters of the body and the societal perceptions of motherhood.¹³³

Modern research into the multi-cultural environments of medieval Spain by Carmen Caballero-Navas, Elisheva Baumgarten, and Simha Goldin have discussed the influence of Jewish communities on contemporary medical practices. Carmen Caballero-Navas's critical edition and translation of *Sefer Ahavat Nashim: The Book of Women's Love and Jewish Medieval Medical Literature on Women* (2004) has examined the transmission and adaptation of Hebraic gynaecological medicine.¹³⁴ In addition to providing an English translation of this Judeo-Catalan work, her research has also traced the textual adaptations of the *Trotula* compendium and other works of Salernitan origin to Hebrew, as well as the impact of Jewish gynaecological works on Christian and Muslim thought.¹³⁵ Elisheva Baumgarten's *Mothers and Children: Jewish Family Life in Medieval Europe* (2004) and Simha Goldin's *Jewish Women in Europe in the Middle Ages: A Quiet Revolution* (2011) have discussed how Jewish women were presented and perceived in their communities.¹³⁶ Rebecca Winer has also discussed multi-cultural relations among Jews, Christians, and Muslims in the thirteenth and fourteenth centuries, using the Mediterranean town of Perpignan as a case study for these social convergences and discussions of interracial relationships.¹³⁷ The research conducted by

¹³³ Green, 'Conversing', 105-118; and, Patricia Skinner, "'The light of my eyes': Medieval Motherhood in the Mediterranean,' *Women's History Review* 6, no. 3 (1997): 391-410.

¹³⁴ Carmen Caballero-Navas, ed. and trans., *Sefer Ahavat Nashim, The Book of Women's Love and Jewish Medieval Medical Literature on Women* (London: Kegan Paul International, 2004).

¹³⁵ Carmen Caballero-Navas, 'The Book of Women's Love or Book of Women's Regime: A Hebrew Compendium of Feminine Knowledge,' *MEAH* 48 (1999): 77-93; Caballero-Navas, 'A Chapter on Women: Transmission and Reception of Notions on Women's Healthcare in Medieval Hebrew Textual Production,' *MEAH* 52 (2003): 135-162; Caballero-Navas, 'Medicine and Pharmacy for Women. The Encounter of Jewish Thinking and Practices with the Arabic and Christian Medical Traditions,' *European Review* 16, no. 2 (May 2008): 249-259; and, Caballero-Navas, 'Mujeres, Cuerpos y Literatura Médica Medieval en Hebreo,' *Asclepio* 60, no. 1 (January-June 2008): 37-62.

¹³⁶ Baumgarten, *Mothers*; and, Simha Goldin, *Jewish Women in Europe in the Middle Ages: A Quiet Revolution* (Manchester: Manchester University Press, 2011).

¹³⁷ Rebecca Lynn Winer, *Women, Wealth, and Community in Perpignan, c. 1250-1300: Christians, Jews, and Enslaved Muslims in a Medieval Mediterranean Town* (Aldershot: Ashgate, 2006); and, Winer, 'Family,

Cristina Alvarez-Millan, Emilie Savage-Smith, and Peter E. Pormann have also been consulted for their insight into Islamic medical practises and the Muslim influence on western European societies.¹³⁸

In addition to these geographically or culturally specific studies, research on medieval abortive and contraceptive techniques have undoubtedly contributed to this study. John Riddle has worked extensively on medieval fertility control, focusing particularly on the inclusion of these remedies in medical works. Two of his works on reproductive control, *Contraception and Abortion from the Ancient World to the Renaissance* (1992) and *Eve's Herbs: A History of Abortion and Contraception in the West* (1997), have included numerous examples of abortive or contraceptive recipes as well as examples of women using these practises on their own bodies.¹³⁹ Most recently, Zubin Mistry's research has examined abortion – both perceived and actual – in early medieval society, particularly concerning spiritual communities.¹⁴⁰ In addition to the study of abortion and contraception in social and medical thought, other modern scholarship has examined reproductive control within legal and canonical texts. Wolfgang Müller, for example, has explored the legal reactions to abortion and contraception and the criminalisation of these actions in high medieval systems. Historians of canon law, like James A. Brundage and John W. Baldwin, have investigated how sexuality and fertility control were perceived in theological society, particularly regarding ecclesiastical regulation.¹⁴¹

Community, and Motherhood: Caring for Fatherless Children in the Jewish Community of Thirteenth-Century Perpignan,' *Jewish History* 16, no. 1 (2002): 15-48.

¹³⁸ Pormann and Savage-Smith, *Medieval*; Emilie Savage-Smith, 'The Practice of Surgery in Islamic Lands: Myth and Reality,' *SHM* 13 No. 2 (2000): 307-321; Cristina Alvarez-Millan, 'Graeco-Roman Case Histories and their Influence on Medieval Islamic Clinical Accounts,' *SHM* 12, no. 1 (1999): 19-43; and, Alvarez-Millan, 'Practice versus Theory: Tenth-century Case Histories from the Islamic Middle East,' *SHM* 13, no. 2 (2001): 293-306.

¹³⁹ Riddle, *Contraception*; Riddle, *Eve's Herbs*; Riddle, 'Contraception and Early Term Abortion in the Middle Ages,' in *Handbook of Medieval Sexuality*, eds. Vern L. Bullough and James A. Brundage (London: Garland, 1996); Riddle, 'Oral Contraceptives and Early-Term Abortifacients during Classical Antiquity and the Middle Ages,' *P&P*, no. 132 (August 1991): 3-32.

¹⁴⁰ Zubin Mistry, *Abortion in the Early Middle Ages* (York: University of York Press, 2015); and, Mistry 'The Sexual Shame of the Chaste: "Abortion Miracles" in Early Medieval Saints' Lives,' *G&H* 25, no. 3 (November 2013): 607-620.

¹⁴¹ Wolfgang P. Müller, 'Canon Law Versus Common Law: The Case of Abortion in Late Medieval England,' in *Proceedings of the Tenth International Congress of Medieval Canon Law*, eds. Kenneth Pennington and Keith Kendall (Vatican City: Biblioteca Apostolica Vaticana, 2002); Müller, *The Criminalization of Abortion in the*

Although it is difficult to claim with any real accuracy that menstrual provocations were alternatively being used as abortive methods, John Riddle has attempted to include these as possible methods for pregnancy termination. In *Contraception and Abortion*, Riddle argues that emmenagogues (menstruation-producing herbs) were frequently used in abortive texts in both early and high medieval medical volumes.¹⁴² Riddle has argued that remedies for menstrual regulation should be considered as contraceptive or abortive given their frequent inclusion of herbs which may cause uterine contractions.¹⁴³ Citing the ancient view that expulsives and laxatives were referenced by Hippocrates for their abortive values, Riddle surmises that the same may have been true in post-antique societies, particularly when abortion became illegal and argued as immoral in medieval theological discussions, a theory which has not been widely accepted by gender and medical historians. However, Riddle rightly concludes that, although considered to be illegal and contrary to Christian spirituality, ‘the mere presence of such condemnations gives evidence of their use.’¹⁴⁴ In another discussion, he directly indicates his stance that a menstrual provocation, or those methods which sought to ‘move the menses’ (*menses moventia*), were designed to cause abortions.¹⁴⁵

This claim has been contested by Monica Green, whose own expertise has dealt extensively with the transmission, reception, and practice of gynaecological medicine. Green has argued that such knowledge was significant for female health and thus cannot be considered birth control practices, particularly noting that retained menses were thought to be an impediment to conception.¹⁴⁶ Green suggests that the need to move the menses could have developed from concerns about overall health and fertility, not just concerning issues of

West: Its Origins in Medieval Law (Ithaca, NY: Cornell University Press, 2012); James A. Brundage, *Law, Sex, and Christian Society in Medieval Europe* (Chicago, IL: UCP, 1987); and, John W. Baldwin, *The Language of Sex: Five Voices from Northern France around 1200* (Chicago, IL: UCP, 1994).

¹⁴² Riddle, *Contraception*, 97-99.

¹⁴³ He directly calls the inclusion of menstrual regulators in Macer’s *De virtutibus herbarum* abortifacients. Ibid, 114-115.

¹⁴⁴ Ibid, 106.

¹⁴⁵ Riddle, *Eve*, 64.

¹⁴⁶ Green, ‘From “Diseases”’, 23.

reproductive control. Green states that she disagrees with Riddle in two of his works, that his argument for ‘the label “to provoke menstruation” is invariably a “code-word” to signal an abortifacient...provoking menstruation, whether to maintain health or to promote fertility...was in and of itself a vital concern,’ is methodologically flawed.¹⁴⁷ While such a distinction is crucial to make, there are some instances in which a middle ground may be sought. This argument has become a debate about the role of uterine purges within medieval medical rhetoric and whether such acts may be classified directly as early term abortions. While both sides of the argument are valid, it is impossible to state explicitly that women were or were not using menstrual controls as early term abortifacients; so too it is equally impractical to assume that all remedies prescribed for ‘moving the menses’ were only ever meant for menstrual regulation.

The historian of ancient medicine, Helen King, has joined the side of Green, arguing against confusing a uterine purge with an abortion and is particularly critical of John Riddle’s premise that the need to initiate a menstrual cycle was to abort a child, either directly or indirectly. King critiqued Riddle’s analysis of Hippocratic medicine and his subsequent suppositions about the medieval female body: her work, *Hippocrates’ Women: Reading the Female Body in Ancient Greece* (1998), examines the transmission of gynaecological knowledge among classical women at length, while also exploring her misgiving about Riddle’s purgation theories.¹⁴⁸ She additionally argues that Riddle’s conclusion of exclusively including all menstrual regulators as abortifacients to be, rightfully, misguided. King’s explanation for why Hippocratic menstrual regulators were not necessarily abortions is because ‘for Riddle, everything expulsive becomes an abortifacient.... Riddle consistently translates as “uterine abortifacient” Greek phrases which actually state “able to expel the afterbirth” ...

¹⁴⁷ Trotula, 175n83.

¹⁴⁸ Helen King, *Hippocrates’ Women: Reading the Female Body in Ancient Greece* (London: Routledge, 1998), 135-38.

bringing on a period may simply be bringing on a period.’¹⁴⁹ Most recently, Zubin Mistry has supported King and Green, joining the steadily increasing group of academics who are sceptical of labelling all menstrual regulators as abortions. Mistry’s examination of John Riddle is much along the same lines as King and Green.¹⁵⁰ While this thesis fundamentally agrees that the assumption to include a menstrual expulsive as an abortifacient is a flawed understanding of gynaecological literature, there are several instances in which exceptions must be made. As such, this thesis will only include those provocations which share their prescriptive remedies with known abortive or contraceptive measures.¹⁵¹

V. Reproductive Ambiguity

Although contraception was often met with less disapproval than abortion, it was still subjected to a variety of ecumenical principles and limitations, particularly as theologians feared the use of contraceptive elements would promote non-procreative sexual encounters.¹⁵² Other measures attempted to tame the sexual functions of the body, providing remedial alternatives designed to limit sexual urges, thus encouraging abstinence.¹⁵³ Despite its mention in legal or ecclesiastical documents, abortion was immoral in the high Middle Ages. The abortive procedure was only openly discussed in medical literature and even then, quite sparingly; non-medical literature often discussed abortion in terms of punishment, social definitions, or spiritual ramifications for a practitioner. While the scant evidence for abortion may be

¹⁴⁹ King, *Hippocrates*, 145.

¹⁵⁰ ‘Riddle’s work is an important antidote to extreme scepticism about premodern reproductive technologies. But it has also been subject to important criticism by historians of medicine and demography, criticism which is relevant to cultural histories of abortion. Numerous demographic historians remain unconvinced. Even if modern science verifies the efficacy of premodern reproductive technologies (and, as we shall see, this is equivocal), Riddle’s picture of demographically significant abortifacient and contraceptive practice, a picture evoked by allusions to ancient and medieval population shifts as much as argued, is unsubstantiated.’ Zubin Mistry, *‘Alienated from the Womb: Abortion in the Early Medieval West, c. 500-900,’* (Doctoral Thesis: University College London, 2011): 21-22; and, Mistry, *Abortion*, 18n65.

¹⁵¹ See Chapter V, Section I: Moving the Menses.

¹⁵² Pierre J. Payer, *Sex and the Penitentials: The Development of a Sexual Code, 550-1500* (Toronto: University of Toronto Press, 1984), 34, 117-118; and, Jacques le Goff, *The Medieval Imagination*, trans. Arthur Goldhammer (Chicago, IL: UCP, 1985), 99-100.

¹⁵³ Brundage, *Law*, 182-83.

attributed to the lack of written records from practising midwives or women who terminated their pregnancies, this silence does not mean that abortive practices were non-existent.¹⁵⁴

As medieval medical authors recognised all the familiar signs of pregnancy – like menstrual cessation, swollen breasts, and nausea – determining the difference between symptoms of the first trimester of pregnancy from other gynaecological ailments could have caused great confusion for the patient and physician, alike. The twelfth-century Salernitan medical compendium, *Regimen Sanitatis Salernitanum* (*RSS*), detailed certain symptoms of pregnancy.¹⁵⁵ This text was spread in medieval medical circles for its intricate knowledge of the human body, thus, we may infer that the signs of pregnancy listed in the *RSS* may have been well-known among literate physicians.¹⁵⁶ Such signs were an irregular or absent menstrual cycle, changes to the vaginal opening, cold humours, soreness, and swollen breasts, among others.¹⁵⁷ Given that one of the first noticeable differences between a pregnant and non-pregnant woman's physiognomy was the absence of a menstrual period, an initial reaction to this condition may have been to suspect pregnancy. However, malnutrition, unbalanced humours, and general illness were also thought to cause the menstrual cycle to stop unexpectedly. It is possible that physicians or midwives, attempting to rebalance the body or to aid their ailing patient, could have mistaken the signs of early pregnancy for absent menarche and prescribed something to expel the uterine matter, unconsciously initiating an early-term abortion.¹⁵⁸ For example, the word *abortus* is commonly used in medieval texts for terminated pregnancies, but this word has been translated in some modern scholarship to describe

¹⁵⁴ Joan M. Ferrante, *To the Glory of Her Sex: Women's Roles in the Composition of Medieval Texts* (Bloomington, IN: Indiana University Press, 1997), 17-28.

¹⁵⁵ Monica Green, 'Rethinking the Manuscript Basis of Salvatore De Renzi's *Collectio Salernitana*. The Corpus of Medical Writings in the «Long» Twelfth Century,' in *La Collectio Salernitana di Salvatore De Renzi*, eds. Danielle Jacquart and Agostino Paravicini Bagliani (Firenze: Sismel, 2008), 31-33.

¹⁵⁶ García-Ballester, 'Changes', 120.

¹⁵⁷ 'Pars Quarta, Cap. VII. Generatio Hominum', *Regimen sanitatis Salernitanum (Flos Medicina)*, in *Storia documentata della scuola di Salerno [Collectio Salernitana]*. 5 vols. (Naples: Typographie du Filsatre-Sebezio, 1895), Pars Secunda, Materia Medica, Cap. XXII, 2254-2261.

¹⁵⁸ Riddle 'Contraception', 261-277.

miscarriages; indeed, there does not seem to be a word in classical or medieval Latin which clearly defines a miscarriage as a separate thing from an abortion.

The word *abortus* is listed in the Oxford Latin Dictionary as a ‘miscarriage, premature/untimely birth, abortion, or a dead foetus,’ indicating that the word is applied to a variety of terminated pregnancies, whether intentional or not.¹⁵⁹ In the *Revised Medieval Latin Word-List*, the word is only associated with an abortion, a ‘uterine vellum’ or ‘to bring forth prematurely,’ without any direct mention of an unintended termination.¹⁶⁰ Thus, it can be difficult to accurately differentiate between medical remedies which actively sought to end a pregnancy and those which did not. The most recent English version of the *Trotula* texts edited by Monica Green has translated the word *abortus* to mean a miscarriage, rather than suggesting that the method may also refer to a purposefully terminated pregnancy.¹⁶¹ However, the translations of certain legal codes, like the early medieval *Laws of the Alamans* and the *Penitentials of Theodore*, have used the word *abortus* to mean an abortive, intentional act.¹⁶² Translations of high medieval law codes have adhered to the same terminology: English laws recorded by Henry de Bracton and the thirteenth-century codex *Fleta* also described an abortion as an intentional and separate procedure from miscarriage.¹⁶³

¹⁵⁹ P. G. W. Glare, ed., *Oxford Latin Dictionary* (Oxford: Clarendon Press, 1968-82).

¹⁶⁰ R. E. Latham, *Revised Medieval Latin Word-List From British and Irish Sources* (1965, repr., London: Oxford University Press, 2008).

¹⁶¹ ‘So it is when at first the infant is brought out from the conceived seed, for its ligaments, with which it is tied to the womb, are thin and not solid, and from a slight [accident] it is ejected through *miscarriage*. When a woman on account of coughing and diarrhoea or dysentery or excessive motion or anger or bloodletting can loose the foetus...’ ‘Sic cum primo educitur infans ex semine concepto, name tenera et non firma sunt eius ligamenta, quibus ligature matrici et de leui emittitur per *aborsum*. Unde mulier propter tussim et dyarriam uel dissinteriam uel motum nimium uel iram nel minutionem potest fetum amittere...’ *Trotula*, 88.

¹⁶² ‘If anyone causes an *abortion* in a pregnant woman so that you can immediately recognise whether [the offspring] would have been a boy or a girl.’ *Alamannic Laws. Laws of the Alamans and Bavarians*, trans. by Theodore John Rivers (Philadelphia, PA: UPP, 1977), 88. ‘Si quis aliquis mulierem prignantem *aborsum* fecerit, ita ut iam cognuscis possis, utrum vir an femina fuisset.’ *Monumenta Germaniae Historica: Tomus XV*, ed. George Heinrich Pertz, (Hanover, 1863), 115. ‘Let women who effect an *abortion* before the foetus has a soul do penance for one year or for three periods of forty days or for forty days.’ ‘Mulieres quae *abortivum* faciunt antequam animam habeat I annum, uel III XLmas uel XL diebus iuxta qualitatem culpae peniteat.’ *The Penitential of Theodore*, in *Love, Marriage, and Family in the Middle Ages: A Reader*, ed. Conor McCarthy (London: Routledge, 2004), 46-47; and, XIV.24, 27a-27b.

¹⁶³ ‘If one strikes a pregnant woman or gives her poison in order to procure an *abortion*...’ ‘Si sit aliquis qui mulierem pręnantem percusserit vel ei venenum dederit, per quod fecerit *abortivum*...’ Henry de Bracton, *De Legibus et Consuetudinibus Anglię*, trans. Samuel E. Thorne (Cambridge, MA: The Belknap Press of Harvard

Determining the reason behind the expulsion of a viable foetus during the Middle Ages is particularly difficult to ascertain. In most instances, the use of expulsive techniques was mainly reserved for instances of stillbirths, partial births, or miscarriages, yet the presence of abortive measures must also be considered.¹⁶⁴ As there is scant archaeological evidence to provide a rough estimate for the number of women who either died whilst pregnant or during childbirth, the presence of so many remedies used to heal a woman suffering from an unhealthy pregnancy must be gleaned from textual evidence instead.¹⁶⁵ With the inclusion of foetal expulsions and remedies for promoting the menses also occurring with some frequency in gynaecological texts, ulterior methods for uterine evacuations may have been both understood and practiced in gynaecological medicine during the high Middle Ages.¹⁶⁶ Although some medical sources did not particularly condone or promote the inclusion of abortive measures alongside dead foetal removal or menstrual provocation, the frequency with which they occur cannot be ignored as inconsequential or coincidental.

Instances of accidental miscarriages must also be addressed for clarification. Open to interpretation, miscarriage was more forgivable and uncontrollable versus that of conscious abortion.¹⁶⁷ As such, many medieval medical remedies advised women on ways in which to avoid a miscarriage or what prescriptive measures may cause it. Although we cannot call these actions abortion, per se, it does create a distinct perspective on the discussion of birth control practices. As miscarriage was an accidental occurrence, medieval women may have disguised

University Press, 1968), II:341. 'He, too, in strictness is a homicide who has pressed upon a pregnant woman or has given her poison or has struck her in order to procure an *abortion* or to prevent conception...' 'Qui eciam mulierem pregnantem opprresserit vel venenum dederit vel percusserit ut faciat *abortiuum* vel non concipiat...' *Fleta*, eds. and trans. H. G. Richardson and G. O. Sayles (London: Bernard Quaritch, 1955), I:24.

¹⁶⁴ Hilary Powell, 'The Miracle of Childbirth': The Portrayal of Parturient Women in Medieval Miracle Narratives,' *SHM* 25, no. 4 (2012): 800.

¹⁶⁵ Marilyn Deegan, 'Pregnancy and Childbirth in the Anglo-Saxon Medical Texts: A Preliminary Survey,' in *Medicine in Early Medieval England: Four Papers*, eds. Marilyn Deegan and D. G. Scragg (Manchester: Manchester Centre for Anglo-Saxon Studies, 1989), 17.

¹⁶⁶ Etienne Van de Walle, 'Flowers and Fruit: Two Thousand Years of Menstrual Regulation,' *The Journal of Interdisciplinary History* 28, no. 2 (Autumn 1997): 186.

¹⁶⁷ Fiona Harris-Stoertz, 'Pregnancy and Childbirth in Twelfth- and Thirteenth-Century French and English Law,' *JHS* 21, no. 2 (May 2012): 269-270.

an abortion as a miscarriage. Equally, medieval women may have unknowingly caused themselves or others to miscarry by consuming certain herbs or through dangerous physical exertion. Miscarriage could also be the result of abortion by assault, ill health, or destructive negligence rather than a deliberate attempt to end a pregnancy. Misunderstanding the reasons for an absent menstrual cycle may have led to these incidences. To initiate their menstruation, women may have also inadvertently caused themselves to miscarry, completely oblivious to their pregnant state. Fertility control – and medieval medicine more broadly – were practiced through tangible means, with representations of the female body and natural elements playing a leading role: women could expand upon the folkloric and magical attributes given to objects through generations of practice.¹⁶⁸ Endowing symbolic characteristics to physical objects was an important facet of medieval medicine and critical for understanding the contemporaneous attitude towards health and remedial care.¹⁶⁹ As such, the boundaries for defining fertility control were extremely wide and open to a myriad of possibilities.

The word ‘abortion’ may have been applied to various methods which terminated a pregnancy and not purely meant to include those instances in which a woman intentionally sought to cease her pregnancy. In much the same way that medical instances of ‘miscarriage’ are medically labelled as ‘abortions’ in modern western medical terminology, the same meaning could have been applied to this text, indicating that ‘abortion’ was an umbrella term for all terminated pregnancies.¹⁷⁰ The frequencies with which abortive remedies were mentioned in this period suggest that the meaning could be for either instance. Despite this lack of clear terminology, medieval contraceptive and abortive practises may be compared to their modern counterparts based on a very simple principle: for either personal, financial, or

¹⁶⁸ Luke Demaitre, ‘Domesticity in Middle Dutch *Secrets of Men and Women*,’ *SHM* 14, no. 1 (2001): 3.

¹⁶⁹ Montserrat Cabré, ‘Women or Healers?: Household Practices and the Categories of Health Care in Late Medieval Iberia,’ *BHM* 82, no. 1 (Spring 2008): 24-25.

¹⁷⁰ Charles R. B. Beckmann, Frank W. Ling, Barbara M. Barzansky, William N. P. Herbert, Douglas W. Laube, and Roger P. Smith, *Obstetrics and Gynecology. Sixth Edition* (Philadelphia, PA: Lippincott Williams and Wilkins, 2009), 141.

physiological reasons, not all women wanted to be mothers or wished to become pregnant.¹⁷¹ Given that there is evidence of reproductive control in both pre-historical and historical societies, a certain measure of desperation may have driven women to seek the means with which to avoid the delivery of an unwanted child.¹⁷² As most impressions of sexuality were from celibate men, this thesis will engage with these observations to determine how women, reproduction, and non-procreative actions were observed by this abstinent sect of medieval society.

¹⁷¹ Baumgarten, *Mothers*, 174-175; Emily R. Coleman, 'Medieval Marriage Characteristics: A Neglected Factor in the History of Medieval Serfdom,' in *Marriage and Fertility: Studies in Interdisciplinary History*, eds. Robert I. Rotberg and Theodore K. Rabb (Princeton, NJ: Princeton University Press, 1980), 7-8; and, Avner Giladi, 'Infants, Children, and Death in Medieval Muslim Society: Some Preliminary Observations,' *SHM* (1990): 359.

¹⁷² Himes, *Medical*, 3-4; and, Timothy Taylor, *The Prehistory of Sex* (London: Fourth Estate, 1996), 87-91.

CHAPTER I: *Sterility and Infertility*

Therefore, the final cause for contracting marriage is principally the procreation of children. For, on account of this, God instituted marriage between the first parents to whom He said: "Go forth and multiply."¹

Peter Lombard (c. 1095-1160), *Sentences*

Despite the presence of contraceptive or abortive methods in medical literature, the primary responsibility for a medieval woman was to produce as many healthy children as possible. According to Peter Lombard, procreation was one of the main reasons for marriage. Not only did the holy bond of matrimony prevent out-of-wedlock promiscuity, marriage was an institution given by God to Adam and Eve to produce mankind: man was meant to produce man. As such, those who were unable to bear children were considered to defy the principal purpose of their union.² Hindrances to fertility were cause for grave concern, as a substantial proportion of texts related to childbirth focus primarily on ensuring conception. Methods of overcoming sterility and infertility were frequently recorded in medieval medical works, as these conditions posed a great threat to familial structures and the emotional well-being of couples.³ The inability to produce a child was usually subjected to public scrutiny, particularly since heirless couples could result in the breaking up of estates, question one's masculinity/femininity, cast doubt on the legitimacy of previous children (if applicable), and cause grounds for divorce, creating havoc for families and local communities.⁴ Additionally,

¹ 'Est igitur finalis causa matrimonii contrahendi principalis procreatio proles, propter hoc enim instituit Deus conjugium inter primos parentes, quibus dixit, Gen. 1, *Crescite et multiplicamini*, etc.' Peter Lombard, *Sententiarum Libri Quatuor*, PL 192.918.

² Jean-Louis Flandrin, *Families in Former Times: Kinship, Household, and Sexuality*, trans. Richard Southern (Cambridge: CUP, 1979), 179; and, Angus McLaren, *Impotence: A Cultural History* (Chicago, IL: UCP, 2007), 30-31.

³ Daphna Oren-Magidor and Catherine Rider, 'Introduction: Infertility in Medieval and Early Modern Medicine,' *SHM* 29, no. 2 (2016): 211-212.

⁴ Georges Duby, 'The Aristocratic Households of Feudal France,' in *A History of Private Life: Volume II: Revelations of the Medieval World*, eds. Philippe Ariès and Georges Duby, trans. Arthur Goldhammer (Cambridge, MA: Belknap Press, 1988), 68-69; Pierre J. Payer, *Sex and the Penitentials: The Development of a*

one of the most common grounds for annulment was impotence, which could have caused familial and monetary disruptions, particularly when dowries were involved.⁵ The most obvious problem in these situations was the lack of a viable heir for families, sometimes resulting in extreme measures to ensure a child was produced.⁶ The numerous instances of childlessness in royal couples, for example, can provide ample evidence for the political and economic chaos that these sterile unions could cause in medieval societies.⁷

Men and women were inextricably linked to their sexual abilities: virility was the ultimate test of manliness as much as fertility was for women. Those men who experienced sterility would have faced considerable societal backlash, questioning their standing in communities and threatening the sanctity of wedded unions. Women, as the supposed perpetrators of evil, could have been accused of causing sterility on both men and themselves, lending credence to the belief that women were inherently capable of controlling fertility at will. This chapter will discuss the ways in which sterility and infertility were perceived in medieval society, but more importantly, it will also examine how women were thought to influence these practises. As women were often associated with either causing or curing impotence, contemporaneous medieval texts reflected these contradictions. Literary works like the *lais* of Marie de France provide one uniquely female perspective to this discussion but, as

Sexual Code, 550-1500 (Toronto: University of Toronto Press, 1984), 33; Ruth Mazo Karras, *Unmarriages: Women, Men, and Sexual Unions in the Middle Ages* (Philadelphia, PA: UPP, 2012), 53; and, Vern L. Bullough, 'On Being a Male in the Middle Ages,' in *Medieval Masculinities: Regarding Men in the Middle Ages*, eds. Clare A. Lees, Thelma Fenster, and Jo Ann McNamara (Minneapolis, MN: University of Minnesota Press, 1994), 42-43.

⁵ Catherine Rider, *Magic and Impotence in the Middle Ages* (Oxford: OUP, 2006), 39-42, 57-60; Rebecca Lynn Winer, *Women, Wealth, and Community in Perpignan, c. 1250-1300: Christians, Jews, and Enslaved Muslims in a Medieval Mediterranean Town* (Aldershot: Ashgate, 2006), 38; Simha Goldin, *Jewish Women in Europe in the Middle Ages: A Quiet Revolution* (Manchester: Manchester University Press, 2011), 104; and, Charles J. Reid, Jr., *Power over the Body, Equality in the Family: Rights and Domestic Relations in Medieval Canon Law* (Grand Rapids, MI: William B. Eerdmans, 2004), 140-142.

⁶ Louis Haas, 'Women and Childbearing in Medieval Florence,' in *Medieval Family Roles: A Book of Essays*, ed. Cathy Jorgensen Itnyre (New York, NY: Garland, 1996), 88-89.

⁷ There are numerous examples of fertility crises in royal couples. See: Karras, *Unmarriages*, 63-65; Constance M. Rousseau, 'Neither Bewitched nor Beguiled: Philip Augustus's Alleged Impotence and Innocent III's Response,' *Speculum* 89, no. 2 (April 2014): 410-436; and, Kristen L. Geaman, 'Anne of Bohemia and Her Struggle to Conceive,' *SHM* 29, no. 2 (2014): 224-244.

she was writing within a male-dominated society, only reflects a limited perception of sexuality. Like the eponymous heroes presented in the *lais Guigemar* and *Yonec*, male impotence was inevitably linked to female sexuality: whether a young man suffering from a deformity of nature or an old man succumbing to the sexual restrictions of age, impotence could strike unexpectedly. Women, as the carriers of hidden rather than prominent sexual organs, were naturally the targets of misperceptions, particularly in matters of reproduction.

I. Tests, Trials, and Midwives

Modern medical parlance has defined sterility and infertility as two separate conditions: the former being the inability to conceive children and the latter the inability to carry a child to full term. Although not beholden to the same distinct definitions as modern medicine, medieval thought tended to categorise these terms along similar lines. Sterility was often associated with impotence or barrenness and could be blamed on either the man or the woman; often, both parties were subjected to invasive and humiliating tests to determine who was at fault.⁸ If a fault was found with the man, however, the blame could still fall on the woman who was thought to have used devious magic to render him impotent.⁹ Determining who was sterile was very important, particularly when either party attempted to leave the marriage, yet it was also a way to measure the apparent worthiness of an individual in society. Medieval men were judged for their virility and women for their fruitfulness; if anything hindered these public perceptions, like instances of sterility, then it was also a reflection of their value in society.¹⁰ Vern Bullough has surmised that ‘the male was defined in terms of sexual performance,

⁸ Jacqueline Murray, ‘On the Origins and Role of ‘Wise Women’ in Causes for Annulment on the Grounds of Male Impotence,’ *JMH* 16, no. 3 (1990): 236-237; Erwin H. Ackerknecht, ‘Midwives as Experts in Court,’ *Bulletin of the New York Academy of Medicine* 52, no. 10 (December 1976): 1225-1226; and, Myriam Greilsammer, ‘The Midwife, the Priest, and the Physician: The Subjugation of Midwives in the Low Countries at the End of the Middle Ages,’ *JMRS* 21, no. 2 (1991): 292.

⁹ Bullough, ‘On Being’, 43; and, Avraham Grossman, *Pious and Rebellious: Jewish Women in Medieval Europe*, trans. Jonathan Chipman (Waltham, MA: Brandeis University Press, 2004), 22-23.

¹⁰ Haas, ‘Women,’ 89-90; and, Ronald C. Finucane, *The Rescue of the Innocents: Endangered Children in Medieval Miracles* (Basingstoke: Palgrave Macmillan, 1997), 18.

measured rather simply as his ability to get an erection...in brief, it was how a male was defined, both by himself and by society.’¹¹

Impotence did not always indicate that a man was completely without sexual desires or unwilling to perform. Medical works like the *De coitu* of Constantine the African attempted to cure impotence by prescribing certain foods.¹² Chickpeas, for example, were thought to help in the production of semen as they provided vital elements to a man’s diet: namely, those foods which have appropriate moisture to create semen and are ‘very nutritious and wind-producing.’¹³ Other perceived problems of impotence stemmed from frequent intercourse or were categorised into different classifications of sterility, differentiating between those men who were unable to have an erection, those who could not ejaculate, or those that had no sexual desire.¹⁴ These different types of impotence were often related to psychological problems, particularly when a man did not desire a woman or was thought to be suffering from symptoms attributed to melancholia.¹⁵ The *LSM* viewed male impotence in similar ways. It concluded that a humoural imbalance could contribute to a decrease or cessation of sexual drive, postulating different causes for these various definitions of impotence. For example, if the man suffered from a lack of heat and therefore experienced humoural imbalance, he would lose his sexual desire.¹⁶ The *LSM* attributed the inability to have an erection as a ‘defect of the spirit (*defectu*

¹¹ Bullough, ‘On Being,’ 43.

¹² Paul Delany, ‘Constantinus Africanus’ “De Coitu”: A Translation,’ *The Chaucer Review* 4, no. 1 (Summer 1969): 61-62.

¹³ Ibid, 62.

¹⁴ ‘Se quoniam alii virgam tendunt et nimis coeuntes semen emitter non valent, et alii sunt qui semen emittunt eciam non volentes et virgam non tendunt, et alii sunt qui nec appetunt, nec virgam erigunt, nec semen emittunt.’ Constantine the African, ‘De diversitatibus coeuncium,’ in *Constantini Liber de Coitu: El tratado de andrología de Constantino el Africano, estudio y edición crítica*, ed. Enrique Montero Cartelle (Santiago de Compostela, 1983), 82.

¹⁵ Murray, ‘On the Origins’, 239.

¹⁶ *Trotula: A Medieval Compendium of Women’s Medicine*, trans. Monica H. Green (Philadelphia, PA: UPP, 2001), 131.

spiritus)', which required an entirely separate set of treatments from those men who suffered from a 'defect of the seed (*defectu spermatis*).'¹⁷

Catherine Rider has produced extensive work on the subject of magically induced impotence, particularly how evil, learned women were thought to perform these rituals.¹⁸ She suggests that, based on illiteracy rates among women, the few magical texts which did feature impotence charms would have only been accessible to those who were literate in Latin, '[ruling] out most of the old women and jealous ex-mistresses who were associated with causing impotence.'¹⁹ However, the connection between evil women and impotence was strong in the medieval period, leading to the common belief that ex-lovers, failed matchmakers, or resentful women could vindictively cause sterility.²⁰ The fault of women extended to infertility, as dark magic and 'secret' medical knowledge was also thought to cause this condition.²¹ Valerie Flint has stated that women were 'seen as particularly prone, through magic, to disrupt the proper course of human love and Christian marriage,' perverting sexual desire and promoting devious activity.²² Additionally, the burden of infertility was placed on the inferiority of some women's bodies, arguing that their inhospitable wombs, strong sexual desires, or distempered forms were at fault.²³ In both situations, the opinion of women was overwhelmingly negative.

¹⁷ 'Si uicio uiri inpediatur conceptio, aut fit ex defectu spiritus sperma inpellentis, aut ex defectu spermatice humiditatis aut ex defectu caloris. Si ex defectu caloris, non appetit coitum... Si sit ex defectu spermatis et cum coeant parum uel nichil seminis emittant.' *Trotula*, 131.

¹⁸ See: Rider, *Magic*; Rider, "'A Defect of the Mind or Body": Impotence and Sexuality in Medieval Theology and Canon Law,' in *The Ends of the Body: Identity and Community in Medieval Culture*, eds. Suzanne Conklin Akbari and Jil Ross (Toronto: University of Toronto Press, 2013); Rider, 'Men and Infertility in Late Medieval English Medicine,' *SHM* 29, no. 2 (2016): 244-266; Rider, 'Medical Magic and the Church in Thirteenth-Century England,' *SHM* 24, no. 1 (2011): 92-107; and, Rider, 'Magic and Impotence, Recent Developments in Medieval Historiography,' *History Compass* 5, no. 3 (2007): 955-962.

¹⁹ Rider, *Magic*, 86.

²⁰ *Ibid.*, 144-45.

²¹ Karma Lochrie, *Covert Operations: The Medieval Uses of Secrecy* (Philadelphia, PA: UPP, 1999), 122.

²² Valerie Flint, *The Rise of Magic in Early Medieval Europe* (Princeton, NJ: Princeton University Press, 1991), 233.

²³ Monica H. Green, "'Traittié tout de mençonges" The *Secrés des dames*, "Trotula," and Attitudes toward Women's Medicine in Fourteenth- and Early-Fifteenth-Century France,' in *Christine de Pizan and the Categories of Difference*, ed. Marilyn Desmond (Minneapolis, MN: University of Minnesota Press, 1998), 151.

As one of the only acceptable reasons for annulment, sterility was treated as a very serious matter.²⁴ To determine the party at fault, both men and women were usually subjected to various tests to prove sterility in annulment cases. A midwife or experienced physician would have been called to inspect both the man and woman for abnormalities, particularly for sexual anomalies and misshapen or abnormal sexual organs.²⁵ Women's bodies were examined to determine if the hymen was intact to indicate virginity, if the vagina was large enough to allow penetration, and her sexual maturity: for men, midwives tested genital size and penile maturity, adult sexual development, and erectile capability, although other measures also existed.²⁶ The *LSM*, for example, gave detailed instructions for a urine test to discover who was to blame for the lack of conception.

If a woman remains barren by fault of the man or herself, it will be perceived in this manner. Take two pots and in each one place wheat bran and put some of the man's urine in one of them with the bran, and in the other put some urine of the woman with the rest of the bran, and let the pots sit for nine or ten days. If the infertility is the fault of the woman, you will find many worms in her pot and the bran will stink. You will find the same thing in the other pot if it is the man's fault.²⁷

This passage presents a uniquely equal perspective to impotence in high medieval thought. Unlike the inability to carry a child to full term, impotence could be blamed on either the man or the woman.

Some ways to test for impotence was attempting to arouse the man in front of witnesses or examining a women's reproductive organs for malformations.²⁸ In these instances, skilled midwives were usually employed to test virility by massaging the man's genitals or exposing

²⁴ Reid, *Power*, 141.

²⁵ Cathy McClive, 'Masculinity on Trial: Penises, Hermaphrodites and the Uncertain Male Body in Early Modern France,' *History Workshop Journal* 68 (Autumn 2009): 48-49.

²⁶ James Brundage, 'Impotence, Frigidity and Marital Nullity in the Decretists and the Early Decretalists,' *Proceedings of the Seventh International Congress of Medieval Canon Law*, ed. Peter Linehan, *Monumenta iuris canonici, Subsidia* 8 (Vatican City, 1988), 420-421.

²⁷ 'Cura. Si mulier maneat sterilis uicio uiri uel sui, hoc modo percipietur. Accipe duas ollas et in utraque pone cantabrum, et de urina uiri pone in una earum cum cantabro, et in alia de urina mulieris, et olle dimittantur per .ix. uel dies .x. Et si sterilitas sit uicio mulieris, inuenis uermes multos in olla sua et cantabrum fetidum. Similiter in alia si sit uicio uiri.' *Trotula*, 75.

²⁸ Murray, 'On the Origins', 239-241; and, Ruth Mazo Karras, *Sexuality in Medieval Europe: Doing Unto Others* (2005, repr., London: Routledge, 2012), 89-90.

their breasts to try to illicit some physical response, indicating the importance placed on their sexual knowledge.²⁹ Later medieval and early modern courts also required the wife and husband to copulate in front of midwives, surgeons, and physicians, thus determining whether or not impotence was actually a factor in childless unions.³⁰ Although these tests had a very sexual element to them, they were not afforded the same level of disgust by medieval canonists as other instances of lascivious behaviour, like prostitution or promiscuity. Catherine Rider surmises that this was due in part to the way that impotence was understood as a separate function from wayward sexuality: medieval canonists often discussed sexuality as something irrational, yet described impotence in predictable – not irrational – terms.³¹ As such, the attempts at sexual arousal by medically aware women were necessary and not wantonly licentious. Apart from these mentions in sterility cases, the remedial knowledge and routine practises of high medieval midwives were often omitted from medical records.³² Although it is often difficult to determine the exact status of a midwife in medieval society, court records for impotence trials or hereditary disputes often relied on the experience of midwives, thus allowing some insight into this otherwise unrecorded profession.

The expertise of midwives extended to their knowledge of women's sterility, as they were also employed to probe women's genitals and look for signs of displacement, often thought to be caused by bad humours or a wandering womb.³³ Unlike in males, determining the cause of sterility in women was far more difficult. Rider has noted that, in the *Decretalium Gregorii IX* (1206), one woman was granted an annulment because her vagina was very

²⁹ Ruth Mazo Karras and Jacqueline Murray, 'The Sexual Body,' in *A Cultural History of the Human Body in the Medieval Age*, ed. Linda Kalof (London: Bloomsbury, 2010), 70-71.

³⁰ Cathy McClive, 'Blood and Expertise: The Trials of the Female Medical Expert in the Ancien-Régime Courtroom,' *BHM* 82, no. 1 (2008): 86-108.

³¹ Rider, 'A Defect', 193-194.

³² Fiona Harris-Stoertz, 'Midwives in the Middle Ages? Birth Attendants, 600-1300,' in *Medicine and the Law in the Middle Ages*, eds. Sara M. Butler and Wendy J. Turner (Leiden: Brill, 2014), 69-71.

³³ Amy Lindgren, *The Wandering Womb and the Peripheral Penis: Gender and the Fertile Body in Late Medieval Infertility Treatises* (PhD Dissertation: University of California Davis, 2005), 100-101.

narrow, leading this to be categorised as impotence.³⁴ Although this is not impotence in the strictest sense – particularly since the woman later went on to successfully remarry – it does present the wide range of problems which were attributed to sterility and the complexities associated with female sexuality. These so-called ‘closed women’ – those who were unable to copulate from their narrow vaginas – were inspected by midwives or other notable women in their communities to determine their reproductive abilities.³⁵ If, for example, a ‘closed woman’ was able to remarry and successfully consummate her new union after the annulment of her previous marriage, she would have been legally forced to return to her initial husband, thus nullifying the original separation and decreeing her first marriage to be the valid union.³⁶

Midwives could also serve at trials to confirm matters of hereditary rights or proof-of-age inquests.³⁷ Myriam Greilsammer states that midwives were asked to confirm pregnancies and virginity, most often in cases involving annulment or issue.³⁸ In criminal trials, midwives were called into courts to judge whether the accused was pregnant: if she was and the midwife could accurately prove it, her execution was stayed.³⁹ Some women served their communities as midwives and herbalists in the high Middle Ages and perhaps sold their business to various rural communities or as freelance agents within larger cities.⁴⁰ Monica Green has argued that midwifery does not seem to have been ‘professionalised’ in medieval western Europe prior to the thirteenth century, in spite of the assertions of earlier research conducted by Barbara

³⁴ Rider, *Magic*, 114; and, Raymond of Penyafort, *Decretales Gregorii Papae IX* 4.15.6, in *Corpus Juris Canonici* (Rome, 1582), 1521-1525.

³⁵ Paloma Moral de Calatrava, ‘La «mujer cerrada»: La impotencia femenina en la Edad Media y el peritaje médico-legal de las parteras,’ *Dynamis* 33, no. 2 (2013): 464, 471.

³⁶ Ibid, 474; and, Brundage, ‘Impotence’, 416.

³⁷ Becky R. Lee, ‘A Company of Women and Men: Men’s Recollections of Childbirth in Medieval England,’ *Journal of Family History* 27, no. 2 (Apr., 2002): 93, 97.

³⁸ Greilsammer, ‘The Midwife’, 292.

³⁹ Ackerknecht, ‘Midwives’, 1225.

⁴⁰ Faye Getz, *Medicine in the English Middle Ages* (Princeton, NJ: Princeton University Press, 1998), 6-7; and, Monica H. Green, ‘Conversing with the Minority: Relations among Christian, Jewish, and Muslim Women in the High Middle Ages,’ *JMH* 34, no. 2 (2008): 111-112.

Ehrenreich and Deidre English that midwives held a monopoly on all things birth-related.⁴¹ Although midwives were mentioned in medical literature, very few acknowledgements of midwives as recognised practitioners exist during the high Middle Ages.⁴²

Midwives were not just solicited for their expertise in matters of fertility, as Kathryn Taglia has shown that French court records from the thirteenth to the sixteenth centuries reveal that ecclesiastical authorities were aware of the importance of midwives for ensuring that innocent infants would enter the kingdom of God.⁴³ Guaranteeing that babies were baptised reached a critical peak at the beginning of the thirteenth century, as midwives were taught how to baptise infants and were encouraged to cut living foetuses out of women who died in childbirth.⁴⁴ Apart from the occasional mention in legal cases, midwives were largely omitted from documented medicine, leading to the belief that their knowledge was transmitted mostly through oral, rather than literate, means.⁴⁵ The association of midwives and reproductive knowledge was inextricably linked, helping to fuel the growing distrust of women's bodies and the 'secretive' information they shared with one another, promoting much of the misogynistic and suspicious attitudes present in medieval sexual narratives.⁴⁶ In addition, instances of impotence also led to the belief that women held 'secret' knowledge. Cases of sterility exposed the numerous problems which could occur in both male and female sexuality, particularly how these complications could impact family and social life. Women were often blamed more for

⁴¹ Monica H. Green, 'Gendering the History of Women's Healthcare,' *G&H* 20, no.3 (November 2008): 495; and, Judith Bennett, *History Matters: Patriarchy and the Challenge of Feminism* (Philadelphia, PA: University of Pennsylvania Press, 2006), 65-66. See also: Barbara Ehrenreich and Deirdre English, eds., *Witches, Midwives and Nurses: A History of Women Healers* (London: Writers and Readers Publishing Cooperative, 1976), 50-53.

⁴² Peter Biller, 'Childbirth in the Middle Ages,' *History Today* 36, no. 8 (1986): 43-44.

⁴³ Kathryn Taglia, 'Delivering a Christian Identity: Midwives in Northern French Synodal Legislation, c. 1200-1500,' in *Religion and Medicine in the Middle Ages*, eds. Peter Biller and Joseph Ziegler (York: York Medieval Press, 2001), 84-86; and, Fiona Harris-Stoertz, 'Suffering and Survival in Medieval English Childbirth,' in *Medieval Family Roles: A Book of Essays*, ed. Cathy Jorgensen Itnyre (New York, NY: Garland, 1996), 102.

⁴⁴ Katharine Park, 'Birth and Death,' in *A Cultural History of the Human Body in the Medieval Age*, ed. Linda Kalof (London: Bloomsbury, 2010), 21; and, Carole Rawcliffe, 'Women, Childbirth, and Religion in Later Medieval England,' in *Women and Religion in Medieval England*, ed. Diana Wood (Oxford: Oxbow, 2003), 95-96.

⁴⁵ Bettina Bildhauer, *Medieval Blood* (Cardiff: University of Wales Press, 2006), 36; and, Robert Jütte, *Contraception: A History*, trans. Vicky Russell (Cambridge: Polity Press, 2008), 70-71.

⁴⁶ Bildhauer, *Medieval*, 36-37; Greilsammer, 'The Midwife', 285.

these occurrences, providing momentum to the misogynistic mistrust of female knowledge and supporting accusations of witchcraft, particularly in cases of impotence.⁴⁷ Men who suffered from impotence were often associated with these negative feminine characteristics, robbed of both their sexual and physical virility while surrendering to the lower orders of society.⁴⁸ To suffer from impotence was a humiliating situation, but being accused of causing such a problem had even more dangerous consequences.

II. Incomplete Men

In the medieval period, not all men chose a life of sexuality. Clerical abstinence was meant to separate men and women from earthly desires, allowing them to progress to something far more spiritually clean and beyond the realm of carnal humanity.⁴⁹ To do this, celibate men and women were able to transcend the baseness of irrational sexuality and focus entirely on a life devoted to God. Ruth Mazo Karras has surmised that celibate men – namely, monks, priests, canons, and friars – may have been viewed as ‘never fully adult or fully masculine’ men because of this abstinence.⁵⁰ Following his castration, Peter Abelard (1079-1142), a student and philosopher of the Parisian school, was criticised by his contemporaries for being an ‘incomplete man’ in spite of the fact that he had successfully produced a child before losing his masculinity.⁵¹ Roscelin of Compiegne, his former tutor and mentor, ridiculed Abelard’s neutering and referred to him as something inadequate and non-masculine.

A house is not called a house but an incomplete house when its walls and roof are removed... It suits this heap of incomplete human disgrace that in the seal by which he seals his stinking letters he himself forms an image having two heads, one a man and

⁴⁷ Bullough, ‘On Being,’ 43; and, Rider, *Magic*, 86-87, 97-99.

⁴⁸ Bullough, ‘On Being,’ 42.

⁴⁹ Elizabeth Dachowski, ‘*Tertius est Optimus*: Marriage, Continence and Virginity in the Politics of Late Tenth- and Early Eleventh-Century Francia,’ in *Medieval Purity and Piety: Essays on Medieval Clerical Celibacy and Religious Reform*, ed. Michael Frassetto (New York, NY: Garland, 1998), 119; and, Yves Ferroul, ‘Abelard’s Blissful Castration,’ in *Becoming Male in the Middle Ages*, eds. Jeffrey Jerome Cohen and Bonnie Wheeler (New York, NY: Garland, 1997), 131-132.

⁵⁰ Ruth Mazo Karras, *From Boys to Men: Formations of Masculinity in Late Medieval Europe* (Philadelphia, PA: UPP, 2003), 16-17.

⁵¹ Martin Irvine, ‘Abelard and (Re)Writing the Male Body: Castration, Identity, and Remasculinization,’ in *Becoming Male in the Middle Ages*, eds. Jeffrey Jerome Cohen and Bonnie Wheeler (New York, NY: Garland, 1997), 91-93.

the other a woman. This being the case, who can doubt how much he still burns with love for her, the one who does not blush to honour her in such a conjunction of heads? I have decided to say many true and obvious things against your attack, but since I am writing against an incomplete man, I will leave the work that I began incomplete.⁵²

This harsh rebuttal was principled on the fact that, following his castration, Abelard was something less than a man by medieval society. Instead of engaging with Abelard's critique of his philosophical teachings, Roscelin chose to focus on his virility and, by implying that he was less than a man, did not need to criticise him further. Relegated to more negatively feminine attributes, Abelard was both literally and symbolically stripped of his masculinity, virility, and respectability. Although this was an extreme case of irreversible impotence, Abelard's castration epitomised a very real belief in medieval society: a man was measured by his sexual virility.

Abelard's dismemberment was a very public event and contemporaries treated the loss of his masculinisation with mixed sentiments. Fellow theologians and adversaries of Abelard openly mocked his asexuality. Fulk, Prior of Deuil, in a letter addressed to Abelard (c. 1117), ridiculed his castration as an ineffectual threat to other virile men, saying that husbands would no longer be afraid to allow their wives alone in his company.⁵³ Suggesting he would be welcome among groups of women emphasises Abelard's transition into a far more feminine than masculine existence.⁵⁴ Women, from their perceived tempting forms and sexual weaknesses, were routinely sheltered and separated from men. Hospitals frequently had spaces dedicated solely to them and almost all women – Christian, Muslim, and Jewish – were required

⁵² 'Neque enim ablato tecto vel pariete domus, sed imperfecta domus vocabitur... Ad huius etiam imperfect hominis ignominiae cumulum pertinet, quod in sigillo, quo foetidas illas litteras sigillavit, imaginem duo capita habentem, unum viri, alterum mulieris, ipse formavit. Unde quis dubitet, quanto adhuc in eam ardeat amore, qui tali eam capitum coniunctione non erubuit honorare? Plura quidem in tuam contumeliam vera ac manifesta dictare decreveram, sed quia contra hominem imperfectum ago, opus quod coeperam imperfectum relinquo.' Roscelin of Compiègne, *Epistolae*, PL 178.371-72.

⁵³ 'Hoc quoque magni existimare debes, quod nulli suspectus, ab omni hospite hospes tutissime recipiaris. Maritus uxoris violationem ex te, vel lectuli concussionem minime formidabit. Decentissime ornatarum turmas matronarum inviolabiliter pertransibis.' Ibid, 178.373.

⁵⁴ Irvine, 'Abelard', 93.

to cover their hair with a veil to protect themselves from the lustful gazes of men.⁵⁵ The implication that Abelard was not a perceived threat to their sexual temptations further accentuates the public perception of his lost masculinity.

More sympathetic views of Abelard's castration also exist. Jean de Meun's *Romance of the Rose* (c. 1275) speaks of his 'great suffering and torment' on the night of his castration, later followed with a diatribe against anyone who attempted to harm a man in such a way.⁵⁶

Anyone who castrates a worthy man does him very great shame and injury... it is a great sin to castrate a man. Anyone who castrates a man robs him not just of his testicles...he robs him especially of the boldness in human ways that should exist in valiant men. For we are certain that castrated men are perverse and malicious cowards because they have the ways of women. Certainly no eunuch has any bravery whatever in him, unless perhaps in some vice, to do something very malicious. All women are very bold at doing deeds of great devilishness, and eunuchs resemble them in this respect.⁵⁷

In addition to the pain and suffering, Jean's other contempt for castration is because it consigns virile men to the realm of women and eunuchs, something entirely undesirable. Women, and their 'deeds of great devilishness', offer the worst possible outcome for a man stripped of his masculinity. Not only does he lose the ability to have sexual desire and engage in physical love, he is also downgraded to something more feminine and devious.

This 'incompleteness,' so critically indicative of Abelard's loss of masculinity, is reflected in the Breton *lai Guigemar* of Marie de France. The impotent man was a common trope in medieval literature, often characterised by his inability to assimilate into a reproductively fixated society, so thus retreating to the otherworld, particularly if he was young. Or, if the impotent man was of an older age, he was often portrayed as a fool, cuckolded

⁵⁵ Green, 'Conversing', 106; Patricia Baker, 'Medieval Islamic Hospitals: Structural Design and Social Perceptions,' in *Medicine and Space: Body, Surroundings and Borders in Antiquity and the Middle Ages*, eds. Patricia A. Baker, Han Nijdam, and Karine van't Land (Leiden: Brill, 2012), 265; and, Kim M. Phillips, 'Maidenhood as the Perfect Age of Women's Life,' in *Young Medieval Women*, eds. Katherine J. Lewis, Noël James Menuge, and Kim M. Phillips (Thrupp: Sutton Publishing, 1999), 8.

⁵⁶ Guillaume de Lorris and Jean de Meun, *The Romance of the Rose*, trans. Charles Dahlberg (1971, repr., Hanover: University Press of New England, 1983), 160-161.

⁵⁷ *Ibid.*, 329-330.

and humiliated by his procreative limitations. Marie, who flourished during the latter half of the twelfth century, wrote of the intricacies and sexual paradigms of ‘courtly love’. Influenced by the apparent sexual eccentricities rumoured of the Plantagenet court and the rise of the carnal lyrics of troubadour romances infiltrating England and France, Marie’s compositions focused on earthly desires and sensual love, often reflected in queer or non-heterosexist ways.⁵⁸ In *Guigemar*, the eponymous hero carries ‘a mark of social and personal incompleteness’ by the inability to feel or desire the love of a woman.⁵⁹ Although Guigemar is a knight described in highly favourable terms – handsome, intelligent, well-bred, and brave – his lack of sexual desire mars his stance in society.

There wasn’t a lady or a maid on earth, / no matter how noble, or how beautiful, / who wouldn’t have willingly granted him her love, / had he asked her for it. / Many maids asked him, / but he wasn’t interested in such things; / no one could discover in him / the slightest desire to love. / Therefore both friends and strangers / gave him up for lost.⁶⁰

Guigemar’s defect is ultimately blamed on ‘nature’, giving the impression that, despite his highly attractive attributes, he is unable to fulfil the requirements of his station and produce an heir.⁶¹ His impotence is shown as both a lack of and inability to feel sexual desire. Although he is presented with numerous potential partners, Guigemar’s disinterest suggests that he was portraying asexual tendencies. His community is equally flummoxed and had obviously discussed his lack of sexuality in detail, for ‘no one could discover in him the slightest desire to love,’ signalling that this episode of impotence – like those presented in sterility trials – was

⁵⁸ William E. Burgwinkle, *Sodomy, Masculinity, and Law in Medieval Literature: France and England, 1050-1230* (Cambridge: CUP, 2004), 149.

⁵⁹ Leslie C. Brook, ‘Guigemar and the White Hind,’ *Medium Ævum* 56, no. 1 (1987): 94.

⁶⁰ Marie de France, *Guigemar, Lais*, trans. and eds. Robert Hanning and Joan Ferrante (Grand Rapids, MI: Baker Academic, 1978), lines 59-68.

⁶¹ Burgwinkle, *Sodomy*, 151; and, Logan E. Whalen, ‘A Matter of Life or Death: Fecundity and Sterility in Marie de France’s *Guigemar*,’ in *Shaping Courtliness in Medieval France: Essays in Honor of Matilda Tomaryn Bruckner*, eds. Daniel E. O’Sullivan and Laurie Shepard (Cambridge: D. S. Brewer, 2013), 143.

of public interest. Instead, Guigemar is left in a semi-genderless state – neither desiring sexual love nor entirely embodying those traits that were characteristically feminine.⁶²

This flaw may be blamed on sexual and physical immaturity, as suggested by Ashley Lee, or symbolic of the desire for homosexual, rather than heterosexual, love as argued by William Burgwinkle: as Guigemar was described in juvenile terms, the first option is the more plausible.⁶³ Guigemar's inability to feel or desire sexual love is described as a fundamental problem, instigating criticism and confusion from his peers. Because of his disinterest in love, the young knight decides to devote himself to masculine sports of hunting and warfare, instead choosing to demonstrate his virility through fame and glory. His decision to hunt also reflects a desire to be separated from the sexual responsibilities of his class and gender by isolating himself in the forests to escape the apparent pressures to marry and procreate.⁶⁴ Hunting was often portrayed as a selfish and self-indulgent sport by medieval chroniclers: John of Salisbury, for example, linked recreational hunting with suspect sexual practices and decadence.⁶⁵ In this respect, Guigemar's activities are represented as undesirable; rather than pursuing romantic love, he hides himself – and, ultimately his impotence – in deserted and solitary places.

It is in the desolation of the forest that Guigemar wounds an androgynous hind – a doe with antlers – which initiates his development into sexual maturity. His arrow strikes the hind and rebounds, hitting Guigemar in the thigh and severely hurting him. In what Burgwinkle has described as an 'initiation ceremony', his injury is a symbolic moment in the *lai*.

His wound is clearly a form of castration but it paradoxically excises a 'bad' lack that supposedly does not instantiate sexual desire so as to replace it with 'good' lack which instantiates a form of culturally sanctioned desire. Thus, within patriarchal mythic

⁶² Matilda Bruckner, *Shaping Romance: Interpretation, Truth, and Closure in Twelfth-Century French Fictions* (Philadelphia, PA: UPP, 1993), 165.

⁶³ Burgwinkle, *Sodomy*, 154; and, Ashley Lee, 'The Hind Episode in Marie de France's *Guigemar* and Medieval Vernacular Poetics,' *Neophilologus* 93 (2009): 196.

⁶⁴ Brook, 'Guigemar', 95-96.

⁶⁵ Burgwinkle, *Sodomy*, 153-54; John of Salisbury, *Policraticus: On the Frivolities of Courtiers and the Footprints of Philosophers*, trans. Joseph B. Pike (New York: Octagon Books, 1972), 14.

terms, the thigh wound signifies genital maiming, a state of impotence and sterility that affects the whole land.⁶⁶

It is only when Guigemar is wounded and symbolically 'castrated' that he can start to experience the more masculine traits of virility and desire. Contrasting entirely with the experiences of Abelard, Guigemar is only allowed to become a 'complete man' once he is wounded and then able to experience sexual desire.

After being struck in the thigh, Guigemar is warned by the hind that he will never be healed of his wound 'until a woman heals you, / one who will suffer, out of love for you, / pain and grief / such as no woman ever suffered before,' paradoxically insinuating that only sexual desire can cure his impotence.⁶⁷ The hind, as an androgynous being, is meant to symbolise Guigemar's sexual confusion as well as represent the feminine other: like the hind, Guigemar is also capable of being both man and woman, sexual and asexual, heteronormative and socially atypical.⁶⁸ It is only when Guigemar finds his lady love and is able to experience sexual desire that he is ultimately cured of these problems and able to fully transcend into a virile man. Based on the ideas of magically induced impotence, Marie is also recounting a familiar theme for her time: women were thought to be capable of both causing and curing male sterility. Marie may have also based the sexual impotence of Guigemar on a contemporaneous tale, recounted by Gerald of Wales concerning a hunter who, after killing a doe with antlers, is struck down by a stroke and eventual impotence.

[An attendant] who was carrying a bow, shot a doe as she came leaping out. Despite her sex she was found to have horns with twelve tines and to be much heavier than a doe, both round her haunches and elsewhere. This was considered to be a very strange thing, and the head and horns of the unnatural beast were sent off to Henry II, King of the English. The event was made all the more extraordinary, because the man who, by an unfortunate accident, had shot the proscribed animal with his arrow immediately

⁶⁶ Burgwinkle, *Sodomy*, 156.

⁶⁷ *Guigemar*, lines 114-117.

⁶⁸ Sun Hee Kim Gertz, 'Echoes and Reflections of Enigmatic Beauty in Ovid and Marie de France,' *Speculum* 73, no. 2 (April 1998): 380-382.

began to feel ill and lost the sight of his right eye. At the same time he suffered a stroke, and he remained feeble-minded and impotent until the day of his death.⁶⁹

The account of the impotent attendant is like that recounted in Guigemar. As Marie flourished at the court of Henry II the possibility exists that this story was integrated into her own narrative, further solidifying the link between male impotence and female interference in medieval thought.⁷⁰

Impotence was not usually included as a trait for young men in medieval narratives but was often incorporated as an indicator of old age, jealousy, or infirmity. The lady in Guigemar's tale is described as a *malmariée*, wedded to an elderly man who keeps her continually locked in a chamber and away from the lustful gazes of younger men. Although it is never directly stated, it is implied that the couple are childless and, because of the physical separation between them, are also in a sexless union.⁷¹ Her only companions are a maiden and a eunuch priest, ensuring her flourishing sexuality is harnessed and deflected from possible perversions. The story of Guigemar was not the only one of Marie's *lais* to feature this type of disharmonious and unfruitful union between an old man and a young woman: the titular character in *Yonec* was conceived from an adulterous affair caused by such a union. After a beautiful young girl was given in marriage to a rich older man, she was locked inside a tower to hide her desirability from the outside world. The man, despite his best efforts, was unable to sire an heir with the girl, even though 'he kept her more than seven years / they never had any children; / she never left that tower, / neither for family nor for friends.'⁷² Marie describes the jealous husband with arid metaphors: his land was once fertile and 'at one time was open to boats. / The man was very far along in years / but because he possessed a large fortune / he took a wife in order to

⁶⁹ Gerald of Wales, *The Journey Through Wales and the Description of Wales*, trans. Lewis Thorpe (London: Penguin, 1978), 78.

⁷⁰ Brook, 'Guigemar', 96.

⁷¹ *Guigemar*, lines 341-354.

⁷² *Yonec*, lines 37-40.

have children.⁷³ In this passage the old man, like his land, is similarly ‘dried up’.⁷⁴ The beautiful wife is then seduced by a younger, more virile man with whom she bears a child, Yonec.

The tales of *Guigemar* and *Yonec* were meant to show the perilous and fickle nature of sexuality. In these narratives, both young and old men were impacted by sterility and forced to observe the sensual arts from an otherworldly perspective. The elderly man in *Yonec* is shown to be cruel and merciless with his adulterous wife: his impotence leads him to jealously slay her lover and pass off her child as his own.⁷⁵ The same is true of the elderly impotent husband in *Guigemar* who, upon learning of his wife’s infidelity, is sent into a rage against her.⁷⁶ In both instances the elderly impotent men are shown to be emotionally volatile and prone to excessive jealousy. Their lack of virility is replaced by the more sensitively tumultuous traits associated with feminine weakness, like extreme passion and irrationality. *Guigemar*, as a young man, is shown in a different light. In lieu of these negative womanly traits, he retreats to the outside world, burying his impotence in other pursuits and hiding his flaw from public gaze. In much the same way that Abelard’s public perception changed because of his castration, so too is *Guigemar* presented as something unnatural and defunct for his lack of sexual appetite. Impotent men were intrinsically seen in negative ways and women were often seen to take advantage of these situations, engaging in sexual indiscretions at the expense of their infertile partners or portrayed as devious conspirators to their sterility.⁷⁷ However much men were exposed to ridicule and public judgement for their impotence, women who were unable to successfully conceive or carry a child to full term were also viewed as deficient and not fully useful to society.

⁷³ *Yonec*, lines 16-19.

⁷⁴ *Lais*, 153.

⁷⁵ *Yonec*, lines 284-314.

⁷⁶ *Guigemar*, lines 577-94.

⁷⁷ Green, “‘Traictié’”, 151; and, Lochrie, *Covert*, 122.

III. Inhospitable Wombs

Unlike sterility, which could affect both men and women, infertility was a uniquely feminine problem. Plagued by complications, abnormalities, or bad luck, some women were incapable of carrying a child to full term and routinely suffered miscarriages or stillbirths. The inability to successfully deliver a much-desired child would have been as devastating as those women who, through some misfortune or health problem, were unable to conceive in the first place. Being able to carry and safely deliver a child was extremely important for medieval women and, as evidenced by the many remedial prescriptions devoted to the subject, was treated with the same sense of urgency as sterility in medical texts.⁷⁸ Methods for impregnation and ensuring conception are frequently mentioned in the medical, ecclesiastical, and literary dialogs of sexuality from this period. As the most acceptable reason for engaging in intercourse, the procreation of children was deemed by the normative community to be of primary importance for married couples: sex for recreational means was something else entirely.⁷⁹ Overwhelmingly, most gynaecological remedies promoted fertility rather than endorsing non-procreative methods.

The presence of recorded treatments to increase fertility or accounts of changelings left in the place of stillborn children by their desperate mothers indicates that the production of children was a very important facet of medieval life, particularly since medieval law did not usually provide inheritance for instances of adoption.⁸⁰ Stories exist of substituted children and the complications which arose in cases of inheritance or paternity claims.⁸¹ An account of a faked pregnancy from Flanders in the early twelfth century describes the ‘treacherous’

⁷⁸ Geaman, ‘Anne of Bohemia’, 225; Valerie L. Garver, ‘Childbearing and Infancy in the Carolingian World,’ *JHS* 21, no. 2 (May 2012): 240; and, Katherine Park, *Secrets of Women: Gender, Generation, and the Origins of Human Dissection* (New York, NY: Zone Books, 2006), 98.

⁷⁹ Jacques Le Goff, *The Medieval Imagination*, trans. Arthur Goldhammer (Chicago, IL: UCP, 1985), 95-97.

⁸⁰ Barbara A. Hanawalt, *Growing Up in Medieval London: The Experience of Childhood in History* (Oxford: OUP, 1993), 50.

⁸¹ John Boswell, *The Kindness of Strangers: The Abandonment of Children in Western Europe from Late Antiquity to the Renaissance* (Chicago, IL: UCP, 1988), 74, 85.

activities of the wife of a peer, Walter of Vladsloo, who passed off the son of a shoemaker as a substitute for her stillborn child.⁸² Another instance of changelings occurred in eleventh-century Normandy when similar threats of succession and financial complications drove a mother, who had recently lost her biological child in birth, to 'rent' a boy from a woman in the nearby village.⁸³ The father unknowingly granted his (replaced) child all the inheritance of his estate and, only after the birth mother stopped receiving payment, was the true identity of the child known. These situations show that children were desperately wanted for most couples, particularly those who needed a viable heir.⁸⁴ Additionally, the production of children was also a favourable trait for the mother: rather than being defective in some way, a woman who was able to successfully produce a healthy child was portrayed as a positive force in society.⁸⁵

Due to a lack of precise demographic statistics, it is very difficult to determine how many children were born during this period and the numbers of women who were beset by infertility.⁸⁶ However, some insight into these statistics may be found by looking at population estimates from the high Middle Ages. Some scholars have devoted considerable study to the demography and population rates of medieval Europe. Josiah Cox Russell investigated birth and death statistics in ancient and medieval communities in several studies on population control during the mid- to late-twentieth century.⁸⁷ Although some of his techniques for

⁸² Patricia Skinner and Elisabeth van Houts, trans. and eds. *Medieval Writings on Secular Women* (London: Penguin Books, 2011), 24.

⁸³ *Ibid.*, 26-27.

⁸⁴ John Boswell, 'Expositio and Oblatio: The Abandonment of Children and the Ancient and Medieval Family,' in *Medieval Families: Perspectives on Marriage, Household, and Children*, ed. Carol Neel (Toronto: University of Toronto Press, 2004), 237-240; Marilyn Stone, *Marriage and Friendship in Medieval Spain: Social Relations According to the Fourth Partida of Alfonso X* (New York, NY: Peter Lang, 1990), 91; and, Finucane, *The Rescue*, 48;

⁸⁵ Green, 'Gendering', 488; and, Barbara A. Hanawalt, 'Childbearing Among the Lower Classes of Late Medieval England,' in *Marriage and Fertility: Studies in Interdisciplinary History*, eds. Robert I. Rotberg and Theodore K. Rabb (Princeton, NJ: Princeton University Press, 1980), 27-31.

⁸⁶ David Herlihy, 'Medieval Children', in *Essays on Medieval Civilization*, eds. Bede Karl Lackner and Kenneth Roy Philp (Austin, TX: University of Texas Press, 1978), 115.

⁸⁷ See: Josiah Cox Russell, *The Control of Late Ancient and Medieval Population* (Philadelphia, PA: The American Philosophical Society, 1985); 'Medieval Population,' *Social Forces* 15, no. 4 (May, 1937): 503-511; *Late Ancient and Medieval Population*, Transactions of the American Philosophical Society 48, no. 3 (Philadelphia, PA: American Philosophical Society, 1958); *Medieval Demography: Essays by Josiah C. Russell* (New York, NY: AMS Press, 1987); *Medieval Regions and their Cities* (Bloomington, IN: Indiana University

statistical analysis were based on anachronistic data – like substituting birth and death rates of mid-twentieth-century developing nations for unknown medieval figures – some of his work could give approximate estimations of population rates in the Middle Ages. In one particular study, he suggests that the proportion of people formally married in the Middle Ages made up thirty to fifty percent of the population; as these couples would have possessed some range of monetary or proprietary holdings, these were the people who usually recorded their surviving children.⁸⁸ Among these couples, he surmised that the birth rate in the eleventh through thirteenth centuries was 4.2 percent with a death rate of 3.6, based on applying similar figures from twentieth-century developing nations, and that infertile couples would number about ten percent of married couples. Through this study, he concludes that a woman could have one pregnancy every twenty-nine months, thus producing eight children in a twenty-year period. Although some skepticism should be given to his research, considering it was anachronistically supplying non-medieval birth rates to provide a basis for his calculations, it is highly likely that only a small number of pregnancies were successful. Examining graves from western Europe between 1000-1340, Russell found evidence of significant wear on frailer female and infant bones in English burials, supporting the idea of an elevated level of mother and child mortality.⁸⁹

Studies by Emily R. Coleman have recognised the values attributed to having more women in certain societal settings in the early medieval period, particularly to offset the possibility of childbed fatalities or infertility.⁹⁰ Focusing on early ninth-century parish records from the French monastery at Germain-des-Prés, Coleman has shown that a larger female

Press, 1972); *Twelfth Century Studies* (New York, NY: AMS Press, 1978); and, *British Medieval Population* (Albuquerque, NM: University of New Mexico Press, 1948).

⁸⁸ Russell, 'Late Ancient', 19-21.

⁸⁹ Russell, *The Control*, 190-191.

⁹⁰ Emily R. Coleman, 'Medieval Marriage Characteristics: A Neglected Factor in the History of Medieval Serfdom,' in *Marriage and Fertility: Studies in Interdisciplinary History*, eds. Robert I. Rotberg and Theodore K. Rabb (Princeton, NJ: Princeton University Press, 1980), 7-8.

population was considered extremely important for communities which were largely devoted to farming or existed in frontier settings, as they required a frequent supply of able bodied workers. As women faced greater hindrances to their life expectancy, especially when factoring the possibility of death in childbirth, ensuring that societies had a sizeable female population increased the importance given to producing healthy female children in addition to male.⁹¹ Valerie Garver has also argued that Carolingian women were less likely to marry when they were older, particularly as their age would decrease the likelihood that they could bear children. However, she also notes that the frequency of miscarriages, stillbirths, and other complications from pregnancy and childbirth would have had negative impacts on women's bodies, rendering some women infertile at younger ages.⁹²

Statistics for the high Middle Ages are similar to those in the earlier medieval period. Judith Bennett, for example, has estimated that many women married later in life, thus greatly lowering their chances of bearing children and contributing to a higher risk of infertility: according to her statistical data, lifelong single women accounted for about 10 percent of the female population in fourteenth-century England, Florence, and Zurich which would have affected population growth.⁹³ Peter Biller has also studied medieval population development, noting that contemporary chroniclers like William of Auvergne (c. 1190-1249) did not believe poorer families capable of producing as many healthy and surviving children as wealthier households, supporting the idea that most women would have experienced infertility or unhealthy pregnancies during some point in their reproductive years.⁹⁴ Most women would

⁹¹ Russell, 'Late Ancient,' 20; and, Kathy L. Pearson 'Nutrition and the Early-Medieval Diet,' *Speculum* 72, no. 1 (January 1997): 27-30.

⁹² Garver, 'Childbearing', 218-219; and, Florence Eliza Glaze, 'Gariopontus and the Salernitans: Textual Traditions in the Eleventh and Twelfth Centuries,' in *La Collectio Salernitana di Salvatore De Renzi. Convegno internazionale, Università degli Studi di Salerno, 18-19 giugno 2007*, eds. Danielle Jacquart and Agostino Paravicini Bagliani (Firenze: Sismel, 2009), 163.

⁹³ Bennett, *History*, 123.

⁹⁴ Peter Biller, *The Measure of Multitude: Population in Medieval Thought* (Oxford: OUP, 2000), 71-72.

have experienced fertility problems or were not able to successfully produce as many children as they would have wished, and evidence exists that family sizes were relatively modest.⁹⁵

Unfortunately, none of this statistical data supplies any definitive numbers of women who were experiencing infertility, suffering miscarriages, or purposefully terminating their pregnancies. However, medical texts frequently included methods to overcome infertility problems and successfully carry a child to term. The *LSM* devoted considerable attention to advising a pregnant woman to avoid strenuous labour or unnecessary physical exercise: it also provided several other dangerous scenarios in which a woman may have threatened both her life and that of her unborn child. Warning that unsatisfied food cravings, excessive windiness, or stressful expulsions like diarrhoea or severe coughing could threaten the development of the foetus, the author prescribed a variety of treatments for avoiding potential miscarriages.

So it is when at first the infant is brought out from the conceived seed, for its ligaments, with which it is tied to the womb, are thin and not solid, and from a slight [accident] it is ejected through miscarriage. Whence a woman on account of coughing and diarrhoea or dysentery or excessive motion or anger or bloodletting can lose the foetus. But when the soul is infused into the child, it adheres a little more firmly and does not slip out so quickly.⁹⁶

Identifying the ways in which women were capable of miscarriage presents two possible interpretations of this text. At face value, the intention of the author is to preserve the life of the unborn foetus and warn women of the risk of miscarriage. However, another interpretation could read this passage in less positive ways, inadvertently revealing a method of abortion. A woman who pushed herself strenuously or suffered from a variety of ailments was thought to endanger the life of her foetus and cause it to slip from the womb, especially if she was in the early stages of pregnancy. As Hippocrates recorded the unintentional abortive actions of a

⁹⁵ Angus McLaren, *A History of Contraception: From Antiquity to the Present Day* (Oxford: Basil Blackwell, 1990), 113.

⁹⁶ 'Sic cum primo educitur infans ex semine concepto, nam tenera et non firma sunt eius ligament, quibus ligature matrici et de leui emittitur per aborsum. Unde mulier propter tussim et dyarriam uel dissinteriam uel motum nimium uel iram uel minutionem potest fetum amittere. Cum uero infusa est anima in puero, Paulo firmitus adheret neque cito labitur.' *Trotula*, 88.

young girl who, by engaging in vigorous jumping dislodged the seed from her womb, so too were women believed to be capable of miscarrying if they strained their bodies too much during pregnancy.⁹⁷

In addition to physical strain, other reproductive factors were thought to contribute to infertility problems. The absence of a menstrual period, for example, was one sign of ill health and possible infertility. Medieval and early modern physicians considered the stability and frequency of the menses as a crucial factor in determining a woman's overall health.⁹⁸ Retained menses, for example, were thought to be an impediment to conception.⁹⁹ Although many recipes for menstrual regulation were written explicitly to ensure a normal cycle for women, some ingredients also cleansed the uterus of any matter, mostly to deter instances of unwanted amenorrhoea. While no source material exists from this period which discussed individual women, some texts used the weight of women to determine her menstrual health. The *LSM*, for example, attributes weight issues to sterility.

There are some women who are useless for conception, either because they are too lean and thin, or because they are too fat and the flesh surrounding the orifice of the womb constricts it, and it does not permit the seed of the man to enter into [the womb].¹⁰⁰

Other possible reasons for amenorrhoea are more difficult for to diagnose. Factors such as stress, obesity, and depression may cause missed cycles which, in the absence of recorded

⁹⁷ 'A kinswoman of mine owned a very valuable danseuse, whom she employed as a prostitute. It was important that this girl should not become pregnant and thereby lose her value. Now this girl had heard the sort of thing women say to each other-that when a women is going to conceive, the seed remains inside her and does not fall out. She digested this information, and kept a watch. One day she noticed that the seed had not come out again. She told her mistress, and the story came to me. When I heard it, I told her to jump up and down, touching her buttocks with her heels at each leap. After she had done this no more than seven times, there was a noise, the seed fell out on the ground, and the girl looked at it in great surprise.' Hippocrates, *Selected Writings*, trans. J. Chadwick and W. N. Mann (1950, repr., London: Penguin Books, 1983), 325-326. See also: Laurence Totelin, 'Old Recipes, New Practice? The Latin Adaptations of the Hippocratic *Gynaecological Treatises*,' *SHM* 24, no. 1 (2011): 80-82. See, Chapter V, Introduction.

⁹⁸ Cathy McClive, *Menstruation and Procreation in Early Modern France* (Surrey: Ashgate, 2015), 82. See Chapter V, Section I: Moving the Menses

⁹⁹ Monica H. Green, 'From "Diseases of Women" to "Secrets of Women": The Transformation of Gynecological Literature in the Later Middle Ages,' *JMEMS* 30, no. 1 (Winter 2000): 23.

¹⁰⁰ 'Quedam mulieres sunt inutiles ad concipiendum, uel quia nimis tenues sunt et macre, uel quia sunt nimis pingues et caro circumuoluta origicio matricis constringit eam, nec permittit semen uiri in eam intrare.' *Trotula*, 74.

mental observations or records of overweight patients, is especially difficult to diagnose from such a chronological distance. Internal factors resulting from uterine or ovarian ailments, such as cysts, thyroid disorders, an ongoing illness, or tumours, may also have caused amenorrhoea; unfortunately, the medical record remains frustratingly silent on the presence, or even knowledge, of such issues.¹⁰¹ As human dissection was not practiced until 1300, and then mostly in funerary rather than medical practises, no records exist which explicitly identify or attribute any internal disorders like tumours or polyps to irregular periods.¹⁰²

There are many instances in which the painful obstruction of menstrual retention was directly named, providing some insight into internal maladies which may account for amenorrhoea. The *LSM* provided remedies for pain associated with menstrual retention, saying that such discomfort may accompany both intermittent and long term amenorrhoea.¹⁰³ The author ascribed menstrual retention to a variety of ailments like emaciation and constipation, drawing upon the wisdom of ancient physicians like Galen to provide their medical insight for curing such disorders, usually prescribed by bloodletting and capsules of calamint or catmint.¹⁰⁴ As so many treatises on the gynaecological body were devoted to ensuring a healthy

¹⁰¹ Symonds, et al, *Essential*, 245-250; and, Janice Rymer and Andrew Fish, eds. *Gynaecology in Focus* (Churchill Livingstone Elsevier, 2005), 28.

¹⁰² Park, *The Secrets*, 13-15.

¹⁰³ 'If women have scant menses and emit them with pain, take some betony or some of its powder, some pennyroyal, sea wormwood, mugwort of each one handful. Let them be cooked in water or wine until two parts have been consumed. Then strain through a cloth and let her drink it with the juice of fumitory. If, however, the menses have been deficient for a long time, take two drams of rhubarb, one dram each of dry mugwort and pepper, and let there be made a powder and let her drink it morning and evening for three days, and let her cover herself so that she sweats. Likewise, take one handful each of mint, pennyroyal, and rue; three drams of rock salt, one plant of red cabbage, and three heads of leek. Let all these be cooked together in a plain pot, and let her drink it in the bath.' 'Mulieres si pauca habent menstrua et cum dolore ea emittant, accipe de betonica uel de puluere eius, pulegio, centonica, arthimesia ana manum .i., decoquantur in aqua uel uino usque ad consumptionem duarum parcium. Postea coletur per pannum et bibatur cum succo fumi terre. Si uero diu defecerint menstrua, accipe reupontici drachmas .ii., arthimesie sicce, piperis ana drachmm .i. et fiat inde puluis et bibat mane et sero per tres dies, et cooperiat se ita ut sudet. Item accipe mentam, pulegium, rutam ana manum .i., salis gemme drachmas .iii. et plantam caulis rubei, et tria capita porrorum. Omnia hec coquantur simul in olla rudi, et bibat in baleno.' *Trotula*, 19-21.

¹⁰⁴ 'Galen tells of a certain woman whose menses were lacking for nine months, and she was drawn and emaciated in her whole body, and she almost entirely lacked an appetite. [Galen] drew blood off from her from the aforementioned vien for three days...and so in a brief time her color and her heat and her accustomed condition returned to her. [On constipation] let her be bathed, and after the bath let her drink some calamint or catmint or mint cooked in honey so that there are eight parts of water and a ninth of honey.' 'Galyenus refert de quadam muliere cui defecerunt menstrua per .ix. menses, et in toto corpore constricta erat et extenuate et defecerat ei

menstrual cycle, it is important to understand that the presence – or the absence – of this cycle was thought to have serious ramifications on a woman's body. The *LSM*, when describing why the female body must menstruate, described this expulsion as vitally important for a woman's humoral balance and fertility.

Because there is not enough heat in women to dry up the bad and superfluous humours which are in them, nor is their weakness able to tolerate sufficient labour so that Nature might expel (the excess) to the outside through sweat as in men, Nature established a certain purgation especially for women, that is, the menses, to temper their poverty of heat. The common people call the menses 'the flowers,' because just as trees do not bring forth fruit without flowers, so women without their flowers are cheated of the ability to conceive.¹⁰⁵

The importance of maintaining a regular menstrual cycle was vital for ensuring optimal health for the woman and to promote ideal reproductive capabilities. As such, a woman was perceived to be capable of negatively affecting her unborn child – and, ultimately her fertility – through a variety of ways.

IV. Purposeful Sterility

As issues of sterility were subjected to intimate and, possibly, humiliating tests, most medieval couples would not have welcomed this condition. Those women who sought to implant sterility on their otherwise fertile bodies or sabotage existing pregnancies must have done so out of desperation or as a last resort, possibly threatening their social standing and, ultimately, their value as women.¹⁰⁶ Pregnancy was not an entirely private event, as women in the immediate community would have been expected to offer assistance to the labouring woman; any significant lapse in childbearing would have been noticed and could have resulted in negative

penitus appetitus, et ipse extrahit ei sanguinem de predicta uena per tres dies... et ita in breui spacio rediit ei color et calor et status debitus... Deinde balneetur, et post balneum bibat de calamento uel nepita uel menta coctis in melle, ita tame nut .viii. partes sint aque et nona mellis.' *Trotula*, 9-10.

¹⁰⁵ 'Quoniam igitur in mulieribus non tantus habundat calor ut prauos humores et superfluous qui in eis sunt sufficiat desiccare, nec tantum laborem ualeat earum debilitas tolerare ut per sudorem ualeat ad exterior expellere natura sicut in uiris, propter hoc ad caloris ipsarum pauperiem temperandam quondam purgationem precipuam eis destinavit natura, scilicet menstrua, que uulgus appellat flores, quia sicut arbores non afferent sine floribus fructus, sic mulieres sine suis floribus sue conceptionis officio defraudantur.' *Ibid*, 3.

¹⁰⁶ James L. Brundage, *Law, Sex, and Christian Society in Medieval Europe* (Chicago, IL: UCP, 1987), 385.

backlash.¹⁰⁷ This lack of secrecy was not limited to any particular religious or cultural group, as both Jewish and Muslim women's pregnancies were exposed to the same level of public awareness as their Christian counterparts.¹⁰⁸ Fiona Harris-Stoertz has noted that, particularly during the twelfth and thirteenth centuries, 'parturient women were routinely attended by a sizeable group of female neighbours, family members, and servants...sometimes, particularly in the case of elites or emergencies, men – husbands, priests, and physicians – played a role in caring for parturient women'.¹⁰⁹ Evidently, pregnancy was a very public event. Although women relied on the knowledge of others, learned women were seen in many circles as objects of evil and encapsulating the dangers associated with sexuality and pernicious sin, especially since reproductive matters often brought groups of women together. These 'private' meetings would have fostered the belief that women were exchanging their secretive information, disseminating harmful and destructive advice to others.¹¹⁰ Luke Demaitre has stated that 'the notion of secrecy was not a mere cliché but connected...with the intimacy of the family', arguing that much of the 'secretive' information thought to be distributed by women would have taken place within the home or in familial settings.¹¹¹ Whether in or out of the home, women's sexual knowledge was often thought to be linked to evil or misguided advice.

Scholars like Georges Duby have argued that the home was the woman's domain. For Duby, it was within the home that women could flourish and dominate, controlling the sexual life of their husbands and facilitating the means with which to produce the constantly desired

¹⁰⁷ Park, 'Birth', 23; Charles de la Roncière, 'Tuscan Notables on the Eve of the Renaissance,' in *A History of Private Life: Volume II: Revelations of the Medieval World*, eds. Philippe Ariès and Georges Duby, trans. Arthur Goldhammer (Cambridge, MA: Belknap Press, 1988), 247; and, Felicity Riddy, "'Burgeis" Domesticity in Late-Medieval England,' in *Medieval Domesticity: Home, Housing and Household in Medieval England*, eds. Maryanne Kowaleski and P. J. P. Goldberg (Cambridge: CUP, 2008), 14-15.

¹⁰⁸ Green, 'Conversing', 111-112; and, Elisheva Baumgarten, *Mothers and Children: Jewish Family Life in Medieval Europe* (Princeton, NJ: Princeton University Press, 2004), 174.

¹⁰⁹ Harris-Stoertz, 'Midwives', 60-61.

¹¹⁰ Duby, 'Aristocratic', 80-81; Green, 'From "Diseases"', 11-12; and, Lochrie, *Covert*, 98.

¹¹¹ Luke Demaitre, 'Domesticity in Middle Dutch "Secrets of Men and Women,"' *SHM* 14, no. 1 (2001): 1-3.

children.¹¹² Yet in these 'private' rooms, women were also thought to be capable of devious and uncensored plans, forming the idea that women were involved in evil and unnatural doings: mainly, contraception and abortion.

Yet all the prayer and the work did nothing to appease the men, persuaded as they were that women were by their very nature perverse and obsessed with fantastic anxieties. What, men asked, do women do together when they are alone, locked up in the chamber? The answer was: nothing good.¹¹³

Janet L. Nelson, however, disagrees with Duby and Ariès opinion of medieval public and private life in their multi-volume work, *A History of Private Life*. For her, the demarcation between 'public' and 'private' is ahistorical, arguing that the ideas of 'private life' espoused in the volume are 'a universal, commonsensical category of the 'private' to be equated with the 'inside', domestic sphere.'¹¹⁴ This thesis supports Nelson's idea that, while women were mostly involved in domestic matters, they were not solely demarcated to the home or ever completely isolated. These various perceptions of domesticity – regardless whether they were based in reality – presents many problems for accurately understanding the nature of medieval fertility control. Although it is difficult to determine how, why, and if women were utilising contraceptive, abortive, or sterilising medicine on their bodies, the prevailing opinion among male chroniclers during this period was that women knew this information and formulated these plans within groups of their peers.

Despite the negative repercussions associated with sterility and the misogynistic mistrust of women's sexual knowledge, some medical manuals included methods for barrenness. In these instances, the women in question were mostly those who previously had children and, because of health complications or social status, did not wish to conceive more

¹¹² Georges Duby, 'Solitude: Eleventh to Thirteenth Century,' in *A History of Private Life, Volume II: Revelations of the Medieval World*, eds. Philippe Ariès and Georges Duby, trans. Arthur Goldhammer (Cambridge, MA: Belknap Press, 1988), 518-519; and, Barbara A. Hanawalt, 'At the Margin of Women's Space in Medieval Europe,' in *Matrons and Marginal Women in Medieval Society*, eds. Robert R. Edwards and Vickie Ziegler (Woodbridge: Boydell Press, 1995), 4.

¹¹³ Duby, 'Aristocratic,' 79.

¹¹⁴ Janet L. Nelson, 'The Problematic in the Private,' *Social History* 15, no. 3 (1990): 363.

offspring. The *LSM* included a method for ensuring barrenness. Stating that these methods were for those women who suffered complications from previous pregnancies, the author of this treatise prescribed a method utilising both herbal and semi-supernatural means.

If she has been badly torn in birth and afterward for fear of death does not wish to conceive any more, let her put into the afterbirth as many grains of caper spurge or barley as the number of years she wishes to remain barren. And if she wishes to remain barren forever, let her put in a handful.¹¹⁵

The last line of this passage was omitted from the ‘rough draft’ of the *LSM*, the *Tractus de egritudinibus mulierum*, expanding the original contraceptive method to include the option of sterilisation.¹¹⁶ In this example, the fear of infections or other childbed complications prompted a woman to seek permanent means of fertility control, not just contraceptive techniques, uniquely providing a reason for those who sought to cause barrenness on their otherwise fertile bodies. Although there is very little to indicate why these ingredients were used, the caper spurge and barley could have represented the seed of the woman; placing these into the soon-to-be discarded afterbirth may have symbolised casting off her fertility. Methods of sterility, like that included in the *LSM*, were usually accompanied by some sense of urgency and presented as a much more desperate and medically imperative procedure, particularly if an existing medical complication like ulcers or scars on the uterus posed a fatal risk to a pregnant woman.¹¹⁷ Although remedies for permanent sterility were presented in similar ways as methods for contraception or abortion, sterilising methods were meant to go one step further and completely eradicate the ability to conceive.

In addition to the use of her own afterbirth, the *LSM* wrote that the patient should employ the reproductive organs of animals. The use of foreign bodily tissue did not adhere to any one animal or even a particular sex. A variety of beasts were used – from mice to stags,

¹¹⁵ ‘Si autem lesa fuerit in partu et postea pre timore mortis non uult concipere amplius, ponat in secundinam tot grana cathapuciarum uel ordeï quot annis uult sterilis permanere. Et si inperpetuum uult sterilis permanere, plenam manum inponat.’ *Trotula*, 99.

¹¹⁶ Monica H. Green, ‘The Development of the Trotula,’ *Revue d'Histoire des Textes* 26 (1996): 131.

¹¹⁷ Lindgren, *The Wandering*, 126.

both male and female – showing the vast scope of sizes and types of animals thought to purposefully cause sterility in humans. The wombs of goats, for example, were recommended by the author of the *LSM* to act as a contraceptive if carried close to the woman's body.

If a woman does not wish to conceive, let her carry against her nude flesh the womb of a goat which has never had offspring.¹¹⁸

Carrying the goat's womb could have acted as either a temporary contraceptive or a permanent mechanism for infertility; the text implies that conception will be avoided for as long as the woman possesses and correctly operates the object. Although the *LSM* prescribes the womb of a goat, the majority of uses for animal genitals, especially in sterilising methods, tended to prescribe the testicles of male animals instead of the wombs of females.¹¹⁹ The purpose for predominately using the testicles of animals rather than the uterus is unknown, however, the fact that male genitals were overwhelmingly associated with sexuality is not coincidental.¹²⁰ Male sexuality was frequently associated with power and lust, symbolically compared to that of a wild boar; for example, consuming the testicles of a boar was thought to endow his hunter with the animal's sexual power.¹²¹ By castrating, and thus sexually conquering the male animal, the woman may have been thought to control her own sexual prowess and reproductive abilities, symbolically castrating herself.

Peter of Spain, the thirteenth-century theologian and author of the contraceptive manual *Thesaurus Pauperum*, included the goat's womb method in his own work and cited the 'Trotula' texts as the source of this information. However, the author extended the remedy by adding that 'carrying the stone found in it' would also sufficiently provide the same level of

¹¹⁸ 'Mulier si non uult concipere, carne sua nuda ferat secum matricem capre que numquam habuit fetum.' *Trotula*, 96.

¹¹⁹ See Chapter III, Section III: Contraception and Controlling Sexuality.

¹²⁰ McLaren, *Impotence*, 40.

¹²¹ Joyce E. Salisbury, *The Beast Within: Animals in the Middle Ages* (New York, NY: Routledge, 1994), 80-81; and, Peggy McCracken, 'Nursing Animals and Cross-Species Intimacy,' in *From Beasts to Souls: Gender and Embodiment in Medieval Europe*, eds. E. Jane Burns and Peggy McCracken (Notre Dame, IN: University of Notre Dame Press, 2013), 46.

contraception.¹²² Peter of Spain, although both a physician and a theologian, was directly quoting and adapting the works of a (supposedly) female *medica* to supply his gynaecological knowledge. Monica Green has argued that medieval medical authors saw the *Trotula* texts ‘not as a compassionate expert on women’s medicine so much as a revealer of “women’s secrets” to curious, even prurient male clerics...that the authority of both “Trotula” and the *Trotula* was seen to reside in the information they offered on “women’s secrets” rather than women’s diseases.’¹²³ In this way, Green suggests that the medical remedies compiled in the *Trotula* compendium were enhanced by the legendary image of ‘Trotula,’ and that the reputation of both the texts and the author depended upon the other. By listing the remedy of the goat’s womb and including the use of the ‘stone’ found within it, Peter was not only infiltrating this ‘secretive’ knowledge but was also adding his own wisdom to the remedy, expanding on a women’s expertise.

Peter of Spain, in the culmination of sources for his *Thesaurus Pauperum*, repeated and cited other procedures for non-reproductive effects.¹²⁴ The use of bones, for example, appeared in the *Thesaurus Pauperum* for their sterilising and/or contraceptive purposes. Supplying a reason for the woman to use such methods, Peter cites the works of Constantine the African and ‘Sixtus to Octavian’ for bones found in the hearts of deer.

When a woman does not wish to conceive, perhaps because she fears dying or for some other reason, she should eat bone of the heart of the deer and she will not conceive.

¹²² ‘[C]arry with you close to your skin the womb of a goat that has not given birth and you will not conceive; or carry the stone you find in it. Trotula.’ Peter of Spain, *Thesaurus pauperum*, in *Gender and Sexuality in the Middle Ages: A Medieval Source Documents Reader*, ed. Martha A. Brożyna (Jefferson, NC: McFarland & Company, 2005), 169. ‘Item portet secum ad carnem matricem capre que nondum fetauerit et non concipiet; uel lapidem qui in ea inuenitur. Trotula.’ *Obras Médicas de Pedro Hispano*, ed. Maria Helena da Rocha Pereira (Coimbra: Universidade de Coimbra, 1973), 259.

¹²³ Green ‘Traittié’, 147-48.

¹²⁴ ‘It is an astonishing thing and its veracity is suspect; when a woman does not wish to give birth again, she places in the placenta as many grains of castor beans or barley as the number of years she wishes to stay sterile, and for that number of years she will not conceive.’ *Thesaurus Pauperum*, 169. ‘Item murum et a ueritate suspectum: quando mulier non uult ultra parere ponat in secundinam tot grana cataputie uel ordeï quot annis uult esse sterilis et tot annis non concipiet.’ *Obras Médicas*, 259.

Constantine the African.... Hanging bone of a heart of deer from the arm prevents conception. Sixtus to Octavian.¹²⁵

Like the *LSM*, Peter is including the possible motive for wanting to avoid a pregnancy, providing some motivation for this socially stigmatising condition. In addition, the inclusion of this work also indicates the amount of effort, time, and money which went into such methods. The use of deer, even if it was just their bones, would have required some considerable cost or social connection to acquire. Deer were legally protected animals in the medieval period and associated with the more regal sports of recreational hunting: the unlawful killing of both semi-domestic and wild deer were protected under theft regulations and subjected to heavy fines.¹²⁶ As this remedy merely used the heart bone of a deer, rather than its meat or pelt, this method was employing a far less useful and financially insignificant ingredient. Other parts, like their more valuable rennet, were also recommended for sterilising means. Instructing the woman to consume the rennet, she was supposedly guaranteed sterility if taken within several days of her menstrual cycle.¹²⁷

Although many of the methods prescribed do feature the genitals of various animals, most remedies featured in medical manuals used other anatomical characteristics for a sterilising effect. The ears, bones, excrement, and other non-edible components of animals, placed in some capacity on the woman's body, were thought to act as sterilisers. While castrating and wearing the testicles or wombs of animals could have placed symbolic sterility on the woman, the same rationality does not necessarily apply to non-sexual anatomy. Unlike wearing or ingesting the sexual organs of animals, it is difficult to find the same level of supernatural transference in the use of other anatomical traits. Although many of the methods

¹²⁵ 'Quando mulier non uult concipere, quod forte timet mori, uel propter aliquid aliud, comedat os de corde cerui et non concipiet. Constantinus... Item os de corde cerui suspensum brachio non sinit concipere. Sixtus ad Octavianum.' *Obras Médicas*, 259-61.

¹²⁶ Salisbury, *The Beast*, 32, 45.

¹²⁷ 'The rennet of a stag will prevent conception, if used by a woman for three days after the period.' Ibn al-Baitār. *Kitāb al-jāmi' fi-l-adwiya al mufrada (Treatise on Simples)*, in *Medical History of Contraception*, ed. N. E. Himes (New York, NY: Schocken Books, 1970), 151.

prescribed do feature some ornamental properties, like wearing the bones or teeth of animals as amulets, there is very little to suggest why these items were thought to carry some sort of contraceptive abilities. As bones and teeth took considerable time to degrade, women may have seen the longevity of these items as symbolically beneficial for extended sterility.¹²⁸

Although it is incredibly difficult to attempt to diagnose or validate these various methods from such a chronological distance, it is possible to associate certain ingredients with internal maladies, particularly those which would have poisoned or sickened the mother. Sterility and enforced barrenness, while not the most common method for achieving non-procreative results, may be perceived as one interpretative option for medieval women. Urging the woman to decide her reproductive future, methods to achieve permanent sterility would have mandated a large amount of bodily awareness. As almost no record survives which could provide a woman's personal reasons for wanting to cause barrenness in her body, the mere fact that these remedies do exist attests to the possible desperation of medieval women.¹²⁹ Practising reproductively controlling methods was not easily facilitated and, judging by the bizarre or exotic nature of many of the methods prescribed, would have required considerable planning and foresight on the woman's part.¹³⁰ Causing permanent sterility, for example, was one method for ensuring that a woman could continue to engage in a sexual union like marriage without the fear of conception.¹³¹ Barrenness was a particularly difficult outcome to fully control during the medieval period. The ability to accurately regulate one's reproductive abilities – particularly to ensure sterility – would have been an incredibly challenging feat in pre-modern medicine.¹³² In addition, purposefully causing sterility could have subjected the

¹²⁸ Nancy L. Wicker, 'Christianization, Female Infanticide, and the Abundance of Female Burials at Viking Age Birka in Sweden,' *JHS* 21, no. 2 (May 2012): 254.

¹²⁹ Garver, 'Childbearing', 209.

¹³⁰ Totelin, 'Old Recipes', 75.

¹³¹ Garver, 'Childbearing', 226; and, Joan Cadden, 'It Takes All Kinds: Sexuality and Gender Differences in Hildegard of Bingen's "Book of Compound Medicine,"' *Traditio* 40 (1984): 169.

¹³² Helen Rodnite Lemay, 'Human Sexuality in Twelfth- through Fifteenth-Century Scientific Writings,' in *Sexual Practices and the Medieval Church*, eds. Vern L. Bullough and James A. Brundage (Buffalo, NY: Prometheus, 1982), 199.

woman to various communal censure, threatening her place in society and questioning her femininity.

V. Conclusion

Although it is difficult to specifically determine why a medieval woman would have wanted to avoid a pregnancy, a number of reasons for the appearance of these methods can be found in medical texts of this period. One reason could have been due to the dangers associated with childbirth.¹³³ Numerous remedies are listed in the first two books of the *Trotula* compendium – the *LSM* and *De curis mulierum* – for complications experienced in labour, like a foetus stuck in the birth canal or maternal fatigue from a particularly long or strenuous childbirth. Other instances were prescribed for the host of problems encountered after delivery, like repairing a torn perineum, expelling retained afterbirth, or resituating a prolapsed womb.¹³⁴ Life-threatening complications of labour were recognised in this period and would have been commonly known among women. Apart from these problems during childbirth, the fear of maternal death may have also led women to seek contraceptive or abortive remedies.¹³⁵ Women's lives were constantly threatened because of their reproductive bodies.¹³⁶ Considering the physical and financial burden children could have placed on the medieval family, the

¹³³ Biller, 'Childbirth', 43-44.

¹³⁴ *On Retention of the Afterbirth*: 'We extract the juice of a leek and mix it with pennyroyal oil or musk oil or juice of borage, and let us give it to drink, and immediately [the afterbirth] will be brought out perhaps because she will vomit and from the effort of vomiting it will come out.' 'Extrahimus succumb porri et distemperamus cum oleo pulegino uel musceleio uel succo borraginis, et demus ad potandum, et statim educitur, quia fortasse uomet et ex conatu uomendi educitur.' *On the Dangerous Things Happening to Women Giving Birth*: '[S]ew the rupture between the anus and the vagina in three or four places with a silk thread. Then we place a linen cloth into the vagina to fill the vagina completely. Then let us smear it with liquid pitch... And we heal the rupture with a powder made of comfrey, that is, of bruisewort, and daisy and cumin.' 'Post modum rupturam inter anum et uuluum tribus locis uel quatuor suimus cum filo serico. Post pannum lineum uulue inponimus ad quantitatem uulue. Deinde pice liquida liniamus.... Et rupturam sanamus cum puluere facto de simphito, id est de consolida maiori et minori, et cimino.' *For Exit of the Womb After Birth*: 'Take juniper, camphor, wormwood, mugwort, and fleabane, and cook them in water, and bathe the patient in this water and make her sit in it up to her breasts. And afterward gently put her in bed, so that she lies suspended by the feet so that the womb may be inverted into its proper place.' 'Ad exitum matricis post partum. Accipe iuniperum, camphoram, absinthium, arthimesiam, pollicariam, et eas coque in aqua, et balnea ibi patientem, et usque ad mamillas intus fac sedere, et post suauius illam in lecto pone, ut iaceat suspense per pedes, ut matrix conuertatur in locum suum.' *Trotula*, 146, 149, 227.

¹³⁵ Harris-Stoertz, 'Suffering', 108-109.

¹³⁶ Duby, 'Solitude', 524.

possibility exists that some women would have wished to avoid these situations altogether, rendering themselves sterile instead, particularly if they had already produced surviving children. Although it is difficult to conclude that some women wished themselves barren, it is not difficult to envisage that the variety of dangers inflicted upon the maternal body would have proven to be enough of a deterrent to pregnancy, much less the financial strain in times of societal hardships.¹³⁷ Additionally, more children meant that there were more mouths to feed, something that could have proven deadly to the entire family during times of famine or financial hardships.¹³⁸

Despite these dangers, gynaecological manuals still promoted conception over contraception. For example, *LSM* contains nine treatises which directly sought to ensure conception, cure sterility/infertility, and ensure the successful delivery of a child; only one section was devoted to contraception.¹³⁹ Although procreation was of the utmost importance in medieval society, some evidence in contemporary source material indicates that another interpretation may exist and that couples, regardless of the social stigmas attached to sterility and infertility, would have tried to limit their reproductive capabilities. Additionally, the inclusion of a method for barrenness in the *LSM* hints that this state may have been sought, particularly by those women who had already produced children and wished to halt their reproductive capabilities. This method provides an unusual motive for seeking non-productive results, leading to the conclusion that some women may not have wanted to continuously bear children and proposing enforced barrenness as one perceive method of accomplishing this.

¹³⁷ Marianne Elsackers, 'Abortion, Poisoning, Magic, and Contraception in Echhardt's *Pactus Legis Salicae*,' *Amsterdamer Beiträge zur älteren Germanistik* 57 (2003): 240-245.

¹³⁸ Boswell, 'Expositio', 241, 245; and, Patricia Skinner, *Health and Medicine in Early Medieval Southern Italy* (Leiden: Brill, 1997), 40-41.

¹³⁹ *Trotula*, 74-112, 115-122, 129-131.

CHAPTER II: *Abstinence*

Men call me chaste; they do not know the hypocrite I am. They see purity
of the flesh as a virtue, though virtue belongs not to the body but to the mind.
I can win some praise from men but deserve none before God, who searches our
hearts and loins and “sees in our darkness.”¹

Heloise d’Argenteuil (d. 1164), *Letters to Abelard*

On evicting Adam and Eve from the Garden of Eden, sexual desire was instilled on the human race to populate the world. In forming a marital union, the medieval Church decreed that humans restrict sexual intercourse for conjugal procreation, only cohabiting to produce progeny within this blessed contract: the church, as the proprietors of spiritual guidance, mandated the necessity for marriage and the legal propagation of children.² Contrary to this natural order, Heloise and Peter Abelard (1079-1142) engaged in sexual intercourse, freely succumbing to lust outside of a sanctified marital union. Their carnal encounters led to the birth of a child out-of-wedlock, prompting their haste marriage and Abelard’s eventual castration. Instead of enjoying their sexual pursuits within this legitimate union – especially after Abelard’s emasculation – they engaged in a chaste marriage for the remainder of their lives: entering the church, they had to abstain from their sexual desires and devote themselves to a monastic lifestyle.³ Constant J. Mews has argued that, in adopting a life of abstinence and spirituality, ‘Abelard still [accepted] the traditional assumption...that the truly philosophical

¹ ‘Castam me predicant qui non deprehendunt ypocritam; munditiam carnis conferunt in uirtutem, cum non sit corporis sed amini uirtus. Aliquid laudis apud homines habens, nichil apud Deum meroer, qui cordis et renum probator est et “in abscondito uidet”.’ Epistola IV.14, in *The Letter Collection of Peter Abelard and Heloise*, ed. and trans. David Luscombe and Betty Radice (Oxford: Clarendon Press, 2013).

² Laura Betzig, ‘Medieval Monogamy,’ *Journal of Family History* 20, no. 2 (1995): 199-200; and, Jack Goody, *The Development of the Family and Marriage in Europe* (Cambridge: CUP, 1983), 77.

³ Peggy McCracken, ‘The Curse of Eve: Female Bodies and Christian Bodies in Heloise’s Third Letter,’ in *Listening to Heloise: The Voice of a Twelfth-Century Woman*, ed. Bonnie Wheeler (Basingstoke: Macmillan, 2000), 226.

life transcends carnal sexuality'.⁴ Unlike Abelard who welcomed the celibate life, Heloise begrudgingly accepted her chastity, openly longing for the sexual existence she once had.⁵ In the above passage, she is clearly conscious of this hypocrisy: although living an abstinent, virtuous life, she believes that her bodily pollution and sensual desire cannot be hidden, 'I can win some praise from men but deserve none before God.' Initially unwilling and unsatisfied with her life of sexual abstinence, Heloise laments the physical love she has lost with Abelard, frustratingly recollecting their romance and longing to be Abelard's 'whore' or 'concubine' rather than his 'wife' and sister in Christ.⁶ Contrary to the belief that marriage and motherhood were sacramental gifts from God, Heloise shows herself to be the antithesis of the idealised medieval woman: against marriage, longing for sexual fulfilment, despising her enforced chastity, and disgusted with the responsibilities of children.⁷

The functions of the sexualised human body – as well as attempts to control these roles – were often mentioned in high medieval Church narrative. As the spiritual guides of a frequently illiterate and culturally diverse society, some medieval theologians sought how to understand the complexities of their lay members' sexual desires and sinful tendencies, while urging chastity in those who divorced themselves from bodily depravity.⁸ Much of the high medieval belief of sexuality was based on St Augustine of Hippo (354-430), who, in his fifth-century work *De Civitate Dei*, included a lengthy passage on the reproductive facilities of both male and female bodies. Augustine argued that it was the sinful nature of the world which

⁴ Constant J. Mews, *The Lost Love Letters of Heloise and Abelard: Perceptions of Dialogue in Twelfth-Century France* (New York, NY: St. Martin's Press, 1999), 31.

⁵ Yves Ferroul, 'Abelard's Blissful Castration,' in *Becoming Male in the Middle Ages*, ed. Jeffrey Jerome Cohen and Bonnie Wheeler (New York, NY: Garland, 1997), 32.

⁶ 'The name of wife may seem holier or more valid, but sweeter for me will always be the word friend or, if you will permit me, concubine or whore.' 'Et si uxoris nomen sanctius ac ualidius uidetur, dulcius mihi semper extitit amice uocabulum aut, si non indigneris, concubine uel scorti,' Epistola II.10.

⁷ Ruth Mazo Karras, *Sexuality in Medieval Europe: Doing Unto Others* (2005, repr., London: Routledge, 2012), 131.

⁸ Danielle Jacquart, 'Medical Explanations of Sexual Behavior in the Middle Ages,' in *Homo Carnalis: The Carnal Aspect of Medieval Human Life*, ed. Helen Rodnite Lemay (Binghamton, NY: State University of New York Press, 1990), 7-10.

facilitated the need for such shamefully lustful encounters between man and woman.⁹ He theorises that God must have intended human beings for sexual reproduction, arguing that if God did not intend for man and woman to copulate he would have supplied Adam with a male companion instead of a female.¹⁰ His thinking echoed a universal sentiment among many theologians during the early and high medieval periods; that sexuality, however adverse and sinful, was a necessary facet of human life.¹¹ As the function of sexuality occurred upon man's eviction from Paradise, it was a God-given punishment for humans to suffer from their bodily urgings.¹² In this sense, the strength of the human character – and indeed, the strength of their religious will power – would constantly be tested by these shameful feelings of lust: overcoming such urges were tantamount to becoming closer to God.¹³ In an attempt to control these shameful encounters, medieval theologians urged women to seek a life of virginal obedience, effectively forsaking their reproductive capabilities in favour of higher spiritual pursuits.

In spite of Heloise's bodily desires, the urge to enjoy sexuality outside of the sanctified union of marriage was believed by her contemporaries to be against the natural order and

⁹ 'When mankind was in such a state of ease and plenty, blest with such felicity, let us never imagine that it was impossible for the seed of children to be sown without the morbid condition of lust... Then, without feeling the allurements of passion goading him on, the husband would have relaxed on his wife's bosom in tranquillity of mind and with no impairment of his body's integrity... [T]he male seed could have been dispatched into the womb, with no loss of the wife's integrity... Now just as the female womb might have been opened for parturition by a natural impulse when the time was ripe, instead of by the groans of travail, so the two sexes might have been united for impregnation and conception by an act of will, instead of by a lustful craving.' Augustine of Hippo, *Concerning the City of God against the Pagans*, trans. Henry Bettenson (Harmondsworth: Penguin, 1972), 14.26. 'In tanta facilitate rerum et felicitate hominum absit ut suspicemur non potuisse prolem seri sine libidinis morbo, sed eo uoluntatis nutu mouerentur membra illa quo cetera... Neque enim quia experientia probari non potest, ideo credendum non est, quando illas corporis partes non ageret turbidus calor, sed spontanea potestas, sicut opus esset, adhiberet, ita tunc potuisse utero coniugis salua integritate feminei genitalis uirile semen inmitti... Vt enim ad pariendum non doloris gemitus, sed maturitatis impulsus feminea uiscera relaxaret, sic ad fetandum et concipiendum non libidinis appetitus, sed uoluntarius usus naturam utramque coniungeret.' PL 41.434.

¹⁰ Carolyn Larrington, *Women and Writing in Medieval Europe: A Sourcebook* (London, Routledge, 1995), 17.

¹¹ Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA: Harvard University Press, 1990), 59-61; and Laurinda Dixon, 'The Curse of Chastity: The Marginalization of Women in Medieval Art and Medicine,' in *Matrons and Marginal Women in Medieval Society*, eds. Robert R. Edwards and Vickie Ziegler (Woodbridge: Boydell Press, 1995), 52.

¹² Jacquart, 'Medical', 9-13.

¹³ Caroline Walker Bynum, *The Resurrection of the Body in Western Christianity, 200-1336* (New York, NY: Columbia University Press, 1995), 90-91.

contrary to the will of God. Anselm of Canterbury (d. 1109), for example, saw the fall of Adam and Eve as indispensable actions for God's ultimate design of human adaptation and procreation, yet urged blessed unity for this propagation. Humans were expected to propagate the species through intercourse, but only within a sanctified marriage.

When God first created human nature in Adam alone and willed to create a woman (in order for human beings to be reproduced from the two sexes) only from Adam, He showed clearly that He willed to create only from Adam that which He was going to create from human nature.¹⁴

By creating Eve from Adam, God showed that he intended humans to create other humans, and by both individuals sinning and being banished from Paradise, they completed the first steps of continuing civilisation's existence. According to Anselm, it was natural that humans were created for the purpose of sinning and not adopting a spiritually-remote lifestyle out of choice; however, those that rejected sexuality and lived as virgins were believed to be closer to God.¹⁵ Most medieval theologians agreed that sexuality and procreation, although sinful and irrational, were permissible acts for the purpose of human propagation. Women were responsible for the pain they suffered in childbirth as reparation for the sinfulness of Eve.¹⁶ This idea of the Fall being natural, and indeed, necessary for mankind to take their place in the divine order was also promoted by Hugh of St Victor. He saw man's descent and punishment as indispensable to keep man from constantly 'cleaving' onto God for eternal company.¹⁷ No longer were man and woman to live in Paradise under divine guidance, but were instead doomed to support themselves through labour, both manually and sexually.

¹⁴ Anselm of Canterbury, *Cur Deus Homo*, trans. Jasper Hopkins and Herbert Richardson (Minneapolis, MN: The Arthur J. Banning Press, 2000), 356. 'Deus etiam, quando humanam naturam primitus fecit in solo Adam, nec feminam, ut de utroque sexu multiplicarentur homines, facere voluit nisi de ipso, aperte monstravit se nonnisi de Adam voluisse facere quod de humana natura facturus erat.' PL, 158.405.

¹⁵ Cate Gunn, *Ancrene Wisse: From Pastoral Literature to Vernacular Spirituality* (Cardiff: University of Wales Press, 2008), 56-57.

¹⁶ Jacques le Goff, *The Medieval Imagination*, trans. Arthur Goldhammer (Chicago, IL: UCP, 1985), 97; and, Jane Tibbets Schulenburg, *Forgetful of Their Sex: Female Sanctity and Society, ca. 500-1100* (Chicago, IL: UCP, 1998), 228.

¹⁷ Hugh of St Victor, *On the Sacraments of the Christian Faith: (De Sacramentis)*, trans. Roy J. Deferrari (Cambridge, MA: Mediaeval Academy of America, 1951), 46.

Although the ultimate goal of sexuality was for the conception of a child, the many dangers and pains associated with pregnancy meant that it was not always viewed by every woman labouring in childbirth as a miraculous blessing from God.¹⁸ However much motherhood was revered, it was not the only option available to medieval woman. According to Sarah Salih, the female form was so intrinsically linked to childbearing that the virginal body had to be reconstructed into something entirely contrary to this perceived notion of femininity.¹⁹ Christian clerics, in an attempt to extol the virtues of a virginal life devoted to God, often reminded women of the extreme biological circumstances which awaited her if she were to give her life to sexuality. Medieval women found themselves between lives of sexuality and chastity, never fully reaching the sanctified motherhood status only achieved by the Virgin Mary.²⁰ Jocelyn Wogan-Browne has argued that, regarding sainthood in this period, ‘the best virgin, it seems, is always a dead virgin....Where modern virginity is undifferentiated absence...medieval virginity has bodily presence and a theoretical morphology.’²¹ This interpretation of medieval virginity agrees with the study of misogyny by Howard Bloch who, in describing the prevalence of saintly virgins in hagiographical accounts also surmises that ‘a certain inescapable logic of virginity, most evident in medieval hagiography, leads syllogistically to the conclusion that the only real virgin – that is, the only true virgin – is a dead virgin.’²²

¹⁸ Le Goff, *The Medieval*, 95; Peter Biller, ‘Birth-Control in the West in the Thirteenth and Early Fourteenth Centuries,’ *Past and Present* 94 (1982): 16; Zubin Mistry, ‘The Sexual Shame of the Chaste: “Abortion Miracles” in Early Medieval Saints’ Lives,’ *G&H* 25, no. 3 (November 2013): 616; and, Vera Morton, ed. and trans., *Guidance for Women in Twelfth-Century Convents* (Cambridge: D. S. Brewer, 2003), 4.

¹⁹ Sarah Salih, ‘Performing Virginity: Sex and Violence in the Katherine Group,’ in *Constructions of Widowhood and Virginity in the Middle Ages*, eds. Cindy L. Carlson and Angela Jane Weisl (Basingstoke: MacMillan, 1999), 99.

²⁰ Vern L. Bullough, ‘Sex Education in Medieval Christianity,’ *The Journal of Sex Research* 13, no. 3 (August 1977): 188-89.

²¹ Jocelyn Wogan-Browne, ‘Chaste Bodies: Frames and Experiences,’ in *Framing Medieval Bodies*, eds. Sarah Kay and Miri Rubin (Manchester, UK: Manchester University Press, 1996), 24-25.

²² Howard R. Bloch, *Medieval Misogyny and the Invention of Western Romantic Love* (Chicago, IL: UCP, 1991), 108.

Medieval women, however much they sought to maintain an abstinent existence, would never truly become a perfect virgin until their deaths sealed any possible threat from sexual desire. The celibate life may have offered a respite to those women who wished to abstain from sexual activity as well as devote their life to spiritual service.²³ Those women who chose to adopt the celibate lifestyle were thought to transcend their need for sexual desire and become the brides of Christ, rather than the brides of men. Literally ‘taking the veil’ symbolised their wedded unity to God, placing a barrier between the public perception of their sexual attractiveness and superimposing spiritual desire in place of their bodily desire.²⁴ This chapter will discuss those women who successfully abstained from sexuality, seeking a life of chastity and rejecting their marital or maternal roles in favour of a life devoted to abstinence.²⁵ In this way, celibate medieval women were able to replace their socially imposed roles of motherhood for something purer and more spiritually divine. Although this is not an explicit definition of reproductive control per se, adopting an abstinence life involved rejecting the assumed societal perception of women. Instead, this chapter will examine a different view of motherhood by discussing those women who, through either remaining virgins or taking the veil after producing children, rejected their maternal duties for a life devoted to spiritual chastity. Additionally, this chapter will examine the negative perceptions of sex, pregnancy, parturition, and child-rearing, presented by those who lived abstinently and encouraged religious devotion in place of motherly responsibilities. This chapter will also examine those medical and religious texts which provided remedies for controlling lustful desire, urging restraint and sanctity in place of carnality. Casting off their societal expectations for marriage, these women not only

²³ Wogan-Browne, ‘Chaste,’ 24.

²⁴ Jan Gerchow, Katrinette Bodarwé, Susan Marti, and Hedwig Rockelein, ‘Early Monasteries and Foundations (500-1200): An Introduction,’ in *Crown and Veil: Female Monasticism from the Fifth to the Fifteenth Centuries*, ed. Jeffrey F. Hamburger and Susan Marti, trans. Dietlinde Hamburger (New York, NY: Columbia University Press, 2008), 13; and, Kim Phillips, ‘Maidenhood as the Perfect Age of Women’s Life,’ in *Young Medieval Women*, eds. Katherine J. Lewis, Noël James Menuge, and Kim M. Phillips (Thrupp: Sutton Publishing, 1999), 8.

²⁵ Karen Cheatham, ‘“Let Anyone Accept This Who Can”; Medieval Christian Virginity, Chastity, and Celibacy in the Latin West,’ in *Celibacy and Religious Tradition*, ed. Carl Olson (Oxford: OUP, 2007), 87-89.

abstained from sexuality but from childbearing as well, effectively performing one perception of reproductive control.

I. Virginal Mothers

In high medieval thought, virginity and celibacy were inextricably linked to monasticism.²⁶ Although one did not need to be a virgin in order to enter a convent – particularly considering the number of married women who took the veil after having children – maintaining chastity was tantamount for a closer relationship with God. Instead of focusing one’s attention on domestic, sexual, or cosmetic matters, a cloistered life sought to devote that time to meditation, prayer, and virtuousness.²⁷ Bloch has argued that monastic women – in spite of their virtuous intentions – were constantly torn between their goal of bodily innocence and their inherent tendency to sin.

Thus, the message to women is not ‘you are the Bride of Christ,’ or ‘you are the Devil’s gateway,’ or even ‘you can be either,’ ‘you have a choice.’ Rather, it says, ‘you are at one and the same time the “Bride of Christ” and the “Devil’s gateway,” seducer and redeemer, but nothing in between.’²⁸

According to Bloch, women were unable to exorcise themselves fully from their sexual deviances while also maintaining their virginal purity: in essence, women were inextricably pulled between the two opposing forces of abstinence and lasciviousness. Unlike men, cloistered women were unable to fully deny their sexuality, leaving them constantly struggling to balance their virginal ambitions from their inherently tempting forms.²⁹ In the recorded *vitae* and poetry of thirteenth-century mystics and beguines, erotic imagery becomes intermingled with virginal sanctity. Describing Christ as their lover or bride-groom, chaste women in isolated religious communities began to describe their relationship with God in semi-sexual

²⁶ John Bugge, *Virginitas: An Essay in the History of a Medieval Ideal* (The Hague: Martinus Nijhoff, 1975), 80.

²⁷ Karen A. Winstead, *Virgin Martyrs: Legends of Sainthood in Late Medieval England* (Ithaca, NY: Cornell University Press, 1997), 21.

²⁸ Bloch, *Medieval*, 71.

²⁹ Helen Foxhall-Forbes, ‘Squabbling Siblings: Gender and Monastic Life in Late Anglo-Saxon Winchester,’ *G&H* 23, no. 3 (November 2011): 674.

undertones, articulating their desire to know passion through virginal prayer and piety rather than sexual intimacy.³⁰ In this way, religious women were able to become allegorical mothers through their marriage to God, metamorphosing from virginal recluses to wedded matriarchs, rearing faith and devotion rather than biological children.

The sanctity associated with the pure and unpolluted body was seen to be a far more ideal state than succumbing to the lustful temperaments attributed to maternity.³¹ Saintry women's bodies were often discussed in terms of their ability to overcome sexuality, while still retaining some aspect of divine motherhood. The bodily eccentricities of the Belgian saint, Christina *Mirabilis* (c. 1150-1224), for example, were often mentioned by her hagiographer Thomas de Cantimpré to expound the semi-maternal properties of her worldly body. Although she was a virgin and shunned the presence of men, her pure body was able to produce milk to nourish her, causing her to become both mother and child without needing the impurities of sexuality.³² Caroline Walker Bynum has used Christina's juxtaposing body to symbolise the complexities of the feminine form during the high Middle Ages. According to her, the female body was the 'source of temptation and torment, [the] body is also a beloved companion and helpmeet,' thus able to encompass these two different perspectives of both virgin and mother.³³ By shunning and being so repulsed by the male form, Christina was encapsulating something

³⁰ Barbara Newman, *Medieval Crossover: Reading the Secular Against the Sacred* (Notre Dame, IN: University of Notre Dame Press, 2013), 87-92.

³¹ Dyan Elliott, *Fallen Bodies: Pollution, Sexuality, and Demonology in the Middle Ages* (Philadelphia, PA: UPP, 1999), 47-48.

³² '[S]he suffered most from the stench of men.... Even when she needed food – for despite the extreme sensitivity of her body, she could not live without food – and was tortured by a most terrible hunger, she did not at all wish to return home, but she remained alone with God in the secret deserts. She therefore uttered a prayer to the Lord and humbly begged that he gaze on her anguish with the eyes of His mercy. Without delay, turning her eyes to herself, she saw that her dry virginal breasts were dripping sweet milk against all the laws of nature. Wondrous thing! Unheard of in all the centuries since the incomparable Mother of God! Using the dripping liquid as food, she was nourished for nine weeks with the virginal milk from her own breasts.' Thomas de Cantimpré, *The Life of Christina of St. Trond, Called Christina Mirabilis*, trans. Margot King (Toronto, Peregrina: 1999), 185. See also: Valerie A. Fildes, *Breasts, Bottles and Babies: A History of Infant Feeding* (Edinburgh: Edinburgh University Press, 1986); and, R. A. Buck, 'Woman's Milk in Anglo-Saxon and Later Medieval Medical Texts,' *Neophilologus* 96 (2012): 467-485.

³³ Caroline Walker Bynum, *Fragmentation and Redemption: Essays on Gender and the Human Body in Medieval Religion* (New York, NY: Zone Books, 1991), 37.

far greater than sexuality; she had transcended her bodily functions and willingly refuted any physical interaction with men, avoiding the unnecessary temptations of the flesh as a consequence.³⁴

Christina was one of several female saints and mystics who were repulsed by sexuality during the high medieval period while still encompassing some quasi-maternal bodily attributes. Hadewijch of Brabant, a thirteenth-century mystic and poet from the Low Countries, wrote of the maternal and physical ecstasy she experienced through the love of God.³⁵ Her poem, 'Allegory of Love's Growth,' chronicles the nine months of pregnancy as an awakening to spiritual revivification. Hadewijch – as the poet and virginal bride of Christ – encounters many different emotional aspects during her otherworldly pregnancy, finally experiencing full humility upon the birth of her allegorical child, spiritual love.³⁶ Transcending fear, suffering, control, sweetness, confidence, and justice, the 'child' emerges from her womb engulfed in wisdom.

So in the night month is born / the Child that lowliness had chosen. / Then humility has its wish / by which it satisfies itself. / Between these two is brought to term that Child / which has lain in that great place: / In the depths of lowliness, in the heights of love, / where with all, in every way, / the soul lives for God with all power, / in new love, day and night.³⁷

Hadewijch, although a virgin, is able to transform her pure body into a metaphorical maternal womb, adopting Christian love as her child in place of biological offspring. Although she does not bear real children, Hadewijch bears spirituality and absolute faith, redirecting the devotion that mothers usually show to their progeny towards nurturing her love of God.³⁸ As Bynum has argued, 'biological images for the love offered and received by the self are images of the utmost

³⁴ Corinne Saunders, *Rape and Ravishment in the Literature of Medieval England* (Cambridge: D. S. Brewer, 2001), 120-129.

³⁵ Bynum, *Fragmentation*, 86

³⁶ *Ibid*, 134.

³⁷ Hadewijch of Brabant, Poems in Couplets 14, in *Hadewijch: The Complete Works*, trans. Mother Columba Hart (London: Paulist Press, 1980), 345-350.

³⁸ Amy Hollywood, *Sensible Ecstasy: Mysticism, Sexual Difference, and the Demands of History* (Chicago, IL: UCP, 2002), 207.

intimacy. To love is to give one's bodily fluid as food, to carry a foetus within oneself.'³⁹ Hadwijch nourishes the child in her womb through spiritual devotion. Her metaphorical pregnancy also implicated her relationship with Christ, symbolising her *brautmystik*, or nuptial mysticism, from her representational marriage to God.⁴⁰ Hadewijch did not need to be involved in a sexual relationship to be both bride and mother.

A contemporary of Hadewijch, Mechtild of Magdeburg (d. 1282), also spoke of her faith in maternal metaphors, describing God as a tempting lover and she the mother of worldly sin.⁴¹ Relating herself to the mother of three children – poor sinners, souls in Purgatory, and the 'imperfect religious' – Mechtild describes the maternal care and devotion she gives to each sect through both spiritual and physical means.

Alas, I look at this child [poor sinners] with a bleeding heart and, with weeping eyes, take it into the arms of my soul and carry it to the feet of its Father, from whom I have it... The poor souls who are tormented in Purgatory are my second child; I must give them blood from my heart to drink. When I interceded for them and contemplate the many kinds of distress and the bitter thirst that they suffer for every single sin, then I feel a mother's sorrow... If this child is to recover quickly, then the mother must be very faithful and merciful.⁴²

Mechtild describes the sinfulness of the world in mournful and helpless terms; in order to help her faulted children, she must give them her own body, 'blood from my heart to drink' rather than breastmilk, to fully restore them to divine goodness. She intentionally reveals her desire to write *The Flowing Light of the Godhead* as a reflection of a Christian soul constantly torn between her biological and spiritual needs.⁴³ With God as their father and Mechtild as their mother, her virginity remains physically intact but spiritually given to God: in this sense,

³⁹ Caroline Bynum Walker, *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (Berkeley: University of California Press, 1987), 157.

⁴⁰ Andrea Janelle Dickens, *The Female Mystic: Great Women Thinkers of the Middle Ages* (London: I. B. Tauris, 2009), 59-60.

⁴¹ 'My body is in prolonged torment, my soul is in elated bliss, for she has both seen and embraced her Lover fully... Whenever He draws her up to Him, then she flows; she cannot stop until He has brought her into Himself.' Mechtild of Magdeburg, Book I.5, in *Selections from The Flowing Light of the Godhead*, trans. Elizabeth A. Andersen (Cambridge: D. S. Brewer, 2003), 29.

⁴² Mechtild of Magdeburg, Book V.8, 90.

⁴³ Amy Hollywood, *The Soul as Virgin Wife: Mechtild of Magdeburg, Marguerite Porete, and Meister Eckhart* (Notre Dame, IN: University of Notre Dame Press, 1995), 57-58.

Mechtild and her contemporaries were able to embody what Bloch has described as both the 'Bride of Christ' and the 'Devil's Gateway,' simultaneously pure and sinful, virginal and maternal. Despite the erotic imagery, Bynum has rightfully warned the modern historian from seeing this as something deliberately sexual, particularly avoiding the temptation to associate religious ecstasy with sensual pleasure or orgasm. Rather, she advises that it is we, rather than thirteenth-century virgins, 'who suspect sexual yearnings in a medieval virgin who found sex the least of the world's temptations.'⁴⁴ In this way, the erotic imagery in medieval narratives should be viewed as the result of religious ecstasy and impassioned devotion to God, rather than sexual frustration or pleasure.

The examples of Christina *Mirabilis*, Hadewijch of Brabant, and Mechtild of Magdeburg were very much the exception to the usual sexuality of women, as the biological urgings and lusts of the body were perceived to be the inherent downfall of women.⁴⁵ Additionally, they also reflect the rise of mysticism, the beguines, and sexual isolation present in the thirteenth-century Low Countries, a cultural movement uniquely restricted to women and not paralleled in male monastic sects.⁴⁶ These women symbolically became mothers through their virginity, replacing the physical pains of childbirth with the satisfaction of spiritual awakening. While maintaining their virginity, they became mothers to themselves and to their communities, representing the epitome of chaste maternity.

Additionally, the fears associated with succumbing to a life of sexuality were also linked to the uncertainties of childbirth. Unlike becoming a bride of Christ, being the wife of a man meant the production of children. Those women who were able to abstain from marital

⁴⁴ Bynum, *Fragmentation*, 86.

⁴⁵ Marjorie Chibnall, 'Women in Orderic Vitalis,' in *Piety, Power and History in Medieval England and Normandy* (Aldershot: Ashgate, 2000), 109.

⁴⁶ Penelope Galloway, "'Discreet and Devout Maidens": Women's Involvement in Beguine Communities in Northern France, 1200-1500,' in *Medieval Women in their Communities*, ed. Diane Watt (Cardiff: University of Wales Press, 1997), 93-94; and, Jennifer Ward, *Women in Medieval Europe, 1200-1500* (London: Longman, 2002), 182-184.

consummation were viewed with saintly properties by achieving a spiritual – rather than sexual – marriage. The twelfth-century anchoress Christina of Markyate, for example, was lauded for her refusal to succumb to her husband's sexual advances, choosing instead to flee her marital life for one of spiritual isolation.⁴⁷ Stirring a wave of women to similarly refuse their husband's sexual rights, Christina's isolated lifestyle swayed subsequent generations in the thirteenth century to adopt a similar existence.⁴⁸ Christina's *vita* ultimately portrays her ability to overcome lust and societal obligations, refusing her union with her husband to enter into a fraternal relationship with her mentor, Abbot Geoffrey of St Albans, through their shared connection to spirituality, adopting a fraternal – rather than marital – union with men.⁴⁹

Some evidence suggests that women may have sought a virginal lifestyle to avoid the dangers of childbirth rather than solely to shun themselves from men out of disgust, furthering the notion that abstinence was perceived to be a way of avoiding reproductive functions and not just unwanted sexual experiences. In 1156, Osbert of Clare, the Prior of Westminster, wrote a letter to Adelidis, Abbess of Barking, detailing the dangers of childbirth for those who led sinful lives as a way to praise the virtues of virginity.⁵⁰ Clearly aware of the bodily complexities associated with pregnancy and delivery, Osbert also discussed the damage that sexual relations would cause to their souls.

Other women give birth without the blessing of virginity; from corruptible flesh they give birth to mortal flesh; they give birth, I say, to what they conceive; sin from sin, and not seldom do they bring forth a happy issue at great cost to their own life. But indeed, virgins are in no way put in danger in childbirth of that kind when they bear spiritual offspring to God.⁵¹

⁴⁷ Christopher J. Holdsworth, 'Christina of Markyate,' in *Medieval Women*, ed. Derek Baker (Oxford: Basil Blackwell, 1978), 186-187.

⁴⁸ Winstead, *Virgin*, 21.

⁴⁹ Jane Geddes, 'The St Albans Psalter: Sex, Desire and the Middle-Aged Woman,' in *Middle-Aged Women in the Middle Ages*, ed. Sue Niebrzydowski (Cambridge: D. S. Brewer, 2011), 70.

⁵⁰ Morton, *Guidance*, 176.

⁵¹ Morton, *Guidance*, 23. 'Sine illa ceterae pariunt mulieres, quae de corruptibili carne carnem pariunt moriaturam; pariunt, inquam, quod concipiunt, peccatum de peccato, successumque sibi vitae nonnunquam mercantur impendio. Verum tali nequaquam periclitantur puerperio quae spiritualis deo parturient fructus, ubi auctor virginitatis et virgo maritus est ille qui generat, et virginis mentem gestat et carnem parens illa quam gratia et semine sacro fecundat.' *The Letters of Osbert of Clare*, ed. E. W. Williamson (London: Oxford University Press, 1929), 155.

In this instance, Osbert is acutely aware of the dangers associated with pregnancy and labour; by stressing that women ‘do not bring forth a happy issue’ to equal their bodily and spiritual sacrifice, he is insinuating that childbirth was prone to distress and fatalities in addition to the strain that sexuality would have placed on their spiritual well-being. Osbert, through eliciting both the fear of spiritual damnation and physical trauma, cautions the well-known dangers of childbirth as an unwelcome reality of motherhood and sexual intercourse.⁵² By labelling a nun’s virginity and religious devotion as a ‘spiritual offspring’, he was replacing the delivery of children with the delivery of salvation. Osbert, by reminding women why the veil was preferable to motherhood, was portraying the sexual life as unattractive and dangerous, promoting the clerical orders instead of marriage and childbearing.

The critical dangers inflicted upon the female body during parturition were recorded to promote a life of celibacy and to urge those sexually active women to see their pregnancies as spiritually reforming acts.⁵³ As many women died in childbirth, mortality and fear of the afterlife had a very real and constant presence in the birthing chamber. Women were encouraged to say prayers, use charms and amulets, and to cleanse their souls from impure thoughts during their labours.⁵⁴ A late twelfth-century English text, *Hali Meiðhad* (*Holy Virginity*), described the various bodily dangers associated with pregnancy. Grouped together with four other texts catalogued together in Bodelian Library MS Bodley 34, the compendium is named *The Katherine Group* of manuscripts: in addition to the *Hali Meiðhad*, an allegory *Sawles Warde*, the life of St Juliana, the life of St Margaret of Antioch, and the life of St

⁵² Schulenburg, *Forgetful*, 229.

⁵³ Donald Mowbray, *Pain and Suffering in Medieval Theology: Academic Debates at the University of Paris in the Thirteenth Century* (Woodbridge, Suffolk: The Boydell Press, 2009), 23.

⁵⁴ Numerous examples of childbed prayers exist. See: Emilie Amt, *Women’s Lives in Medieval Europe: A Sourcebook* (New York, NY: Routledge, 1993), 97; Patricia Skinner and Elisabeth Van Houts, *Medieval Writings on Secular Women* (London: Penguin Books, 2011), 13; and, Peter Murray Jones and Lea T. Olsan, ‘Performative Rituals for Conception and Childbirth in England, 900-1500,’ *BHM* 89, no. 3 (Fall 2015): 406-433.

Catherine of Alexandria make up the remaining texts.⁵⁵ In an unusual attitude towards the pain of childbirth, the author did not blame women for their labour sufferings.⁵⁶ Instead, the author encouraged women to use the anguish of childbirth as a reason for seeking the cloistered, virginal life.

[W]hile you are suffering from [labour pains], and from your fear of death...you must put up with whatever happens to you. You should not see this as morally wrong, for we do not blame women for their labour pains, which all our mothers suffered for ourselves; but we describe them as a warning to virgins, so that they should be the less inclined towards such things, and understand the better through this what they ought to do.⁵⁷

The author promoted the celibate, virginal life to avoid these bodily afflictions. Communicating that childbirth was a necessary facet of marital life – for ‘which all our mothers suffered for ourselves’ – the author portrayed labour as a selfless and dangerous, yet avoidable, act. Additionally, this text does question how the author acquired their knowledge of childbirth, presenting methodological difficulties. The author could have been speaking from experience, thus a woman who had already given birth and joined the monastic fold or witnessed a delivery first-hand, particularly as the text presents an accurate account of pregnancy and childbirth.

Ensuring virginity and spiritual companionship were paramount in the *Hali Meiðhad* message. The text emphasised that remaining chaste was solely the onus of the virginal nun, promoting the idea that one’s marriage to Christ was almost entirely a state of being rather than just a state of mind: through her abstinence, she was the bride of Christ.⁵⁸ The *Hali Meiðhad* further described the avoidable anguish of pregnancy in accurate detail to encourage this

⁵⁵ Anne Savage and Nicholas Watson, trans., *Anchoritic Spirituality: Ancrone Wisse and Associated Works* (New York, NY: Paulist Press, 1991); and Shoko Ono and John Scahill, eds., *The Katherine Group: A Three-Manuscript Parallel Text* (Frankfurt: Peter Lang, 2007), 227-296.

⁵⁶ Carole Rawcliffe, ‘Women, Childbirth, and Religion in Later Medieval England,’ in *Women and Religion in Medieval England*, ed. Diana Wood (Oxford: Oxbow, 2003), 92.

⁵⁷ Bella Millett and Jocelyn Wogan-Browne, ed. and trans, *Medieval English Prose for Women* (Oxford: OUP, 1990), 33.

⁵⁸ Bugge, *Virginitas*, 102.

celibate lifestyle and discourage those women who may have wished for physical – rather than spiritual – maternity.

[W]hen the child inside you quickens and grows...discomfort in your bowels and stitches in your side, and often painful backache; heaviness in every limb; the dragging weight of your two breasts, and the streams of milk that run from them. Your beauty is all destroyed by pallor; there is a bitter taste in your mouth, and everything that you eat makes you feel sick; and whatever food your stomach disdainfully receives – that is, with distaste – it throws up again... Then when it comes to it, that cruel distressing anguish, that fierce and stabbing pain, that incessant misery, that torment upon torment, that wailing outcry.⁵⁹

Contrary to the joy associated with spiritual childbirth in the mystical texts, biological pregnancy and childbirth were described by the author of the *Hali Meiðhad* as anything but welcome.⁶⁰ Sickness, anxiety, and the destruction of one's youthful beauty were outlined as just some of the momentous changes that happened to a woman's body before she was faced with the life-threatening situation of childbirth. Pregnancy and parturition were recognised for their damaging qualities and motherhood was openly discouraged in these texts to avoid any perilous dangers. Turning to the virginal life was deemed to be an optimal way of avoiding the unpleasantness of labour and the mortality one faced in the grips of such bodily dangers.⁶¹

In each of these texts, the life of celibacy is preferred to that of sexuality, yet for very different reasons. The experiences of these twelfth- and thirteenth-century mystics – Christina *Mirabilis*, Hadewijch of Brabant, and Mechtilde of Magdeberg – sought to fulfil their maternal duties through marriage to Christ and 'giving birth' to His love: the women portrayed in the letter of Osbert of Clare and the *Hali Meiðhad* described a virginal life in non-reproductive terms, offering women a chance to purposefully avoid the dangers of procreation through chastity. Although virginity was thought to be the most perfect form that a woman could take

⁵⁹ Millet and Wogan-Browne, *Medieval*, 34.

⁶⁰ John 16: 21. 'A woman when she is in travail hath sorrow, because her hour is come: but as soon as she is delivered of the child, she remembereth no more the anguish, for joy that a man is born into the world.'

⁶¹ Elizabeth Dachowski, 'Tertius est Optimus: Marriage, Continence and Virginity in the Politics of Late Tenth- and Early Eleventh-Century Francia,' in *Medieval Purity and Piety: Essays on Medieval Clerical Celibacy and Religious Reform*, ed. Michael Frassetto (New York, NY: Garland, 1998), 118.

in this period, these texts urged celibacy for other reasons than wanting to maintain a closer relationship to God. Caroline Walker Bynum has argued that women's lives could only be truly complete when death had assured them of perpetual virginity: whereas the narratives most commonly associated with men's hagiographies focused on images of resurrection from the dead, women focused on their early demises, celebrating that their weak bodies could no longer be tempted or violated.⁶² Childbirth, as the most dangerous ramification of sexuality and the result of lost chastity, was particularly undesirable.

II. Controlling Lust

The medieval theological view asserted that women were slaves to the sexual demands of their bodies; in order to assuage this, they were responsible for ensuring that unnecessary carnal encounters or the sins of lustfulness were curbed and their bodies were presented in less enticing ways.⁶³ To counter the temptations of their bodies, both medical and theological works discussed how to overcome sexuality or to help temper the reactions of men in order to avoid any illicit coital activities: societal recommendations determined how women should dress or where they could go in their communities to ensure they were sheltered from unnecessary sexual encounters.⁶⁴ Women were often blamed for the sexual destruction of men and were frequently associated with wanton sensuality.⁶⁵ In order to alleviate these unwanted desires, medical and theological manuals prescribed methods for cooling lustful thoughts and rebalancing the humors through abstinence techniques for both men and women who wished

⁶² Bynum, *Fragmentation*, 204.

⁶³ Chibnall, 'Women', 109; Joan M. Ferrante, *Woman as Image in Medieval Literature: From the Twelfth Century to Dante* (New York, NY: Columbia University Press, 1975), 65-68; and, Gerald J. Grudzen, *Medical Theory about the Body and the Soul in the Middle Ages: The First Western Medieval Curriculum at Monte Cassino* (Lewiston, NY: Edwin Mellen Press, 2007), 209.

⁶⁴ Le Goff, *Medieval*, 95; Phillips, 'Maidenhoo', 8; and, Georges Duby, 'Introduction: Private Power, Public Power,' in *A History of Private Life: Volume II: Revelations of the Medieval World*, eds. Philippe Ariès and Georges Duby, trans. Arthur Goldhammer (Cambridge, MA: Belknap Press, 1988), 13-14.

⁶⁵ Bynum, *Holy*, 29; and, Penny Schine Gold, *The Lady and the Virgin: Image, Attitude, and Experience in Twelfth-Century France* (Chicago, IL: UCP, 1985), 114-115.

to avoid sexual activity.⁶⁶ In spite of their symbolic motherhood and virginal devotion, their forms were still seen as something tainted and inferior, constantly threatened by their polluted elements.⁶⁷ The fear of bodily pollution led the Gregorian Reforms (1050-1215) to impose strict regulations on the presence of bodily fluids in sacred spaces, forbidding the clergy from touching these liquids and banning their ability to marry.⁶⁸ As such, both medical and theological works provided methods for overcoming or controlling the sexual appetites to curb their inevitable lapses towards sexuality.⁶⁹

Most medieval authors agreed on the physical limitations of women and promoted the idea that her reproductive capacities made her inferior: women were subjected to their body's weaknesses and impurities because of ailments like menstruation, lust, and pregnancy.⁷⁰ Not only were women hindered by their role as the helper of men, they were also captive to the whims of their body and sexuality. In theological terms, a complete cessation of the menstrual flow was interpreted as a direct indication of a woman's spiritual superiority; the medical stance held an opposite view, by seeing a lack of menstruation as a natural sign of illness, immaturity, or malnutrition which could threaten the chances of fertility.⁷¹ The uncleanness of women was considered so severe that, based on biblical precedent set in the Old Testament, coitus was restricted during menstruation or other times of impurity, especially as such acts were seen as anti-fertility and thus contrary to the sole purpose for engaging in sexual activity.⁷²

⁶⁶ Caroline Proctor, 'Between Medicine and Morals: Sex in the Regimens of Maino de Maineri,' in *Medieval Sexuality: A Casebook*, eds. April Harper and Caroline Proctor (New York, NY: Routledge, 2008), 115-118.

⁶⁷ Elliott, *Fallen*, 157; Mary Douglas, *Purity and Danger: An Analysis of Concept of Pollution and Taboo* (London: Routledge, 2005), 75; and, Bettina Bildhauer, *Medieval Blood* (Cardiff: University of Wales Press, 2006), 98-99.

⁶⁸ Le Goff, *Medieval*, 102.

⁶⁹ Jacqueline Murray, 'Sexuality and Spirituality: The Intersection of Medieval Theology and Medicine.' *Fides et historia* 23, no. 1 (1991): 22.

⁷⁰ Lochie, *Covert*, 121-122, 127; and, Dyan Elliott, *Spiritual Marriage: Sexual Abstinence in Medieval Wedlock* (Princeton, NJ: Princeton University Press, 1993), 24.

⁷¹ Peggy McCracken, *The Curse of Eve, the Wound of the Hero: Blood, Gender, and Medieval Literature* (Philadelphia: UPP, 2003), 4.

⁷² Bildhauer, *Medieval*, 93-94; Le Goff, *Medieval*, 99-100; Baldwin, *Law*, 213; Cathy McClive, *Menstruation and Procreation in Early Modern France* (Surrey: Ashgate, 2015), 31-38; and, Valerie L. Garver, 'Childbearing and Infancy in the Carolingian World.' *JHS* 21, no. 2 (May 2012): 227.

Additionally, sexual intercourse with a woman who was bleeding was thought to result in a deformed child.⁷³ Though this weakness can be seen in a negative light, others such as Peter Abelard defended this ‘weaker’ view of women, instead finding that such feebleness assists them in having superiority in grace and the capacity to endure a religious life.⁷⁴ Indeed, he saw this weakness in women as a positive attribute, claiming that their virtue was more pleasing to God when compared to the overt strength of men.⁷⁵

These fears and negative opinions of the sexual female body were not new to the twelfth and thirteenth centuries or papal reforms. High medieval authors frequently cited the *Etymologies* of the early medieval theologian and naturalist Isidore of Seville (c. 560-636), who encouraged many of these anti-menstruant thoughts by likening menstrual blood to death and destruction of living things. He proclaimed that menstruant matter caused fruits to fail to germinate, grapes to go sour, plants to die, metal corroding with rust, and turning bronze black.⁷⁶ Pope Innocent III (c. 1160-1216), was equally damning of menstruation for the various impurities associated with the evacuation of unwanted matter; he claimed that even the touch of blood was enough for seeds to not germinate, vineyards to fail, grass to die, trees to stop their harvest, and dogs to turn rabid.⁷⁷ However, this view was not universal. Hildegard of

⁷³ McCracken, *The Curse*, 63. Gregory the Great’s letter to Augustine about menstruating women, as well as the time of their purification after birth, condemns the act of sexual intercourse with a menstrual or recently delivered woman. However, he does not support the banishment of women after their labour and speaks of childbirth pains. ‘It is the pleasure of the flesh, not its pain, which is at fault. But it is in the intercourse of the flesh that the pleasure lies; for in bringing forth the infant there is pain... So if we forbid a woman who has been delivered to enter the church, we reckon her punishment as a sin.’ Bede, *The Ecclesiastical History of the English People*, eds. Judith McClure and Roger Collins (1994, repr.: Oxford: OUP, 2008), 47-52; Gratian, *Decretum*, trans. Augustine Thompson (Washington, DC: Catholic University of America Press, 1993), 16.

⁷⁴ Abelard, *Letters*, 58-59.

⁷⁵ Barbara Newman, *From Virile Woman to Woman Christ: Studies in Medieval Religion and Literature* (Philadelphia, PA: UPP, 1995), 19.

⁷⁶ Alcuin Blamires, ed., *Woman Defamed and Woman Defended: An Anthology of Medieval Texts* (Oxford: OUP, 1992), 44. ‘Cujus cruoris contactu fruges non germinant, acescunt musta moriuntur herbae, amittunt arbores foetus, ferrum rubigo corripit, nigrescunt aera. Si qui canes inde ederint in rabiem efferantur.’ Isidore of Seville, *Etymologiae*, PL 82.414.

⁷⁷ Lotario dei Segni (Innocent III), *De miseria condicionis humane*, trans. Robert E. Lewis (Athens, GA: University of Georgia Press, 1978), 100. ‘Sed attende quo cibo conceptus nutriatur in utero. Profecto sanguine menstruo, qui cessat ex femina post conceptum, ut ex eo conceptus nutriatur in femina. Qui fertur esse tam detestabilis et immundus, ut ex ejus contactu fruges non germinent, arescant arbusta, moriantur herbae, amittant arbores foetus, et si canes inde comederint in rabiem efferantur.’ PL 217.704.

Bingen, for example, was quick to defend menstrual blood as a possible cure for leprosy caused by lust or ‘intemperance’.⁷⁸ So too did Heloise laud the influence of the menstrual cycle for a woman’s ability to better tolerate the effects of wine.⁷⁹ As menstruation was considered a failing of the female body, amenorrhea was viewed as a sign of sanctity among women who were not burdened by menstrual blood.⁸⁰ From these perspectives, women’s bodies were the perpetrators of inhospitable fluids and easily persuaded by their sexual whims and flows; a woman was ruled by her body, she did not rule it.

As women were thought to be held captive to these urges, medical and theological manuals attempted to offer some ways of controlling their fervent sexualities. Hildegard of Bingen prescribed several recipes for combatting lustful thoughts and physical desires. Mostly involving a concoction of various herbal ingredients, Hildegard attributed excessive bodily lust to a humoural or spiritual imbalance, providing methods for both men and women to control their desire. In *Physica*, Hildegard naturally suggested a variety of components for curbing lust, particularly as a celibate woman, despite her overall promotion of fertility and fecundity among secular society. For example, methods like bathing and steam therapy were used to control extreme lust by regulating the bodily humors or fumigating the genitals, often mixed with different plants or elements to achieve bodily temperance.

Wild Lettuce is cooked into a sauna bath for women suffering from uncontrollable lust by pouring water cooked with the lettuce over the hot stones. She should frequently then place the warm, cooked lettuce on her belly. Men must do the same thing but applying the lettuce to his groin. Anyone with uncontrollable lust should dry the lettuce in the sun and make into a powder, adding this to warm wine.⁸¹

⁷⁸ Hildegard of Bingen, *Physica: The Complete English Translation of her Classic Work on Health and Healing*, trans. Priscilla Throop (Rochester, VT: Healing Arts Press, 1998), 61.

⁷⁹ Abelard, *Letters*, 166.

⁸⁰ McCracken, *The Curse*, 4.

⁸¹ Hildegard of Bingen, *Physica*, XCII. ‘*Wile latich* assum balneum faciat, et in balneo sedens aquam illam in qua coctae sunt, lapidibus ignitis superfundat, et eas etiam ita coctas et calidas super umbilicum suum ponat, et hoc saepe faciat, et libidinem ab ipsa fugabit, ita tamen quod sanitatem corporis ejus non minuit. Sed etiam sive vir, sive mulier, qui in libidine incontinens est, *wilde latich* in sole exsiccet et ita in manu sua in pulverem redigat, et pulverem istum in calido vino saepe bibat, et libidinem in eo exstinguit absque laesione corporis sui.’ PL 197.1165-1166.

The use of both wet and dry ingredients signals the contribution of humoralism. Regulating either the aridness or moisture in the body would ensure that the humours would be in balance, keeping men from inhabiting the more feminine traits of coolness and wetness, and vice versa.⁸² Sexual pleasures of the flesh were described by the Cistercian monk Hélinand of Froimont (d. after 1229) as ‘by nature poisoned and corrupt,’ leading to a defamation of the mind and spirit from its wanton excessiveness and thus requiring constant regulation, usually through rebalancing the humours.⁸³ This is supported by the overwhelming assertion of medieval theologians that lust, while a natural characteristic of humanity, was to be kept in moderation or entirely eradicated for the purpose of spiritual and physical cleanliness.⁸⁴ However, there were different categories of lust: namely, those feelings which were involuntary and voluntary. Pierre J. Payer has described these as, ‘the unfortunate result of original sin...called *libido* (lust)...[and] the latter represented our free and deliberate response to lust, for which we were believed to be morally responsible.’⁸⁵ In this way, sexual desire was drawn between these two ideals of sinfulness: one was irrepressible, and one was manageable.

Hildegard clearly distinguished between these two distinct aspects of human lust. In the above example she describes the woman’s lust as ‘uncontrollable (*libidinem*)’, requiring the use of specific measures to abate her unwanted sexual desires and rebalance her body. For example, she prescribed mandrake for both men and women who ‘[suffer] from ardour,’ describing excessive lust in terminology which denotes illness or abnormality rather than a healthy sexual drive.⁸⁶ The use of java pepper was described in similar terminology, to

⁸² Ruth Mazo Karras and Jacqueline Murray, ‘The Sexual Body,’ in *A Cultural History of the Human Body in the Medieval Age*, ed. Linda Kalof (London: Bloomsbury, 2010), 61.

⁸³ Le Goff, *Medieval*, 84.

⁸⁴ Peregrine Horden, ‘Ritual and Public Health in the Early Medieval City,’ in *Body and City: Histories of Urban Public Health*, eds. Sally Sheard and Helen Power (Aldershot: Ashgate, 2000), 27; James A. Brundage, *Law, Sex, and Christian Society in Medieval Europe* (Chicago, IL: UCP, 1987), 241.

⁸⁵ Pierre J. Payer, *Sex and the New Medieval Literature of Confession, 1150-1300* (Toronto: PIMS, 2009), 76.

⁸⁶ ‘Mandrake can be used to curb lust in a man by taking a root of a female mandrake which is cleansed and tied between his chest and belly button for three days and nights. Later it is divided into parts and keep each part tied over his groin for three days and nights. He should also pulverize the left hand of this same image and add a bit of camphor to this powder and ingest it. A woman suffering from ardour should put a piece of male mandrake

‘[temper] the shameful ardour’ of a lustful person and cause their thoughts to turn to purer matters.⁸⁷ Controlling lust included the use of polluted bodily fluids like menstrual blood, which was instructed to be mixed with various herbs and used in a bath for curing licentious thoughts, particularly since these sexual deviances were thought to cause leprosy or similar skin lesions.⁸⁸ Hildegard was especially concerned with those couples who sought to engage in intercourse during menstruation for non-procreative purposes: additionally, she believed this would contribute to unnecessary lust as well as cause pain for the woman or flush the man’s seed from the womb, thus causing an abortion.⁸⁹

Her view was that female heat, because of sexual arousal when mixed with the sweat and blood of the man, held the seed of life which came to be concocted and surrounded like a cocoon with menstrual blood: the foetus was held in the mother’s womb until it was given the breath of life by God and allowed to be born.⁹⁰ God in this model may be interpreted as a constant factor in female agony and a continuous reminder of sinful guilt. Indeed, Hildegard was mindful that bodily fertility was given to woman from God and that the life of humankind, in this instance the foetus, was also divinely inspired and guided.⁹¹ Calling this divine empowerment that assists in delivery as the initiation of ‘rationality’ in the child, Hildegard placed much of the initiative to conceive, form and deliver a child on the acts of the mother

between her breast and belly button and follow the same procedure. She should pulverize it with her right hand.’ *Physica*, LVI.

⁸⁷ *Physica*, XXVI.

⁸⁸ ‘Agrimony is used if a person becomes leprous from lust or intemperance, cooked with a third part hyssop and twice as much asarum mixed in a bath with menstrual blood.’ *Physica*. CXIV. ‘Si autem homo de libidine aut incontinentia leprosus efficitur, agrimoniam, et secundum ejus tertiam partem hysopum, et aseri bis tantum ut istorum duorum est, in caldario coquat, et ex his balneum faciat, et menstruum sanguinem.’ PL 197.1176.

⁸⁹ ‘But I do not want this work done during the wife’s menses, when she is already suffering the flow of her blood, the opening of the hidden parts of her womb, lest the flow of her blood carry with it the mature seed after its reception, and the seed, thus carried forth, perish; at this time the woman is in pain and in prison, suffering a small portion of the pain of childbirth.’ Hildegard of Bingen, *Scivias*, trans. Mother Columba Hart and Jane Bishop (New York: Paulist Press, 1990), 83. ‘Sed nolo ut idem opus fiat in separatione mulieris cum jam fluxum sanguinis sui patitur: quod est apertio occulorum membrorum uteri ejus, ne fluxus sanguinis ejus susceptum semen maturum effundat, et ita semen effusum pereat; se enim tunc mulier in dolore et in carcere positam videt: portionem scilicet doloris partus sui tangens.’ PL 197.397.

⁹⁰ Hildegard of Bingen, *On Natural Philosophy and Medicine: Selections from Causa et Cura*, trans. Margret Berger (Cambridge: D. S. Brewer, 1999), 49.

⁹¹ Bynum, *The Resurrection*, 160.

instigated by the divine instruction of God.⁹² It was this same divinity that first placed the need for sexual sin into the minds of Adam and Eve after their disobedience.

And falling thus from disobedience into death, when they knew they could sin, they discovered sin's sweetness. And in this way, turning My rightful institution into sinful lust, although they should have known that the commotion in their veins was not for the sweetness of sin but for the love of children...and, losing the innocence of the act of begetting, they yielded to sin. This was not accomplished without the Devil's persuasion.⁹³

This promotes several ideas of childbirth, according to Hildegard: sin's temptation stems from the lure of disobedience and, the act of begetting children, upon losing its innocence during the Fall, was transferred to a sinful act. Writing that all women must deliver their children in 'such pain as when the earth shall be changed at the end of time' encapsulates the agonising dangers which awaited those women who succumbed to lustful ways.⁹⁴ Indeed, medieval treatises on reproduction believed that childbirth pain served as necessary *reminders* but not necessary *experiences* in twelfth- and thirteenth-century theological thought. The mention of non-procreative sex was also intended to deter those from succumbing to lustful pursuits, particularly as contemporary theologians described sex during menstruation or pregnancy as possible contraceptive methods.⁹⁵ In this sense, the ability to control lust was also seen as a way to deter any possible abortive or contraceptive intentions, leading those women who were tempted to engage in wanton sexuality away from any instances of non-procreative sex.⁹⁶ Hildegard insists that the only way to avoid these possible outcomes was to avoid erotic activity altogether and encouraged sexual discretion.

⁹² Hildegard, *Causa et Cura*, 49-50.

⁹³ Hildegard, *Scivias*, 80.

⁹⁴ Barbara Newman, *Sister of Wisdom: St. Hildegard's Theology of the Feminine* (Berkeley, CA: University of California Press, 1987), 117-18.

⁹⁵ John W. Baldwin, *The Language of Sex: Five Voices from Northern France around 1200* (Chicago, IL: UCP, 1994), 212-217.

⁹⁶ Bynum, *Fragmentation*, 147; and, Vern L. Bullough, 'On Being a Male in the Middle Ages,' in *Medieval Masculinities: Regarding Men in the Middle Ages*, eds. Clare A. Lees, Thelma Fenster, and Jo Ann McNamara (Minneapolis, MN: University of Minnesota Press, 1994), 33.

The reformist monk Peter Damian (c. 1007-1072) was particularly critical of the sexual body and the erotic associations of lust, especially when it was for non-procreative purposes. Speaking on the means and methods of sexuality, Peter compared the female body to that of a bitch, a cow, or a mare who has been discarded by their male counterparts once pregnancy has occurred.⁹⁷ Unlike the dog or the bull, however, man's lust continues to thrive for the pregnant female, threatening the life of their unborn child. Citing this as a reason why women sought to destroy their pregnancies and regain their desirable status, Peter is extremely critical of any part of human sexuality.

Observe, O man, and see whether the dog goes after the bitch after she has conceived. Look at the cow or certainly at the mare, and notice whether the bulls or stallions bother them after they are with young. Obviously, they forego the pleasure of intercourse when they sense that they are unable to produce offspring. Therefore, since bulls and dogs and other kinds of animal show such regard for their young, it is men alone, whose teacher was born of the Virgin, who have no fear of destroying and killing their little ones, made in the image of God, just so that they can satisfy their lust. This is the reason why many women practice abortion before their term is complete, or certainly why they discover means of mutilating or damaging the tiny and still fragile limbs of these little ones. And thus, as they are impelled by their incentives to lust, they are first murderers before they become parents.⁹⁸

Peter Damian was particularly critical of any unnecessary instances of sexuality, especially if the result was not meant to be parturition. Condemning both parents as 'murderers' rather than solely placing the blame on the mother extends his disgust to all instances of selfish, rather than procreative, sexual activity.⁹⁹ In this way, any woman or man who sought to control their

⁹⁷ Brundage, *Law*, 212.

⁹⁸ St. Peter Damian, *Letters 91-122, Fathers of the Church: Medieval Continuation*, trans. Owen J. Blum (Washington, DC: Catholic University of America Press, 1998), 62-63. 'Sicut et hoc experimento dignoscitur, quia, si rabidus canis hominem forte momorderit, tanta vi rabies eius in viscera protinus humana transfunditur, ut mox in ipso urinae conceptaculo catuli generentur. Quod nimirum hoc evidenti comprobatur inditio, quia si is, qui canino morsu correptus est, cantalenas, quod muscarum genus est, in aqua tritas ebiberit, mox cum urina simul non sine magni doloris gemitu catulos fundit. Et certe non contemnendo res digna spectaculo, qualiter ex sicco dentium osse soboles gignitur, in quo videlicet humor seminis non habetur, et quod per genitale membrum facile natura non poterat, per traducem dentium similem in diverso genere speciem format. Et forte non sine mysterio fit, ut per hoc animal, quod cantalena dicitur, virus, quod ex canina rabie conceptum est, egeratur. Incantator enim, praedicator in divino perhibetur eloquio, unde et in psalmo dicitur: Sicut aspidis surdae et opturantis aures suas, quae non exaudit voces incantantium, et veneficia, quae incantantur a sapiente.' *Epp. Kaiserzeit* IV, 3: 96, 17.

⁹⁹ Barbara A. Hanawalt, 'Childbearing Among the Lower Classes of Late Medieval England,' in *Marriage and Fertility: Studies in Interdisciplinary History*, eds. Robert I. Rotberg and Theodore K. Rabb (Princeton, NJ: Princeton University Press, 1980), 32.

reproductive abilities were doing so for base, lustful reasons, contrary to the natural order of human superiority. By equating male sexual individuals with animals, Peter Damian was stripping men of their humanity and relegating them to something inferior. Not quite human, but also not fully animal, men who succumbed to lust and women who destroyed their unborn children for the sexual urgings of the body were something between the two, simultaneously unnatural and natural at the same time.¹⁰⁰

In this view, the role of father and mother symbolically represent different elements of precreation. Following the biblical assignment of motherhood, and thus nurturing to the female, fatherhood was seen as a social construction and motherhood as a natural or biological obligation.¹⁰¹ It was this question of the place of fatherhood and motherhood that led Peter Lombard (1100-1160) to interrogate the necessity of deeming God as a father figure in the mid-twelfth century as ‘men can beget human children, but they cannot make them’.¹⁰² By his reasoning, fatherhood is in a way second to the need for motherhood as women are the only true creators of life. Thus, both men and women were responsible for controlling their sexual appetites and seeking remedies to cool their unnecessary and non-procreative lustful urges. Additionally, canonists attempted to understand the sinful parameters for various sexual activities.

For example, the late twelfth-century Italian lawyer Huguccio advised men that *coitus/amplex reservatus*, in which the man does not ejaculate at all, was more spiritually clean compared to *coitus interruptus*, as achieving an orgasm was considered to be more sinful than performing sexual actions.¹⁰³ The thought behind this was that his seed, which was thought

¹⁰⁰ ‘Women were told that, allegorically speaking, woman was to man what matter is to spirit – that is, that they symbolized the physical, lustful, material, appetite part of human nature, whereas man symbolized the spiritual or mental.’ Bynum, *Fragmentation*, 147.

¹⁰¹ Clarissa W. Atkinson, *The Oldest Vocation: Christian Motherhood in the Middle Ages* (Cornell, NY: Ithaca University Press, 1991), 7.

¹⁰² Lombard, *The Sentences*, 17.

¹⁰³ John T. Noonan, *Contraception: A History of Its Treatment by the Catholic Theologians and Canonists* (Cambridge, MA: Belknap Press, 1986), 296-297. ‘To render the conjugal debt to one’s wife is nothing other than to make for her a plenty of one’s body for the wifely matter. Hence one often renders the debt to his wife in such

to hold life, was not wasted for orgasmic pleasure rather than conception. Although this did not discourage the sexual act, it did attempt to curb the enjoyment of the participating parties as well as limiting the amount of disused sperm. The English theologian Thomas of Chobham (c. 1160-1233) also vehemently condemned any abortive acts, but acknowledged that many couples chose to perform intercourse during pregnancy so as to satisfy the lustful urges of the man.¹⁰⁴ Coitus with a woman approaching birth, however it may be desired by the mother and ignoring the opinion of physicians, was only to fulfill the lust of a husband.¹⁰⁵ He suggested that these sexual encounters could cause abortion and that the ultimate purpose was clearly contraceptive. Thus, controlling lust was crucial for ensuring that those sexually active couples were not performing abortive or contraceptive acts as well as engaging in the most accepted form of pro-creative and uninhibited intercourse.

III. Mothers, Children, and the Church

Although this chapter has primarily discussed those women who renounced sexuality in favour of spiritual maternity or those who succumbed to physical lust, there were women who encapsulated both of these perspectives. Like Heloise, many women renounced their marital life in favour of one of celibacy in the cloister. Often taking their vows of chastity in older age or after successfully producing children, non-virginal women would regularly abandon the outside world in favour of one of prayer, obedience, and abstinence.¹⁰⁶ Women – particularly

a way that he does not satisfy his pleasure, and conversely. Therefore, in the aforesaid case, I can so render the debt to the wife and wait in such a way until she satisfies her pleasure. Indeed, often in such cases a woman is accustomed to anticipate her husband, and when the pleasure of the wife in the carnal work is satisfied, I can, if I wish, withdraw, not satisfying my pleasure, free of all sin, and not emitting my seed of propagation.' Brundage, *Law*, 282n133. 'Unde sepe alius reddit debitum uxori ita quod ipse non explet uoluptatem suam et e contrario in premissis casu (scil.: ego habeo uxorem,, instanter petit debitum) possum sic reddere debitum uxori, expectatiue quousque expleat uoluptatem suam. Immo sepe in tali mulier solet preuenire uirum et expleta uoluptate uxoris in carnali opere si uolo possum libere ab omni peccato discedere uoluptate mee non satisfaciens nec propagationis semen emittens.' Wolfgang P. Müller, *Huguccio: The Life, Works, and Thoughts of a Twelfth-Century Jurist* (Washington DC: Catholic University of America Press, 1994), 4-6.

¹⁰⁴ Thomas of Chobham, *Summa confessorum*, ed. Rev. F. Bloomfield, *Analecta mediaevalia Namuroensia*, 25 (Louvain: Nauwelaerts, 1968), 333.

¹⁰⁵ Ibid, 463-464.

¹⁰⁶ Elliott, *Spiritual*, 98-104; and, Schulenburg, *Forgetful*, 213, 261.

those of wealth or property – frequently took the veil and renounced their worldly ties, even if children or family were involved.¹⁰⁷ One notable example was the mother of the Benedictine monk Guibert of Nogent (c. 1055-1124), who willingly had forsaken her family for a life devoted to God; Guibert would forever be in awe of his mother’s decision and credits her with leading him to a spiritual life.¹⁰⁸ In his memoirs, Guibert fondly recounted his mother’s transition into a spiritual life and the societal struggles she encountered for effectively abandoning her child.

She must have felt as if her own limbs were being torn from her body. She considered herself, and heard others call her, a heartless, cruel woman. How could she lock such children out of her soul (they said) and leave them utterly without support? And so loveable at that!... But you, O good and holy Lord, through your sweetness and love, strengthened her heart (which was, to be sure, the most compassionate in the world), so that her compassion might not work against her.¹⁰⁹

Leaving one’s child for a life of spiritual celibacy and devotion was a very polarising decision for many. On the one hand, the notion of forsaking one’s child was akin to abandonment and, on the other, it was seen by those of monastic inclinations to be the ultimate act of spiritual sacrifice.¹¹⁰ Guibert’s admiration clearly took the latter of these two perceptions. Enamoured of his mother’s spiritual devotion, Guibert recalls how she dutifully attended the divine offices, wore a hairshirt, and prayed incessantly for her late husband.¹¹¹ From his accounts, Guibert’s mother was able to successfully encapsulate the two opposing forces of medieval womanhood, physical maternity and spiritual virginity.

¹⁰⁷ Le Goff, *Medieval*, 95; and, Phyllis B. Roberts, ‘Stephen Langton’s *Sermo de Virginibus*,’ in *Women of the Medieval World: Essays in Honor of John H. Mundy*, eds. Julius Kirshner and Suzanne F. Wemple (Oxford: Basil Blackwell, 1983), 104.

¹⁰⁸ Penelope D. Johnson, *Equal in Monastic Profession: Religious Women in Medieval France* (Chicago, IL: UCP, 1991), 32-33.

¹⁰⁹ Guibert of Nogent, Book I.14, *A Monk’s Confession: The Memoirs of Guibert of Nogent*, trans. Paul J. Archambault (1996, repr., Philadelphia, PA: UPP, 1998), 45.

¹¹⁰ The New Testament describes the abandonment of one’s family as akin to abandoning one’s faith. See: 1 Timothy 5:8, ‘Anyone who does not provide for their relatives, and especially for their own household, has denied the faith and is worse than an unbeliever.’

¹¹¹ Jay Rubenstein, *Guibert of Nogent: Portrait of a Medieval Mind* (New York, NY: Routledge, 2002), 18.

Although the mother of Guibert was able to happily exist without her child and in the comfort of the cloister, not all women experienced this same level of contentment after their decision to abandon their family for chastity. In 1431, a collection of letters was discovered by a monk in the modern day Austrian abbey of Admont, which richly detailed the twelfth-century life of the nuns who inhabited this monastic foundation. This significant collection was able to provide not only the names of many of the sisters who were practising a spiritual life at Admont, but also tantalising glimpses into their communication with the outside world, reasons for taking the veil, and daily activities in an otherwise silent profession during the high Middle Ages. Although much of the information we have on female correspondence during the eleventh, twelfth, and early thirteenth centuries comes to us from figures like Hildegard, Heloise, and Elisabeth of Schönau, these letters have been able to provide us with more detail into the lives of monastic women during this period as well as the names of many, otherwise, invisible figures.¹¹²

Most of the letters concern issues such as spirituality or relations with neighbouring monastic houses and bishoprics, but one particular epistle speaks of motherhood and cloistered dedication. Letter 14 of the collection records the correspondence between a nun to the archbishop of Salzburg after the abandonment of her child in favour of a religious life. The mother, clearly distraught between her decision, writes of the agony she feels at being separated from her child.

‘Acknowledge me, servant of God, an insignificant, small sheep in your pasture who relinquishing all friends and kinsmen for the love of my heavenly fatherland, have taken sanctuary under the shade of his wings... I do remember and am not able to forget, my little orphaned girl; she who I grew within my womb, suckled with my own breasts, and caused to share in my exile, in the simplicity of my heart, I thoughtlessly and unwarily abandoned with strangers.’¹¹³

¹¹² Alison I. Beach, ‘Voices from a Distant Land: Fragments of a Twelfth-Century Nuns’ Letter Collection,’ *Speculum* 77, no. 1 (January 2002): 34-54.

¹¹³ ‘Agnosce dei famule me exulem et exiguum inter oues paschue tue qua relicitis notis omnibus et cognatis pro amore patriae celestis sub umbram alarum ueststrarum confugi... Memor sum domine nec inmemor esse possum orphanule mee quam in uisceribus meis portavi propriis uberibus lactaui et mecum exulari feci ac in simplicitate cordis mei inconsulte et inprouide apud alienos reliqui.’ Beach, ‘Voices’, 53.

The emotional tirade of the woman, forced to choose between a life of motherhood and a life of vocational pursuits, is obvious as she is left to beg for her daughter to join her in her solitude.

Although there are very few background details about the mother and child, particularly concerning the daughter's location and that of her father, the tone of the letter is very loving, as she is pleading with the archbishop for her daughter to be placed in the abbey with her.¹¹⁴ The letter describes maternal love for the child and the yearnings of the nun to be reunited with her daughter.

When I therefore came to the place called Admont by your advice and assistance, pangs seized me... Lord, have mercy on my little daughter. Let the tearful sighs of my heart stir your innermost feelings... Accept with your heart my tears, so that, according to your promise, I may receive back my daughter as quickly as possible. I beg, lord, that your mercy not delay in consoling me, lest it perchance happen...that I, from an excess of sorrow, break out of the enclosure for the purpose of seeking my only daughter.¹¹⁵

In this instance, the plight of the abandoned child is overwhelming and emotionally draining for the mother. Although women were able to choose between a life of spirituality and a familial existence, the pangs of motherhood were still present. The nun at Admont, like the mother of Guibert, was distraught over the loss of her daughter, yet still unwilling to abandon her vows in order to live a maternal life outside of the cloister. While Guibert's mother was reborn into a virginal and purified state, the nun at Admont was distraught over the loss of her daughter.

Other women showed less concern for their children upon their entrance into the cloister. Instead of concentrating on their biological son, Astralabe, Abelard encouraged Heloise to take a mother's devotion for her spiritual daughters, becoming a matriarch of her

¹¹⁴ Beach, 'Voices', 46.

¹¹⁵ 'Ueniens igitur in locum admontem iuxta consilium et auxilium uestrum... Moueat ergo pietatis uestre uiscera lacrimosa cordis mei suspiria...Lacrimas meas corde percipite ut secundum promissionem uestram quantotius recipiam filiam meam. Obsecro domine ut miseratio tua me consolari non differat ne forte quod deus uetat prae nimio dolore me de claustris erumpere contingat querendo unicam meam.' Ibid, 46-47.

convent rather than a nuclear family.¹¹⁶ Unlike the mother of Guibert or the nun of Admont, Heloise rarely discussed Astralabe in her correspondence to Abelard, leaving very little information about him other than his birth, his entrance into the Church, and his later association with Peter the Venerable.¹¹⁷ Their particular devotion to a structured family life diverged from the normative ideal of spiritual – rather than, biological – paternity. Citing the childless lives of ancient philosophers, Abelard described Heloise’s vision of domesticity in unflattering terms.

What harmony can there be between pupils and serving women, desks and cradles, books or tables and distaffs, pens or quills and spindles? Who can concentrate on thoughts of Scripture or philosophy and be able to endure babies crying, nurses soothing them with lullabies, and all the noisy crowd of men and women about the house? Who will put up with the constant muddle and squalor which small children bring into the home? The wealthy can do so, you will say, for their mansions and large houses can provide privacy and, being rich, they do not have to count the cost nor be tormented by daily cares. But philosophers, I say, lead a very different life from rich men, and those who are concerned with wealth or are involved in mundane matters will not have time for the claims of Scripture or philosophy.¹¹⁸

This less-than-flattering view of domesticity presents the antithesis to the harmony of a monastic life. Instead of quiet reflection, parents are saddled with incessant noise and mess, relegating what little space was available to the care of children. Abelard also paints a rather bleak reality of medieval existence: that the wealthy classes, unlike the rest of medieval society, were far more able to accommodate larger families and the financial care they required.

¹¹⁶ ‘So if you still watch over your daughters as carefully as you did previously over your sisters, it is sufficient to make me believe that any teaching or exhortation from me would now be wholly superfluous.’ ‘Quod si nunc tanta didligential tuis prouideas filiabus, quanta tunc sororibus, satis esse credimus ut iam omnino superfluum doctrinam uel exhortationem nostrum arbitremur.’ Epistola III.1, 142-143; and, McCracken, ‘The Curse,’ 220.

¹¹⁷ *The Letters of Abelard and Heloise*, trans. by Betty Radice (Repr. 1974, London: Penguin Books, 2003), 227.

¹¹⁸ ‘Ut autem hoc philosophici studii nunc omittam impedimentum, ipsum consule honeste conuersationis statum. Que enim conuentio scolarium ad pedisequas, scriptoriorum ad cunabula, librorum siue tabularum ad colos, stilorum siue calamorum ad fusos? Quis denique sacris uel philosophicis meditationibus intentus, pueriles uagitus, nutricum que hso mittigant nenias, tumultuosam familie tam in uiris quam in feminis turbam sustinere poterit? Quis etiam inhonestas illas paruulorum sordes assiduas tolerare ualebit? Id, inquires, diuites possunt, quorum palatia uel domus ample diuersoria habent, quorum opulentia non sentit expensas nec contidianis sollicitudinibus cruciatur. Sed non est, inquam, hec condition philosophorum que diuitum, nec qui opibus student uel secularibus implicantur curis diuinis seu philosophicis uacabunt officiis.’ Epistola I.25, 36-39.

The Church also made provisions for children in the monastic fold, often accepting abandoned infants in lieu of more drastic options for desperate parents.¹¹⁹ Infanticide was a very real possibility for desperate mothers in the medieval Christian world and by the mid-thirteenth century hospitals began to establish wards for those women who wished to give birth in secret, signifying the stigma attached to unwanted pregnancies.¹²⁰ Katharine Park discusses the fear and desperation which befell unwed or young mothers who secretly birthed and then disposed of their infants. Some, she states, killed their newborn infants by drowning them in town fountains or smashing them against walls and hiding the corpses under beds, benches, and dung heaps.¹²¹ These wards facilitated the easy exchange of the child following its birth without having to resort to such measures. Child abandonment at the expense of the church was on the rise and, by the early thirteenth-century, the majority of children placed in the care of local monasteries or other religious buildings were overwhelmingly from poorer families or prostitutes.¹²² Thus, methods for avoiding unwanted pregnancies would have been a favourable alternative to child abandonment. Peter of Spain's inclusion of contraceptive methods, for example, was said to help keep poorer families, and thus their financial burdens, at a manageable level, necessitating methods to avoid the continuous conception of offspring.¹²³ In this way, avoiding conception was seen as convenient information for reducing the number of unwanted children and, as seen in the boom in abandoned children in thirteenth-century urban centres like Paris, it was a desired alternative to the more drastic methods of abortion, infanticide, or abandonment.¹²⁴

¹¹⁹ Patricia Skinner, 'Gender and Poverty in the Medieval Community,' in *Medieval Women in their Communities*, ed. Diane Watt (Cardiff: University of Wales Press, 1997), 211.

¹²⁰ Irina Metzler, 'Sex, Religion, and the Law,' *A Cultural History of Sexuality in the Middle Ages*, ed. Ruth Evans (Oxford: Berg, 2011), 101.

¹²¹ Katharine Park, 'Birth and Death,' in *A Cultural History of the Human Body in the Medieval Age*, ed. Linda Kalof (London: Bloomsbury, 2010), 25-26.

¹²² Sharon Farmer, *Surviving Poverty in Medieval Paris: Gender, Ideology, and the Daily Lives of the Poor* (Ithaca, NY: Cornell University Press, 2002), 79; and, Jacques Rossiaud, *Medieval Prostitution*, trans. Lydia G. Cochrane (Oxford: Basil Blackwell, 1988), 126.

¹²³ Hanawalt, 'Childbearing', 28-29.

¹²⁴ Farmer, *Surviving*, 80-81.

Although some mothers would retreat to the religious life, abandoning their maternal lives in favour of spirituality, some women committed their children to the cloister rather than themselves. The reasons for this are many: some mothers may have left their new-borns at the church to spare themselves from committing other measures like infanticide, or they were left out of desperation, particularly to avoid financial hardship. John Boswell has explored the frequency with which unwanted children were cast aside from their families in medieval society.¹²⁵ He argues that it was very common in the ancient world for deformed or sick children to be exposed; by the middle Ages, the majority of these children were given to monasteries instead, categorised as either *oblatio* or *expositio*. The practice of '*expositio*', defined as those children who were 'put out' or 'offered' to the elements, was used as an alternative to direct infanticide in the ancient and medieval worlds: an *oblatio*, however, was the term given to those who were given to the care of the church and usually involving some formal donation process.¹²⁶ These children were often born with undesirable traits or in less-than-ideal situations: those who were born blind, lame, one-eyed, one-armed, leprous, or deaf as well as the product of illegitimacy were often left at the mercy of the Church.¹²⁷

Boswell additionally cites evidence that legitimate children were *oblatis*, particularly since estates were often inherited by a single heir, leading to the rise in younger sons entering the Church from an early age.¹²⁸ He also suggests that children were thrown at the doors of monasteries by families unable or unwilling to support the added burden of dependencies, particularly during times of famine.¹²⁹ During a severe famine in 1161, mothers in the area of Vendôme, France 'threw their children at the doors of the monastery' to spare them from

¹²⁵ John Boswell, 'Expositio and Oblatio: The Abandonment of Children and the Ancient and Medieval Family,' in *Medieval Families: Perspectives on Marriage, Household, and Children*, ed. Carol Neel (Toronto: University of Toronto Press, 2004), 237.

¹²⁶ *Ibid.*, 241.

¹²⁷ *Ibid.*, 244.

¹²⁸ John Boswell, *The Kindness of Strangers: The Abandonment of Children in Western Europe from Late Antiquity to the Renaissance* (London: Penguin, 1988), 271.

¹²⁹ *Ibid.*, 241, 245.

starvation. There is evidence that this happened more often to girls than to boys. By the high middle ages, monasteries such as Cluny did not require parents to be present for *oblatio* and it usually occurred in private, allowing them the chance to hide the abandonment. Additionally, Patricia Skinner has shown that some children were sold, citing the evidence that these transactions were more predominant in Mediterranean cultures than in northern Europe.¹³⁰ By selling their children, families would have been able to receive some financial compensation and, although it must have been an emotionally painful experience, prevented them from committing more grievous actions like infanticide. In these instances, the monastic life served to shield those who were either fleeing or were ill-suited to a life outside church walls. Women retreated to a virginal life in order to escape the sinfulness of the outside world, often at the expense of the children they left behind. However, children were also sent to live in the church, mostly because of an inability of the parents to care for them. These inability could have been caused by the child's ill-health or a lack of financial stability, leaving some families little choice but to donate themselves or their offspring to the church.

IV. Conclusion

Although social attitudes encouraged women to fulfil their ultimate purpose – producing surviving children – other recourses would have been sought for those who were repulsed by these purposes. Like the ill-fated marriage of Christina of Markyate and the social pressures she faced by refusing to consummate her union, women who did abstain from sexuality did so at a cost. Despite the overall common perspective that the Middle Ages was pro-birth, the need for spiritual salvation was inextricably linked to celibacy, requiring some women to seek these lifestyles to atone for the sins of their sex, and thus casting aside their biological urges. In the case of Heloise, however, adopting a chaste life in the cloister was the only recourse for those who had nowhere else to go, despite whatever urge they still maintained for their former sexual

¹³⁰ Patricia Skinner, *Health and Medicine in Early Medieval Southern Italy* (Leiden: Brill, 1997), 53.

lives. The erotic virginities of the beguines linked these two existences, combining the lack of physical sexuality and copulation with spiritual marriage and passionate devotion to God rather than consigning women to earthly unions. Becoming the ‘Brides of Christ’, virginal women were able to encapsulate these two distinct states, thus repudiating sexuality. Being wedded to God allowed them to enjoy divine marriage and the protection of the Church, offering security that a husband would normally bring, while simultaneously avoiding the sinful necessities that accompanied human marital relations. God did not require these women to sacrifice their purity – and possibly their lives – through the production of children: instead, they were able to give birth to and nurture their faith.

Additionally, theological and medical texts provided methods for overcoming any lapses to their purity – like unwanted sexual desire – by prescribing a host of remedies for overcoming lustful cravings. Extinguishing these urges were not meant solely for those in abstinent lives, but also for those still in physical unions who did not wish to engage in sexual pursuits. These remedies reveal that there were a variety of reasons why couples would have wished to hinder their sexual drives, while admonishing those who engaged in wanton acts as irresponsible and dangerous, particularly if their desire threatened the life of unborn children. Finally, some mothers revoked these desires altogether, choosing to end their marital lives in favour of an abstinent existence. Widows also forsook additional wedded unions in favour of the church, thus avoiding remarriage and further sexual relations. Like the mother of Guibert of Nogent, the nun of Admont, and Heloise, these women abandoned their maternity to seek a higher calling in life, despite whatever social condemnation may have transpired. The Church provided a haven for these women who wished to redirect their focus to more spiritual matters. Sometimes medieval children were also given to these spaces, ensuring their safety and care from the dangers of the outside world.

An abstinent life was not solely meant for those who were only virginal in body, but also those that wished to become virginal in mind and spirit. Allowing formerly wedded or non-virginal women into the cloister presented them with the chance to live unobstructed by the demands of their domestic lives. Additionally, this lifestyle also provided the opportunity for medieval women to simultaneously have two different existences: by producing children they were fulfilling their biological duty and by entering the convent they were cleansing their souls in preparation for their eventual ascent into Heaven. Although this may have been the primary reason for entering the monastery, other possible reasons may exist. As childbirth was incredibly dangerous and the risk of producing unwanted children very great for those families who were often subjected to financial hardships or food shortages, the abstinent life inadvertently served as a method of reproductive control. By abstaining from sex, women were also avoiding the possibility of future offspring, effectively limiting their biological abilities. As evidenced by the undesirable descriptions in the letter of Osbert of Clare and the *Hali Meiðhad*, the dangers of childbirth presented a very real problem for medieval women. However, by adhering to a life of celibacy, women were able to avoid these possibilities, inadvertently practising one possible form of reproductive control.

CHAPTER III: *Marital Sex*

For coition, which is necessary for the sake of progeny, is blameless provided only it be nuptial. But it behoves a consort not to exact what proceeds beyond that necessity, for it follows not reason but lust, but to render that to a consort lest he or she commit fornication.¹

Hugh of St. Victor (c. 1096-1141), *On the Sacraments of the Christian Faith*

According to Hugh of St Victor, sexuality was a necessary part of human life but only under certain conditions. Coition was to be used solely for procreation and within the bounds of matrimony and anything outside of these limitations was categorised as sinful and unnecessary fornication: this term applied to any acts of polygamy, sex outside of marriage, and contraception.² To ensure that non-celibate men and women correctly engaged in coital activities, medieval chroniclers like Hugh urged abstinence outside of matrimony or when the purpose was not procreative.³ However, ensuring that these limitations were strictly followed by medieval individuals would have been extremely difficult and, unless one's sinful activities were openly confessed, nearly impossible to determine. Despite these obstacles, celibate medieval figures continued to urge bodily restraint, attempting to counter any instances of lasciviousness and lustful carnality with self-control and theologically acceptable sexuality. As discussed in the previous chapter, some women willingly sought an abstinent existence, refusing their biological urges and devoting themselves to God. Acknowledging that most people in medieval society would not have adhered to a celibate lifestyle, particularly as contemporaneous writings urged men and women to marry and produce children, theologians

¹ 'Concubitus enim qui est necessarius causa prolis inculpabilis est, tantummodo si est nuptialis. Qui autem ultra necessitatem justam progreditur, nam non rationi sed libidini obsequitur, et hunc non exigere, sed reddere conjugum ne fornicetur, ad conjugem pertinet.' PL 176.496,

² James L. Brundage, *Law, Sex, and Christian Society in Medieval Europe* (Chicago, IL: UCP, 1987), 304.

³ Carolyne Larrington, *Women and Writing in Medieval Europe: A Sourcebook* (London: Routledge, 1995), 11-12.

instead tried to implement certain standards on non-procreative sex.⁴ Those who were thought to practise some form of contraceptive remedies on their bodies, for example, were seen to be particularly egregious and guilty of fornication for pleasure rather than procreation. To counter any possibility of non-conceptual relations, medieval theologians discouraged any attempt to control reproduction as sinful, unnatural, and possibly, homicidal.

Although Hugh of St Victor encouraged bodily restraint and warned against non-procreative intercourse, he did acknowledge that sex was vital for ensuring the continuation of mankind. Despite Hugh's belief that sex should only be used to produce offspring, some contemporary figures associated regular intercourse with good health practices, echoing ancient medical rhetoric that sexual contact was beneficial and complete abstinence was unnatural for the human body. Constantine the African's eleventh-century translation on intercourse, *De Coitu*, argued for the benefits of sexuality in direct contrast to his own spiritually celibate lifestyle, citing antique wisdom for this belief.⁵

Galen, following Epicurus, said in his book on the art of medicine: no one who abstains from intercourse will be healthy. Intercourse is without doubt beneficial and an aid to health; and Galen shows to whom it will do good and to whom it will not, and how it should be performed.⁶

Even though Constantine had devoted his own life to spiritual celibacy, he was promoting the benefits of sexuality for those who chose not to remain abstinent. Contradicting the beliefs later shared among twelfth-century monastic men like Hugh of St Victor, Constantine's promotion

⁴ Albrecht Classen, 'Family Life in the High and Late Middle Ages: The Testimony of German Literary Sources,' in *Medieval Family Roles: A Book of Essays*, ed. Cathy Jorgensen Itnyre (London: Garland, 1996), 45; Jennifer Ward, *Women in Medieval Europe 1200-1500* (London: Longman, 2002), 30-34.

⁵ Gerald J. Grudzen, *Medical Theory about the Body and the Soul in the Middle Ages: The First Western Medieval Curriculum at Monte Cassino* (Lewiston, NY: Edwin Mellen Press, 2007), 209; Monica Green, 'The De genecia Attributed to Constantine the African,' *Speculum* 62, no. 2 (Apr., 1987): 306; and, Mary Wack, *Lovesickness in the Middle Ages: The Viaticum and its Commentaries* (Philadelphia, PA: UPP, 1990), 41.

⁶ 'Constantinus Africanus *De Coitu*: A Translation,' trans. Paul Delany, *Chaucer Review* 4 (1970): 59. 'Dicit enim Galenus in libro artis – cum retulit quod Epicurus dixerit, quod nullus qui coierit sanus erit – veraciter utilis est coitus et proficiens ad salute, et ostendit qualiter fieri debeat. Ait namque quando fieri convenit et quando per intervalla agendus est, ut nichil lesionis inde senciatur operator.' Constantine the African, 'Quare prosit coitus et quare noceat,' in *Constantini Liber de Coitu: El tratado de andrología de Constantino el Africano, estudio y edición crítica*, ed. Enrique Montero Cartelle (Santiago de Compostela, 1983), 112-114.

of sexuality was not from a purely Christian perspective but from a pagan medical source.⁷ Based on the teachings of Galen, Constantine promoted sexual cohabitation – albeit with some limitations to avoid wanton promiscuity – as one way to ensure optimal physical health.⁸ Not only was sexual intercourse beneficial for the body and for promoting strength and stamina, but performing it correctly could greatly assist in the conception of healthy children. Although sexuality was promoted for conceptual reasons by nearly all contemporary ecclesiastical figures, evidence exists – like that of Abelard and Heloise – to suggest that medieval intercourse was freely enjoyed for reasons other than the propagation of children.⁹

Medieval couples would have been caught between these two contrasting thoughts. On the one hand, theologians like Hugh of St Victor urged coitus only for the sake of producing children. Conversely, figures like Constantine were transmitting medical knowledge which argued for the benefits of a sexually active lifestyle. Despite these differing opinions, one of the hallmarks of medieval marriage was physical consent and intimacy, promoting the idea that regular sexual intercourse was one of the most important facets for a marital union.¹⁰ According to the guidelines of love outlined by the twelfth-century writer Andreas Capellanus in *De Amore*, married couples were ‘forced to comply with each other’s desires as an obligation’ to give themselves sexually to one another and were forbidden under any circumstances ‘to refuse their persons to each other.’¹¹ Unlike lovers who could refuse their bodies, married individuals were obligated to engage in sexual activity. As impotent or unfruitful marriages were often met with severe legal and social censure, ensuring couples were engaging in healthy sexual activity

⁷ Vern L. Bullough, ‘On Being a Male in the Middle Ages,’ in *Medieval Masculinities: Regarding Men in the Middle Ages*, eds. Clare A. Lees, Thelma Fenster, and Jo Ann McNamara (Minneapolis, MN: University of Minnesota Press, 1994), 38-39.

⁸ On the Galenic influence of Salernitan medicine see: Florence Eliza Glaze, ‘Galen Refashioned: Gariopontus in the Later Middle Ages and Renaissance,’ in *Textual Healing: Essays on Medieval and Early Modern Medicine*, ed. Elizabeth Lane Furdell (Leiden: Brill, 2005).

⁹ See Chapter II, Introduction.

¹⁰ Laura Betzig, ‘Medieval Monogamy,’ *Journal of Family History* 20, no. 2 (1995): 199-200.

¹¹ ‘Nam amantes sibi invicem gratis omnia largiuntur nullius necessitates ratione cogente. Iugales vero mutuis tenentur ex debito voluntatibus obedire et in nullo se Ipsos sibi invicem denegare.’ Andreas Capellanus, *De amore et amoris remedio*, ed. and trans. P.G. Walsh (London: Duckworth, 1982), I.7. See: Larrington, *Women*, 16.

would have been imperative for ensuring the validity of the union.¹² Guaranteeing the production of children and avoiding non-procreative sex was so important that the English-born cardinal, Robert of Courçon (d. 1219), sought to invalidate those marriages which sought to use sterility potions and avoid the possibility of offspring.¹³ The canonist and bishop Stephen of Tournai (1128-1203) equally condemned purposeful contraception, arguing that those couples who entered into a marriage with counter-productive intentions were guilty of sin for avoiding the sole purpose of the marital union.¹⁴

The need to engage in marital intercourse created a conjugal debt, mandating that couples were obligated to fulfil the sexual needs of their partners to conceive children. John Baldwin has argued that married persons were duty bound to engage in sexual activity and were encouraged not to deny their partners' desires, even if such wishes coincided with days devoted to abstinence, like Good Friday or Easter.¹⁵ According to Baldwin, the consummation of a marriage solidified the entitlement to demand one's sexual rights, as 'then (but not before) each party acquired virtually unlimited rights to demand and receive the sexual services of the other' and consecrating the conjugal debt.¹⁶ The purpose of the marital debt was to ensure that couples were actively seeking to conceive children: any hindrances to procreation or sexual virility were grounds for annulment, including purposefully practicing contraceptive methods.¹⁷ As married couples were obliged to engage in coital activities, so too were they

¹² See Chapter I: Sterility and Infertility.

¹³ 'Sequitur de bonis matrimonii. SSunt autem tria bona matrimonii ut dicit Augustinus in libro de bono coniugali sicut habetur, ubi dicitur quod ista tria proles, fides, et sacramentum sunt bona coniugii, et ideo dicuntur bona coniugii quia excusant coitum a mortali peccato...proles...quo quis educate prolem ad cultum dei.' See: John W. Baldwin, *The Language of Sex: Five Voices from Northern France around 1200* (Chicago, IL: CUP, 1994), 212.

¹⁴ 'Quando cognoscitur uxor praeter spem proles, vel non causa reddendi debiti, quod exigitur, vel in his etiam duobus casibus non coitus, sed immoderata voluptas, si subrepat, in culpa est, quamvis levior sit.' Stephen of Tournai, *Summa*, ed. Johann Friedrich von Schulte (1891, repr., 1965). See: Brundage, *Law*, 281.

¹⁵ John W. Baldwin, 'Consent and the Marital Debt: Five Discourses in Northern France around 1200,' in *Consent and Coercion to Sex and Marriage in Ancient and Medieval Societies*, ed. Angeliki E. Laiou (Washington, D.C.: Dumbarton Oaks, 1993), 261.

¹⁶ *Ibid*, 251.

¹⁷ Paloma Moral de Calatrava, 'La «mujer cerrada»: La impotencia femenina en la Edad Media y el peritaje médico-legal de las parteras,' *Dynamis* 33, no. 2 (2013): 472-473.

expected to produce children. Indeed, the production of children was deemed to be the only valid reason for performing sexual intercourse, thus necessitating the need for a conjugal debt.¹⁸

To ensure that the optimal child was produced, and unnecessary coition was avoided, theological figures discussed when and under what circumstances medieval couples were expected to copulate. Furthermore, some medieval theologians created specific definitions of human life and foetal development to understand when the *conceptus* was thought to have been endowed with a soul and transcended to a higher state of rationality, delineating the exact moment when an unborn child became a human being. However much non-procreative sex or wanton immorality was dissuaded, some medical and theological texts discussed contraceptive practises, particularly for those couples who did not wish to continue conceiving children but wanted to engage in their marital debt, particularly if financial reasons discouraged the production of further children.¹⁹ Although women were overwhelmingly named as the procurers and practitioners of counter-reproductive knowledge, male contraceptives were also included in medical manuals, suggesting that non-procreative actions were not specifically unique to women and encouraged joint communication between partners. This chapter will focus on medieval ideas of conception and the formation of the embryo as well as the proliferation and transmission of contraceptive measures in contemporary medical manuals, discussing the perception of conceptive and non-conceptive practises.

I. Coitus and Conception

Motherhood in the Middle Ages was deemed to be a ‘sacred calling’ for women and comparable to the virginal lifestyle: the physical and spiritual dangers associated with pregnancy and childbirth were interpreted as beneficial and empowering for women, much in

¹⁸ James Brundage, ‘Implied Consent to Intercourse,’ in *Consent and Coercion to Sex and Marriage in Ancient and Medieval Societies*, ed. Angeliki E. Laiou (Washington, D.C.: Dumbarton Oaks, 1993), 249; and David Herlihy, *Medieval Households* (Cambridge, MA: Harvard University Press, 1985), 73.

¹⁹ Peter Biller, ‘Birth-Control in the West in the Thirteenth and Early Fourteenth Centuries.’ *P&P* 94 (1982): 25.

the same way that abstinence was advantageous for the soul.²⁰ Caroline Bynum argues that three main stereotypes of womanhood and motherhood emerged from the Middle Ages: the foetus is made of the mother, and thus inherits all of her sins, and is subject to birth pangs to produce the child; the female is a caring and nurturing element; and, the female is a loving figure.²¹ Additionally, the biblical assignment of motherhood gave the nurturing aspects of parenthood to the female: while fatherhood was seen as a social construction, motherhood was a natural or biological obligation.²² In this way, motherhood was the most natural position for a woman: Patricia Skinner affirms that, in spite of the mention of abortive or contraceptive techniques in medieval medicine, conceiving children was of primary importance to the vast majority of medieval women.²³ As motherhood was deemed to be the most desirable outcome of a sexually active lifestyle, the ability to control or cease one's reproductive capabilities would have been a personal decision. Fertility was believed to have been given to women from God for the life of mankind: thus, in this sense, the foetus was divinely inspired and guided to be conceived, grow, and be born.²⁴ Seeking to control this crucial biological function would have been subjected to societal judgment and theological ostracising.

As sex was known to cause conception yet not every instance of intercourse resulted in a pregnancy, much thought was devoted to understanding the complexities of the reproductive body for either improving or ceasing fertilisation.²⁵ Medical sources from both ancient and contemporaneous medieval accounts recorded the interest in sexuality and the formation of the

²⁰ Jane Tibbets Schulenburg, *Forgetful of Their Sex: Female Sanctity and Society, ca. 500-1100* (Chicago, IL: UCP, 1998), 211-212.

²¹ Caroline Walker Bynum, *Jesus as Mother: Studies in the Spirituality of the High Middle Ages* (Berkeley, CA: University of California Press, 1982), 131.

²² Clarissa W. Atkinson, *The Oldest Vocation: Christian Motherhood in the Middle Ages* (Cornell, NY: Ithaca University Press, 1991), 7.

²³ Patricia Skinner, "'The light of my eyes': Medieval Motherhood in the Mediterranean," *Women's History Review* 6, no. 3 (1997): 392-393.

²⁴ Caroline Bynum, *The Resurrection of the Body in Western Christianity, 200-1336*, (New York, NY: Columbia University Press, 1995), 160.

²⁵ Thomas G. Benedek, "Beliefs about Human Sexual Function in the Middle Ages and Renaissance," in *Human Sexuality in the Middle Ages and Renaissance*, ed. Douglas Radcliff-Umstead (Pittsburgh, PA: University of Pittsburgh, 1978), 105-106.

implanted foetus, reflecting the curiosity in reproductive practises during these periods: indeed, much of the work dedicated to pregnancy in the antique period is devoted largely to the study of embryology and mammalian development.²⁶ Most of this thought was aimed at determining when a foetus had transcended from the animal state, becoming a human in the womb and gaining consciousness. The importance of determining when a foetus had gained spiritual awareness during the high medieval period was equally vital for defining when an embryo should be considered a human entity, ultimately defining when contraception or abortion became mortally sinful acts along these lines. Although theologians held different views regarding appropriate punishments for contraception, they did universally agree that abortion was sinful and contrary to nature: only God had the right to give and take the lives of children.²⁷ However much reproductively controlling measures were condemned as unnatural, determining a unanimous theological punishment for contraceptive or abortive actions were hindered by the many secrecies and medical limitations associated with pre-modern gynaecology.

In addition to ensuring that conception was not impeded or impossible – like those who suffered from infertility or sterility problems – medieval couples were encouraged to conceive the best child possible and safeguard against any unexpected complications during pregnancy.²⁸ For example, character flaws and the imaginations of parents were thought to be dangerous to conception, particularly for developing the most desirable child, a strong and virtuous male.²⁹ Hildegard of Bingen spoke of these influences on the conception of children.

When a man who has intercourse with a woman has an emission of strong semen and feels proper affectionate love for the woman and when the woman at that hour feels

²⁶ Monica H. Green, 'Constantinus Africanus and the Conflict between Religion and Science,' in *The Human Embryo: Aristotle and the Arabic and European Traditions*, ed. G. R. Dunstan (Exeter: University of Exeter Press, 1990), 50-54.

²⁷ Jean-Louis Flandrin, *Families in Former Times: Kinship, Household, and Sexuality*, trans. Richard Southern (Cambridge: CUP, 1979), 179.

²⁸ Danielle Jacquart and Claude Thomasset, *Sexuality and Medicine in the Middle Ages*, trans. Matthew Adamson (Princeton, NJ: Princeton University Press, 1988), 154.

²⁹ Michael Solomon, *The Literature of Misogyny in Medieval Spain* (Cambridge: CUP, 1997), 57.

proper love for the man, *then a male is conceived because it was so ordained by God*.... If, however, the woman's love for the man is lacking, so that the man alone at that hour feels proper affectionate love for the woman and the woman does not feel the same for the man, and if the man's semen is strong, then *still a male is conceived*... If the man's semen is thin, yet he feels affectionate love for the woman, and she feels the same love for him, then a *virtuous female is procreated*. If [none of these previous conditions are met] a *female of bitter disposition is born*.³⁰

In this way, the safe development of the foetus was not only restricted by dangerous or excessive physical strains, but the character of the mother and the mutual love between the partners were just as important for creating the stronger child.³¹ Thus, the sanctity of foetal life was at risk from a variety of factors; not only was the mother told to avoid unnecessary physical exertion or remedial medicaments, but she was also instructed to avoid sullyng her reproductive body with spiritually debasing thoughts or beliefs. Most importantly, Hildegard urged mutual love by both parents to ensure the successful conception of a virtuous child. In her example, she believed that a weak female child was the result of a loveless union between the man and woman, suggesting that affectionate love was required during conception.

The theologian William of Conches (1080-1154) shared similar views on the need for affection and sexual pleasure in the creation of children. He proposed his views on conception in *Dragmaticon Philosophiae*, a rhetorical work which explored the various impediments to conception as a dialogue between a *Dux* and *Philosophus*, with the Philosopher answering the

³⁰ 'Si autem hic amor de est in muliere ad virum, ita quod tantum vir rectum amorem caritatis in ipsa hora ad mulierem habet et non mulier ad virum, et si semen viri forte est: masculus tamen concipitur, quod amor caritatis viri superexcellit. Sed idem masculus debilis erit et non virtuosus, quoniam hic amor in muliere ad virum deficit. Quoniam si semen viri tenue est, qui tamen amorem caritatis ad mulierem habet, et ipsa eundem amorem ad illum, ibi femina virtuosa procreator... Sed si semen viri forte est, sed tamen nec vir ad mulierum nec mulier ad virum amorem caritatis habet, masculus inde procreator, quod tamen semen forte fuit, sed amarus ex amaritudine parentum; vel si semen viri tenue est et neuter ad alterum amorem caritatis in ipsa hora tenet, femina nascitur amarse complexionis. Calor autem mulierum, quae pinguem naturam habent, semen viri superat, ita quod infans secundum similitudinem earum multotiens in facie formatur.' Hildegard of Bingen, *On Natural Philosophy and Medicine: Selections from Causa et Cura*, trans. Margret Berger (Cambridge: D. S. Brewer, 1999), 25b-26a; and, *Causae et Curae*, ed. Paul Kaiser (Leipzig: 1903), 47-48.

³¹ See Chapter I for the dangerous impediments to pregnancy.

various questions of the Duke on the nature of the human body.³² William proposed that, for a woman to conceive successfully, she had to find physical pleasure in the act.

Duke: I recall what you just said, that nothing is conceived without seed of the woman, but this is not plausible. For we see that raped women, who have suffered violence despite their protest and weeping, still have conceived. From this it is apparent that they had no pleasure from such an act. But without pleasure the sperm cannot be released.

Philosopher: Although raped women dislike the act in the beginning, in the end, however, from the weakness of the flesh, they like it.³³

William's scepticism for pregnant rape victims was based on his understanding of sexuality, particularly regarding the frequency and enjoyment of the sexual act. In William's view, pregnancy was only physically possible if the woman experienced sexual pleasure during the act, allowing her womb to become hospitable for embryonic development. This idea was also based on classical thought, as the prevailing views from Hippocratic narratives on the female body indicated that, to conceive the best possible child, a woman should enjoy her sexual encounters.³⁴ Indeed, many of these texts which endorsed the mutual enjoyment of sex did so to create the optimal child.

Although medieval couples were encouraged to produce children, contemporary literature suggests that not every union was thought to be blessed in the same way, particularly for those who dared to intermarry with different religions or races. The English romance *The King of Tars*, which appeared at the turn of the fourteenth century in the manuscript compilation *Auchinleck*, NLS Adv. MS 19.2.1, discusses these interracial issues, particularly

³² I. Ronca, 'The Influence of the *Pantegni* on William of Conches' *Dragmaticon*,' in *Constantine the African and Ali ibn al-Abbas al-Magusi: The Pantegni and Related Texts*, ed. Charles S. F. Burnett and Danielle Jacquart (Leiden: Brill, 1994), 266-269.

³³ 'DUX: Ad memoriam uenit michi quod nuper dixisti, sine semine feminae nichil concipi; quod non est uerisimile. Videmus enim raptas, reclamantes et plorantes uiolentiam passas, concepisse. Unde apparet illas nullam in illo opera habuisse delectationem. Sed sine delectatione non potest sperma emitti. PHILOSOPHUS: Etsi raptis in principio opus displicet, in fine tamen ex carnis fragilitate placet.' William of Conches, *Dragmaticon Philosophiae*, *Corpus Christianorum: Continuatio Mediaevalis*, CLII, (Turnhout: Brepols, 1997), 208.

³⁴ Baldwin, 'Consent', 262; Helen King, *Hippocrates' Women: Reading the Female Body in Ancient Greece* (London: Routledge, 1998), 135-138; Laurence Totelin, 'Old Recipes, New Practice? The Latin Adaptations of the Hippocratic *Gynaecological Treatises*,' *Social History of Medicine* 24, no. 1 (2011): 74-75; and, Hippocrates, *Selected Writings*, trans. J. Chadwick and W. N. Mann (1950, repr., London: Penguin Books, 1983), 320-321.

concerning the conception of children. Written in Middle English, *The King of Tars* concerns the marriage between a Muslim sultan and a Christian princess, the daughter of the King of Tars, reflecting the divisional lines between these two religions during the later Middle Ages. After Lateran IV decreed that Muslims and Christians should dress themselves differently, thus publicly displaying their separateness, intermarriage between these two cultures was reaffirmed by the Church as socially unacceptable.³⁵ Despite these societal concerns towards interracial unions, the Christian princess begrudgingly marries the sultan to avoid war, retaining her original faith while in Muslim lands. The princess is described in idealised terms, emphasising her white beauty and western attributes: the narrative portrays her ‘as white as feper of swan,’ the height of pure beauty.³⁶ Conversely, the sultan is depicted in brutish and animalistic language – ‘hepen hounde he gan þe calle’ – stressing that his dark skin equates him with these less-than-human characteristics and often describing his ferocity and irrationality as canine.³⁷

Following their marriage, the princess refuses to convert to Islam – ‘On Ihesu Crist was alle hir þouȝt, þerfore þe fendes derd hir nouȝt’ – instead steadfastly keeping her original faith despite the sultan’s wishes that she should convert to Islam.³⁸ However, their different religions curse their progeny and the princess soon gives birth to a unformed child, described as a ‘rond of flesche.’³⁹ Following the birth of this abnormal child, the princess and sultan are clearly grieved by the infant’s appearance and lack of humanity: she is ‘for sorwe þe leuedi wald dye’ and the sultan ‘in hert he was agreued sore / to sen þat selcoupe siȝt.’⁴⁰ Although born of a

³⁵ Siobhain Bly Calkin, ‘Marking Religion on the Body: Saracens, Categorization, and “The King of Tars,”’ *The Journal of English and Germanic Philology* 104, no. 2 (April 2005): 219-220.

³⁶ *The King of Tars*, ed. from the Auchinleck MS, *Advocates 19.2.1*, ed. Judith Perryman (Heidelberg: Carl Winter Universitätsverlag, 1980), line 12.

³⁷ *King of Tars*, line 93; Jamie Friedman, ‘Making Whiteness Matter: The King of Tars,’ *postmedieval* 6, no. 1 (2015), 56-58.

³⁸ *King of Tars*, lines 436-437; Calkin, ‘Marking’, 222-223.

³⁹ *King of Tars*, line 580.

⁴⁰ *King of Tars*, lines 583, 686-687; Siobhain Bly Calkin, *Saracens and the Making of English Identity: the Auchinleck Manuscript* (London: Routledge, 2005), 99-108.

matrimonial union, the child is an unclassified and unidentifiable lump of flesh, completely devoid of any human characteristics and denied the ability to exist.⁴¹ Subsequently, the child is a monstrosity because of his inter-religious heritage. The sultan presents the baby to his religious ways, but Islam is unable to convert the lump to an infant. After this unsuccessful attempt, the princess baptises the infant who, upon being touched with holy water, miraculously transforms into a human baby: ‘& when þat it cristned was / it hadde liif & lim & fas, / & crid wiþ gret deray / & had hide & flesche & fel, / & alle þat euer þerto bifel, / in gest as y 3ou say.’⁴²

After the baptism of the child and its full conversion to humanity, the infant is described as ‘feirer child miȝt non be bore,’ thus establishing that the infant assumes all the characteristics of his Christian mother; namely, civility, rationality, and beauty.⁴³ The sultan is so overwhelmed by the infant’s transformation that he also converts to the Christian faith and is freed from his barbarous traits of darkness and senselessness: ‘his hide, þat blac and loþely was, / al white bicom, þurth Godes gras, / & clere wiþouten blame.’⁴⁴ After his conversion, the blackness of his skin is wiped clean by the baptismal water, making him white. The abnormal birth in *The King of Tars* exemplifies the belief that child inherited the faulty traits of their parents.⁴⁵ In the narrative, the princess is vehemently against the match, suggesting that their union is inherently loveless, ‘lat me neuer þat day yse / a tirant forto take’.⁴⁶ Consequently, their *conceptus* is neither virtuous nor weak; rather, their child is born as nothing, signifying the medieval belief that the character and affection of the parents directly influenced the quality of their offspring. The differences in race and religion were not the only factors which were

⁴¹ Sarah Star, ‘*Anima Carnis in Sanguine Est*: Blood, Life, and *The King of Tars*,’ *Journal of English and Germanic Philology* 115, no. 4 (October 2016): 444-445.

⁴² *The King of Tars*, lines 775-780.

⁴³ Friedman, ‘Making’, 60; Star, *Anima*, 451.

⁴⁴ *The King of Tars*, lines 927-930; and, Cord J. Whitaker, ‘Black Metaphors in the King of Tars,’ *The Journal of English and Germanic Philology* 112, no. 2 (April 2013): 172; and, John Block Friedman, *The Monstrous Races in Medieval Art and Thought* (Syracuse, NY: Syracuse University Press, 2000), 65, 72-73.

⁴⁵ Valerie L. Garver, ‘Childbearing and Infancy in the Carolingian World,’ *JHS* 21, no. 2 (May 2012): 226.

⁴⁶ *King of Tars*, lines 62-63.

thought to negatively impact or distort a growing foetus, as a child conceived during the mother's menstrual period was thought to contract leprosy for being made of 'bad blood' and even the thoughts or inclinations of the parents were believed to impact fertilisation.⁴⁷

Conceiving the most advantageous child was not the only issue in medieval sexual thought: high medieval medical authors also sought to define how and when non-procreative actions like contraception or abortion were homicidal acts. This conundrum forced medieval theologians and physicians to debate when, and under what conditions, a foetus became a rational, souled being and thus necessitated their spiritual protection.⁴⁸ While medieval physicians were acutely aware that sexual intercourse caused conception, they did not always agree as to when a foetus gained a soul and became a living entity within the womb. For example, Hildegard insisted that a child, although conceived by the intervention of God and Satan, was gifted with a soul the moment it was stirred by the Holy Spirit to be born, thus acquiring a soul far later than the moment of quickening.

The child lies enclosed in this vessel until rationality inside it is fully present and wants it to break out, so that it can and must no longer be enclosed and be silent, because the child cannot cry out in the mother's womb... After the child has emerged it soon gives forth a wailing sound because it senses the darkness of the world. For when God sends the soul into the human body knowledge is in the soul as if asleep. But when the soul has entered the body, knowledge is awakened in the soul as it imprints itself into flesh and blood vessels.⁴⁹

Although Hildegard initially proposed that the child became rational once it fully cried out, she also suggested that this moment of awakening occurred as the body was forming in the womb, giving two very different perspectives on human development. This idea that the human

⁴⁷ Solomon, *The Literature*, 57; Bildhauer, Bettina, *Medieval Blood* (Cardiff: University of Wales Press, 2006), 98-99; and, Solomon; and, A. W. Bates, *Emblematic Monsters: Unnatural Conceptions and Deformed Births in Early Modern Europe* (Amsterdam: Rodopi, 2005), 131

⁴⁸ Garver, 'Childbearing', 229-231; Avner Giladi, 'Infants, Children, and Death in Medieval Muslim Society: Some Preliminary Observations,' *The Society for the Social History of Medicine* (1990): 361; and, Constantine the African, *De Humana Natura*, ed. and trans. C.S.F. Burnett in Burnett, 'The Planets and the Development of the Embryo,' in *Human Embryo: Aristotle and the Arabic and European Traditions*, ed. G. R. Dunstan (Exeter, UK: University of Exeter Press, 1990), 95-96, 101.

⁴⁹ Hildegard, *Causae et Curae*, 48b. 'Et infans tam diu in vase illo clausus iacet, usque dum rationalitas in eo plenitudinem suam habens erumpere vult. Itaque amplius claudi et silere non potest nec debet, quia infans in ventre matris clamare non potest.' Hildegard of Bingen, *Causae et Curae*, ed. Paul Kaiser, (Leipzig: 1903), 78.

embryo had a soul from the development of flesh and blood suggests that the child was gifted with rationality far before quickening. However, she also states that a new-born infant cries upon delivery because it has the rational capabilities to sense the darkness of the world, thus it was not fully classified as human until it had fully emerged from the womb and gained the capacity for reason. In this thinking, the embryonic or pre-quickening being was not considered to be a rational, souled person and thus not truly a human being.⁵⁰ Hildegard's notion that children may have gained their soul – or in this sense, their humanity – upon birth presents a different spiritual perspective.⁵¹ If a child only gained their soul at childbirth, then the unborn foetus was a non-rational, non-spiritual being, neither dead nor alive nor fully human.⁵²

The arguments on quickening and foetal ensoulment were not limited to biological debate, as similar arguments were deliberated in canon and civil discussions. In these instances, quickening was used as the *de facto* moment of awareness and any termination of pregnancy after this moment was universally considered to be a homicidal act. From this approach, the concept of divinely appointed conception is difficult to perceive. Although most medieval theologians did believe every instance of conception to be a divinely-inspired act, the transformation from embryo to foetus to human was a much more complex issue with heavily spiritual connotations.⁵³ Quickening was deemed to be the main sign that the foetus had gained the awareness of motion and had thus been endowed with a soul. As quickening usually occurs after the eighteen-week mark of pregnancy, women may have been left with approximately four months in which to terminate any unwanted fertilisation.⁵⁴ Despite the various theological

⁵⁰ Jan S. Emerson, 'A Poetry of Science: Relating Body and Soul in the *Scivias*,' in *Hildegard of Bingen: A Book of Essays*, ed. Maud Burnett McNerney (New York, NY: Garland, 1998), 82-84.

⁵¹ David Albert Jones, *The Soul of the Embryo: An Enquiry into the Status of the Human Embryo in the Christian Tradition* (London: Continuum, 2004), 35-41.

⁵² Katharine Park, 'Birth and Death,' in *A Cultural History of the Human Body in the Medieval Age*, ed. Linda Kalof (London: Bloomsbury, 2010), 19.

⁵³ Jacquart and Thomasset, *Sexuality*, 154.

⁵⁴ Sir Ian Symonds, Sabarantam Arulkumaran, and E. Malcolm Symonds, eds., *Essential Obstetrics and Gynaecology, 5th Ed* (Edinburgh: Churchill Livingstone Elsevier, 2013).

doctrines which may have argued that life began at conception, *human* life was thought to start at the moment of ensoulment, questioning the perceived sanctity of life for unborn children.

II. Non-Christian Contraception and Medicinal Appropriation

Although foetal life was considered sacred, methods for avoiding the conception of children appeared in medical manuals. Christian producers of gynaecological manuals were not the only practitioners in medieval society to address non-procreative sexuality, as the reproductive techniques of other cultures were frequently assimilated into these compendia. Islamic and Jewish medical works were frequently copied and transmitted among Western universities and monasteries. Arabic texts which utilised medical techniques for the prevention of pregnancy and contraceptive methods were frequently recorded in Islamic medicine: abortive procedures also appeared in Islamic works but usually if the life of the pregnant woman was in danger.⁵⁵ Christians and Jews living in Muslim society were often banned from all business ventures except for medicine and tax administration, thus enabling these diverse groups to legally exchange their ideas on gynaecological practises and engage in cross-cultural discussions.⁵⁶ For women living in these communities – particularly enslaved Muslims in Christian territories – wet-nursing was another possible occupation, promoting the idea that motherhood was intrinsically shared among these different cultures.⁵⁷ As they interacted in this multicultural society, their medical knowledge would have been shared across these religious and social boundaries.

⁵⁵ B. F. Musallam, *Sex and Society in Islam: Birth Control before the Nineteenth Century* (Cambridge: CUP, 1983), 69; Martin Levy, *Early Arabic Pharmacology: An Introduction Based on Ancient and Medieval Sources* (Leiden: Brill, 1973), 170-176; and, Martin Levy, *Medical Ethics of Medieval Islam with Special References to Al-Ruhāwī's 'Practical Ethics of the Physician'* (Philadelphia, PA: The American Philosophical Society, 1967), 11.

⁵⁶ Peter E. Pormann and Emilie Savage-Smith, *Medieval Islamic Medicine* (Edinburgh: Edinburgh University Press, 2007), 102.

⁵⁷ Rebecca Lynn Winer, 'Conscripting the Breast: Lactation, Slavery and Salvation in the Realms of Aragon and Kingdom of Majorca, c. 1250–1300,' *JMH* 34, no. 2 (2012): 164-184.

Scholars in Latin Christendom were already copying and adapting the many medical works of antiquity which pervaded monasteries and universities to legitimise their own bodily compendia; the works of Arabic authors became no exception to this trend.⁵⁸ Within Western Europe, gynaecological medical knowledge was also shared in this intellectual mix of ancient and contemporary, Christian and non-Christian, learned and orally transmitted medical procedures. Islamic medical thought was equally divided on the moment of ensoulment and embryonic development.⁵⁹ Jewish doctrine taught that ensoulment only occurred at the moment a child's head had emerged from the mother's womb, thus taking its first breath and sensing the world around it, subscribing to a much later theory of rationality and humanity.⁶⁰ After the translation of Arabic medical texts into Latin by Constantine the African in the eleventh century, Western European physicians were provided with fresh insights into a wealth of new physical material.⁶¹ Translated Arabic texts, which openly discussed intentional abortive and contraceptive techniques, became widely circulated in Christian libraries.⁶² Despite the differences in religious and cultural stances, the presence of Arabic medical works in monastic libraries reflects the importance given to Eastern medicine and the knowledge associated with their physicians.⁶³ The most influential Islamic physicians – namely, Ibn al-Jazzār (c. 895-979), Al-Rāsī (d. 923/24), 'Alī ibn 'Abbās (d. 982-994) and Ibn-Sīnā (d. 1037) – wrote at length on

⁵⁸ Charles Burnett, 'The Coherence of the Arabic-Latin Translation Program in Toledo in the Twelfth Century,' *Science in Context* 14, no. 1-2 (June 2001): 265-268.

⁵⁹ Therisa Rogers, 'The Islamic Ethics of Abortion in the Traditional Islamic Sources,' *The Muslim World* 89, no. 2 (1999): 123-124.

⁶⁰ Park, 'Birth', 19.

⁶¹ Florence Eliza Glaze, 'Speaking in Tongues: Medical Wisdom and Glossing Practices in and around Salerno, c. 1040-1200,' in *Herbs and Healers from the Ancient Mediterranean through the Medieval West: Essays in Honor of John M. Riddle*, eds. Anne Van Arsdall and Timothy Graham (Farnham: Ashgate, 2012), 64-65.

⁶² Burnett, 'The Coherence', 266; Grudzen, *Medical*, 61-64; Faye Getz, *Medicine in the English Middle Ages* (Princeton, NJ: Princeton University Press, 1998), 9; Nancy Siraisi, 'The Faculty of Medicine,' in *A History of the University in Europe. Vol.1, Universities in the Middle Ages*, ed. Hilde de Ridder-Symoens (Cambridge: CUP, 1992), 377-380; Mirko D. Grmek, *Western Medical Thought from Antiquity to the Middle Ages*, trans. Antony Shugaar (Cambridge, MA: HUP, 1998), 87-89; and, Cornelius O'Boyle, *The Art of Medicine: Medical Teaching at the University of Paris, 1250-1400* (Leiden: Brill, 1998), 263.

⁶³ Clare Pilsworth, 'Medicine and Hagiography in Italy, c. 800-1000,' *SHM* 13, no. 2 (2000): 255; Francis Newton, *The Scriptorium and Library at Monte Cassino, 1058-1105* (Cambridge: CUP, 1999), 312.

various gynaecological concerns, including those for reproductive control.⁶⁴ Based on their shared source material, common themes emerged in the medical texts from all three cultures, reflecting this transmission of material and the perceived effectiveness of certain methods.

For example, the use of mint for contraceptive purposes frequently appeared in works of Christian, Arabic, and Jewish origin. Peter of Spain prescribed mint for contraceptive purposes: he instructed the woman to ‘[place] extract of mint on the vulva during coitus, [to impede] conception,’ citing Ibn-Sīnā as his medical source.⁶⁵ Other influential Christian sources, like the *De viribus herbarum* of Macer Floridus, also used mint as a contraceptive element. After naming nine other uses for mint, the author recorded that the ‘tenth use of mint juice is to put under the cervix/womb before the vagina so that the woman will not conceive at that time,’ in a very similar technique prescribed by Peter of Spain and Ibn-Sīnā.⁶⁶ Although Macer and Peter were Christian, the inclusion of contraceptive methods and the citation of non-Christian sources in works like the *Thesaurus pauperum* and the *DVH* indicates that contraceptive medicine did not adhere to a particular religious or inherent belief. Reproductive avoidance, particularly with the boom in abandoned children in thirteenth-century urban centres like Paris, may have been a desired alternative to the more drastic methods of abortion, infanticide, or abandonment.⁶⁷ Some evidence exists which suggests that infanticide was occasionally practised in Islamic society, despite the outlawing of these actions in the *Quran*,

⁶⁴ John M. Riddle, *Contraception and Abortion from the Ancient World to the Renaissance* (Cambridge, MA: Harvard University Press, 1992), 127.

⁶⁵ *Thesaurus Pauperum*, 169. ‘Item sucus menthe in uulua positus in coitu impedit conceptum. Auicenna.’ *Obras Médicas*, 259.

⁶⁶ Macer, *The Middle English Version of De Viribus Herbarum* (GUL MS Hunter 497, ff. 1r-92r), eds. Javier Calle-Martin and Antonio Miranda-Garcia, (Bern: Peter Lang, 2012), 114-115. ‘Haec haemoptoicis mixto succurrit aceto; matrici succus si subditur illius, ante quam fiat coitus, mulier non concipit inde.’ Macer, *Des Vertus des Plantes* (*De Viribus Herbarum*), trans. by M. Mouis Baudet, (Paris, 1845), 1580-1582.

⁶⁷ Solomon, *The Literature*, 87-89; Sharon Farmer, *Surviving Poverty in Medieval Paris: Gender, Ideology, and the Daily Lives of the Poor* (Ithaca, NY: Cornell University Press, 2002), 80-81; Ville Vuolanto, ‘Infant Abandonment and the Christianization of Medieval Europe,’ in *The Dark Side of Childhood in Late Antiquity and the Middle Ages: Unwanted, Disabled and Lost*, eds. Katarina Mustakallio and Christian Laes (Oxford: Oxbow, 2011), 8-11; and, Judith Evans Grubbs, ‘The Dynamics of Infant Abandonment: Motives, Attitudes and (Unintended) Consequences,’ in *The Dark Side of Childhood in Late Antiquity and the Middle Ages: Unwanted, Disabled and Lost*, eds. Katarina Mustakallio and Christian Laes (Oxford: Oxbow, 2011), 29.

although this was usually reserved for cases of destitution or extreme desperation, indicating the desperation that could strike new mothers.⁶⁸ Like in non-Islamic societies, women were thought to be the main accomplices of these devious measures and actions were taken to attempt to control these crimes.

The use of mint as a contraceptive also extended to Jewish medical circles, as the gynaecological compendium *Sefer Ahavat Nashim* (*The Book of Woman's Love*) featured this particular ingredient, also quoting and adapting the works of Ibn-Sīnā for its contraceptive information.⁶⁹ Although the only surviving copy of this work is from the fifteenth century, there is much evidence to suggest that it originated earlier in the Catalan-Provençal region; unfortunately, there is no information in the existent copy detailing the compiler, the date, or place in which it was written.⁷⁰ However, the author was particularly influenced by a variety of medical works that circulated in Europe during the high Middle Ages, with many prescriptions mirroring those found in similar works like the *LSM*. Many of the methods and remedial medicine listed in the *SAN* concerned the dangers of childbirth. It also addressed various ways of practising fertility control, as contraception was tolerated in Jewish society if an additional pregnancy threatened the health and safety of the mother or if she was already tending to another child.⁷¹ The *SAN* also frequently cites the *Sefer Hanisyonot* (*Book of Medical Experiences*), a work on therapeutics attributed to the twelfth-century Jewish physician Abraham ibn Ezra, which in turn was based upon a tenth-century Arabic treatise by 'Adl al-Rahman.⁷² The *SAN* copied a contraceptive remedy from the *Sefer Hanisyonot* which states that 'if [the woman] carries garden mint during intercourse, it will prevent pregnancy.'⁷³

⁶⁸ Giladi, 'Infants', 358-360.

⁶⁹ *Sefer Ahavat Nashim, The Book of Women's Love and Jewish Medieval Medical Literature on Women*, ed. and trans. Carmen Caballero-Navas (London: Kegan Paul International, 2004), 32.

⁷⁰ *Ibid*, 7.

⁷¹ Ruth Mazo Karras and Jacqueline Murray, 'The Sexual Body,' in *A Cultural History of the Human Body in the Medieval Age*, ed. Linda Kalof (London: Bloomsbury, 2010), 64.

⁷² *Sefer*, 37.

⁷³ *Ibid*, 176.

The similarity in these treatises suggest that contraceptive medicine from all three religious cultures were being copied and circulated. The *SAN* also prescribed a recipe to cause a woman to lose all sexual urges. Advising the woman to extinguish burning coals with her own menstrual blood, the text symbolically also extinguished any possibility of conception.⁷⁴ The highly influential and revered Jewish physician Moses Maimonides (1135-1204) also spoke of the need to curb unwanted sexuality in females, both for humans and animals.⁷⁵ Raised in Egypt to a Judeo-Spanish father and serving as court physician to the Muslim al-Fadil, vizier to the sultan Saladin in the Holy Land, Maimonides' medical knowledge benefitted greatly from his many cultural encounters.⁷⁶ Copying and practising the medical works of Galen and Hippocrates and influenced by the Islamic East, Maimonides 'straddled a fault line of medieval civilizations,' adapting these multi-cultural medical perspectives with his own knowledge of Jewish care.⁷⁷ Describing the methods for castrating female creatures, Maimonides advised his reader that when '[o]ne excises the ovaries of a female creature, she will not lust (for coitus), and will not receive a male for pleasure. The "power of femininity" will be abolished.'⁷⁸ Like the Christian texts which attempted to extinguish lustful desire, Jewish medical manuals

⁷⁴ 'The sages of Greece prepare this remedy that has been tested: when a woman does not want to become pregnant again, immediately after giving birth to a son or a daughter, they must extinguish the burning coals with the blood that flows from her; and she must say: "my present pregnancy by my husband, so-and-so will be extinguished" and she must mention the name of her husband. She will hide the extinguished burning coals in a place where they will not see sun or moon. And when she wants to conceive again, she should expose them to the rays of the sun and moon, and she will conceive; it has been proved.' *Sefer*, 176.

⁷⁵ Baldwin, *The Language*, 234; and G. R. Dunstan, 'The Human Embryo in Western Moral Tradition,' in *The Status of the Human Embryo: Perspectives from Moral Tradition*, eds. G. R. Dunstan and Mary J. Seller (London: King Edward's Hospital Fund for London, 1988), 54.

⁷⁶ Chris Lowney, *A Vanished World: Muslims, Christians, and Jews in Medieval Spain* (Oxford, OUP, 2005), 143-148.

⁷⁷ *Ibid*, 155.

⁷⁸ 'Thus, female swine are castrated in the land of Athens, and also in other nations. Then their bodies fatten, and their flesh becomes better to eat than the flesh of other female (noncastrated) swine. If a person wishes to castrate a female, it is obligatory in this situation to remove both ovaries. In this matter the castration of a female is much more dangerous (than that of a male).' Moses Maimonides, *Treatise on Cohabitation*, in *Gender and Sexuality in the Middle Ages: A Medieval Source Documents Reader*, ed. Martha A. Brożyna (Jefferson, NC: McFarland & Company, 2005), 164.

prescribed similar methods: the use of menstrual blood to destroy sexual urges is featured in both the *SAN* and the *Physica* of Hildegard.⁷⁹

Featuring various techniques which utilised physical manoeuvres, rudimentary spermicides, or some form of *coitus interruptus*, men were given several options to avoid unwanted implantation.⁸⁰ The *Canon of Medicine* by Ibn-Sīnā relied on a mixture of these methods to act as possible male contraceptives.

[T]he partners should avoid simultaneous ejaculations [orgasms].... Quick separation of the two individuals [that is withdrawal just before the male orgasm].... The woman must also be careful to smear tar in the vagina [both] before and after coitus and [to] anoint the penis [of the man] with it, or else anoint it with balm oil and white lead.... If the penis, particularly the glans, is anointed with sweet oil before coitus, conception is prevented.⁸¹

As one of the more celebrated physicians and scientific authors of the medieval period, and the most lauded medical expert in medieval Arabic culture, Ibn-Sīnā's works influenced Western European libraries.⁸² After the translation of his *Canon* into Latin by Gerard of Cremona in 1127, Christian authors were allowed the chance to fully adopt, transmit, and adapt Arabic learning to suit their medical needs. The *Canon of Medicine* became fully integrated into the reformed medical curriculum by the middle of the thirteenth century, although this work had heavily influenced late-eleventh- and twelfth-century Italian schools.⁸³ In the third book of the *Canon of Medicine*, a treatise is devoted to various contraceptive prescriptions and the complexities of the body, particularly the sexual organs, featuring remedies for both men and women to use. Instructing that a barrier such as tar be placed in the vagina and on the penis insinuates that equal participation in contraceptive measures existed between men and women. Utilising these methods indicates that both parties would have wanted to avoid pregnancy,

⁷⁹ See Chapter II, Section II: Controlling Lust.

⁸⁰ Brundage, *Law*, 358.

⁸¹ Ibn-Sīnā, *Canon of Medicine*. In *Medical History of Contraception*, ed. N. E. Himes (New York, NY: Schocken Books, 1970), 142.

⁸² Getz, *Medicine*, 119n130.

⁸³ Faith Wallis, *Medieval Medicine: A Reader* (Toronto: University of Toronto Press, 2010), 205.

suggesting that the control of children may have been sought by both men and women.⁸⁴ Additionally, the timing of ejaculations mandated that some arrangements and preparations had to be made before intercourse began, furthering the idea that fertility control was discussed among couples as a viable alternative to conception.

In addition to rudimentary penile barriers, methods for *coitus interruptus* were also prescribed in Islamic medicine. The Arabic physician Al-Rāsī, who was a prominent figure in the gynaecological discussions of tenth-century Islamic society, suggested the use of *coitus interruptus* as a possible deterrent to conception.⁸⁵ In addition to the *Canon* of Ibn-Sīnā, the *Quintessence of Experience* of Al-Rāzī also wrote that the man should avoid ejaculating into the vaginal canal, either through withdrawing at the moment of orgasm or preventing it altogether. Although he included this as a possible contraceptive method, Islamic thought generally believed that God would cause the conception of children if he desired it, regardless of the wishes of the parents.⁸⁶

Occasionally it is very important that the semen should not enter the womb, as for instance when there is danger to the woman in pregnancy, or, if it has entered, that it should come out again. There are several ways of preventing its entrance. The first is that at the time of ejaculation the man withdraw from the woman so that the semen does not approach the os uteri. The second way is to prevent ejaculation, a method practiced by some.⁸⁷

In this example, consideration of the woman's health is listed as the main factor for avoiding conception. Once more, these methods suggest some level of shared disinterest in conceiving a child yet still wanting to engage in sexual activity without fear of unwanted pregnancy.⁸⁸ Although none of these methods offer reasons why the man should have also wished to avoid conception, they may have had similar reasons to women. Financial strains and overcrowded

⁸⁴ Garver, 'Childbearing', 226.

⁸⁵ Al-Rāsī, *Khulāsāt-al-Tajārib (Quintessence of Experience)* in *Medical History of Contraception*, ed. N. E. Himes (New York, NY: Schocken Books, 1970), 137.

⁸⁶ Karras and Murray, 'The Sexual', 64.

⁸⁷ Al-Rāsī, 137-139.

⁸⁸ Fiona Harris-Stoertz, 'Pregnancy and Childbirth in Twelfth- and Thirteenth-Century French and English Law,' *JHS* 21, no. 2 (May 2012): 281.

dwellings may have led couples to exercise family planning, as well as the numerous complications associated with pregnancy and the tribulations which could happen to a motherless family.

The less stringent Muslim stance on contraception was the result of many debates and opinions concerning the nature of laws detailed in the *Hadith*, a classical theory of Islamic law adopted by Sunni Muslims in the tenth century; although internal debate existed among Muslim leaders whether or not these laws came directly from the Prophet and should thus be integrated fully into Islamic society, creating some discord among Muslim leaders.⁸⁹ As a result, various arguments emerged in the eleventh and twelfth centuries by Islamic jurists to argue for the acceptable parameters of contraception. The Shafi'i jurist Ghazali (1058-1111) wrote an extensive treatise on the Islamic approval of contraception, arguing that, in the absence of religious texts on non-procreative activities, biological and economic factors should be considered by the couple.⁹⁰ He viewed *coitus interruptus* to be an acceptable form of birth control, avoiding the more serious acts of abortion and infanticide which were viewed as criminal offenses.⁹¹ Although these distinctions between abortion and contraception were heavily contentious among twelfth and thirteenth century Arabic legalists, high medieval Christian society was far more heavily influenced by earlier Muslim works rather than these contemporaneous debates.⁹²

Christian figures like Huguccio and Thomas of Chobham also discussed *coitus interruptus* in contraceptive terms, but as ways to avoid sinfully wasting ejaculation.⁹³ Pope Celestine III (r. 1191-1198) held similar views; that *coitus interruptus* was not an unnatural sexual act – in this sense, sinful non-procreative fornication – as long as there was no wasted

⁸⁹ Musallam, *Sex*, 14-15.

⁹⁰ Jacquart and Thomasset, *Sexuality*, 154.

⁹¹ Musallam, *Sex*, 17-18.

⁹² Helen Rodnite Lemay, trans. and ed., *De Secretis Mulierum* (Albany, NY: State University of New York Press, 1992), 4-5.

⁹³ See Chapter II, Section II: Controlling Lust.

male ejaculate in the vulva.⁹⁴ Indeed, Jean-Louis Flandrin has suggested that *coitus interruptus* was also seen as less egregiously sinful because it eliminated any possibility of infant mortality.⁹⁵ Peter Biller also mentions the more socially acceptable practice of *coitus interruptus* as recounted by Peter de Palude, writing in Paris between 1310 and 1312, who stated that married men often engaged in contraceptive *coitus interruptus* to avoid having children ‘whom he cannot feed (*quos nutrire nonpossit*),’ thus securing their conjugal debt without conceiving burdensome children. Although Peter de Palude was a Christian chronicling his experiences in thirteenth-century France, his opinions of contraceptive *coitus interruptus* were similar to the twelfth-century Muslim Shafi’i jurist Ghazali and for similar reasons. However, the inclusion of this method not only highlights the parallels in contraceptive thinking between Christian and Islamic cultures, but also the role of men in reproductive procedures. *Coitus interruptus* and penile barriers were contraceptive measures specifically executed by men with the intention of avoiding procreative results.

Contrary to the secrecy associated with the hidden parts of women and the mystery surrounding her reproductive organs, men’s genitals are far less complex and concealed. Their sexual organs, by sitting outside of the body, could have benefited more from the direct application of barriers and ointments to impede conception than those which were inserted into the vaginal openings of women. Male contraceptives – unlike abortion, uterine expulsions, or menstrual provocations – necessitated different methods which expanded beyond the supposedly female dominated world of reproductive knowledge. Instead, by examining the numerous methods employed to inhibit the man’s ejaculate from implanting in the uterus, contraception was an experience shared uniquely by both sexes, showing that reproductive knowledge was not solely practised by women.⁹⁶

⁹⁴ Brundage, *Law*, 356; and McLaren, *A History*, 119-120.

⁹⁵ Flandrin, *Families*, 229.

⁹⁶ Brundage, *Law*, 356; David M. Feldman, *Birth Control in Jewish Law: Marital Relations, Contraception, and Abortion as Set Forth in the Classic Texts of Jewish Law* (New York, NY: Schocken Books, 1974), 54-55; and,

The influence of Islamic and Jewish medical works on high medieval Christian physicians is undoubted.⁹⁷ The numerous techniques listed in Christian sources which copied Arabic works, as well as the similarities between physical and prescriptive remedies, demonstrates the depth to which physicians were willing to copy contraceptive advice: that Christian audiences were disseminating these methods shows that the source author's religious inclinations did not factor too prominently in medical censorship.⁹⁸ The influence of the *Trotula* compendium on non-Christian works is also apparent, signifying that medical manuals were being transmitted both to and from Christian schools. For example, the thirteenth-century Jewish gynaecological text, *Sefer Dinah le-khol 'inyan ha-rehem ve-holayehah* (*Dinah's Book on All that Concerns the Womb and its Sicknesses*), written in Judeo-Arabic (Arabic written in Hebrew letters), was heavily influenced by a variety of source materials and, like the *Trotula* texts, attempted to align itself to the female perspective. By using the name Dinah, the Biblical daughter of Jacob and Leah, the *Sefer Dinah* was purposefully associating itself with women; indeed, the *Trotula* compendium was attributed to Dinah by a later Hebrew commentator on this work, showing how greatly this text was associated with women's gynaecological knowledge.⁹⁹ Mint also appeared in this text for contraceptive purposes, instructing the unwilling mother to 'eat green peppermint for seven days on an empty stomach and she will never conceive.'¹⁰⁰ Judging by the frequency of mint and penile barriers in contraceptive

Helen Rodnite Lemay, 'Human Sexuality in Twelfth- through Fifteenth-Century Scientific Writings,' in *Sexual Practices and the Medieval Church*, eds. Vern L. Bullough and James A. Brundage (Buffalo: Prometheus, 1982), 200.

⁹⁷ Françoise Micheau, 'Great Figures in Arabic Medicine, According to Ibn al-Qiftī,' in *Health, Disease and Healing in Medieval Culture*, eds. Shelia Campbell, Bert Hall, and David Klausner (New York, NY: St. Martin's Press, 1992), 174-178.

⁹⁸ Cristina Alvarez-Millan, 'Practice versus Theory: Tenth-century Case Histories from the Islamic Middle East,' *SHM* 13, no. 2 (2001): 293-306.

⁹⁹ Ron Barkai, *A History of Jewish Gynaecological Texts in the Middle Ages* (Leiden: Brill, 1998), 51-52.

¹⁰⁰ *Sefer Dinah le-khol 'inyan ha-rehem ve-holayehah* (*Dinah's Book on All that Concerns the Womb and its Sicknesses*), in *A History of Jewish Gynaecological Texts in the Middle Ages*, ed. and trans. Ron Barkai (Leiden: Brill, 1998), 104.

recipes, medical information was being shared and disseminated through either oral or written transmission – or both – and was not limited to specific religious inclinations.¹⁰¹

III. Contraception and Controlling Sexuality

While the presence of contraceptive methods does not indicate that medieval culture should be considered a sexually liberated society or that women were able to utilise modern definitions of ‘choice’, it does indicate that pregnancy was not universally and unequivocally desired by all men and women. Contraceptive remedies present a unique view into medieval sexuality: namely, they provide us with insight into concerns for female well-being.¹⁰² For instance, certain women were deemed physically unfit to survive the rigours of pregnancy and childbirth, so were thus discouraged from reproducing. Ibn-Sīnā described why some women should avoid becoming pregnant and begins his treatise on contraception explaining how the knowledge of such methods were vitally important for the physician.¹⁰³

The physician is sometimes obliged to prevent pregnancy in a small woman to whom childbirth would be dangerous, or in women who are suffering from a disease of the uterus or from a weakness of the bladder.¹⁰⁴

In this example, the use of contraception is necessary to prevent further complications or more serious bodily harm; what follows were a variety of remedies for women to use to avoid pregnancy. Similar to the *LSM*, which expressed concern for those women who should not have ‘sexual relations with men lest they conceive and die,’ Ibn-Sīnā’s stance towards reproductive control was entirely concerned with the safety of the mother.¹⁰⁵ This concern for the mother,

¹⁰¹ ‘It is also useful to drink three [pints] of an infusion of sweet-basil [for] it prevents conception.’ *Canon*: 142. ‘To drink three ounces of the infusion of sweet basil will also prevent pregnancy.’ *Ismā’īl al-Jurjānī. Dhakhīra-i-Khwārazmshāhī (Treasure of Medicine Dedicated to the King of Khwārazm)*, in *Medical History of Contraception*, ed. N. E. Himes (New York, NY: Schocken Books, 1970), 145.

¹⁰² Monica H. Green and Linne R. Mooney, eds. ‘The Sickness of Women,’ *Sex, Aging, and Death in a Medieval Medical Compendium: Trinity College Cambridge MS R.14.52, Its Texts, Language, and Scribe*, *Medieval Renaissance Texts and Studies*, 292, vol. 2 (Tempe, AZ: Arizona Center for Medieval and Renaissance Studies, 2006), 25.

¹⁰³ Baldwin, *The Language*, 215.

¹⁰⁴ Ibn-Sīnā, *Canon*, 142.

¹⁰⁵ ‘Galenus dicit mulieres que habent uulvas angustas et matrices strictas non debent uiris uti, ne concipiant et moriantur. Sed omnes tales non possunt abstinere, et ideo nostro indigent auxilio.’ *Trotula*, 83.

present in both Arabic and Christian medical works, calls into question the notion that physicians in the high Middle Ages were less concerned with the safety of the mother over the successful production of children; rather, it appears that the importance placed on medieval childbirth is not so simple to define.¹⁰⁶

As pregnancy and childbirth were constantly subjected to many physical complications, some couples may have wished to avoid these dangers and practise a perceived form of contraception. Unlike many other physically invasive procedures – such as foetal extraction or replacing a prolapsed womb – contraception was a far more private and intimate process which would not have required a physician. As most contraceptive techniques were intended to be used either during or directly after the sexual act, compilers of medical compendia would not have been present to perform these procedures themselves, leaving the responsibility of reproductive control to those involved in the sexual act.¹⁰⁷ Although sexual intercourse was encouraged in marital bonds, it was still considered to be a base and irrational practise according to celibate medieval theologians.¹⁰⁸ As an expression of physical irrationality, sexuality was overwhelmingly associated with animalistic traits. Bestial urges were frequently associated with human sexuality, so contraceptive techniques regularly featured the severed organs or appendages of animals in methods that may be interpreted as symbolic or psychosomatic.¹⁰⁹

The medieval relationship between humans and animals in the Middle Ages is a complex one. As Adam was named supreme lord over all the beasts and birds of the earth, man was thought to be inherently superior to animals.¹¹⁰ Full of logic and reason, man had

¹⁰⁶ Etienne van de Walle, “‘Marvellous Secrets’”: Birth Control in European Short Fiction, 1150-1650,’ *Population Studies* 54, no. 3 (November 2000): 321-330.

¹⁰⁷ Jacquart and Thomasset, *Sexuality*, 154.

¹⁰⁸ Catherine Rider, “‘A Defect of the Mind or Body’”: Impotence and Sexuality in Medieval Theology and Canon Law,’ in *The Ends of the Body: Identity and Community in Medieval Culture*, eds. Suzanne Conklin Akbari and Jil Ross (Toronto: University of Toronto Press, 2013), 193-194.

¹⁰⁹ See Chapter I, Section IV: Purposeful Sterility for the discussion of animal genitals in sterilising medicine.

¹¹⁰ Genesis 2:19-20. ‘Now the Lord God had formed out of the ground all the wild animals and all the birds in the sky. He brought them to the man to see what he would name them; and whatever the man called each living

transitioned from his animalistic state in the womb when he chose to become aware and ensouled through his birth; taking his first breath, he was allowed to become aware of the darkness of the world and transition to the human state.¹¹¹ Several works have devoted considerable attention to understanding the relationship between human and animal sexuality, particularly how women were often compared to bestiality and chided for their primitive natures. Joyce E. Salisbury has argued that, starting with Eve's temptation by the serpent in the Garden of Eden, women were defiled and subjected to the animalistic nature of sexuality: intercourse was thought to be anti-human, as it was based more on experiencing passions rather than reason.¹¹² Indeed, some medieval physicians wondered if women were animals rather than human beings, based on their unpredictable anatomy.¹¹³ However, humans were thought to experience less amounts of lust than the more sexually-driven animals as such urges were irrational: simply put, humans had reason and animals did not. However, the sheer amount of reproductive methods, for both abating and encouraging the sexual appetite, utilised the sexual and non-sexual anatomy of animals, intertwining the human with the non-human.¹¹⁴ Many comparisons existed in the medieval period which sought to associate women with sub-human traits.¹¹⁵

For example, the use of castrated testicles were often suggested in contraceptive techniques to be placed on the human body, promoting the idea that the wearer was supposedly equally stripped of their reproductive abilities and subjected to the same level of sterility. Catherine Rider has shown how certain animals were thought to cause or cure magically

creature, that was its name. So the man gave names to all the livestock, the birds in the sky, and all the wild animals.'

¹¹¹ Jacquart and Thomasset, *Sexuality*, 164.

¹¹² Joyce E. Salisbury, *The Beast Within: Animals in the Middle Ages* (New York, NY: Routledge, 1994), 78-79.

¹¹³ Laurinda Dixon, 'The Curse of Chastity: The Marginalization of Women in Medieval Art and Medicine,' in *Matrons and Marginal Women in Medieval Society*, eds. Robert R. Edwards and Vickie Ziegler (Woodbridge: Boydell Press, 1995), 52.

¹¹⁴ Alexandra Cuffel, *Gendering Disgust in Early Medieval Religious Polemic* (Notre Dame, IN: University of Notre Dame Press, 2007), 199.

¹¹⁵ Caroline Bynum, 'Why All the Fuss about the Body? A Medievalist's Perspective,' *Critical Inquiry* 22, No. 1 (Autumn 1995): 16.

induced impotence, like parts of serpents or the bile of black male dogs, thus controlling the sexual capabilities of the intended victim.¹¹⁶ Similarly, the exploitation of animal anatomy was credited with ensuring contraceptive results and placing purposeful sterility on the utiliser of these methods. Often, these methods were written as if for women to use, suggesting that she castrate the animal herself, thus rendering her sterile for the length of time in which she wore or carried the severed members. The *Thesaurus Pauperum* of Peter of Spain suggested that the woman castrate either a weasel or a donkey to avoid conception.

[The] testicles of a live, male weasel, castrated by a woman, and wrapped in the skin of a goose or similar, avoids conception.... [I]f a woman imbibes or wears ears or testicles of the male donkey, she will not conceive.¹¹⁷

Although there is very little evidence to support the notion that carrying the genitals of animals on your body inhibited conception – other than imagining the obvious unattractiveness or unpleasant odours emitted by carrying severed body parts on one's person – the frequency with which these remedies appeared in many different texts attest to their perceived efficiency, or at least, the authority granted to their source origins. As one of the most frequent uses of animal anatomy in medieval reproductive medicine, castrated genitals were obviously associated with anti-conceptive outcomes.

Viewed as particularly sexually promiscuous, weasels were associated with oral intercourse, one of the many bodily activities perceived to be obscene or unnatural in the medieval period; additionally, weasels were also associated with irrationality, that most unhuman trait of all.¹¹⁸ Peter of Spain's *Thesaurus* was mostly a compilation of contraceptive methods culled from a variety of medical texts, including remedies supplied in the *Trotula* texts. For example, he copied a similar method for weasel's testicles supplied in the *LSM*.

¹¹⁶ Catherine Rider, *Magic and Impotence in the Middle Ages* (Oxford: OUP, 2006), 33, 47.

¹¹⁷ *Thesaurus Pauperum*, 169. 'Item testiculi mustelle castrati uiui a muliere, in pellicula anserine inuoluti, uel in alia, aufert conceptionem.... Item si bibat aut portet mulier auriculas et testiculos burdonis, non concipet.' *Obras Médicas*, 259-261.

¹¹⁸ Salisbury, *The Beast*, 82-83.

In another fashion, take a male weasel and let its testicles be removed and let it be released alive. Let the woman carry these testicles with her in her bosom and let her tie them in goose skin or in another skin, and she will not conceive.¹¹⁹

In this passage, the woman is supposedly given more specific instructions for how to properly utilise and control the sexual urgings of this animal. Instead of merely stating that she must capture and castrate the animal for the remedy to take effect, like that supplied in the *Thesaurus Pauperum*, the original remedy provided in the *LSM* provided far more detailed advice for ensuring the apparent effectiveness of this method. Tying the testicles in the skin of another animal and carrying them close to her bosom, the woman was meant to literally carry these with her for the sake of avoiding conception, requiring dedication and discretion. In addition to the severed genitals of weasels, Peter of Spain also recommended other sexual objects for contraceptive purposes.¹²⁰ The wombs and pelvic bones of various animals were thought to act as anti-fertility amulets by wearing them strapped to the thighs or abdomens of sexually active woman.

Additionally, Peter of Spain relied heavily on non-Christian medicine for their contraceptive beliefs. He cited both Ibn-Sīnā and Ibn ‘Abbās when he prescribed the use of dog’s testicles to help suppress or assist sexuality, depending on which one was ingested, in his *Thesaurus Pauperum*.

The dog has two testicles, whose effects and properties are contrary one to the other; one stays more on top and the other lower; one is hard and almost dry and the other soft and moist; eating the one that is dry destroys coitus; eating the soft and humid one strengthens and augments it; if the male takes the dry, larger one, the offspring will be of masculine sex and strong; if the woman takes the smaller, she will conceive a female. Hali and Avicenna.¹²¹

¹¹⁹ ‘Aliter. Recipe mustelam masculum et auferantur ei testiculi et relinquatur uiuus. Hos testiculos ferat secum mulier in sinu suo et liget eos in pelle anserine uel in alia, et non concipiet.’ *Trotula*, 86.

¹²⁰ ‘[If] the woman carries with her the small bone which is found in the vulva of the female donkey she will never conceive.’ *Thesaurus Pauperum*, 169. ‘Item ossulum, quod inuenitur in uulua asine, si secum mulier tulerit, numquam concipiet.’ *Obras Médicas*, 261.

¹²¹ *Thesaurus Pauperum*, 169. ‘Item canis habet duos testiculos, quorum actiones et proprietates sunt contrarie; unus est superior, alius inferior; unus est durus et quasi siccus, alius mollis et humidus; succis comestus destruit coitum; mollis et humidus confortat et auget; si uir accipiat siccum et maiorem, generabit masculum fortem; si mulier sumat minorem, concipiet feminam. Hali. Auicenna.’ *Obras Médicas*, 261.

Meant to either destroy the urge for sexual intercourse or to assist in determining the sex of the offspring, the use of animal testicles to either encourage or diminish sexuality was a particularly common feature among contraceptive medicine.¹²² In this particular treatise, humoral influences were clearly designed to help assist either the male or the female: by ingesting the drier testicle, the man is strengthening his masculinity by consuming the condition associated with virility, dry and hot; the woman, who was meant to ingest the moist testicle, was favouring those elements associated with femininity, wet and cold.¹²³

Whatever details may be missing from these remedies – specifically why the sexual organs of animals were thought to inhibit conception – it is obvious that some level of metamorphosis between the animal and the human was thought to occur.¹²⁴ In capturing and containing the sexuality of animals, women may have metaphorically suppressed their own reproductive capacities. As sexual urges and lustful behaviour were associated with primal animals rather than humans, medieval women may have sought to ensnare the essence of these beings, reining in their own sexual capacities at the same time. Certain information is also missing from these treatises; namely, how often and for how long these women were required to wear contraceptive tokens on their person. Additionally, these methods may never have been employed in everyday life. As it is next to impossible to answer these questions based on the existent evidence, these remedies encapsulate many of the difficulties associated with medieval reproductive medicine. However, knowing how women's bodies related to the primal, base, animalistic existence of beasts does help to determine how reproduction – and women's sexuality, in general – may have been viewed during the high Middle Ages.¹²⁵ Medieval medical thought was based largely on observation and, perhaps by observing certain traits in

¹²² Peggy McCracken, 'Nursing Animals and Cross-Species Intimacy,' in *From Beasts to Souls: Gender and Embodiment in Medieval Europe*, eds. E. Jane Burns and Peggy McCracken (Notre Dame, IN: University of Notre Dame Press, 2013), 42.

¹²³ Ibn-Sīnā, *Canon*, 246.

¹²⁴ Caroline Walker Bynum, *Metamorphosis and Identity* (New York, NY: Zone Books, 2001), 94-96.

¹²⁵ Cuffel, *Gendering*, 200-203.

animals familiar to physicians, these qualities were believed to be absorbed into the human body through the ingestion or application of certain animal anatomy.

One plausible reason why so many medical remedies featured animals in their ingredients is simply this: medieval physicians used the components which were common to them and animals, like herbs, spices, and stones, would have been within reach. For example, stones – like animals – were some of the more common materials listed in medical texts for controlling reproduction.¹²⁶ The healing properties of rocks and gems were commonly featured in medieval medicine; Hildegard of Bingen devoted a large section of her *Physica* to the various remedial properties associated with stones. Anglo-Saxon medicine also frequently made use of amulets or other magical objects to heal the body.¹²⁷ The use of stones also appeared in books of French and Italian origin, which prescribed commonly found stones for contraceptive purposes¹²⁸ The twelfth-century *De Lapidibus* by Marbode of Rennes advised using orite for two unrelated ailments, snake bites and contraception. Advising that the stone be carried by travelers, Marbode instructed that orite worked in contraceptive capacities.

[When] made to hang the stone does not allow a woman to become pregnant, or if she is already pregnant, it discharges a miscarriage speedily.¹²⁹

Like the variety of plants listed in pharmacopeia, stones were used for a variety of remedial medical means. The healing powers thought to inhabit orite not only deterred conception from occurring but also acted in an abortive capacity.

The use of stones for contraceptive purposes also occurred in other texts, as the *LSM* prescribed a similar method for a stone called ‘gagates’. The author assured the patient that

¹²⁶ Jeffrey J. Cohen, ‘The Sex Life of Stone,’ in *From Beasts to Souls: Gender and Embodiment in Medieval Europe*, eds. E. Jane Burns and Peggy McCracken (Notre Dame, IN: University of Notre Dame Press, 2013), 17-25.

¹²⁷ M. L. Cameron, *Anglo-Saxon Medicine* (Cambridge: Cambridge University Press, 1993), 22, 37.

¹²⁸ Gad Greudenthal and Jean-Marc Mandosio, ‘Old French into Hebrew in Twelfth-Century Tsarfat: Medieval Hebrew Versions of Marbode's *Lapidary*,’ *Aleph* 14, no. 1 (2014): 11-19.

¹²⁹ ‘Altera pars cujus crebris nimis aspera clavis, altera laevior est corpus quasi lamina ferri. Hic facit appensus ne fiat femina praegnans, aut vel si praegnans fuerit, fundet abortum.’ Marbode of Rennes, *De Lapidibus*, PL 171.1764.

holding the stone or even tasting it would serve as a contraceptive.¹³⁰ Other uses for stones as contraceptives or abortifacients appear in the twelfth-century *Regimen Sanitatis Salernitanum*, from the Salerno school of medicine, which prescribed stones rubbed with oil and the herb artemesia to be used for forcing a miscarriage.¹³¹ The unspecified stones in this treatise are used to support the plant artemesia, which was often prescribed in gynaecological texts because of its association with reproductive purges, acting as a subsidiary element in many abortive remedies. Using common elements like stones to control reproduction were not limited to those which sought to cease fertility, but also for avoiding a miscarriage and aiding in the delivery of a child.¹³² In Jewish medical thought, the image of a scorpion carved into a stone and carried by the woman was thought to protect the foetus from accidental abortion.¹³³ The overall success of these regulations is unclear, as very little evidence exists which attest to the number of women who attempted to halt their reproductive abilities or for those who sought penance for similar actions, leaving only speculation as to the frequency with which these practises were utilised, transmitted, and accessed.

IV. Conclusion

Despite the presence of reproductive control in ecclesiastical debates and legal codices, one substantial methodological problem remains for this period: these conversations were overwhelmingly recorded by men and the female voice was frustratingly silent. With few exceptions, the experiences of women have remained unrecorded and those that have survived

¹³⁰ 'Or there is found a certain stone, [called] "gagates," which if it is held by the woman or even tasted prohibits conception.' 'Inuenitur autem quidam lapis gagates qui gestates a muliere prohibet conceptionem uel etiam gustatus.' *Trotula*, 85.

¹³¹ 'To help encourage urination or perform an abortion, take a stone of considerable size which has been rubbed with fresh herbs, and place the said stone on your stomach.' 'Urinas potat iuvat, lapidem tibi tollit, pellit abortivum potu vel subdita tantum, trita super stomachum viridis et ponitur herba.' *Regimen sanitatis Salernitanum (Flos Medicina)*, In *Storia documentata della scuola di Salerno [Collectio Salernitana]* (Naples: Typographie du Filiale-Sebezio, 1895), 897-899.

¹³² Harper, 'The Image', 110; and, Monica H. Green, 'Conversing with the Minority: Relations among Christian, Jewish, and Muslim Women in the High Middle Ages,' *JMH* 34, no. 2 (2008): 111.

¹³³ *Medicament for Pregnancy Called the Head Shield*, in *A History of Jewish Gynaecological Texts in the Middle Ages*, ed. and trans. Ron Barkai (Leiden: Brill, 1998), 204.

are little more than hearsay accounts or narrative devices. This silence has left little indication why a woman would have sought to control her fertility. Texts which have recorded the medical processes of reproductive control, the emotions of the mother, or possible reasons for avoiding pregnancy are mostly non-existent for this period. Despite this lack of source material, the fear of childbirth, physical maladies, financial strains, or societal shame may have caused some women to avoid the conception of children, particularly for those who conceived out of wedlock or were the victims of rape.¹³⁴ Some women may have sought contraceptive remedies or transmitted similar information to others, furthering the belief held by contemporary theologians that women's sexual knowledge was inherently destructive.

For example, debating the moment of ensoulment provides some measure of leniency for terminated pregnancies. As some medieval theologians did not consider the embryo/foetus to be a rational human being until the moment of quickening, women may have been morally excused from causing either accidental or purposeful abortive actions on their bodies.¹³⁵ Terminating a pregnancy pre-quickening may have been interpreted as resulting in the death of a non-entity, rather than facilitating the intentional demise of a living being.¹³⁶ Additionally, the secrecy of early pregnancy could have afforded some women the opportunity to end their pregnancies discreetly and, although there is very little evidence which could directly indicate that this was happening, ecclesiastics clearly feared that this was a possibility. Thus, their suspicions of women and their reproductive bodies grew.

As Muslim, Jewish, and Christian cultures held different perspectives on contraception, their willingness to copy and record contraceptive techniques becomes even more poignant.

¹³⁴ Hilary Powell, 'The Miracle of Childbirth': The Portrayal of Parturient Women in Medieval Miracle Narratives,' *SHM* 25, No. 4 (2012): 795-798.

¹³⁵ Bernard Pouderon, 'L'influence de'Aristote dans la doctrine de la procreation des premiers Pères et ses implications théologiques,' in *L'embryon, Formation et Animation: antiquité grecque et latine tradition hébraïque, chrétienne et islamique*, ed. by Luc Brisson, Marie-Hélène Congourdeau and Jean-Luc Solère (Paris: J. Vrin, 2008), 160.

¹³⁶ Jones, *The Soul*, 32.

That, despite whatever theological ideas influenced their own specific religion, medieval physicians were willingly transmitting reproductive knowledge. Through the shared use of an herb like mint, physicians from all three religions were sharing source material and promoting the idea that commonly known folkloric medicine was also transmitted in these distinct cultures. Although Christian works like the *Trotula* compendium and the *Thesaurus* of Peter of Spain were prescribing similar methods as Arabic or Jewish physicians, they were also providing a multi-cultural perspective on contraception. Going against the accepted belief that all sexual relations were meant to be procreative, like those found in the works of Hugh of St Victor, medical texts recognised that some medieval couples would not have wished to engage solely in reproductive activity. These medical works discussed other possible reasons for wanting to avoid children and openly transmitted methods associated with contraceptive results, adopting different views to those accepted within their religious communities. Additionally, the inclusion of counter-procreative techniques which were prescribed for both women and men also suggests that fertility control was not a specifically gendered practise. Instead, contraception was something that could have been performed by both sexes, promoting the notion that men were also involved in reproductive decisions.

Medical books supplied many remedies for ensuring conception and the safe delivery of children, yet they also gave methods for contraception and expulsive techniques. The desire to produce children was an incredibly personal experience in the Middle Ages and, although most of medieval society encouraged the procreation of children, the presence of contraceptive or abortive methods in medical texts cannot be ignored. Although the existence of these methods may be more indicative of collective societal fears that women were attempting to control their reproductive abilities, it may also suggest that some supported these practises or, at the very least, were willing to copy and transmit this knowledge. As childbirth was an incredibly dangerous process, subjected to numerous complications and life-threatening

situations, some women may have wished to avoid any unnecessary pregnancy for fear of death. While the loss of a child was tragic, the loss of the mother would have had a much deeper impact on a family. The death of a mother would have denied a family of additional income and support, as well as deprived other dependents of a care-giver. The presence of contraceptive methods in contemporaneous medical literature suggests that some women may have resorted to any number of measures to control their reproductive abilities or, conversely, that both women *and* men were perceived to be practising these anti-conceptive measures.

CHAPTER IV: *Illicit Sexuality*

She kills the children carried by her daughters
When they have conceived in low couplings;
To kill them is nothing more to them
Than to eat fat eels.
And there are those, so says Ovid,
Who kill themselves so horribly
When they think they are killing their child
And thus do they commit double homicide.¹

Etienne de Fougères (d. 1178), *Le livre des manières*

As the most literate section of medieval society, religious institutions served as both the enforcers and recorders of cultural, social, and sexual writings. Leading ecclesiastical figures wrote on the repercussions of a wayward society and the dangers of illicit sexuality were often a target of this condemnation.² Women were particularly singled out for their tempting bodies and perceived disposition towards sinful activities. Etienne de Fougères, the twelfth-century bishop under the English king Henry II, was critical of the supposed lustfulness of women and wrote about their sexual deviances, particularly concerning the sinful activities of lesbianism, adultery, and insatiable feminine desire.³ As a celibate ecclesiastical figure, Etienne's disgust for carnal behaviour is not surprising, particularly since sexually active women were considered particularly egregious by contemporary monastic men.⁴ Etienne's misogynistic

¹ Etienne de Fougères, 'The Good Marriage,' in *Love, Marriage, and Family in the Middle Ages*, ed. Jacqueline Murray (Peterborough, Ont.: Broadview Press, 2001), 26.

² Marjorie Chibnall, 'Women in Orderic Vitalis,' in *Piety, Power and History in Medieval England and Normandy* (Aldershot: Ashgate, 2000), 109.

³ Karma Lochrie, 'Configurations of Gender and Sexuality in Medieval Europe,' in *The Cambridge History of Gay and Lesbian Literature*, eds. E. L. McCallum and Mikko Tuhkanen (Cambridge: CUP, 2014), 102-103; Etienne de Fougères, *Le livre des manières*, ed. R. Anthony Lodge (Librairie Droz: Genève, 1979); R. Anthony Lodge, 'The Literary Interest of the 'Livre des manières' of Etienne de Fougères,' *Romania* 93, no. 372 (1972): 479-497; and, Angus McLaren, *A History of Contraception: From Antiquity to the Present Day* (Oxford: Basil Blackwell, 1990), 112.

⁴ E. Jane Burns, 'A Snake-Tailed Woman: Hybridity and Dynasty in the *Roman de Mélusine*,' in *From Beasts to Souls: Gender and Embodiment in Medieval Europe*, eds. E. Jane Burns and Peggy McCracken (Notre Dame, IN: University of Notre Dame Press, 2013), 204-205.

writings portrayed women as lascivious and irrepressibly lustful, succumbing to the morally reprehensible activities of homosexuality and abortion to continue their non-procreative encounters uninhibited by motherhood.⁵ Describing these women as both the killers of children and, possibly, of themselves, Etienne's perception of abortion is decidedly homicidal. As the herbal concoctions often prescribed for abortive methods usually contained some toxic or dangerous elements, a woman would have put her own body at risk, possibly committing the two abhorrent actions of homicide and suicide.

As women's bodies were thought to be captive to irrational whims, theologians and legal canonists attempted to control their sexual lapses through both ecumenical and judicial means. High medieval theologians attempted leniency for some instances of fertility control, especially in the poorer classes, for fear of continual social instability and increased monetary pressure on the church to support these populations.⁶ However, this same level of leniency did not extend to abortion. Although deemed to be contrary to the will of God in the early medieval period, abortion was infrequently persecuted for criminal activity: whether this was because these instances were never tried or simply not included in the judicial records is difficult to establish. Instead, theologians, law makers, and physicians could hold numerous opinions on the issue, only fully criminalising all forms of abortion, both ecclesiastically and civilly, by the late thirteenth-century.⁷ Most theologians perceived sexually active women in overwhelmingly negative terms during the early and high medieval periods, but those who performed contraceptive or abortive remedies or engaged in unrestrained sexual practises were considered particularly heinous. Most women who engaged in sexual activity did so to produce children, fulfilling their God-given urges within productive and sanctified unions.⁸ However much this

⁵ Jacqueline Murray, 'Twice Marginal and Twice Invisible: Lesbians in the Middle Ages,' in *Handbook of Medieval Sexuality*, eds. Vern L. Bullough and James Brundage (New York, NY: Routledge, 1996), 204-205.

⁶ See Chapter III: Marital Sex about child abandonment.

⁷ Wolfgang Müller, *The Criminalization of Abortion in the West: Its Origins in Medieval Law* (Ithaca, NY: Cornell University Press, 2012), 12-14.

⁸ Patricia Skinner, *Health and Medicine in Early Medieval Southern Italy* (Leiden: Brill, 1997), 40.

role was promoted during the high medieval period not all women were perceived to be adhering to this ideal. Ecclesiastics and other influential men like Etienne portrayed some sexual women as malicious abortionists, succumbing to lives of pernicious sinfulness and encouraging others to do the same. Their views of sexually promiscuous women shaped contemporary opinions, urging a misogynistic outlook and mistrust of reproductively knowledgeable women: works that implicated anatomically educated women with abortive activities promoted these anti-feminine beliefs.⁹

This chapter will explore these themes of illicitly sexual behaviour, particularly focusing on the perception of abortionists and the rise in misogynistically inclined texts. Instances of sexually devious women – both in and out of the cloister – were used to promote the separation of the sexes and furthered the belief that women were inherently captive to their bodily whims.¹⁰ This chapter will engage with these debates, as well as discuss societal perceptions and remedial practices of abortion, to deepen the analysis of lascivious sexual practices and misogynistic opinions in the high medieval period. Additionally, this examination will also emphasise how terminated pregnancies were viewed by medieval chroniclers, revealing the many misogynistic and sexually repressive opinions so prevalent among the records of medieval chroniclers; namely, monastic and celibate men. Although it is difficult to accurately determine whether these instances were merely rhetorical tropes or records of actual events, sexually lascivious women were perceived to be real threats to spiritual sanctity, necessitating control and condemnation from contemporary men.

⁹ Howard R. Bloch, *Medieval Misogyny and the Invention of Western Romantic Love* (Chicago, IL: UCP, 1991), 67; and, Peggy McCracken, 'The Curse of Eve: Female Bodies and Christian Bodies in Heloise's Third Letter,' *Listening to Heloise: The Voice of a Twelfth-Century Woman*, ed. Bonnie Wheeler (Basingstoke: Macmillan, 2000), 225.

¹⁰ Caroline Walker Bynum, *Fragmentation and Redemption: Essays on Gender and the Human Body in Medieval Religion* (New York, NY: Zone Books, 1991), 146-147.

I. The 'Secrets' of Women

Overwhelmingly, medical works circulated in the medieval period were composed by men and recorded in male settings, like monastic centres or formal universities: many of these texts portrayed reproductively experienced women as evil or destructive and inherently secretive. Monica Green has remarked on this negative perception of women, particularly during the late thirteenth century. Previously, works concerning female health were said to deal with 'women's matters' or 'women's affairs' and primarily used words like *mulierum* or *genecia*, a hybrid of the Greek word *gynaikeia*, to describe their subject matter. However, beginning in the thirteenth century and growing substantially in the fourteenth and fifteenth centuries the word *secretis* surpassed these other terms, describing gynaecology as the 'secrets of women'.¹¹

As Green has shown, the term *secretis* 'did not enshroud women's bodies with a protective barrier to the male gaze...[instead] it rendered women's bodies open for intellectual scrutiny in ways that...may have left certain observers with concern that medical discourse had more power to harm women than to help them.' In this sense, women's bodies stored secretive and dangerous information which needed to be uncovered by men. Karma Lochrie has argued that the notion of 'secretive knowledge' began to associate femininity with bodily shame, forcing men to 'protect themselves against dangerous feminine secrets by knowing them' and exposing these mysteries for male observation.¹² The discernment that women's secrets were dangerous furthered the misogynistic perspective of the thirteenth century. Additionally, Katherine Park has also researched the suspicions associated with the female body and the rise in medical misogyny during the later Middle Ages. She argues that, during the second half of the thirteenth century, women's secrets were believed to be related solely to bodily health yet, over the following centuries, women's secrets began to be identified closely with sexuality and

¹¹ Monica H. Green, 'From "Diseases of Women" to "Secrets of Women": The Transformation of Gynecological Literature in the Later Middle Ages,' *Journal of Medieval and Early Modern Studies* 30, no. 1 (Winter 2000): 5.

¹² Karma Lochrie, *Covert Operations: The Medieval Uses of Secrecy* (Philadelphia, PA: UPP, 1999), 121-122.

generation.¹³ Women, therefore, were both the practitioners and educators of destructive physical information, requiring men to censor and control this devious knowledge.

As women became more commonly associated with this negative perception, misogynistic suspicion grew among male practitioners, causing medically experienced women to be regarded as evil. This rise in mistrust coincided with the belief that women innately knew destructive information, particularly for controlling their reproductive capabilities. One testament to this 'secretive' nature is from the late thirteenth-century/early fourteenth-century *De Secretis Mulierum* (*On the Secrets of Women*) which promoted these misgivings.¹⁴ Mainly accredited to an unknown author – Pseudo-Albertus Magnus – the *DSM* heralded a shift in gynaecological medicine by alluding to the idea that sexual knowledge was uniquely secretive to women.¹⁵ The *DSM* was written in a German monastic setting, possibly by a follower of Albert the Great, and heavily influenced by non-Christian authors, like Aristotle, Ibn-Sīnā, and Averroes: Thomas of Cantimpré has been suggested as a possible author based on his 1240 *De naturis rerum* which described similar subject matter, yet this claim is disputable.¹⁶ Although the identity of the author is unknown, as well as the identities of many of the later commentators, they were clearly involved in the monastic vocation.¹⁷ Discovered in a thirteenth-century manuscript, the *De secretis mulierum, chirurgia et de medendi libri septem* is an extensive poem which consists of seven books. The first book of the poem is titled *De*

¹³ Katherine Park, *Secrets of Women: Gender, Generation, and the Origins of Human Dissection* (New York, NY: Zone Books, 2006), 82.

¹⁴ *De Secretis Mulierum*, ed. and trans. Helen Rodnite Lemay (Albany, NY: State University of New York Press, 1992), 3-6.

¹⁵ Green, 'From "Diseases"', 7.

¹⁶ *De Secretis Mulierum*, 1-2, 9; Adam Takahashi, 'Nature, Formative Power, and Intellect in the Natural Philosophy of Albert the Great,' *Early Science and Medicine* 13, no. 5 (2008): 452-453; Jerry Stannard, 'Albertus Magnus and Medieval Herbalism,' in *Albertus Magnus and the Sciences: Commemorative Essays*, ed. James A. Weisheipl (Toronto: PIMS, 1980), 356-357; Jerry Stannard, 'The Botany of St. Albert the Great,' in *Albertus Magnus, Doctor Universalis, 1280/1980*, ed. Gerbert Meyer and Albert Zimmerman (Mainz, 1980), 365-372; and, John M. Riddle and James A. Mulholland, 'Albert on Stones and Minerals,' in *Albertus Magnus and the Sciences, Commemorative Essays*, ed. James A. Weisheipl (Toronto: PIMS, 1980), 203-234.

¹⁷ Monica H. Green, "'Traittié tout de mençonges'" The *Secrés des dames*, "Trotula," and Attitudes toward Women's Medicine in Fourteenth- and Early-Fifteenth-Century France,' in *Christine de Pizan and the Categories of Difference*, ed. Marilyn Desmond (Minneapolis, MN: University of Minnesota Press, 1998), 150.

secretis mulierum and deals exclusively with the diseases of women, mostly related to issues of the womb, childbirth, sterility and abortion: the second book, *De ornatu mulierum*, deals with cosmetics and the remaining books focus on surgery and healing.¹⁸

The author began the work by stating their reason for composing a text on women's sexuality. According to the author, he was approached during confession by a young man whose abdomen was covered in blood after engaging in sexual intercourse and explained to the oblivious adolescent that this was caused by an excess of the woman's seed.¹⁹ Aghast at the man's lack of gynaecological or sexual knowledge, Pseudo-Albertus was stirred to write the *DSM* to address this ignorance and provide further insight to equally uninformed men about the nature of women's bodies.²⁰ The language of the *DSM* suggests that this 'secretive' knowledge was kept purposefully elusive and out of the reach of men, thus requiring the author to expose these secrets and uncover the mysteries of the female body.²¹ However, the *DSM* is one of the few texts from the high medieval period which suggested that only women knew the mysteries of their sexualised bodies, wrongly asserting that reproductive knowledge was uniquely feminine information.²² Indeed, most gynaecological works during the eleventh, twelfth, and thirteenth centuries overwhelmingly referenced other men for their information, asserting that an interest in reproductive health was shared by both sexes. However, the *DSM*

¹⁸ Virginia de Frutos Gonzalez, *Flos Medicine (Regimen Sanitatis Salernitanum): estudio, edición crítica y traducción* (Valladolid: Universidad de Valladolid, 2010), 21-22.

¹⁹ 'During confession one of my comrades asked me why, when he slept with his beloved young girl, he found his abdomen covered with blood up to the umbilicus after the sex act was finished... [S]ometimes the flow of menses is beneficial to the woman, and sometimes it is harmful, depending on whether the matter is more or less abundant. And that flow of which my comrade was speaking was not a flow of the menses, but rather a flow of seed during coitus because of an abundance of matter.' *De Secretis Mulierum*, 135. 'Audi in confessione societatis ab uno inquirere causam a me, quare hoc esset, quando ipse dormiret cum sua dilecta juvencula, quod tunc ipse coitu finite, inveniret ventrem suum usque ad umbilicum sanguine profusum et timuit multum et causam ignoravit, et non fuit ausus se retrahere a juvencula, propter amorem magnum inter eos. Et ideo quandoque fluxus menstrui prodest mulieri et quandoque nocet, secundum quod material magis vel minus abundat. Et ille fluxus non fluit menstruorum, sed feminis in coitus propter abundantiam materiae.' Albertus Magnus, *De secretis mulierum*, Johannes Janssonius (Amsterdam, 1662), 112-13.

²⁰ Sarah Alison Miller, *Medieval Monstrosity and the Female Body* (New York, NY: Routledge, 2010), 56-61.

²¹ Bettina Bildhauer, *Medieval Blood* (Cardiff: University of Wales Press, 2006), 37-38, 93.

²² Alexandra Cuffel, *Gendering Disgust in Early Medieval Religious Polemic* (Notre Dame, IN: University of Notre Dame Press, 2007), 100.

described female illnesses in enigmatic terms, insinuating that women's issues were relegated to an undisclosed realm of medical knowledge inaccessible to men. Bettina Bildhauer has described this perception as 'a man explicating women to other men,' particularly since 'there is not a single claim treating women as anything but objects of distanced or hostile description,' thus presenting the secretive information of women as inherently distrustful and dangerous.²³ Practical gynaecological medicine, however much it may have been written by men, was thought by Pseudo-Albertus to be within the realm of female control, and the shroud of secrecy under which it existed created an air of mystery for those unfamiliar with remedial knowledge or sexually active women.²⁴

Additionally, this text took a particularly misogynistic tone towards women, especially those who were thought to use their sexual knowledge for evil purposes. Condemning medical women (*doctae mulieres*) as deceitful and overtly promiscuous, Pseudo-Albertus associated them with evil intentions.

For this reason harlots, and women learned in the art of midwifery, engage in a good deal of activity when they are pregnant. They move from place to place, from town to town: they lead dances and take part in many other evil deeds. Even more frequently they have a great deal of sex, and they wrestle with men. They do all these things so that they might be freed from their pregnancy by the excessive motion. The reason for their great desire for coitus is that the pleasure that they experience will help them blot out the grief that they feel from the destruction of the foetus.²⁵

The assertion that women could terminate their pregnancies and were actively encouraging others to do the same indicates the level of mistrust that was associated with medically knowledgeable women. The popularity of this work is evident; eighty-three handwritten manuscripts and 120 printed editions of this text survive from the fifteenth and sixteenth

²³ Bildhauer, *Medieval*, 35.

²⁴ Monica Green, 'The Possibilities of Literacy and the Limits of Reading: Women and the Gendering of Medical Literacy,' in *Women's Healthcare in the Medieval West: Texts and Contexts* (Aldershot: Ashgate, 2000), 18-24.

²⁵ *De Secretis Mulierum*, 79, B. 'Et ideo meretrices et doctae mulieres vel lenae in hac arte, quando fentiunt se impraegnatas, movent se de loco ad locum, de villa ad villam ducunt choreas, et multa alia mala, et frequentius multum coeunt, et luctantur cum viris, ut per motum liberentur a conceptione, et cupiunt coitum ut per delectationem obliviscantur dolorem qui generator ex destructione foetus.' *De secretis mulierum* (1662), 79.

centuries, alone, suggesting that the ideas presented in the *DSM* would have had a significant impact on the educated and powerful areas of medieval society.²⁶ Not all receptions of the *DSM* were positive, however: the late medieval author Christine de Pizan (d. 1430) described it as ‘written carelessly and coloured by hypocrisy, for if you have looked at it, you know that it is obviously a treatise composed of lies.’²⁷

Despite Pseudo-Albertus’s stance that women’s bodies held dangerous secrets, Robert Jütte has noted that the *DSM* contains hardly anything which would have remained ‘secret’.²⁸ In this sense, the term ‘secret’ was a reference to anything which could not be mentioned in public, including the topic of sexual reproduction and the sexual organs. By also proclaiming that women’s bodies contained secrets for men to control, Pseudo-Albertus Magnus was establishing a decidedly misogynistic perception of knowledgeable female practitioners and their ability to help women.²⁹ Indeed, the opinion that women lacked medical aptitude is clear in most of his work. For example, he writes that his purpose for composing the text was to advise women how to recover from their infirmities, both physically and spiritually, because they were unable to properly care for themselves.

The subject of this present book is mobile being, applied specifically to the nature of the secrets of women. It is written so that we might be able to provide a remedy for their infirmities, and so that in confessing them we might know how to give suitable penances for their sins.³⁰

In this passage, women were portrayed as passive victims of their own bodies and needing the council of learned men to cure their ills, both physically and spiritually. Medieval medical authors considered women frail and unstable beings, held captive to their ‘wayward uterus’

²⁶ Lochrie, *Covert*, 120.

²⁷ Green, “‘Traittié’”, 146.

²⁸ Robert Jütte, *Contraception: A History*, trans. Vicky Russell (Cambridge: Polity Press, 2008), 62-63.

²⁹ Bildhauer, *Medieval*, 35;

³⁰ Ibid: 59. ‘Istius libri subjectum est ens mobile, contractum ad naturam secretorum mulierum, ut ipsis infirmantibus, posimus dare remedia, et ipsis confitentibus, scire dare poenitentias debitas ad delictum.’ *De secretis mulierum* (1662), 4.

and prone to hysteria.³¹ Echoing a sentiment expressed in the opening of the *Trotula* compendium, Pseudo-Albertus asserts that his intentions are to help women who, because of the shamefulness of their bodies, are afraid to expose their secretive bodies to men, thus necessitating that they turn to the more devious advice of evil women.³² Like the *DSM*, the *Trotula* texts recorded gynaecological information so that women may avoid shaming themselves by exposing their bodies and their medical needs to men: ‘women, from the condition of their fragility, out of shame and embarrassment do not dare reveal their anguish over their diseases (which happen in such a private place) to a physician.’³³ Unlike the *DSM*, however, the *Trotula* texts do not insinuate the inability of women practitioners to also serve the medical needs of their community.

Before this work, most medical manuals were written by men but seemed to be directed at women, non-gender specific physicians, or medical apprentices; in the *DSM*, his intended audience were specifically monastic men.³⁴ The midwife or knowledgeable woman was portrayed in the *DSM* as a dangerous figure because of her vast knowledge concerning the reproductive body and her ability to control it.³⁵ The dangers of such knowledge is clearly evident, as the *DSM* warned against knowledgeable woman who ‘moved from town to town’, spreading their wisdom of reproductive control and sexual freedoms to the a wide audience.³⁶ According to Pseudo-Albertus, wise women and midwives were travelling often and

³¹ Laurinda Dixon, ‘The Curse of Chastity: The Marginalization of Women in Medieval Art and Medicine,’ in *Matrons and Marginal Women in Medieval Society*, eds. Robert R. Edwards and Vickie Ziegler (Woodbridge: Boydell Press, 1995), 52.

³² Green, “‘Traittie’”, 150.

³³ ‘Et ipse condicione sue fragilitatis propter uerecundiam et faciei ruborem egritudinum saurum, que in secreciori loco accidit, angustias non audent medico reuelare.’ *Trotula*, 2.

³⁴ Jütte, *Contraception*, 62-63.

³⁵ Marianne Elsackers, ‘Inflicting Serious Bodily Harm: The Visigothic *Antiquae* on Violence and Abortion,’ *Legal History Review* 71 (2003): 58; and, Carmen Caballero-Navas, ‘The Care of Women’s Health and Beauty: An Experience Shared by Medieval Jewish and Christian Women,’ *JMH* 34, no. 2 (2008): 159.

³⁶ *De Secretis Mulierum*: 79b.

dispensing their reproductive knowledge to a variety of places.³⁷ He believed that evils could fall upon the woman which caused her to abort or miscarry her child, insinuating that knowledgeable midwives were purposefully spreading this information for terminal purposes. Despite the prolific reception of the *DSM* text, it is difficult to know if these images are accurate and that midwives were actively involved in promoting abortive practises. Valerie Garver has argued that ‘midwives and mothers almost certainly taught each other practical skills related to childbirth,’ in the Carolingian world, although it is not clear whether this advice extended to matters like abortion.³⁸ However, there is evidence that midwives were sought for their gynaecological knowledge in the high Middle Ages, lending credence to the notion that women may have been actively seeking the advice of other women for their reproductive health.³⁹

Medically knowledgeable women were portrayed as dangerous in the *DSM* and capable of terminating pregnancies through a variety of means. Sex or similarly vigorous motions, for example, were thought to disrupt pregnancy and cause women to lose their infants unnecessarily. This belief extended to excessive exercise or physical strain, with strenuous movements often blamed for miscarriages or purposefully induced abortion. The *DSM* warned women against physical activity or any disruption of the womb for fear of causing a miscarriage.

Some women habitually give birth in the sixth month, and abortively, for they do not produce something with the nature of a man but rather a certain fleshy and milky matter. This can happen for a variety of reasons: either because the matter of the menses is corrupt, or because of too much motion on the part of the woman which breaks the womb, or on account of other evils that befall her.⁴⁰

³⁷ Linda E. Voigts and Robert P. Hudson, ‘A drynke þat men callen dwale to make a man to slepe while men kerven hem: A Surgical Anesthetic from Late Medieval England,’ in *Health, Disease and Healing in Medieval Culture*, eds. Shelia Campbell, Bert Hall, and David Klausner (New York, NY: St. Martin’s, 1992), 42.

³⁸ Valerie L. Garver ‘Childbearing and Infancy in the Carolingian World,’ *JHS* 21, no. 2 (May 2012): 215-216.

³⁹ See: Chapter I, Section I: Tests, Trials, and Midwives. Green, ‘Conversing with the Minority: 111-12; Monica H. Green, ‘Documenting Medieval Women’s Medical Practice,’ in *Practical Medicine from Salerno to the Black Death*, eds. Luis García-Ballester, Roger French, Jon Arrizabalaga, and Andrew Cunningham (Cambridge: CUP, 1994), 331-332; and, Kathryn Taglia, ‘Delivering a Christian Identity: Midwives in Northern French Synodal Legislation, c. 1200-1500,’ in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (York: York Medieval Press, 2001), 81-83.

⁴⁰ *De Secretis Mulierum*, 79, B. ‘Quaedam vero mulieres solent parere in VI. mense et abortive, ideo naturam hominis non producant, sed aliquam materiam carneam et lacteam. Illud autem accidit eis propter plura, ut patet :

Some women were thought to know how to control their fertility with various herbal concoctions and poisons or through other physical means, able to both access and practise this information within the relative secrecy of their communities. From the perspective of Pseudo-Albertus, there was a medical need to warn women against excessive movement or the dangers which awaited them if they engaged in physical activity or allowed themselves to be violently handled in a way which may dislodge the embryo. According to the misogynistic tone of the *DSM*, much of this activity was encouraged by knowledgeable women.

Although it is difficult to determine whether a woman was intentionally seeking actions to physically destroy her pregnancy, the suggestion that she was liable for the well-being of her child – both bodily and spiritually – placed the majority of pressure to create a good child on the mother.⁴¹ If the mother was unwilling to carry a child or did not desire a pregnancy for a variety of reasons, the *DSM* indicates that she may have had the abilities to end her unwanted pregnancy from more than just pharmaceutical methods. A woman could have exerted herself through strenuous labour, caused excessive bleeding, or negatively affect her pregnancy through undesirable actions and thoughts.⁴² Additionally, on the advice of these ‘evil women’ so despised by Pseudo-Albertus Magnus, a woman might have learned these techniques orally.⁴³ In this sense, women were thought to control their fertility through both physical and mental processes. For the author of the *DSM*, these actions were deplorable and largely stemmed from the minds and mouths of evil women, spreading a misogynistic, distrustful, and dangerous perception of women.

quia materia menstruorum corrupta est vel per nimium motum per quem rumpitur matrix, vel propter alia mala.’ *De secretis mulierum* (1662), 79.

⁴¹ Fiona Harris-Stoertz, ‘Pregnancy and Childbirth in Twelfth- and Thirteenth-Century French and English Law,’ *JHS* 21, no. 2 (May 2012): 281.

⁴² See: Chapter III, Section I: Coitus and Conception.

⁴³ John M. Riddle, ‘Folk Tradition and Folk Medicine: Recognition of Drugs in Classical Antiquity,’ in *Folklore and Folk Medicines*, ed. John Scarborough (Wisconsin: American Institute of the History of Pharmacy, 1987), 41-42.

II. Prostitution and Promiscuity

The sexually knowledgeable woman was viewed with a great amount of suspicion by Pseudo-Albertus: he associated lascivious sexual behaviour with female medical practitioners, proclaiming that ‘harlots and women learned in the art of midwifery...have a great deal of sex’, insinuating that knowledgeable women were little more than common prostitutes.⁴⁴ Pseudo-Albertus was not alone in this thinking as the relationship between midwives and prostitutes is well-recorded in the medieval period, emphasising the correlation between reproductively knowledgeable women and the marginalised sexually promiscuous.⁴⁵ Ruth Mazo Karras has discussed how some female practitioners were described as ‘whore midwives’ in late medieval English gynaecological medicine, suggesting that common prostitutes and midwives were inextricably linked.⁴⁶ The relationship between experienced females and sexual promiscuity was also supported by the wide definition of prostitution, correlating sexual knowledge with whoredom and the even more socially unacceptable practises of cross-dressing and homosexuality.⁴⁷ Indeed, a variety of occupations became associated with sexual promiscuity, particularly those which forced women to come into regular unchaperoned contact with men like tavern workers, launderesses, or domestic servants.⁴⁸ In canonical thought, a prostitute was not merely someone who engaged in sexual activity for money but was the title given to those

⁴⁴ See note 31.

⁴⁵ Ruth Mazo Karras, ‘Prostitution and the Question of Sexual Identity in Medieval Europe,’ *JWH* 11, no. 2 (Summer 1999): 161-162; and, Erik Spindler, ‘Were Medieval Prostitutes Marginals? Evidence from Sluis, 1387-1440,’ *Revue belge de philologie et d’histoire* 87, fasc. 2 (2009): 239-272.

⁴⁶ Ruth Mazo Karras, *Common Women: Prostitution and Sexuality in Medieval England* (Oxford, OUP, 1996), 82.

⁴⁷ See: Theo van der Meer, ‘Medieval Prostitution and the Case of a (Mistaken?) Sexual Identity,’ *JWH* 11, no. 2 (Summer 1999): 178-238; and, Judith M. Bennett and Shannon McSheffrey, ‘Early, Erotic, and Alien: Women Dressed as Men in Late Medieval London,’ *History Workshop Journal* 77 (2004): 1-25.

⁴⁸ Ruth Mazo Karras, ‘Women’s Labors: Reproduction and Sex Work in Medieval Europe,’ *JWH* 15, no. 4 (Winter 2004): 153-155; and, Kevin Mummey and Kathryn Reyerson, ‘Whose City is This? Hucksters, Domestic Servants, Wet-Nurses, Prostitutes, and Slaves in Late Medieval Western Mediterranean Urban Society,’ *History Compass* 9, no. 12 (2011): 915.

who were sexually uninhibited, regardless of whether they profited financially from these actions.⁴⁹

Additionally, a prostitute was any single woman who engaged in non-marital sexual activity, thus exposing herself invariably to the public as a common whore: according to Karras, 'she was common property to be shared according to men's wishes, not her own'.⁵⁰ This bleak representation of sexually active individuals highlights a reality for medieval women: namely, that their bodies and reproductive functions were beholden to social regulations.⁵¹ Women's bodies were thought to only function along two distinct lines, reproductive and non-reproductive, and any deviation to this accepted cultural model – like non-procreative sex or abortive practices – was something unnatural and untrustworthy.⁵² Prostitutes combined both elements, particularly since reproductive control and infertility were inextricably linked to sexual promiscuity.⁵³ Those women who did succumb to wantonness were thought to encompass some form of reproductive incapacity; either they purposefully terminated their pregnancies or they were rendered sterile by the frequency of their sexual activity.⁵⁴ Redemption from a sexually lascivious lifestyle was thought to cure infertility: by praying to Mary Magdalene, for example, the prostitutes of Avignon were pardoned of physical uncleanness and their fertility was renewed.⁵⁵ Some of this may have been attributed to the higher chances of venereal disease or other infections which may have caused infertility.⁵⁶ In

⁴⁹ Karras, *Common*, 12; and, James A. Brundage, 'Prostitution in the Medieval Canon Law,' *Signs* 1, no. 4 (Summer 1976): 827-828.

⁵⁰ Karras, *Common*, 40-41; Leah Lydia Otis, *Prostitution in Medieval Society: The History of an Urban Institution in Languedoc* (Chicago, IL: UCP, 1985), 2; and, James A. Brundage, 'Sumptuary Laws and Prostitution in Late Medieval Italy,' *JMH* 13, no. 4 (1987): 353.

⁵¹ Bronisław Geremek, *The Margins of Society in Late Medieval Paris*, trans. Jean Birrell (Cambridge: CUP, 1987), 213-215.

⁵² Ruth Mazo Karras and Jacqueline Murray, 'The Sexual Body,' in *A Cultural History of the Human Body in the Medieval Age*, ed. Linda Kalof (London: Bloomsbury, 2010), 60.

⁵³ Jacques Rossiaud, *Medieval Prostitution*, trans. Lydia G. Cochrane (Oxford: Basil Blackwell, 1988), 125; and, Jean-Louis Flandrin, *Sex in the Western World: The Developments of Attitudes and Behaviors*, trans. Sue Collins (Reading: Harwood, 1991), 100.

⁵⁴ Michael Solomon, *The Literature of Misogyny in Medieval Spain* (Cambridge: CUP, 1997), 56.

⁵⁵ Joelle Rollo-Koster, 'From Prostitutes to Brides of Christ: The Avignonesse Repenties in the Late Middle Ages,' *JMEMS* 32, no. 1 (Winter 2002): 131.

⁵⁶ Karras, *Sexuality*, 137.

a less clinical explanation, some medieval writers attributed these higher instances of infertility with the degradation of the womb, inadvertently causing contraceptive properties to the sexual body.

The theologian William of Conches (1080-1154) attempted to explain this perceived phenomenon through humoral ideas, claiming that the womb became inhospitable to semen through frequent sexual interactions.⁵⁷ Answering why it was that ‘professional prostitutes have sexual intercourse most often, [yet] they rarely conceive,’ he theorised that it was the degradation of the womb which caused her to avoid conception.

From her frequent coition, therefore, a prostitute’s womb is covered with slime, and the hairs by which the womb ought to detain the sperm are wholly covered by slime: thus, her womb immediately releases whatever it receives, as oiled marble would do.⁵⁸

As the vehicles for the lustfulness of wayward men, prostitutes were a necessity to act as ‘the receptacle of a society’s filth...an odious evil’: in this way, their bodies were sacrificial vessels for inferior or immature seed.⁵⁹ In spite of the negative effects on the body, prostitution was often the only recourse for poor women, with a higher percentage of widows and single women selling themselves to help supplement their income.⁶⁰ Pseudo-Albertus Magnus also attempted to explain the (perceived) lower number of pregnant prostitutes.⁶¹ In methods more indicative of abortion than infertility, Pseudo-Albertus blamed these low birth rates on the frequent jostling and physical movement of the body, rather than the inhospitable nature of the womb

⁵⁷ Rossiaud, *Medieval*, 124; Karras, *Common*, 82-83; and, McLaren, *A History*, 118.

⁵⁸ William of Conches, *Dragmaticon Philosophiae*, in *Gender and Sexuality in the Middle Ages: A Medieval Source Documents Reader*, ed. Martha A. Brożyna, (Jefferson, NC: McFarland & Company, 2005), 157. ‘Est autem matrix intus uillosa, ut melius semen retineat. Septem habet cellulas humana figura ad modum monetæ impressas; inde est quod septem nec plures potest mulier uno lecto parere. Prostitutæ igitur ex frequentia coitus matricem habent oblimatam uillosque, quibus semen deberet retinere, coopertos: unde ad modum marmoris uncti quicquid recipit, statim emittit.’ William of Conches, *Dragmaticon Philosophiae*, Corpus Christianorum: Continuatio Mediaevalis, CLII, (Turnhout: Brepols, 1997), 208.

⁵⁹ Kevin Mummey, ‘Prostitution: The Moral Economy of Medieval Prostitution,’ in *A Cultural History of Sexuality in the Middle Ages*, ed. Ruth Evans (Oxford: Berg, 2011), 165; and, see Chapter III, note 44.

⁶⁰ Sharon Farmer, *Surviving Poverty in Medieval Paris: Gender, Ideology, and the Daily Lives of the Poor* (Ithaca, NY: Cornell University Press, 2002), 23-24.

⁶¹ Karras, *Common*, 82-83.

as suggested by William of Conches.⁶² He portrayed women as subjected to the bestial urgings of the biological body rather than attempting to ascend to a more sexually restrictive lifestyle. In this way, prostitutes and promiscuous women were less-than-human and bound entirely to satisfying the needs of their impure bodies.⁶³

Sexual promiscuity was not only thought to affect the reproductive abilities of women, but also to corrupt the spiritual and physical beings of men. As such, prostitutes were as much chastised for their own sinful lapses as they were for perverting men's bodies and distracting them from their divine responsibilities.⁶⁴ Avraham Grossman has discussed how the perceived sexual lasciviousness of medieval Jewish women was thought to cause harm to men, arguing that 'this idea stems...from men's own feeling of being overwhelmed by woman's charms and their preference to attribute the weakness to women rather than to themselves,' instead associating women with sexual perversion and portraying men as the victims of this corruption.⁶⁵ James Brundage discusses how frequently chroniclers lamented the presence of prostitutes during the First Crusade, even though many of these women were recorded helping men during battles in addition to providing them with sexual favours.⁶⁶ Women were often to blame for these moments of sexual temptations and were encouraged to alter their behaviour to avoid similar situations, forcing women to tackle the responsibility of ensuring men's sexual virtuousness.⁶⁷ Unmarried or unrelated men and women were usually physically separated in the Middle Ages, relegated to their own appropriate social spheres to avoid these possible

⁶² *De Secretis Mulierum*, 79; and, *De secretis mulierum* (1662), 79.

⁶³ See Chapter III, Section III: Contraception and Controlling Sexuality for the association of women with animals.

⁶⁴ James A. Brundage, 'Prostitution, Miscegenation and Sexual Purity in the First Crusade,' in *Crusade and Settlement: Papers Read at the First Conference of the Society for the Study of the Crusades and the Latin West and Presented to R. C. Smail*, ed. Peter W. Edbury (Cardiff: University College Cardiff Press, 1985), 58-59.

⁶⁵ Avraham Grossman, *Pious and Rebellious: Jewish Women in Medieval Europe*, trans. Jonathan Chipman (Waltham, MA: Brandeis University Press, 2004), 17.

⁶⁶ Brundage, 'Prostitution', 58-60.

⁶⁷ Caroline Walker Bynum, *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women*, (Berkeley, CA: University of California Press, 1987), 29; and, Penny Schine Gold, *The Lady and the Virgin: Image, Attitude, and Experience in Twelfth-Century France* (Chicago, IL: UCP, 1985), 113-114.

attractions.⁶⁸ Religious institutions, following the sanctions of Lateran IV in 1215, banned women and men from co-existing in adjoining monasteries for fear that they would succumb to sexual temptations.⁶⁹

The negative consequences of communal habitation was most poignantly displayed in the *De sanctimoniali de Wattun* written by the twelfth-century English monk, Aelred of Rievaulx (1110-1167).⁷⁰ The narrative records the sexual misdeeds of a young nun and lay brother at the Gilbertine community in Watton, England.⁷¹ Gilbertine abbeys, founded by St Gilbert of Sempringham, were originally designed to house eremitic women yet eventually expanded to include male monastics too, functioning as a unique experiment for cohabitational living.⁷² However, Aelred's chronicle showed the vulnerability of young virginal women when faced with sexual temptation.⁷³ In the narrative, a young nun, apparently unsuited to a religious life, became pregnant by a lay brother from the adjoining house. The woman was given as an *oblatio* to the monastery at the age of four and, as she grew, her unsuitability to the monastic life became more apparent; Sarah Salih describes the nun as what 'monastic theory fears and would deny: a figure whose performance of monastic duties produces only a superficial effect of virginity.'⁷⁴ The nun is described as flirtatious and actively seeks the companionship of a young

⁶⁸ Kim Phillips, *Medieval Maidens: Young Women and Gender in England, 1270-1540* (Manchester: Manchester University Press, 2003), 9-12; P. J. P. Goldberg and Maryanne Kowaleski, 'Introduction,' in *Medieval Domesticity: Home, Housing and Household in Medieval England*, eds. P. J. P. Goldberg and Maryanne Kowaleski (Cambridge: CUP, 2008), 2-3; and, Jocelyn Wogan-Browne, 'Dead to the World? Death and the Maiden Revisited in Medieval Women's Convent Culture,' in *Guidance for Women in Twelfth-Century Convents* (Cambridge: D. S. Brewer, 2003), 157.

⁶⁹ Fiona J. Griffiths, *The Garden of Delights: Reform and Renaissance for Women in the Twelfth Century* (Philadelphia, PA: UPP, 2007), 38; Jan Gerchow with Katrinette Bodarwé, Susan Marti, and Hedwig Rockelein, 'Early Monasteries and Foundations (500-1200): An Introduction,' in *Crown and Veil: Female Monasticism from the Fifth to the Fifteenth Centuries*, eds. Jeffrey F. Hamburger and Susan Marti, trans. Dietlinde Hamburger (New York, NY: Columbia University Press, 2008), 16.

⁷⁰ Marsha L. Dutton, 'Aelred of Rievaulx: Abbot, Teacher, and Author,' in *A Companion to Aelred of Rievaulx (1110-1167)*, ed. Marsha L. Dutton (Leiden: Brill, 2017), 42-43.

⁷¹ Elizabeth Freeman, 'Nuns in the Public Sphere: Aelred of Rievaulx's *De Sanctimoniali de Wattun* and the Gendering of Authority,' *Comitatus: A Journal of Medieval and Renaissance Studies* 27, no. 1 (1996): 73.

⁷² Ibid, 55-57; and, Giles Constable, 'Aelred of Rievaulx and the Nun of Watton: An Episode in the Early History of the Gilbertine Order,' in *Medieval Women*, ed. Derek Baker (Oxford: Basil Blackwell, 1978), 205.

⁷³ Sarah Salih, *Versions of Virginity in Late Medieval England* (Cambridge: D. S. Brewer, 2001), 153.

⁷⁴ Ibid, 163.

man in the adjoining house, never embracing the virginal lifestyle. According to Aelred, 'she went out a virgin of Christ, and she soon returned an adulteress,' following her first liaison with the lay brother.⁷⁵ Therefore, the nun was committing two forms of adultery according to contemporary decretists: as the Bride of Christ she was disloyal to her vows and as an unmarried woman her sexual promiscuity was a form of infidelity.⁷⁶

Following their relationship, the nun became pregnant by the young man and was harshly treated when her misdeeds were discovered by the community. Upon discovering her pregnancy, she was seized and beaten by her fellow nuns who tore her veil from her head; it was only at the intercession of the senior sisters that she was not burned, flayed, or branded.⁷⁷ Instead, she was subjected to imprisonment, meagre rations, and ostracising behaviour by her fellow sisters who devised her punishment.⁷⁸ After securing the identity of the young man from the nun, the sisters forcefully restrained him and compelled the pregnant sister to castrate him; his severed genitals were thrust into her mouth in a final act of redemptive humiliation.⁷⁹ It is only after this action and following a dream of the Virgin Mary that her purity is restored and her pregnancy ceases.⁸⁰ In this narrative, both parties were equally blamed for their sexual

⁷⁵ Constable, 'Aelred', 207.

⁷⁶ James L. Brundage, *Law, Sex, and Christian Society in Medieval Europe* (Chicago, IL: UCP, 1987), 304.

⁷⁷ Constable, 'Aelred', 207-209.

⁷⁸ 'Therefore coming to our monastery, the slave of Christ [the young nun] uncovered her miraculous secret to me [Aelred], begging that I not deny my presence to the maidens of Christ.' 'Veniens igitur ad nostrum monasterium servus Christi, cum mihi aperuisset secreto miraculum, rogat ut ancillis Christi meam non negarem praesentiam.' Aelred of Rievaulx, *De Sanctimoniali de Wattun*, PL 195.796.

⁷⁹ Freeman, 'Nuns', 77.

⁸⁰ "What is this?" they asked. "Did you now murder your baby in addition to all your other crimes... You wretched one, have you given birth and where is the baby?" "I do not know," she replied. Referencing her vision to them, she said she knew nothing else. Scared, they were unable to believe something so frightening. They felt her abdomen, and the roundness that was there had turned into slenderness. So too did they feel her breasts, but no liquid came from them. Not sparing any strength, they felt harder, but nothing sprung from them. They moved their fingers over every part, exploring her; but nothing signalled pregnancy, no conception of any kind. They called the others and after they examined her found the same thing. All was restored, all was in order, all was beautiful.' "Quid est hoc, inquiunt? An tot sceleribus tuis et hoc addidisti, ut tuum interficeres infantem... Et quid, inquiunt, misera, num peperisti?..... Et ubi est, aiunt, infans tuus?" Respondit: "Nescio." Referensque visionem, nihil amplius se scire professa est. Non credunt rei novitate perterritae. Palpant uterum, et ecce tumori successerat tanta gracilitas, ut dorso ventrem adhaerere putares. Tentant ubera, sed nihil humoris eliciunt ex eis. Nec tamen parentes, fortius premunt, sed exprimunt nihil. Per singulos artus currunt digiti, explorant omnia; sed nullum signum partus, nullum conceptus indicium reppererunt. Vocantur aliae, et post illas aliae, et unum inveniunt omnes. Sana omnia, munda omnia, pulchra omnia.' *De Sanctimoniali*, 795.

indiscretions but it is the man who is forced to suffer the most cruelly for seducing the nun.⁸¹ By castrating the young monk and through the cessation of her own pregnancy, both parties were ridding themselves of their physical sinfulness and given a second chance at spiritual and sexual purity.⁸² The disappearance of the nun's embryonic matter and the removal of the monk's sexual organs enabled them to focus solely on religious dealings without the urgings of the body.

The intercession of the Virgin Mary in pregnancies was common in medieval narratives.⁸³ Women were encouraged to pray to the Virgin when they were suffering through the pains and tribulations of childbirth, begging for her safe protection.⁸⁴ However, the association with the Virgin and pregnancies led her to become associated with illicit gestations as well: instances of sexual indiscretion committed by nuns were healed by the Virgin Mary and appear in records of miracles. In the thirteenth-century *Gracial* by Adgar, a miracle was chronicled in which a young pregnant nun considers the abortion of her child. After an intercession by Mary, the woman was discouraged to abort the baby and was assisted by Mary in the raising of the child.⁸⁵ In another twelfth-century account, the *Chronicle* by Dominic of Evesham, an abbess was discovered to be pregnant and her fellow nuns promptly informed the bishop of the woman's state.⁸⁶ The woman was summoned to the court of the bishop yet, after praying to the Virgin Mary, was instantly delivered of the child and returned to her former

⁸¹ Martin Irvine, 'Abelard and (Re)Writing the Male Body: Castration, Identity, and Remasculinization,' in *Becoming Male in the Middle Ages*, eds. Jeffrey Jerome Cohen and Bonnie Wheeler (New York, NY: Garland, 1997), 89.

⁸² Karras, *Sexuality*, 130.

⁸³ Green, 'Conversing', 114; Christiania Whitehead, 'A Fortress and a Shield: The Representation of the Virgin in the *Chateau d'amour* of Robert Grosseteste,' in *Writing Religious Women: Female Spiritual and Textual Practices in Late Medieval England*, eds. Denis Renevey and Christiania Whitehead (Cardiff: University of Wales Press, 2000), 115.

⁸⁴ Emilie Amt, *Women's Lives in Medieval Europe: A Sourcebook* (New York, NY: Routledge, 1993), 97; and, Katharine Park, 'Birth and Death,' in *A Cultural History of the Human Body in the Medieval Age*, ed. Linda Kalof (London: Bloomsbury, 2010), 23.

⁸⁵ Etienne van de Walle, "'Marvellous Secrets': Birth Control in European Short Fiction, 1150-1650," *Population Studies* 54, no. 3 (November 2000): 326.

⁸⁶ Katherine Allen Smith, 'Mary or Michael? Saint-Switching, Gender, and Sanctity in a Medieval Miracle of Childbirth,' *Church History* 74, No. 4 (December 2005): 765-77.

virginal physique. When she appeared childless before the bishop, all rumours against her were silenced.⁸⁷

Sexual indiscretion and unwanted pregnancies were not entirely uncommon in monastic life for cloistered women, as there were several instances in contemporaneous chronicles which recounted a nun in a compromising situation. In the thirteenth century, Eudes, Archbishop of Rouen (d. 1275) recorded the many sexual indiscretions of monks and nuns within the monastic houses of his spiritual fold.⁸⁸ One particular instance in June 1264 recorded the shame brought upon a young cantress, Nicolette of Rouen, in the priory of nuns at St. Saëns who was rumoured to have undergone an abortion.⁸⁹ Eudes, who was quick to defend her name, quickly discovered that a few of the other nuns had created the rumour; unfortunately, he did not give any further details of this transgression. Although this instance did not actually result in an abortion, the mere thought of abortion by a nun was enough to question Nicolette's standing within her own monastic setting and the adjacent community. Another account from 9 July 1249 describes several nuns who bore children after taking the veil: one of the women, Joan of l'Aillerie, was recorded as frequently leaving the cloister to visit the father of her illegitimate child.⁹⁰ Additionally, an account from 23 July 1256 mentions a nun who, after becoming pregnant, took 'some herbs to drink in order to kill the child already conceived.'⁹¹ These sexual lapses and blatant disobediences were portrayed as real threats to the spiritual sanctity of celibate life. Although many of the accounts from religious women show them to be willingly abstinent and repulsed by physical sexuality, the temptations of the flesh always presented possible lapses to their virginity.⁹² Nuns were meant to be the antithesis to prostitutes and medieval women were

⁸⁷ Smith, 'Mary', 765.

⁸⁸ Penelope D. Johnson, *Equal in Monastic Profession: Religious Women in Medieval France* (Chicago, IL: UCP, 1991), 114-15.

⁸⁹ Odo Rigaldus, Archbishop of Rouen, *The Register of Eudes of Rouen*, trans. Sydney M. Brown (New York, NY: Columbia University Press, 1964): 560.

⁹⁰ Amt, *Women*, 248; and, Johnson, *Equal*, 71.

⁹¹ Amt, *Women*, 250.

⁹² Kim Phillips, 'Four Virgins' Tales: Sex and Power in Medieval Law,' in *Medieval Virginites*, eds. Anke Bernau, Ruth Evans, and Sarah Salih (Cardiff: University of Wales Press, 2003), 80-81.

often caught between the two juxtaposing positions of unfruitful virginity and fruitful sexuality.⁹³ Those who did resort to non-abstinent lives risked being accused of infidelity, promiscuity, or performing reproductive control despite their vows of celibacy, something which could have furthered the growing mistrust associated with women's sexuality.

Contemporary literature depicted the perceived sexual maliciousness of women, alluding to their insatiable appetites and promiscuous capabilities. The *lais* of Marie de France often portrayed the sexually lascivious woman as distrustful and malign, constantly conniving the destruction of those around her. *Le Fresne* portrays the societal perception of sexual indiscretion and high medieval views on wanton reproduction. In the *lais*, a virtuous woman, after the delivery of twin boys, is accused of adultery by another woman in her community based on the assumption that two fathers were required to produce twins. When the birth is announced, the 'deceitful and arrogant' woman questions the mother's honour, proclaiming that 'They have both incurred shame because of it, / for we know what is at issue here: / it has never occurred that a woman / gave birth to two sons at once, / nor ever will, unless / two men are the cause of it!'⁹⁴ However, the slanderer soon after gives birth to twin girls herself, threatening to dishonour and expose her to the same societal malignancy that she stirred against the first mother.⁹⁵ Fearing for her dignity, the desperate slanderer considers killing one of her children, illustrating a circumstance so humiliating that the mother would rather commit infanticide than face public ridicule.⁹⁶ Rather than allow her mistress to perform such an egregiously sinful act, the servant girl of the slanderer instead leaves the unwanted child outside a monastery, placing her under an ash tree from which she will get her name, Fresne:

⁹³ Whitehead, 'A Fortress', 109.

⁹⁴ *The Lais of Marie de France*, trans. Glyn S. Burgess and Keith Busby (London: Penguin, 1986), 61.

⁹⁵ Matilda Tomaryn Bruckner, 'Le Fresne's Model for Twinning in the Lais of Marie de France,' *MLN* 121, no. 4 (September 2006): 947; and, Elizabeth Psakis Armstrong, 'The Patient Woman in Chaucer's "Clerk's Tale" and Marie de France's "Fresne,"' *The Centennial Review* 34, no. 3 (Summer 1990): 440.

⁹⁶ Emanuel J. Mickel, Jr., 'Marie de France and the Learned Tradition,' in *A Companion to Marie de France*, ed. Logan E. Whalen (Leiden: Brill, 2011), 44-45.

subsequently, the goodness of Fresne counters the cruelty portrayed by her mother in the beginning of the narrative.⁹⁷ Without the intercession of the servant, the slanderous mother would have slayed her child, declaring that ‘to ward off shame, I shall have to murder one of the children: I would rather make amends with God than shame and dishonour myself,’ suggesting that the woman was far more fearful of society questioning her virtue rather than the gravely sinful practice of infanticide.⁹⁸ The desperation which befalls the slanderer in *Le Fresne* reflects the collective opinion of medieval promiscuity, particularly when beset with an unwanted and socially damning pregnancy. In this narrative, the choice of infanticide – although portrayed as deplorably sinful and unnatural – is deemed to be the more attractive option than facing public ridicule, emphasising the importance placed on sexual decency in medieval society.

III. Violent Abortions

Except for a few notable cases brought against women for the death of infants, most instances of termination were left unprosecuted.⁹⁹ The criminal prosecution of abortion only really started to appear in court records in the thirteenth and fourteenth centuries.¹⁰⁰ One exception did exist, however, as abortion by assault was always included as a criminal offense and frequently mentioned in high medieval legal codes. As assault could have many definitions and is an unspecific term for physical force, several legal distinctions existed which attempted to accurately define how to penalise this action. Sara M. Butler has shed some light on the various complexities – both legal and ecclesiastical – associated with this action during the thirteenth

⁹⁷ Roberta L. Krueger, ‘The Wound, the Knot, and the Book: Marie de France and Literary Traditions of Love in the *Lais*,’ in *A Companion to Marie de France*, ed. Logan E. Whalen (Leiden: Brill, 2011), 74-75.

⁹⁸ *Lais*, 62; and, Peter F. Ainsworth, ‘“The Letter Killeth”: Law and Spirit in Marie de France’s Lay of Le Fresne,’ *French Studies* 1, no. 1 (January 1996): 5.

⁹⁹ Barbara A. Hanawalt, ‘Childbearing Among the Lower Classes of Late Medieval England,’ in *Marriage and Fertility: Studies in Interdisciplinary History*, ed. Robert I. Rotberg and Theodore K. Rabb (Princeton, NJ: Princeton University Press, 1980), 32.

¹⁰⁰ Heidi Dawson, *Unearthing Late Medieval Children: Health, Status, and Burial Practice in Southern England* (Oxford: Archaeopress, 2014), 23; and, Ronald C. Finucane, *The Rescue of the Innocents: Endangered Children in Medieval Miracles* (Basingstoke: Macmillan, 1997), 47-48.

and fourteenth centuries.¹⁰¹ She notes that there were forty-four instances of abortion by assault presented in English law during this period. Although these cases were brought to court, determining the actual cause of the miscarriage was an especially onerous task to complete, particularly as it rested on the word of the mother. Jurors also had to negotiate the appropriate price for the offense based on the foetal age, sex, and birth order in the family; often, these cases descended into arguments with jurors torn between who to believe, the mother or the accused. Although much of Butler's study focuses on later centuries than the ones studied in this thesis, many of the principal elements and complexities associated with defining and punishing instances of abortion by assault remain the same.

Legal attitudes towards abortion by assault are usually the only mentions of criminal action against the foetus. Even then, it is usually criminalised for the dangers inflicted upon the mother or the financial damage that the loss of an heir could place upon the father. Legally, the attitudes and frequency of fertility control during the high Middle Ages can become even more difficult to determine, as most canonical and civil law records disagreed on the punishments for abortionists.¹⁰² Early medieval law codes offered explicit legal ramifications for anyone who caused the miscarriage of a woman through violent or external means: most omitted any mention of the woman who caused an abortion on her own body.¹⁰³ Except in cases of ecclesiastical penitential codes or other religiously inclined rhetoric, women who aborted their own children were not mentioned with the same amount of frequency as the instigators of assault.¹⁰⁴ In most early medieval legal records, mothers were rarely mentioned in any criminal

¹⁰¹ Sara M. Butler, 'Abortion by Assault: Violence against Pregnant Women in Thirteenth- and Fourteenth-Century England,' *JWH* 17, no. 4 (Winter 2005): 10-12.

¹⁰² Brundage, *Law*, 358.

¹⁰³ Elsackers, 'Inflicting', 55-57.

¹⁰⁴ Wolfgang P. Müller, 'Canon Law Versus Common Law: The Case of Abortion in Late Medieval England,' in *Proceedings of the Tenth International Congress of Medieval Canon Law*, ed. Kenneth Pennington and Keith Kendall (Vatican City: Biblioteca Apostolica Vaticana, 2002): 964-975.

accusations and the law was overwhelming more concerned with those who inflicted an abortion on the mother.

This firm legal stance against the assault of pregnant women continued into high medieval laws, extending the punishment of abortionists to include the mother, particularly if she actively sought to terminate her pregnancy. By the high Middle Ages, English law codes like Henry de Bracton's (c. 1210-1268) *De Legibus et Consuetudinibus Angliæ* and the late-thirteenth-century *Fleta*, evolved from this purely financial stance to one which also took a moral attitude regarding abortion.¹⁰⁵ Henry de Bracton defined abortion according to whether it may be classified as a homicide.

If one strikes a pregnant woman or gives her poison in order to procure an abortion, if the foetus is already formed or quickened, especially if it is quickened, he commits homicide.¹⁰⁶

This exception to the rule for those foetuses who had not yet quickened provides further evidence that early term abortions, and indeed fertility control of any type, were extremely difficult to prosecute without confirmation of pregnancy; any evidence for criminal prosecution may have only been known by the mother.¹⁰⁷ It also questions the medieval view of pregnancy and, indeed, of the accepted distinctions between embryo, foetus, and child.¹⁰⁸ The high medieval view of abortion, therefore, became a mixture between the spiritual and the legal, the moral and the practical. The procreation of children was not merely seen as a financial investment, but also as a divine gift from God.¹⁰⁹ The loss of a foetus was no longer seen in the same light as the early medieval texts which sought to implicate those who forcefully caused

¹⁰⁵ Harris-Stoertz, 'Pregnancy', 269-270.

¹⁰⁶ 'Si sit aliquis qui mulierem prægnantem percusserit vel ei venenum dederit, per quod fecerit abortivum, si puerperium iam formatum vel animatum fuerit, et maxime si animatum, facit homicidium.' Henry de Bracton, *De Legibus et Consuetudinibus Angliæ*, trans. Samuel E. Thorne (Cambridge, MA: The Belknap Press of Harvard University Press, 1968), II:341.

¹⁰⁷ Rossiaud, *Medieval*, 125; Faye Getz, *Medicine in the English Middle Ages* (Princeton, NJ: Princeton University Press, 1998), 82; and, Laura Gowing, *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (New Haven: Yale University Press, 2003), 142.

¹⁰⁸ Véronique Dasen, ed., *L'embryon Humain à Travers l'Histoire: Images, savoirs et rites, actes du colloque international de Fribourg, 27-29 octobre 2004* (Gollion: Infolio, 2007), 7-12.

¹⁰⁹ Karras and Murray, 'The Sexual', 64; and, Park, 'Birth', 19.

the miscarriage of a mother. The high Middle Ages extended this unlawfulness to the mother and to any other person who sought to give advice for fertility control or purposefully caused the termination of her pregnancy.

Fleta, most likely written in 1290 during the reign of Edward I, lists the punishments for abortion in a chapter on homicidal acts.¹¹⁰ Outlining a series of incidents which may necessitate criminal action, *Fleta* discussed a range of abortive actions, from assault on a pregnant woman to the intentional ingestion of potions by the mother for the purposes of ceasing her pregnancy, and even mentions contraception.

He, too, in strictness is a homicide who has pressed upon a pregnant woman or has given her poison or has struck her in order to procure an abortion or to prevent conception, if the foetus was already formed and quickened, and similarly he who has given or accepted poison with the intention of preventing procreation or conception. A woman also commits homicide if, by a potion or the like, she destroys a quickened child in her womb.¹¹¹

Even in this extension of blame, the killing of a foetus is still only seen as a criminal act if it happened after quickening and when ensoulment was thought to occur, thus necessitating the author to specify that the foetus should be ‘already formed’ (*iam formatus*). *Fleta* takes a further step in the legal stance on reproductive control than any of the other codes which preceded it by also including the mother’s actions against her own body as well as any instances of contraception. Fiona Harris Stoertz has suggested that this shift may be based on a growing distrust of the mother’s intentions by the end of the twelfth century, focusing on examples of abortion in England and infanticide in France during the thirteenth century.¹¹² Providing monetary compensation for assaultive abortions continued well into the late medieval period, however not all cases of forced miscarriage were universally condemned as homicides.

¹¹⁰ Harris-Stoertz, ‘Pregnancy’, 269-270; and, Getz, *Medicine*: 82.

¹¹¹ ‘Qui etiam mulierem pregnantem oppresserit vel venenum dederit vel percusserit ut faciat abortivum vel non concipiat, si foetus erat iam formatus et animatus recte homicida est, et similiter qui dederit vel acceperit venenum sub hac intencione ne fiat generacio vel concepcio. Item facit omicidium mulier qui puerum animatum per potacionem et huiusmodi in ventre deuastauerit.’ *Fleta*, ed. and trans. H. G. Richardson and G. O. Sayles (London: Bernard Quaritch, 1955), I:24.

¹¹² Harris-Stoertz, ‘Pregnancy’, 271.

Wolfgang Müller has found that abortion was not completely and fully viewed as a homicide across all Western Christendom until the year 1250, leading to the surge in civil records which attempted to criminalise this action.¹¹³

A Spanish penitential text from the eleventh century instructed different methods of punishment dependent on who caused the abortion: an outside individual through violent means or the mother herself via medicinal means.¹¹⁴ The eleventh-century penitential, *Vigilanum* only required a woman who performed an abortion on another to do three years' penance and limited the atonement experienced by the mother to three years if she killed her child in the womb 'before it quickens'; literally, in this sense, before the child had a soul.¹¹⁵ This question of ensoulment formed much of the discussions on abortion, particularly as both civil and canon law usually criminalised all abortive acts which occurred after the moment of quickening. Determining when this happened, as well as the secrecy which early pregnancy and quickening afforded the mother, could have provided some measure of silence to early term abortions.

Spanish civil legal stances also became firmer during the high medieval period, as women were now subjected to criminal laws – as well as penitential laws – if they terminated their pregnancies.¹¹⁶ The thirteenth-century law codes *Las Siete Partidas* of Alfonso X of Castile, for example, determined that any abortion should be punished as a homicide; the penalty for termination was determined by the quickened status of the foetus.¹¹⁷ Men and other

¹¹³ Müller, *Criminalization*, 11-15.

¹¹⁴ Patricia Skinner and Elisabeth van Houts, trans. and eds., *Medieval Writings on Secular Women* (London: Penguin, 2011), 38-39.

¹¹⁵ Skinner and Van Houts, 39-40. See discussion of foetal ensoulment in Chapter III: Marital Sex.

¹¹⁶ Pierre J. Payer, *The Bridling of Desire: Views of Sex in the Later Middle Ages* (Toronto: University of Toronto Press, 1993), 72-73; Pierre J. Payer, *Sex and the Penitentials: The Development of a Sexual Code, 550-1500* (Toronto: University of Toronto Press, 1984), 32-33.

¹¹⁷ 'Where a pregnant woman knowingly takes drugs or anything else whatsoever to produce abortion, or gives herself blows in the abdomen, with her fist or with anything else, for that purpose, and by this means loses her child; we decree that, if the latter was living at the time of this, she must be put to death for the offense except where she acted under compulsion, as, for instance, where Jews force their Moorish women to do this; for, under such circumstances, the party who uses compulsion must undergo the penalty. If the child was not living at the time, the woman cannot be put to death on this account, but she shall be banished to some island for the term of

outside forces who caused miscarriage were still considered murderers if they struck or poisoned a pregnant woman, but their punishment was eased if it was determined that the child was not animated at the time of its demise. The mothers of these unborn children were equally regarded as murderers if they also used some means, either physical or pharmaceutical, to cease their pregnancies. This stricter code against abortive mothers was not universal, however. A thirteenth-century French code from Tours, Orléans, and Paris made no mention of abortion other than to criminalise the striking of a pregnant woman, listed alongside other violent crimes against women like rape and murder.¹¹⁸ Although English law codes detailed punishments for abortive practices, only one legal case involving an unlawful abortion is listed in the *Curia Regis* rolls of Kings Richard I and John.¹¹⁹ In this instance, the perpetrator of the abortion was female. Although the claim of abortion was not substantiated, it is one of the few legal cases from this period which directly indicted a woman for practicing abortion. Whether or not this is due in part to a lack of evidence that abortions took place or a weaker stance against such crimes, it is very difficult to find examples of men and women who were prosecuted during this period.

five years. We decree that a man shall suffer the same penalty who knowingly strikes his wife while she is pregnant, so that she loses her child by reason of the blow. If a stranger should do this, he shall suffer the penalty of homicide if the child was living when it lost its life through his fault, and if it was not living at the time, he shall be banished to some island for the term of five years.' *Las Siete Partidas: Underworlds, The Dead, the Criminal, and the Marginalized*, trans. Samuel Parsons Scott and ed. Robert I. Burns (Philadelphia, PA: UPP, 2001), Partida VII, tit. VIII.8. See: Marilyn Stone, *Marriage and Friendship in Medieval Spain: Social Relations According to the Fourth Partida of Alfonso X* (New York, NY: Peter Lang, 1990).

¹¹⁸ 'On high justice in a barony; on murder, rape, and homicide of pregnant women [ancis]. A baron has jurisdiction in his land over murder, rape, and homicide of pregnant women, even if there was a baron who had not had this jurisdiction in the past. Rape is forcing women. Ancis is a woman who is pregnant when you hit her, and she dies with the child [de l'enfant]. Murder concerns a man (or a woman), when someone kills either of them in their bed, or in some manner provided it is not a fight: a person could murder a man on his way somewhere, if he struck him so that he died, without quarreling with him or defying him.' *The Etablissements de Saint Louis: Thirteenth-Century Law Texts from Tours, Orléans, and Paris*, trans. F. R. P. Akehurst (Philadelphia, PA: UPP, 1996), 22.

¹¹⁹ 'Nors. – Matillis de Rames' appellat Margeriam uxorem Radulfi Kellac quod in pace domini regis eam imprisonavit et in firmina tenuit et verberavit ita quod abortivit; et hoc offert probare versus eam etc.; et Margeria venit et defendit totum; et dicit quod alia vice coram justiciariis appellavit Radulfum Kelloc virum suum de eodem facto transactis x. annis; quod non potuit negare. Unde Margeria recedit quieta; et Matillis in misericordia. Pauper est. Misericordia perdonatur.' *Curia Regis Rolls in the Reigns of Richard I and John: Volume II* (Burlington, VT: TannerRitchie, 2012), 295.

Annotators to the *Decretum* also recognized the differences between pre- and post-quickened terminations, as ecumenical lawyers in the twelfth century attempted to conclusively outline the exact definition of abortion. The canonist and bishop Ivo of Chartres (d. 1115) discussed foetal formation in his amendments to the *Decretum*, particularly for framing his perspectives on abortion. Writing about the abortion of formless offspring (*informibus partibus*), or the unanimated foetus, Ivo argued that the punishment should depend upon the time of gestation.¹²⁰ Additionally, procuring witnesses to the event was especially important for determining the stage of pregnancy as well as the methods utilised for termination. This was not the only time that Ivo discussed reproductive matters or used medical information to influence his ecumenical stances.¹²¹ He had used the advice of midwives to argue against a case of adultery, brought forward by a suspicious husband, after his wife delivered a child a few days later than she expected, prompting the husband to suspect she had conceived a child when he was absent from her company.¹²² Burchard of Worms (d. 1025) also determined certain punishments for immoral reproductive acts, like abortion and contraception. He suggested that a woman guilty of committing an abortion should serve three years of penance, as well as condemning contraception as a homicide for destroying a potential life.¹²³

High medieval canonical law also extended punishments for the practice of abortion, through both medical means and assault, to church officials as well as the laity. Even within canonical statements on the nature of abortion, a quickened foetus incurred different charges

¹²⁰ ‘Unde primo occurrit de abortivis fetibus quaestio, qui jam quidem nati sunt in uteris matrum, sed nondum ita ut jam possint renasci. Si enim resurrecturos eos dixerimus, de his qui jam formati sunt tolerari potest utcunque quod dicitur. Informes vero abortus quis non proclivius perire arbitretur, sicut semina quae concepta non fuerint? Sed quis negare audeat, etsi affirmare non audeat, id acturam resurrectionem, ut quidquid formae defuit impleatur? Atque ita jam non desit perfectio quae accessura erat tempore, quemadmodum non erunt vitia quae accesserant tempore, ut neque in eo quod adversum atque contrarium dies attulerant, natura turpetur, sed integretur quod nondum erat integrum, sicut instaurabitur quod fuerat vitiatum.’ Ivo of Chartres, *Opera Omnia Ivonis: Decretum*, PL 161.972-73.

¹²¹ Christof Rolker, *Canon Law and the Letters of Ivo of Chartres* (Cambridge: CUP, 2010), 211-218.

¹²² Brundage, *Law*, 224.

¹²³ ‘Si aliquis causa explendae libidinis, vel odii meditatione, ut non ex eo soboles nascatur, homini, aut mulieri aliquid fecerit, vel ad potandum dederit, ut non possit generare, aut concipere, ut homicida teneatur... Si qua mulier abortum fecerit voluntarie, tribus annis poeniteat.’ Burchard of Worms, *Decretum*, PL 140.933.

than the infliction of death upon a pre-quickened foetus. In 1211, Innocent III wrote to a prior of the Carthusians after a monk was found to have caused abortive assault on a woman.

We have learned from your letter that a certain priest of your order, who previously had been a black monk, playfully grabbed by the girdle a certain pregnant woman, with whom he had been bonded together in an indecent intimacy and who asserted that she was carrying his child. As a result of this [grabbing] she claimed to be injured, consequently suffering an abortion. For this reason the priest, on the advice of prudent men, decided to refrain from ministry on the altar.... But we are responding to you by the present letter that if the foetus was not yet animated, he can minister; otherwise he ought to abstain from duty on the altar.¹²⁴

The distinction between the killing of a viable foetus, and thus being barred from his religious duties at the altar, versus an early term miscarriage create a striking stance on attitudes towards violent abortions from the medieval church. As a priest, his indiscretion and physical mistreatment of the woman were punished, not according to the status or health of the woman, but by the quickening of her unborn child.

Other canonical laws took similar stances on abortion by assault, often using biblical law to determine how abortionists should be punished. The twelfth-century English cardinal Robert Pullus (c. 1080-1147) cited Exodus when determining the parameters for penalising abortion. He surmised that the level of punishment was based on the demands of the unborn child's father, instructing legal codes to follow the example set in Hebraic precedent.¹²⁵ Quoting Exodus 21:22, Robert Pullus was allowing the offended parties to determine the level

¹²⁴ Robert Somerville, 'Licit and Illicit in the Yarnall Collection at the University of Pennsylvania: Pages from the Decretals of Pope Gregory IX' in *Law and the Illicit in Medieval Europe*, eds. Ruth Mazo Karras, Joel Kaye, and E. Ann Matter (Philadelphia, PA: UPP, 2008), 77-78. 'Sicut ex vestrarum tenore perpendimus litterarum, cum quidam presbyter vestri ordinis, qui prius fuerat niger monachus, quamdam mulierem praegnantem, cum qua contraxerat consuetudinem inhonestam, et quae asserebat se concepisse ab eo, per zonam arripuerit quasi ludens, ipsa postmodum mulier sic ex eo se asserit fore laesam quod occasione huiusmodi abortivit. Propter quod idem presbyter proborum virorum usus consilio, se ipsum duxit ab altaris ministerio sequestrandum. Quare nobis humiliter supplicastis ut cum eo misericorditer agere dignaremur. Nos vero devotioni vestrae insinuatione praesentium respondemus quod, si nondum erat vivificatus conceptus, poterit ministrare; alioquin ab altaris officio debet abstinere.' Gregory IX, *Decretals*, PL 216.469.

¹²⁵ 'Viro jam formato anima inspiratur, ideo forsitan et discamus in capite quid rite teneatur in successione: nam quod ante consummationem palatii regnatura haud inducatur anima; intelligenti insinuat, dum in lege dicitur, percussorem praegnantis, et de percussione abortientis, si abortivus plena forma excutitur daturum animam pro anima; si semiplenus, multandum pecunia. Quare? nisi quia non infunditur spiritus ante formatum corpus. Nam tum demum praesentia animae praedicatur, cum natus jam sentit et movetur.' Robert Pullus, *Cancellarii Sententiarum Libri Octo*, PL 186.726.

of punishment against those who, through violent means, caused a woman to miscarry against her will.¹²⁶ Rufinus, Bishop of Assisi (fl. 1157-79), decreed that abortive acts were homicides with a similar no-tolerance condemnation as early medieval theologians.¹²⁷ However, he did offer concessions for those who willingly came forward to confess their guilt, arranging penitential punishments rather than punitive actions.¹²⁸ Although confession was not compulsory during Rufinus' lifetime, it became mandatory following Lateran IV (1215), exposing confessors to a higher level of awareness concerning the sinful activities of their fold.¹²⁹ Rufinus attempted to offer some measure of pardon for those who confessed their crimes. The thirteenth-century Dominican friar and saint, Raymond of Penyafort, proposed that an abortion was only considered a homicide if the foetus had performed any animated movement discernible to the mother.¹³⁰ A pregnancy which ended through violent means was considered a 'quasi-homicide' if it occurred before the moment of quickening.¹³¹ Terminating a pregnancy in the early stages of development was not truly considered to be a homicide by Raymond, as the child had not yet reached the sensory awareness which stirred it to move. However, as it was contrary to the natural progression of development, such actions were still subjected to punishment.

¹²⁶ Exodus 21:22. 'If people are fighting and hit a pregnant woman and she gives birth prematurely but there is no serious injury, the offender must be fined whatever the woman's husband demands and the court allows.'

¹²⁷ 'Dicere ceperat de homicidiis sponte vel ex contingenti commissis, sed quoniam qui abortum fecerit homicida quandoque iudicatur, ideo de muliere interserit, que inter caballos perstricta abortivum fecit: dicens quod, si non sponte hoc fecerit, non imputetur ei.' Rufinus of Assisi, *Summa decretorum des magister Rufinus*, ed. Heinrich Singer (Paderborn: 1902), 128-129.

¹²⁸ 'Quomodo autem non imputetur ipsi, cum voluntarie non fit, aut imputetur, eum evenit ex industria, sufficienter tunc adiuvante Domino dicetur, quando infra Cs. XXXII.' Ibid, 129.

¹²⁹ See: Pierre J. Payer, *Sex and the New Medieval Literature of Confession, 1150-1300* (Toronto: Pontifical Institute of Mediaeval Studies, 2009).

¹³⁰ "Quid, si aliquis percussit mulierem praegnantem, vel dat ei ventum, vel ipsamet accepit, ut abortivum faciat, vel ut non concipiat; numquid talis iudicabitur homicida, aut irregularis?" Respondere: Si puerperium erat jam formatum, sive animatum, homicida est recte, si abortivum fecit mulier ex illa percussione, sive potationa, quia hominem interfecit.' Raymundi De Pennafort, *Summa aucta et locupletata*, Honoratus Vincentius Laget (1744), Liber II, tit. I.6.

¹³¹ 'Si vero nondum erat animatum, non dicitur homicida, quantum ad irregularitatem, sed ut homicida habebitur quantum ad poenitentiam; et idem de illo, qui dat, vel accipit venenum, vel simile, ne fiat generation, vel conceptio.' Ibid, Liber II, tit. I.6; and, Müller, *The Criminalization*, 51.

Although the unlawful killing of an embryo was a criminal offense, very little mention was made in high medieval legal records which offered punishment for the mother who initiated the termination of her own pregnancy. Instead, the pregnant woman was often portrayed as a passive figure, merely the victim, rather than the instigator, of abortion. The father of the unborn child was just as frequently mentioned – if not more so – than the mother. His loss of a child was mostly seen as a fiscal problem, robbing him of the stability that an heir could provide or the chance to incur more financial gains through additional labour. As a father, the terminated pregnancy could complicate inheritances or curtail his supply of labourers; as a law-maker, the loss of a child was one less taxpayer, soldier, farmer, or child bearer for the state.¹³² Despite these financial and social disadvantages, there is ample evidence to suggest that the unexpected loss of a child was met with a comparable level of emotional stress from the parents as it would in the modern period: the vast majority of medieval parents, contrary to some assertions, clearly cared for their children.¹³³ In this sense, the loss of a pregnancy also had financial – as well as spiritual and emotional – implications. Although the church and penitential texts outlined the necessary atonement required after abortive incidents, civil law tended to criminalise abortion in monetary – rather than penitential – ways.¹³⁴ Additionally, those who killed their foetuses before detectable movement faced less severe punishments than those who did so after quickening, indicating that not all terminations were equally penalised. If the pregnant woman died from the violence of an assaultive miscarriage, there was no question that it was a homicide. However, if she were to commit an abortion on her own body in secret, there was very little evidence for indicting her as a murderer.

¹³² Getz, *Medicine*, 82.

¹³³ Skinner, *Health*, 40; and, Nicholas Orme, *Medieval Children* (New Haven, CT: Yale University Press, 2001), 9-10.

¹³⁴ Cate Gunn, *Ancrene Wisse: From Pastoral Literature to Vernacular Spirituality* (Cardiff: University of Wales Press, 2008), 93-94.

IV. Herbal Abortions

Gynaecological texts from the high Middle Ages discussed perceived remedies for terminating one's pregnancy.¹³⁵ Various herbs were often prescribed to cause some sort of uterine expulsion, facilitating abortion as a result. In addition to the ingestion of herbal concoctions, women were also said to create pessaries and ointments or to use other tactile devices to apply or insert in their bodies for ending their pregnancies.¹³⁶ Texts which prescribed pharmacological methods relied almost entirely on drug therapy, requiring either the ingestion or the application of a remedy to achieve an abortive effect.¹³⁷ Certain herbs appeared frequently in these texts to provide expulsive outcomes, signalling that the supposed purgative attributes of these plants were well known among medical writers. The herb pennyroyal, for example, appears in a variety of compendia dedicated to gynaecological remedies and is often associated with abortion.¹³⁸ Other herbs associated with expulsive tendencies like rue, artemisia, or hazelwort are also frequently mentioned in abortive remedies. Some herbals used a wide variety of exotic or geographically specific plants for their abortive properties. For example, opoponax – a yellow-flowering plant related to parsley and lovage – was prescribed to facilitate an abortion for those in the Mediterranean coast yet was virtually unknown in the British Isles. However, many of the herbs commonly prescribed for abortive remedies like pennyroyal and artemisia flourished in most of western Europe, signalling that these plants may have been accessible to those who knew how to use them.¹³⁹

¹³⁵ Clare Pilsworth and Debby Banham, 'Medieval Medicine: Theory and Practice,' *SHM* 24, no. 1 (2011): 2-4.

¹³⁶ Anne L. McClanan, "'Weapons to Probe the Womb': The Material Culture of Abortion and Contraception in the Early Byzantine Period,' in *The Material Culture of Sex, Procreation, and Marriage in Premodern Europe*, eds. Anne L. McClanan and Karen Rosoff Encarnación (Basingstoke: Palgrave, 2002), 33-34.

¹³⁷ John M. Riddle, 'Theory and Practice in Medieval Medicine,' *Viator* 5 (1974): 162.

¹³⁸ John K. Crellin, 'Revisiting Eve's Herbs: Reflections on Therapeutic Uncertainties,' in *Herbs and Healers from the Ancient Mediterranean through the Medieval West: Essays in Honor of John M. Riddle*, eds. Anne Van Arsdall and Timothy Graham (Farnham: Ashgate, 2012), 309-310, 316-317; and, John B. Sullivan Jr., Barry H. Rumack, Harold Thomas, Jr., Robert G. Peterson, and Peter Bryson, 'Pennyroyal Oil Poisoning and Hepatotoxicity,' *Journal of American Medical Association* 242, no. 26 (Dec. 28, 1979): 2873-2874.

¹³⁹ Monica H. Green, 'Gendering the History of Women's Healthcare,' *G&H* 20, no.3 (November 2008), 500-503; and, Peter E. Pormann, and Emilie Savage-Smith, *Medieval Islamic Medicine* (Edinburgh: Edinburgh University Press, 2007), 114.

The purgative powers of pennyroyal are well documented in gynaecological health; even today, they are often listed alongside ways of procuring an herbal abortion.¹⁴⁰ Documented instances of pennyroyal ingestion for the purging of the stomach or uterus frequently appeared in medieval medical texts and are even recorded in images and illuminated herbal compendia: the *Antidotarium Nicolai*, for example, contains an expulsive method containing pennyroyal alongside a detailed image of the plant (Image III).¹⁴¹ One illustration in Vienna, MS Lat. 93 from thirteenth-century Sicily shows a feminine-looking physician holding a bunch of pennyroyal leaves in her hand with a mortar and pestle by her side (Image IV). The patient – whose gender is a bit more difficult to determine – clutches their abdomen in pain, awaiting the purgative powers which pennyroyal will give. As the physician appears to be female it raises questions on the autonomy and cultural presence of women within the medical field. Although it is problematic to understand the exact conditions of the depicted scene in this image, an apparently female *medicus* administering pennyroyal supports the dangerous depiction of reproductively knowledgeable women portrayed in the *DSM*.

Other herbs are also frequently mentioned and provide insight into gynaecological remedies. Usually, these herbs are placed in quite passive and conditional language, like the dangers associated with ingesting goatsbeard and hazelwort in Hildegard of Bingen's pharmacological compendia, *Physica*.

Goatsbeard is dangerous to a pregnant woman's body, causing her to abort a child.... Hazelwort could cause a pregnant woman who ingests it to either die or abort the infant with great danger to her own body.¹⁴²

Although Hildegard is listing these remedies as a warning to women to avoid should they wish to remain pregnant, the inclusion of such remedies raises even more questions than it answers:

¹⁴⁰ Sullivan, et al, 'Pennyroyal', 2873; and, W. Brändle, B. Gurtner, and T. Wegmann, 'Hemiparesis in an abortion attempt with hazelwort tea decoction,' *Praxis* 8, no. 58 (July 1969): 868-869.

¹⁴¹ Jütte, *Contraception*, 71; and, *Antidotarium Nicolai*, BL Egerton MS 747, fol 76r.

¹⁴² *Physica*: XXXIV, XLVIII. '[Hirtzswam] Sed et praegnantem mulierem cum periculo corporis sui abortire facit, si eum comederit.... [Haselwurtz] et si praegnans mulier eam comederit, aut morietur, aut infantem cum periculo corporis sui abortiret, aut si eo tempore cum menstrua non haberet, plus indoleret.' PL 197.1143, 1148

mainly, how Hildegard knew the abortive effects of these herbs on the feminine body.¹⁴³ *Physica*, although written primarily in Latin, lists each of the natural elements in their German, vernacular names. The words she uses – ‘hirtzswam’ and ‘haselwurtz’ for goatsbeard and hazelwort, respectively – are most certainly written from memory rather than copied from a normative text. This suggests that Hildegard, as a trained writer in Latin grammar, may have only known some of the plant names in her native tongue rather than in their Latin names.¹⁴⁴ As such, we may interpret her work *Physica* as possibly original; Hildegard, by including the German names of plants, was clearly not copying her medical knowledge from a Latin manuscript and was instead penning a work of some originality.

Although this does not necessarily help us to understand where she was sourcing her information, it does indicate that the abortive knowledge of many of these plants may have been commonly known and circulated during this period, supporting the notion that fertility control methods appeared in both formally educated and non-normative medical circles.¹⁴⁵ In *Physica*, Hildegard was providing some warning to the reader without directly condoning abortion. Indeed, she was merely alerting the unsuspecting mother or physician to the dangers of hazelwort and goatsbeard if the mother wished to carry her child. Apart from this, Hildegard rarely mentioned abortive acts in *Physica*; even though she did prescribe the herb pennyroyal to be used by an ailing patient, she instructed it to be used for purging the stomach rather than the uterus.¹⁴⁶ Many of the recipes which listed warnings to medieval mothers and physicians were usually prescribed with other texts that sought to avoid miscarriage.¹⁴⁷

¹⁴³ Riddle, *Abortion*, 116-117.

¹⁴⁴ Ann Storey, ‘A Theophany of the Feminine: Hildegard of Bingen, Elisabeth of Schonau, and Herrad of Landsberg,’ *Woman’s Art Journal* 19, no. 1 (Spring-Summer 1998): 17.

¹⁴⁵ Joan Cadden, ‘It Takes All Kinds: Sexuality and Gender Differences in Hildegard of Bingen’s “Book of Compound Medicine,”’ *Traditio* 40 (1984): 150-153.

¹⁴⁶ *Physica*: CXXVI. ‘Et poleyam pulveriza, et pulverem istum in acetum et in mel aequalis ponderis pone, et jejunos saepe bibe, id est *suffe*, et stomachum tuum purgat, et oculos tuos clarificat.’ PL 197:1181.

¹⁴⁷ Garver, ‘Childbearing’: 218-219; and, Hilary Powell, ‘The Miracle of Childbirth’: The Portrayal of Parturient Women in Medieval Miracle Narratives,’ *SHM* 25, no. 4 (2012): 797.

The *DVH* wrote that artemisia and mugwort boiled in water and then ingested could cause an abortion: if the woman wished to initiate her menstrual cycle, the text further recommends that she fumigate her genitals with this same mixture. Additionally, the *DVH* also suggested that artemisia and mugwort be applied directly to the womb to cause an abortive effect.

Also, take the same green herb (mugwort and artemisia) as she grows it and stamp it and bind it to the womb. And she shall delivery the (embryo) that is therein (abortion)... Also drink this herb often with wine and it will make urine and she will destroy the stone.¹⁴⁸

Both methods, the binding of the herb directly to her womb and drinking it soaked in wine, were thought to control a woman's reproductive abilities. Artemisia appeared in medical works devoted to reproductive or sexualised maladies, often prescribed for expulsive purposes and almost exclusively used for abortive outcomes.¹⁴⁹ Long associated with sexual desires and the feminine form, artemisia was prescribed in numerous medical remedies, like the *Regimen sanitates Salernitanum* (*RSS*) of the school at Salerno.¹⁵⁰ The *RSS* advised the use of artemisia to 'destroy a pregnancy or force a miscarriage,' by drinking water in which stones have been plunged and then rubbing the herb on the belly.

In the *DVH*, various instances of abortive techniques were also listed with remedies for menstrual retention. In this work, Macer made a clear connection between those remedies used to provoke the menses and those which purged any developing embryo from the womb. Drinking a concoction mixed with the herb centaury was said to "deliver out women's flowers

¹⁴⁸ Macer. *The Middle English Version of De Viribus Herbarum* (*GUL MS Hunter 497, ff. 1r-92r*), eds. Javier Calle-Martin and Antonio Miranda-Garcia (Bern: Peter Lang, 2012), 70-71. 'Praecipue morbis muliebribus ista medetur: menstrua deducit ejus decoctio sumpta, hocque facit, matrix si saepe fovetur eadem, vel si cruda mero sociata terendo bibatur, aut si trita virens super alvum nocte ligetur; pellit abortivum potu vel subdita tantum, duritias solvit stericas pellitque tumores.' Macer, *Des Vertus des Plantes* (*De Viribus Herbarum*), trans. M. Mouis Baudet (Paris, 1845), 5-22.

¹⁴⁹ Riddle, *Contraception*, 114.

¹⁵⁰ 'Arthemisia: Urinas potato iuvat, lapidem tibi tollit, pellit abortivum potu vel subdita tantum, trita super stomachum viridis et ponitur herba.' 'To destroy [a pregnancy] or force a miscarriage, drink stones which have been plunged into water or only apply [the said] rubbed stoned and place the herb [Artemisia] upon the blooming stomach.' *Regimen sanitatis Salernitanum* (*Flos Medicina*). In *Storia documentata della scuola di Salerno* [*Collectio Salernitana*]. 5 vols. (Naples: Typographie du Filiate-Sebezio, 1895) 897-899.

and purge out a (embryo) if there be any.’¹⁵¹ This method was meant to act as both a menstrual purge and as an abortifacient. In another instance, he advised the drinking of the herb costmary to purge a woman’s ‘flowers and helps the delivery of the maw (stomach contents).’¹⁵² Other herbs, such as camomile, were instructed to ‘provoke urine and stones in the bladder and purge women’s flowers, so they do if the (womb) be warmed in the water that these herbs are soaked in.’¹⁵³

V. Conclusion

As medieval abortion was a largely undisclosed practice, it is nearly impossible to gauge just how often and under what conditions a woman may have sought to end her unwanted pregnancy. The various legal and ecclesiastical ramifications put in place to punish the abortive mother or to attempt to control reproductive measures indicates that some parts of society perceived these actions to be occurring, although determining whether these fears were valid is incredibly difficult based on a lack of source material.¹⁵⁴ However, some of these texts do imply that sexually knowledgeable women were perceived to be inherently mistrustful and devious, portraying a heavily misogynistic approach to contemporary women. This attitude, although difficult to definitively prove with any real accuracy, does exemplify the perception of medieval abortion, contraception, and those who were thought to practise these methods: namely, that they were used by the most undesirable and sinfully precarious members of society.

With few exceptions, the experiences of women unwilling to be mothers have remained unrecorded and those that have survived are little more than hearsay accounts or narrative

¹⁵¹ *De Viribus Herbarum*, 122. ‘Illius succus deducit menstrua sumptus, pellit abortivum; medicamina cuncta maligna cum vino sumptum dicunt purgare per alvum.’ *Des Vertues*, 1721-23.

¹⁵² Ibid, 132. ‘Menstrua purgabunt, si se subfumiget illis femina, sic etiam vulvae sedare dolorem dicunt, aut ex his sibi si pessaria subdat.’ *Des Vertues*, 2172-2174.

¹⁵³ Ibid, 124. ‘Provocat urinam cum vino quaelibet hausta, vesicae frangit lapides et menstrua purgat, si foveatur aqua matrix qua coeta sit herba, aut si cum vino potetur saepius illa.’ *Des Vertues*, 565-568.

¹⁵⁴ Peter Biller, ‘Cathars and Material Women,’ in *Medieval Theology and the Natural Body*, eds. Peter Biller and A. J. Minnis (Woodbridge: York Medieval Press, 1997), 100.

devices. This silence has left little indication why a woman would have sought to control her fertility. Instances in texts which have recorded the medical processes of reproductive control, the emotions of the mother, or her reasons for wanting to terminate her pregnancy are mostly non-existent for this period. Despite this lack in source material, the fear of childbirth, physical maladies, financial strains, or societal shame may have caused some women to avoid the conception of children, particularly for those who conceived out of wedlock, were prostitutes, or who were the victims of rape.¹⁵⁵ As these reasons are unrecorded, many methodological hindrances arise when trying to discuss fertility control as a remedial – rather than theoretical – occurrence. However, focusing on those methods listed in legal and medical compendia may provide some insight into medieval fertility control.¹⁵⁶ Legally, abortion seems to have been a rather difficult concept to define. Mostly criminalised if the mother and child were both victims of a physical attack or herbal poisoning, women were portrayed as relatively passive in legal treatises. However, the medical view of abortion often described those who aborted their children as actively engaging in these roles by recommending various herbs or remedies which had terminal effects. In both instances – the legal and the medical – very little evidence is given which could imply the frequency with which these practises were happening, how women were thought to access this knowledge, and if these crimes were ever fully penalised. What is evident is that sexual promiscuity was thought to be inherently related to abortion and contraception, either directly or indirectly, associating lascivious behaviour with something far more malignant and corruptive.

¹⁵⁵ Powell, 'The Miracle', 795-798.

¹⁵⁶ Lucille B. Pinto, 'The Folk Practice of Gynecology and Obstetrics in the Middle Ages,' *BHM* 47 (1973): 515-517.

CHAPTER V: *Implicit Control*

Those who have intercourse with the pregnant are murderers:
I do not want that work of man and woman to take place from the time
when the root of a little child has already been placed in the woman,
lest the development of that little child be polluted by excessive and wasted semen,
until her purification after childbirth. After that it may be done again,
in rectitude and not in wantonness, for the love of children.¹

Hildegard of Bingen, (1098-1179) *Scivias*

In medieval medical thought, embryonic matter was portrayed as something fragile and easily disturbed, as evidenced by the treatise on sex with pregnant women from the *Scivias* of Hildegard. In the above passage, Hildegard voiced concern that intercourse during menstruation would render impregnation impossible and thus perpetuating contraceptive, rather than conceptive, effects.² She condemned those who engaged in sexual intercourse with pregnant women as murderers, claiming that such actions wasted the semen for future generations or interrupted the natural progression of the foetus, threatening gestational development. In this way, Hildegard is likening the ejaculate to the *conceptus*, arguing for the life of the seed. Although Hildegard was not necessarily condemning the sexual act, she was attempting to regulate coitus to ensure that the practice was for the purest of intentions – to produce children – and not to engage in wanton sexuality. As previously discussed in Chapter III: Marital Sex, Hildegard was very interested in the conception of the seed, the formation of

¹ Hildegard of Bingen, *Scivias*, trans. Mother Columba Hart and Jane Bishop (New York, NY: Paulist Press, 1990), 84. 'Nolo etiam ut praedictum opus viri ac mulieris exerceatur cum jam radix infantuli in muliere posita est, ne coagulatio infantuli superfluo et perduto semine polluaturs usque ad purgationem partus ipsius, quod iterum ob amorem filiorum in rectitudine et non in petulantia fieri non prohibetur.' PL 197.398.

² 'But I do not want this work done during the wife's menses, when she is already suffering the flow of her blood, the opening of the hidden parts of her womb, lest the flow of her blood carry with it the mature seed after its reception, and the seed, thus carried forth, perish; at this time the woman is in pain and in prison, suffering a small portion of the pain of childbirth.' Ibid, 83. 'Sed nolo ut idem opus fiat in separatione mulieris cum jam fluxum sanguinis sui patitur: quod est apertio occultorum membrorum uteri ejus, ne fluxus sanguinis ejus susceptum semen maturum effundat, et ita semen effusum pereat; se enim tunc mulier in dolore et in carcere positam videt: portionem scilicet doloris partus sui tangens.' PL 197.397.

the foetus, and the ensoulment of man, particularly when humans became endowed with rationality and awareness of God. However, Hildegard's interest in conception, gestation, and parturition did not necessarily stem from a purely theoretical approach.

As a Benedictine nun, Hildegard would have had access to some sort of medical infirmarian for healing the sick. Indeed, the relationship between medicine and the monasticism was common in the Middle Ages. For example, Florence Eliza Glaze has suggested that there was an influx in scholastically trained physicians from the centres at Salerno and Montpellier who entered the monastic fold, thus bringing medical texts and their remedial knowledge to these communities.³ As Hildegard was possibly reading many of the works of sexuality in circulation – like, Constantine the African's *De Coitu* – her interest in procreation emphasises the importance placed upon the production of children in medieval society.⁴ Although Hildegard was writing the above passage to emphasise that intercourse should only be used for the production of children – and then at appropriate times – she also reflected a common belief in the Middle Ages: namely, that contraception and abortion could encapsulate a variety of procedures and was not beholden to one definition.⁵

This chapter will examine these ambiguous and implicit views of medieval gynaecology, primarily examining treatises which described abortion and contraception in non-descript language.⁶ For example, Pseudo-Albertus Magnus sought to warn pregnant women against blood-letting or engaging in sexual activity for fear that such acts could cause the foetus to slip from the womb, prematurely ending the development of the child.⁷ These particular deeds, contrary to the ingestion of herbs which were thought to cause expulsive contractions in

³ Florence Eliza Glaze, 'Medical Writer: "Behold the Human Creature,"' in *Voice of the Living Light: Hildegard of Bingen and Her World*, ed. Barbara Newman (Berkeley, CA: University of California Press, 1998), 127.

⁴ Fiona Maddocks, *Hildegard of Bingen: The Woman of Her Age* (London: Headline, 2001), 163.

⁵ *Ibid.*, 174-175.

⁶ Barbara A. Hanawalt, 'Childbearing Among the Lower Classes of Late Medieval England,' In *Marriage and Fertility: Studies in Interdisciplinary History*, eds. Robert I. Rotberg and Theodore K. Rabb (Princeton, NJ: Princeton University Press, 1980), 26-27.

⁷ See Chapter IV, Section I: The 'Secrets' of Women.

the womb, provided a different view of abortion. However, Pseudo-Albertus was reflecting a very real belief during the high Middle Ages: namely, that non-procreative sexual interaction was viewed as suspicious, harmful, and possibly abortive. Blaming ‘evil women instructed in this art,’ Pseudo-Albertus urged women to avoid blood-letting or the ‘certain herbal decoctions’ given by abortionists which could corrupt their foetuses.⁸ In this way, he placed the blame for the abortion directly on these ‘evil women’ who knew of ‘secret’ ways of terminating pregnancies, showing the mother as a passive victim of bad advice and destructive intentions. He advised women to avoid frequent sex or excess motion, warning that it could cause the woman to miscarry her child and give birth prematurely, while also cautioning them against outside forces of which the mother would have had no control, like those unspecified ‘evils which may befall her’.⁹ While Pseudo-Albertus was clearly taking a far more misogynistic stance than Hildegard, they are both describing the same inherent fears: that women may have been terminating their pregnancies, either advertently or inadvertently, through various secretive and ulterior ways.

This chapter will discuss these ambiguous methods attributed to abortion and the indirect way in which nonprocreative information was presented in medieval medical texts. For example, many remedies sought to move the menses or expel all matter contained in the uterus, including a foetus, only sometimes specifying whether the foetus was dead or alive. Although not all manuals associated these expulsive methods with terminating the life of a foetus, particularly since a retained miscarriage or a child stuck in utero could have caused serious health concerns, the possibility exists that it could have been used to prematurely end a pregnancy, resulting in a purposeful and conscious abortion. Additionally, many of these remedies use indirect language, tantalising hinting that certain herbs could have been used to

⁸ *De Secretis Mulierum*, 79.

⁹ *Ibid*, 79.

start the menstrual cycle, initiate childbirth, or cause an abortion.¹⁰ This chapter will also discuss how these interchangeable terms relied on the intent of the user: namely, a uterine expulsive could have been used for cleaning the womb of fetid matter or for aborting a child. Lastly, this discussion will examine how medical texts, particularly those that include reproductively controlling methods, were received and perceived in medical culture. As previously discussed, women were frequently believed to be the perpetrators and disseminators of this knowledge yet, as most medical texts were composed by men, this interpretation is not as evident in surviving sources. The lack of the obvious female voice could indicate that women's knowledge was either entirely oral based, indirectly influencing these texts through communal folklore and relying on a much more efficient system of communication, or that medical practitioners were actively collecting this information from women, thus supplying these methods to other literate men.

I. Moving the Menses

This thesis has focused primarily on instances in which abortion or contraception were the desired outcome in gynaecological compendia, yet consideration must also be given to those gynaecological remedies with vague intentions: namely, menstrual provocators and foetal expellants. Menstrual retention was frequently discussed as a dangerous threat to women's health.¹¹ As many gynaecological remedies in medical compendia are devoted to menstrual regulation, medieval physicians considered the stability and frequency of the menses an important factor in woman's health.¹² Although a regular menstrual cycle was perceived to be one determiner of wellbeing, some menstrual remedies also included references to abortion or

¹⁰ See Introduction, Section V: Reproductive Ambiguity for the interchangeability of the word 'abortus' in medieval texts.

¹¹ Peggy McCracken, *The Curse of Eve, the Wound of the Hero: Blood, Gender, and Medieval Literature* (Philadelphia, PA: UPP, 2003), 4.

¹² Bettina Bildhauer, *Medieval Blood* (Cardiff: University of Wales Press, 2006), 93-94.

prescribed many of the same ingredients for terminating a pregnancy.¹³ These remedies sought to regulate the menstrual cycle, but some could also have functioned as abortifacients based on certain common factors: namely, these methods prescribed herbs for purging the uterus of all matter; many of the plants listed in menstrual regulators were also included in abortive methods; and, these expulsive remedies sometimes used indefinite language, indicating that these concoctions may have been used for more than one purpose.¹⁴ Although most texts do not explicitly use words like ‘abortion’ or ‘abortifacient’ with the same frequency that they describe menstrual measures, some medical manuals prescribed herbs which were thought to address both issues.¹⁵ For example, most gynaecological texts provided remedies designed to ‘move the menses’ (*menses moventia*) and often gave various methods which included plants known to cause contractions or early term abortions, like pennyroyal and artemisia.¹⁶ Ingesting certain plants to initiate the menstrual cycle may have also inadvertently terminated an early pregnancy, thus suggesting that a woman’s attempt to ‘move the menses’ may have several different connotations.¹⁷

Although it is difficult to determine if women were actively seeking menstrual regulators for abortion, some remedies specifically stated that their methods were used for either outcome. The *De Viribus Herbarum* of Macer Floridus detailed many remedies which were designed to either move the menses or expel a foetus, often referring to this procedure as an abortion. The *DVH* also distinguished between the purgation of the uterus, bladder, or the

¹³ Monica H. Green, ‘From “Diseases of Women” to “Secrets of Women”: The Transformation of Gynecological Literature in the Later Middle Ages,’ *JMEMS* 30, no. 1 (Winter 2000): 23; and, Wolfgang Jöchle, ‘Menses-Inducing Drugs: Their Role in Antique, Medieval, and Renaissance Gynecology and Birth-Control,’ *Contraception* 10, no. 4 (1974): 428. See: Chapter I, Section III: Inhospitable Wombs.

¹⁴ Jöchle, ‘Menses’, 429-432.

¹⁵ Marianne Elsackers, ‘The Early Medieval Latin and Vernacular Vocabulary of Abortion and Embryology,’ In *Science Translated: Latin and Vernacular Translations of Scientific Treatises in Medieval Europe*, eds. Michele Goyens, Pieter De Leemans & An Smets (Turnhout: Brepols, 2008), 389-391.

¹⁶ Helen Rodnite Lemay, ‘Human Sexuality in Twelfth- through Fifteenth-Century Scientific Writings,’ In *Sexual Practices and the Medieval Church*, eds. Vern L. Bullough and James A. Brundage (Buffalo, NY: Prometheus, 1982), 200. See: Chapter IV, Section IV: Herbal Abortions.

¹⁷ Etienne Van De Walle, ‘Flowers and Fruit: Two Thousand Years of Menstrual Regulation,’ *The Journal of Interdisciplinary History* 28, no. 2 (Autumn 1997): 184.

stomach. Differentiating between whether a remedy could purge the stomach or the uterus reveals that some medieval authors were aware of the effects of different plants on the body. As medical authors tended to distinguish between these methods, medieval physicians were consciously prescribing procedures which they thought would cause different reactions. Thus, if a physician wrote that a plant could purge material from the uterus, it is very likely that they believed this to be so or, they were at least copying this material from a respected authority who also recorded this information.

The *DVH*, for example, prescribed many remedies for expelling a dead foetus from the womb, suggesting that these were primarily used for instances of miscarriage or to assist with a hindered stillbirth. However, some of these prescriptions were also written for expelling a foetus without necessarily stating whether these pregnancies had ended intentionally or unintentionally. Women who were pregnant with dead children were far more likely to experience life-threatening septicaemia, infertility issues, and internal haemorrhaging.¹⁸ As these illnesses could prove fatal to pregnant women, knowing when a child had died and how to safely extract the deceased foetus from the womb was vital information. The expulsion of a dead foetus often required methods for controlling uterine contractions or facilitating purges which could extract it through physically forceful means.¹⁹ Although these methods were often stated to clearly assist with the extraction of the dead child, other instances omitted whether the child was dead or alive, insinuating that these may have been alluding to purposefully terminated pregnancies. In many of the examples to be explored in this section, the lines between expelling a dead or living foetus were often blurred, instead leaving a rather dichotomous relationship in its place. Although one reason for expelling a living foetus could

¹⁸ Derek Llewellyn-Jones, *Fundamentals of Obstetrics and Gynaecology* (London: Mosby, 1999), 112.

¹⁹ Monica H. Green, 'Constantinus Africanus and the Conflict between Religion and Science,' in *The Human Embryo: Aristotle and the Arabic and European Traditions*, ed. G. R. Dustan (Exeter: University of Exeter Press, 1990), 55.

have been for hastening a delivery or overdue pregnancy, most remedies did not state if the child had reached viability.²⁰

Some sources for foetal expulsion also included instances in which menstrual regulation was either a side effect of foetal removal or an alternative outcome. Many of the menstrual regulatory prescriptions in the *DVH* were said to empty the womb of all fetid matter: thus, menstrual provocations and foetal expulsions could often be interchangeable outcomes within medical texts. Expulsive medicine used many of the same ingredients which were also prescribed for other reproductive purposes: for example, mint was thought to work as both a menstrual regulator and a contraceptive.²¹ Macer recommended calamint and catnip to expel a foetus from the womb without specifying whether such a treatment was to extract a living or dead child.

[M]eddle the juice of this herb [catnip] and drink and it will purge women's flowers.... [Another use] if a woman that is with child drinks Calamint it will deliver her of her (embryo), thus will this herb do if it is ground and put under the woman.²²

The *DVH* clearly distinguishes between two very different procedures. In the first mention, catnip is used to initiate the menstrual cycle, yet if it was used with calamint, it was thought to deliver an embryo. Although this translation supplies the word 'embryo', it is not entirely clear from the Latin original whether this was alluding to an early term abortion or expelling a viable foetus. As the text uses the word '*abortit*' to describe this event and, considering the interchangeability of this word between a terminated pregnancy and a miscarriage, it is likely that the author meant the former definition. The text literally says that, if the woman drinks this

²⁰ 'If the child is dead, take rue, mugwort, wormwood, and black pepper. This whole mixture, having been ground and given in wine, is good for this condition, or when it is given with water in which lupins have been cooked. Or let summer savory be ground and tied upon the belly, and the foetus will come out whether it is alive or dead.' 'Si puer sit mortuus, accipe rutam, arthimesiam, absinthium, piper nigrum. Hoc totum tritum datum in uino prodest, uel cum aqua ubi cocti sint lupini. Vel teratur satureia et super uentrem ligetur, et exhibit fetus siue uiuus siue mortuus.' *Trotula: A Medieval Compendium of Women's Medicine*, trans. Monica H. Green (Philadelphia, PA: UPP, 2001), 94-95.

²¹ See Chapter III, Section III. Non-Christian Contraception and Medicinal Appropriation.

²² *De Viribus Herbarum*, 87-88. '[A]ppositu potuque suo cito menstrua purgat.... Potus et injectus lumbricos enecat ejus succus et in membris vermes necat omnibus ipse, si mel jungatur huic cum sale plus operatur. Si bibit hanc praegnans aut tritam subdit, abortit.' *Des Vertues*, 603, 611-614.

mixture, then her pregnancy will be aborted. Thus, the use of catnip and calamint was meant to yield two different results in the same remedy, signifying that there were often overlaps between menstrual regulators and embryonic expulsives in medical belief.²³

Other ingredients were thought to have expulsive properties. The *DVH* claimed that rue, often associated with uterine contractions and other reproductive matters, could be used to put 'out the child and represses lechery if it be drunk [a]nd also staunches the cove and purses women's flowers'.²⁴ So too did the author state that the herb betony, also commonly associated with expulsions, was used to '[dissolve] women's flowers... [and] this will deliver a woman of her dead child if it be put to the matryce.'²⁵ The association between foetal and menstrual purgations was also associated with sage, elecampane, cabbage seeds, and black hellebore, all of which have been mentioned in other texts for providing uterine purges.²⁶ As the same herbs were frequently prescribed for similar treatments in many texts, this suggests that authors were either copying the same sources or recording standard, folkloric practises. Indeed, the relationship between certain menstrual purges and foetal expulsions was not entirely

²³ Gerhard Baader, 'Early Medieval Latin Adaptations of Byzantine Medicine in Western Europe,' *Dumbarton Oaks Papers* 38, Symposium on Byzantine Medicine (1984): 251; and, Bruce P. Flood, Jr., 'The Medieval Herbal Tradition of Macer Floridus,' *Pharmacy in History* 18, no. 2 (1976): 64.

²⁴ *De Viribus Herbarum*, 79. 'Utilis est valde stomacho, si saepe bibatur, expellit partum potu veneremque coercent, tussim si bibitur compescit, menstrua purgat.' *Des Vertues*, 269-271.

²⁵ *De Viribus Herbarum*, 102, 129. 'Cum mulsa menstrua solvit.... Sic quoque feminei ventris curare tumorem dicunt, quo mulier quasi praegnans esse videtur.' *Des Vertues*, 479, 1280-1281.

²⁶ 'Sage: In the same way it will deliver a woman of her child that is dead in her body. And purges woman's flowers and makes the body urinate... Elecampane (Horsehelne): Drinking a concoction of this herb purges women's flowers... And also she will deliver her child that is dead in the mother's womb... Cabbage Seeds (Brassica): And in the same way it fills a wet-nurse's teat with milk and purges women's flowers, and it helps the stomach to digest (food). The 11th use that seed of cabbage will deliver a woman of a dead child in her womb... Black Hellebore (Black Ellebur): The 9th use this under put will cleanse a woman of her flowers and bring out the child that is dead in the mother's womb.... White Hellebore (Whit Ellebur): The first use of White Hellebore put under in what manner ever it be it will deliver a woman of her child that is dead in her womb.' *Ibid*, 94, 95, 104, 139, 141. '[Salvia], cui nomen elelisphacus est apud Argos, cum mulsa jecoris prodest potata querelis, pellit abortivum, lotiumque et menstrua purgat, trita venenatos curat superaddita morsus, crudis vulneribus (quae multo sanguine manant).... [Enula] Illius decoctio menstrua purgat si bibitur, movet urinam, depellit abortum, dicitur haec eadem stipatum solvere ventrem.... [Eruca] Augēt lac mammis cibus ejus, menstrua purgat, atque juvat stomachum sumptas ut concoquat escas; si multum coquitur, restringere dicitur alvum, at semicrudus solet illam solvere sumptus. Assumptus crudus, sic ut tingatur aceto, splen reprimat tumidum; semen depellit abortum.... [Elleborus niger] menstrua suppositum purgat, depellit abortum, auditum reddit, si surdis auribus illud imponas et post biddum triduumve repellas. [Elleborus albus] Suppositum quocunque modo depellit abortum, naribus attractus sternutamenta movebit illius pulvis capitis pellentia morbos.' *Des Vertues*, 870-874, 1493-1495, 1228-1234, 1184-1151, 1779-1781.

coincidental.²⁷ Although it is highly likely that these methods were recorded as rhetorical tropes rather than actual remedial practises, the author of the *DVH* did apparently believe in their efficiency, particularly since many of these abortive properties are listed as warnings rather than instructions. In whatever way these remedies were being used, it is evident that the author was reading ancient source material for the *DVH*, continuing the medieval tradition of citing classical authority for medical knowledge.

For example, the herb coriander was frequently used in both menstrual remedies and for soothing the stomach: the *DVH* quoted the ancient physician Xenocrates when he stated that ‘a woman’s flowers should attack/assail her as many days as she eats Coriander seeds’.²⁸ This use of coriander and the citation of Xenocrates was not limited to the *DVH*, as the same recipe also appeared in the twelfth-century *Regimen sanitatis Salernitanum* (*RSS*) for a contraceptive result, indicating that these methods were available in medical libraries. The recipe stated that the swallowing of three coriander seeds will delay the onset of menstruation for as long as the woman wishes and that ingesting more seeds will lengthen this time.²⁹ Although this was not an explicit menstrual provocation, this indicates that women were perceived to be, at the very least, theoretically capable of controlling their cycles and either voluntarily delaying or initiating the menstrual flow. Cumin was also prescribed to comfort the stomach, halt reproduction, and ease menstrual problems.

²⁷ Jöchle, ‘Menses’, 428; and Danielle Jacquart and Claude Thomasset, *Sexuality and Medicine in the Middle Ages*, trans. Matthew Adamson (Princeton, NJ: Princeton University Press, 1988), 164.

²⁸ *De Viribus Herbarum*, 113. ‘Xenocrates scripsit totidem cessare diebus menstrua quot mulier coriandri grana vorabit. Assiduum quidam condemnant illius usum, nempe putant mortem quemvisse parare dolorem.’ *Des Vertues*, 984-987.

²⁹ *Regimen sanitatis Salernitanum (Flos Medicina)*, in *Storia documentata della scuola di Salerno [Collectio Salernitana]* 5 vols (Naples: Typographie du Filiatre-Sebezio, 1895), 957-962. ‘Si tria grana voret coriandri seminis aeger evadet febrem cui dat lux tertia nomen. Xenocrates ait totidem cessare diebus menstrua, quod mulier coriandri grana vorabit. Confortat stomachum, ventus removet coriandrum, et quod restringit humorum fluxum amandum.’

For easing of the stomach, coitus, and to compel urination; use cumin to draw out obstructions of the liver or restrained menses, easing windiness in one's stomach, or to restore colour to a pale complexion. Cumin will also end a pregnancy.³⁰

In this passage, cumin may have been utilised for a variety of reasons, all of which involved the expulsion of unwanted material. Like the *DVH*, the *RSS* emphasised the various similarities which existed between uterine purges and other practises like abortion. In another passage from the *RSS*, the herb *levistica* (*lovage*) was prescribed for both a blocked menstrual cycle and to ease pain of the liver.³¹ In this passage, *hepar* – from the Greek meaning liver or the preparation of a liver – was clearly intended to be the main use for this herb while an ‘enclosed’ menstrual cycle was listed as the last possible use of this drug. So too did the *RSS* recommend the herb *solatrum* – most likely a form of betony or another similar plant – to both ease the liver as well as provoke the menstrual cycle.³²

The liver was frequently mentioned because of its association with bile, and thus an abnormality in the humours, linking an unbalanced liver to problems of fertility.³³ Although medieval authors were aware of the distinctions between most of the different organs, the presence of humoralism in medicine meant that the temperament and flux of bile in the liver was especially important for diagnosing various conditions. The importance of a balanced liver is exemplified in the *De Coitu*, which believed the sexual appetite came from the liver, attributing any problems of sexual arousal as an imbalance in this organ.³⁴ Constantine's association of the liver with sexual health reflects why he believed females to be inherently weaker than males: according to the *De Coitu*, male seed was produced on the right side of the body, benefitting from close proximity to the liver and female seed developed on the left side

³⁰ *Regimen*, 969-973. ‘Comfortant stomachum, coitum, et mingere cogit; enfraxes hepatis reserat et menstrua stringit, ventosum stomachum tibi tranquillatque cuminum, et dat pallentem permansum saepe colorem. Pallor cumino praegnanti nulla feratur.’

³¹ *Ibid*, 1016-1717. ‘Hepar opilatum frigore levistica quaerunt, torsio ventosa, medicina, menstrua clausa.’

³² *Ibid*, 1126-1127. ‘Hepar amat solatrum, sed apostasies illud abhorret, si careat, stringit; menstrua clausa ciet.’

³³ *Ibid*, 188-189.

³⁴ Paul Delany, ‘Constantinus Africanus’ “De Coitu”: A Translation,’ *The Chaucer Review* 4, no. 1 (Summer 1969): 56; and, Michael Solomon, *The Literature of Misogyny in Medieval Spain* (Cambridge: CUP, 1997), 54.

of the body, farther from the liver.³⁵ Although a healthy liver was inextricably linked to healthy sexuality, it was not the only organ associated with reproduction. A prescriptive use in the *DVH* utilised the lily plant, stating that when it was mixed with wine ‘and drunk purses evil blood of the womb and so it is good and profitable to the spleen...help[ing] the vagina and purses women’s flowers.’³⁶ So too did the *DVH* prescribe woodbine (*ligustrum*) to be used for ‘help[ing] sores of the entrails and of the inner parts thus they provoke urine and purges women’s flowers.’³⁷ The association between general abdominal pain and uterine regulation was a humourally logical approach to medieval medicine; those herbs which cured irregularities of the uterus could also be used to aid the surrounding organs because of their physical proximity to one another.³⁸ Thus, the stomach was frequently associated with the uterus in gynaecological texts. Not only were uterine purges and menstrual regulators associated with the cleansing of the stomach, some recipes did not distinguish between those which called for either the expulsion of the sexual or intestinal organs.

In addition to moving the menses, gynaecological remedies also mentioned herbal methods to soothe pain brought about by ‘obstructed or retained menses’: while easing abdominal pain, these methods were also meant to start the late or absent menstrual cycle. The *Physica* of Hildegard of Bingen, for example, described tansy to treat women suffering from the pain of obstructed menses. In a treatise prescribing collecting, steaming, and then drinking a sack of prepared herbs including tansy, Hildegard asserted that the remedy was for those women who ‘[are] in pain from obstructed menses’.³⁹ Tansy, as an herb associated with

³⁵ Delany, ‘Constantinus’, 58.

³⁶ *De Viribus Herbarum*, 93. ‘Cum vino potum nocuum purgare cruorem per ventrem dicunt et sic prodesse lieni, sicque juvat vulvas, sic idem menstrua purgat, vel si cum vino veteri coctum superaddas.’ *Des Vertues*, 826-829.

³⁷ *De Viribus Herbarum*, 126. ‘Inflato stomacho cum vino sumpta medetur et tali potu vis digestiva juvatur, omnibus et morbis sic prodest interiorum, urinas sic sumpta movet et menstrua purgat.’ *Des Vertues*, 887-890.

³⁸ Green, ‘From “Diseases”’, 8.

³⁹ [Tansy] mixed with an equal weight of feverfew and a bit more mullein cooked in water from a freely flowing stream tempered by the sun and air [should be made into] a sauna bath with the herb water. The warm herbs should be placed on a bench in the bath for her to sit.... The she should take bearberries and add a third as much yarrow, and rue, and as much birthwort as there is bearberries and yarrow, and a bit more dittany. She should pound these in a mortar and cook them in a jar with good, pure wine. Then she should put this mixture in a little sack. Further,

abortifacient properties, was believed to clear the uterus of any matter held within it; the purpose for ingesting such an herb, either menstrual or abortive, would have been based on the intention of the woman.⁴⁰ The importance associated with regular menstrual cycles was clearly evident in Hildegard's work, as several other remedies were prescribed in *Physica* for clearing the uterus of any retained, fetid matter; the fact that many of these prescriptions contain remedies which feature known abortive herbs may be attributed to their expulsive powers rather than any inclination by Hildegard to promote abortive knowledge.⁴¹ Additionally, Hildegard's inclusion of these methods might reflect many of the methodological questions concerning the purpose and audience of these texts: that she was merely copying these remedies from other authorities, thus emphasising the breadth of her remedial knowledge.

There are many instances in which the painful obstruction of menstrual retention was directly named, providing some insight into the medieval explanation for amenorrhoea. The *LSM*, for example, provided remedies for pain associated with menstrual retention, saying that such discomfort may accompany both intermittent and long term amenorrhoea.⁴² The author

she should crush as many cloves as she has, with a smaller amount of white pepper, and add fresh honey, which is free from impurities. She should boil this in a new pot and pour it on the forenamed herbs in the sack, and so prepare claret. She should drink this every day...until she is well.' *Physica*, trans. Priscilla Throop (Rochester, VT: Healing Arts Press, 1998), CXI. '[Reynfan] patitur, et inde dolet, accipiat tanacetum, et febrifugam aequali pondere, et vullenam aliquantum plus quam unius istorum sit, et eas coquat aperto et fluente flumine, quod et sole et aere temperatur; et tunc etiam sumat lateres, et eos in ignem ponat, et assum balneum cum praedicta aqua et herbis faciat. Cumque hoc balneum intraverit, super scabellum herbas calidas ponat, et desuper sedeat.... Deinde sumat *rifelbire*, et ad eorum tertiam partem millefolium, et rutam quasi tertiam partem millefolii, et tantum de aristologia longa ut *rifelbire* et millefolii est, et plurimum de dictamno, et has in mortario tundat, et cum bono et puro vino in olla coquat, et coctas cum vino illo in saccellum fundat, et insuper gariofyli, quantum habere potest, et de albo pipere minus quam gariofyli, et simul terat, et satis de novo et recente melle, quod absque sorde est, addat, et in optimo vino fervere faciat, et ad praedictas herbas in saccellum fundat, et ex his claretum paret, et per singulos dies, jejuna et pransa, illud bibat.... Sed interim aquam bibitura, aquam putei bibat et aquas salientis et fluentis fontis devitet, quoniam aliis aquis aliquanto asperiores sunt.' PL 197.1174.

⁴⁰ John M. Riddle, 'Contraception and Early Term Abortion in the Middle Ages,' In *Handbook of Medieval Sexuality*, eds. Vern L. Bullough and James A. Brundage (London: Garland, 1996), 269.

⁴¹ See Chapter IV, Section IV: Herbal Abortions for more discussion on abortive mentions by Hildegard.

⁴² 'If women have scant menses and emit them with pain, take some betony or some of its powder, some pennyroyal, sea wormwood, mugwort of each one handful. Let them be cooked in water or wine until two parts have been consumed. Then strain through a cloth and let her drink it with the juice of fumitory. If, however, the menses have been deficient for a long time, take two drams of rhubarb, one dram each of dry mugwort and pepper, and let there be made a powder and let her drink it morning and evening for three days, and let her cover herself so that she sweats. Likewise, take one handful each of mint, pennyroyal, and rue; three drams of rock salt, one plant of red cabbage, and three heads of leek. Let all these be cooked together in a plain pot, and let her drink it in the bath.' 'Mulieres si pauca habent menstrua et cum dolore ea emittant, accipe de betonica uel de puluere eius,

ascribed menstrual retention to a variety of ailments, like emaciation and constipation, prescribing that bloodletting and capsules of calamint or catmint could be used to rebalance the body.⁴³ The author of the *LSM*, like that of the *DVH*, was supplying the same herbs for menstrual regulation, suggesting that this procedure was common knowledge or included in a respected, authoritative text. As so many treatises on gynaecology were devoted to ensuring a healthy menstrual cycle, it is important to understand that the presence – or the absence – of this cycle was thought to have serious ramifications on a woman's body. The *LSM*, when describing why the female body must menstruate, described this expulsion as vitally important for a woman's humoral balance.

Because there is not enough heat in women to dry up the bad and superfluous humors which are in them, nor is their weakness able to tolerate sufficient labour so that Nature might expel (the excess) to the outside through sweat as in men, Nature established a certain purgation especially for women, that is, the menses, to temper their poverty of heat. The common people call the menses 'the flowers,' because just as trees do not bring forth fruit without flowers, so women without their flowers are cheated of the ability to conceive.⁴⁴

The importance of maintaining a regular menstrual cycle was vital for ensuring optimal health and ideal reproductive capabilities. Shedding menstrual blood was directly linked to physical and spiritual health. The supposed healing powers of moulted, or removed bodily material,

pulegio, centonica, arthimesia ana manum .i., decoquantur in aqua uel uino usque ad consumptionem duarum parcium. Postea coletur per pannum et bibatur cum succo fumi terre. Si uero diu defecerint menstrua, accipe reupontici drachmas .ii., arthimesie sicce, piperis ana drachmm .i. et fiat inde puluis et bibat mane et sero per tres dies, et cooperiat se ita ut sudet. Item accipe mentam, pulegium, rutam ana manum .i., salis gemme drachmas .iii. et plantam caulis rubei, et tria capita porrorum. Omnia hec coquantur simul in olla rudi, et bibat in baleno.' *Trotula*, 19-21.

⁴³ 'Galen tells of a certain woman whose menses were lacking for nine months, and she was drawn and emaciated in her whole body, and she almost entirely lacked an appetite. [Galen] drew blood off from her from the aforementioned vien for three days...and so in a brief time her color and her heat and her accustomed condition returned to her. [On constipation] let her be bathed, and after the bath let her drink some calamint or catmint or mint cooked in honey so that there are eight parts of water and a ninth of honey.' 'Galyenus refert de quadam muliere cui defecerunt menstrua per .ix. menses, et in toto corpore constricta erat et extenuate et defecerat ei penitus appetitus, et ipse extraxit ei sanguinem de predicta uena per tres dies... et ita in breui spacio rediit ei color et calor et status debitus... Deinde balneetur, et post balneum bibat de calamento uel nepita uel menta coctis in melle, ita tame nut .viii. partes sint aque et nona mellis.' *Trotula*, 9-10.

⁴⁴ 'Quoniam igitur in mulieribus non tantus habundat calor ut prauos humores et superfluous qui in eis sunt sufficiat desiccare, nec tantum laborem ualeat earum debilitas tolerare ut per sudorem ualeat ad exterior expellere natura sicut in uiris, propter hoc ad caloris ipsarum pauperiem temperandam quondam purgationem precipuam eis destinauit natura, scilicet menstrua, que uulgus appellat flores, quia sicut arbores non afferent sine floribus fructus, sic mulieres sine suis floribus sue conceptionis officio defraudantur.' *Trotula*, 3.

were discussed in religious writings as a cleansing agent, both spiritually and physically: shed menstrual blood was thought in some circles to also have purgative powers.⁴⁵ The redemptive and cleansing powers of menstrual blood were discussed in the writings of Heloise and Abelard, for example. Heloise frequently cited menstruation as a good thing for women and extolled its virtues suggesting that, like the writings of Hildegard, those in monastic houses also took considerable interest in bodily matter.⁴⁶ Additionally, as they were both women, Heloise and Hildegard might have also attempted to understand the fluctuations of their own bodies.

Although Christian-based texts were evidently using the same source material, these subtle distinctions between abortifacients and menstrual regulators were not limited to this culture. Jewish medical texts circulated in Christian communities made similar connections between menstrual regulators and uterine expulsives. The twelfth-century Iberian Jewish *Terufot le-herayon ha-nigra' Magen ha-rosh* (*Medicaments for pregnancy, called "The head's shield"*) differentiated between the proper dosages for causing an abortion or those which forced retained menses to flow, acknowledging that one remedy may cause two different

⁴⁵ Jan Gerchow, Katrinette Bodarwé, Susan Marti, and Hedwig Rockelein, 'Early Monasteries and Foundations (500-1200): An Introduction,' in *Crown and Veil: Female Monasticism from the Fifth to the Fifteenth Centuries*, eds. Jeffrey F. Hamburger and Susan Marti, trans. Dietlinde Hamburger (New York, NY: Columbia University Press, 2008), 14.

⁴⁶ Peggy McCracken, 'The Curse of Eve: Female Bodies and Christian Bodies in Héloïse's Third Letter,' in *Listening to Héloïse: The Voice of a Twelfth-Century Woman*, ed. Bonnie Wheeler (Basingstoke: Macmillan, 2000), 226-228. 'If our weakness can match their [men's] virtue, it should be considered no small thing. And nature herself has made provision for our being safely granted a mild indulgence in any kind of food, for our sex is protected by greater sobriety. It is well known that women can be sustained on less nourishment and at less cost than men, and medicine teaches that they are not so easily intoxicated.... In fact we cannot easily fall victims to gluttony and drunkenness, seeing that our moderation in food protects us from the one and the nature of the female body as described from the other. It should be sufficient for our infirmity, and indeed, a high tribute to it, if we live continently and without possessions, wholly occupied by service of God, and in doing so equal the leaders of the Church themselves in our way of life or religious laymen or even those who are called Canons Regular and profess especially to follow the apostolic life.' Abelard, *Letters*, 99-100. 'Quorum quidem virtutem si nostra exaequare [al. adaequare] infirmitas posset, nunquid pro minimo habendum esset? Ut autem de omnibus cibus tutius ac lenius indulgeatur, ipsa quoque natura providit, quae majore scilicet sobrietatis virtute sexum nostrum praemunivit.... [Q]uarum videlicet corda crapula et ebrietate gravari facile non possunt, cum ab illa nos cibi parcitas, ab ista feminei corporis qualitas, ut dictum est, protegat. Satis nostrae esse infirmitati et maximum imputari debet, si continenter ac sine proprietate viventes, et officiis occupatae divinis, ipsos Ecclesiae duces vel religiosos laicos in victu adaequemus, vel eos denique qui regulares canonici dicuntur, et se praecipue vitam apostolicam sequi profitentur.' PL 178.217-18.

responses within the same prescriptive recipe.⁴⁷ This text was most likely written at the end of the twelfth century by Rabbi Sheshet ha-Nasi, the head of the Jewish community in Barcelona and physician to the Christian Aragonese kings, Alfonso II and Pedro II.⁴⁸ The existent copy, however, was written by the author of Hebrew literary prose, Jedudah al-Harîzî (1170-1235), suggesting that this text was popular enough to be copied and amended within the same generation.⁴⁹ One treatise in the *Terufot* explicitly stated that it functioned as both an abortifacient and a menstrual regulator.

To abort. The weight of eight *zuz* of soapwort will abort the foetus, dead or alive. Half a *zuz* [of it] makes menses flow. Ten *zuz* [of it] causes death.⁵⁰

Unlike many of the Christian texts mentioned in this section, the *Terufot* explicitly stated that this method could be used for either living or dead foetuses, questioning the intention of the person using it. Aborting the living foetus could have had two meanings: it could mean expelling an overdue or retained living foetus for easing childbirth or terminating the gestation of a viable foetus. In this instance menstrual regulators and abortifacients could function by the same prescription, albeit in different doses and for different outcomes. Although of a Hebraic origin and written for Jewish audiences, this text was used in Christian circles, emphasising the frequent transmission of gynaecological texts between different faiths and cultures.⁵¹

Another work of Iberian Jewish origin on gynaecological maladies, *Zikhron ha-ḥolayim ha-hovim bi-khlei ha-herayon* (*A Record of the Diseases Occurring in the Genital Members*), also discussed uterine expulsives, citing a feeble liver as one possible cause of retained menses,

⁴⁷ Ron Barkai, ed. and trans., *A History of Jewish Gynaecological Texts in the Middle Ages* (Leiden: Brill, 1998), 82.

⁴⁸ Carmen Caballero-Navas, 'She Will Give Birth Immediately: Pregnancy and Childbirth in Medieval Hebrew Medical Texts Produced in the Mediterranean West,' *Dynamis* 34, no. 2 (2014): 377-401.

⁴⁹ Barkai, *A History*, 83.

⁵⁰ *Medicament for Pregnancy Called the Head Shield*, in *A History of Jewish Gynaecological Texts in the Middle Ages*, ed. and trans. Ron Barkai (Leiden: Brill, 1998), 204.

⁵¹ Charles Burnett, 'The Coherence of the Arabic-Latin Translation Program in Toledo in the Twelfth Century,' *Science in Context* 14, no. 1-2 (June 2001): 249; David Nirenberg, 'Conversion, Sex, and Segregation: Jews and Christians in Medieval Spain,' *American Historical Review* 107, no. 4 (2002): 1069-1071; and, Carmen Caballero-Navas, 'Un Capítulo Sobre Mujeres: Transmisión y Recepción de Nociones Sobre Salud Femenina en la Producción Textual Hebrea Durante la Edad Media,' *MEA* 52 (2003): 141-147.

reflecting the relationship between sexuality and the liver in medieval thought. The *Zikhron* was most likely written in Christian Spain in the second half of the twelfth century or the beginning of the thirteenth by a Jew who was either an immigrant or a descendant of immigrants from Al-Andalus to Castile.⁵² Although written in Hebrew, the work was heavily influenced by Arabic, although Hebraic, Castilian, and Latin terms do intermittently appear. One treatise expanded upon the supposed relationship between the liver and the uterus by presenting a reason for menstrual blockage.

The cause [of retained menses] may be in the uterus, such as a cold or a dry bad temperament, or if it is closed, or if a tumour is found in it, or if the orifices of the veins [are closed], or because of the organs, such as a feebleness of the liver, or if the body is too lean or too fat, or because of a chronic illness, or a scantiness of blood in the body, or a dryness in the veins, or a thickness of the blood, usually because it is mixed with a thick humour.⁵³

In this instance, an abnormality in viscous humours – and not pregnancy – was the cause of a woman's menstrual retention. According to humoralism, a woman's ideal physical state was meant to be cold and wet; any variation in her mental or physical wellbeing was a sign that either of these states was distempered.⁵⁴ The health of the liver, as the producer of yellow bile, was associated with the hot and dry state, which women were not meant to have. Any disparity in a woman's humours, and thus her disordered temperament, would have been cured by alleviating fluxes within the liver and restoring her to the natural state of wet and cold.⁵⁵ The humours were subjected to a delicate balance and any alteration to their state, including a condition like pregnancy, instantly subjected women to imbalance. Despite the vagueness in

⁵² *Zikhron ha-ḥolayim ha-hovim bi-khlei ha-herayon* (A Record of the Diseases Occurring in the Genital Members), in *A History of Jewish Gynaecological Texts in the Middle Ages*, ed. and trans. Ron Barkai (Leiden: Brill, 1998), 141.

⁵³ *Ibid.*, 68-69.

⁵⁴ Hippocrates. *Selected Writings*, trans. J. Chadwick and W. N. Mann (1950, repr., London: Penguin, 1983), 85-86, 262-263.

⁵⁵ Ruth Mazo Karras and Jacqueline Murray, 'The Sexual Body,' in *A Cultural History of the Human Body in the Medieval Age*, ed. Linda Kalof (London: Bloomsbury, 2010), 61; Nancy G. Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago, IL: UCP, 1990), 104-05; and, Darrel W. Amundsen, *Medicine, Society and Faith in the Ancient and Medieval Worlds* (Baltimore, MD: Johns Hopkins University Press, 1996), 110-116.

intentions, menstrual regulatory texts were presented in a variety of ways – both herbal and physical – to rid the uterus of unwanted matter. Despite the many similarities in texts, it is difficult to determine how these methods were meant to be used, whether they were reflecting commonly believed knowledge, or merely serving to emphasise the education of the author.

II. Intention

What is clear from the previous section is that the main difference between abortive and regulatory methods rested solely on the intent of the patient. Women could have disguised their desire for an abortion as regulatory medicine just as easily as they could have mistaken a pregnancy for a delayed or retained menstrual cycle. This uncertainty does raise many methodological difficulties for determining how often women were performing abortions and whether they knew of these techniques.⁵⁶ Although medical texts recorded reproductively controlling measures, it is often difficult to definitively describe a pharmaceutical or physical remedy as abortive. Unlike in legal texts which explicitly correlated the word abortion with an intentional termination of pregnancy, medical manuals were less clear on this subject. As medieval abortion is not an easy concept to accurately define, much of the distinctions between miscarriages, early term abortions, and abortion by assault may be made based on the intention of the person believed to be committing the act. Accidental abortions may have occurred as oversights by mothers and physicians, given the variety of herbs used in abortive texts as well as the ambiguity surrounding conception dates. In these instances, women could have been completely unaware that they had performed an abortion, if they were actually using these methods at all. Indeed, the debates about foetal awareness and the uncertainty of pregnancy in the first trimester promote this idea that women could have unintentionally performed an

⁵⁶ Monica H. Green, 'Books as a Source of Medical Education for Women in the Middle Ages,' *Dynamis* 20 (2000): 335-340.

abortion on themselves.⁵⁷ Additionally, they could have knowingly aborted their child, but falsely attributed it to ignorance of their pregnancy.⁵⁸ As such, each instance of obscurity must be viewed individually rather than declare all these actions to be abortive, particularly to reflect the lack of consensual definitions in medieval medical literature concerning this subject.⁵⁹

Translated Arabic texts, which openly discussed intentional abortive and contraceptive techniques, became widely circulated in western libraries.⁶⁰ In spite of the differences in religion and cultural stances, the presence of Arabic medical works in the West reflects the importance given to eastern medicine and the knowledge associated with their physicians.⁶¹ The *Viaticum*, the translated work of Ibn al-Jazzār's *Zād al-musāfir wa-qūt al-ġālir* (*Provisions for the Traveller and Nourishment for the Settled*), contains remedies for a variety of ailments, including contraceptive and abortive remedies.⁶² In addition to monasteries and Christian universities, the work was also popular in Jewish circles, having been translated into Hebrew on three separate occasions and into Greek by the beginning of the eleventh century.⁶³ As one of the more important medical works to be translated at Monte Cassino, the *Viaticum* was frequently commented upon by the Salernitan masters from the thirteenth century, onwards.⁶⁴ Although abortive practices were omitted from the Latin translation of the *Viaticum*, this does not indicate that Christian audiences were ignorant of these concepts. Although included in the

⁵⁷ Jöchle, 'Menses', 425-439; and, John M. Riddle, *Eve's Herbs: A History of Abortion and Contraception in the West* (Cambridge, MA: Harvard University Press, 1997), 29.

⁵⁸ Vern L. Bullough, 'Sex Education in Medieval Christianity,' *The Journal of Sex Research* 13, no. 3 (August 1977): 187-190.

⁵⁹ See Introduction, Section IV: Literature Review for the debate among modern scholars like Monica Green and John Riddle concerning abortion and menstrual regulators.

⁶⁰ Burnett, 'The Coherence': 266; Getz, *Medicine*: 9; Hilde de Ridder-Symoens, ed. *A History of the University in Europe. Vol.1, Universities in the Middle Ages* (Cambridge: CUP, 1992); Mirko D. Grmek, *Western Medical Thought from Antiquity to the Middle Ages*, trans. Antony Shugaar (Cambridge, MA.: Harvard University Press, 1998), 87-89; Gerald J. Grudzen, *Medical Theory about the Body and the Soul in the Middle Ages: The First Western Medieval Curriculum at Monte Cassino* (Lewiston, NY: Edwin Mellen Press, 2007), 61-64; and, Cornelius O'Boyle, *The Art of Medicine: Medical Teaching at the University of Paris, 1250-1400* (Leiden: Brill, 1998).

⁶¹ Clare Pilsworth, 'Medicine and Hagiography in Italy, c. 800-1000,' *SHM* 13, no. 2 (2000): 255; Francis Newton, *The Scriptorium and Library at Monte Cassino, 1058-1105* (Cambridge: CUP, 1999), 312.

⁶² Gerrit Bos, 'Ibn Al-Jazzar on Women's Diseases and their Treatment,' *Medical History* 37, (1993): 297-298.

⁶³ *Ibid.*, 298-299.

⁶⁴ *Ibid.*, 297-298; and Newton, *The Scriptorium*: 24-25.

original Arabic version of the *Viaticum*, Ibn al-Jazzār's abortive material was meant to warn the mother against the dangers of ingesting certain plants as much as it was to provide the physician with an encyclopaedic reference for reproductive information. Indeed, Ibn al-Jazzār exemplified the importance of intention in medical works. Chapter XVII of his *Provisions*, which detail the various remedies for fertility control, begins with a warning for women.

When I was reading the works of the ancient physicians who speak about the forces and helpful and harmful effects of the simple drugs, I found that they mention drugs which corrupt the sperm in the uterus and prevent conception, and drugs which kill the foetus and expel it from the womb. I therefore decided to mention the case of these drugs in this chapter, so that they will be known and so that women would beware of using them, since they corrupt the foetuses.⁶⁵

Although it is difficult to ascertain with any real certainty whether Ibn al-Jazzār meant these remedies to be a warning to patients or an instruction to physicians, it is the intention of the receptive audience which determined how such methods were to be used. If the patient knew of these remedies, she could have secretly practised them for aborting her unwanted foetus; so too could she have used these methods to protect the life of her unborn child by avoiding the ingestion of these plants. As these texts gave very little insight into whether readers were adhering to these methods as warnings rather than instructions, or whether the material was even accessible, it simultaneously provided the opportunity to do both.

Following his warning, Ibn al-Jazzār prescribed a list of possible remedies for expelling the foetus as well as providing vital information for a healthy menstrual cycle. As one method could often function for two possible outcomes – for either reproductive or menstrual control – it was the intention of the patient that would determine the outcome of these remedies. For instance, Ibn al-Jazzār recommends the use of savin to '[kill] the foetus in the belly and [expel] the dead one'.⁶⁶ While the use of this herb is expulsive, the difference between being an

⁶⁵ Ibn al-Jazzār, 'Provisions for the Traveller and Nourishment for the Sedentary, Book VI,' in *On Sexual Diseases and Their Treatment: A critical edition of Zād al-musāfir wa-qūt al-ḥādir*, ed. and trans. by Gerrit Bos (London: Kegan Paul International, 1997), 290.

⁶⁶ Ibn al-Jazzār, 'Provisions', 291.

abortive text and a life-saving measure for a miscarried child depends on the viability of and desire for the foetus. The *Trotula* texts, for example, gave a myriad of remedies for extracting the dead foetus from the womb, especially if the woman was experiencing a long and dangerous delivery of a deceased child.⁶⁷ Other contemporary texts devoted similar attention to this issue: the *DVH*, for example, has no fewer than twelve separate remedies listed in its gynaecological section devoted to expelling a dead foetus.⁶⁸ Many of the herbs used in these methods appeared in other source material to facilitate the same procedures, reflecting the belief that these manuals were often shared and disseminated among the educated sects.

Examples of different intentions are stated repeatedly throughout Ibn al-Jazzār's work. Discussing a wide variety of remedial outcomes from menstrual provocation, uterine cleansers, and foetal expulsives, each given use was also closely associated with abortive or contraceptive effects. The herb lupin was said to provide a variety of remedies for the ailing mother.

When one takes bitter lupin, mixes it with myrrh and honey, and a woman uses it as a suppository, it will make her menstrual blood flow abundantly and will bring the foetus down. The flour of lupin, when prepared as a poultice expels the foetus.⁶⁹

In this passage, the use of lupin is meant to perform two contrasting functions based on its application to the body and the preparation of the herb itself. In each example, the intention of the mother or the physician determined whether the herb was used to help regulate the cycle or abort an unwanted child. Using lupin in such a manner was not limited to Ibn al-Jazzār, as it also appeared in the *LSM* for expelling a dead foetus and in the Hebrew translation of Al-Rāṣī's work, *Ad regem mansorem*, signifying its cross-cultural usage.⁷⁰ In both works, the herb was

⁶⁷ 'Pain of the womb happens from miscarriage, [or] sometimes before that time from retention of the menses. This happens often from frigidity, but only rarely from heat.... Take pennyroyal, oregano, catmint, fronds of laurel or its grains, and marsh mallows, make them boil in water and then foment the patient.' 'Dolor matricis contingit ex aborsu, quandoque ante tempus ex retentione menstruorum. Quod fit sepius ex caliditate.... Accipe pulegium, origanum, nepitam, lauri fronds uel grana, et maluas, in aqua fac bullire, et inde patientem fomenta.' *Trotula*, 225.

⁶⁸ *De viribus herbarum*, 110, 112. '[Nasturtium] depellit abortum haustum cum vino, ventrisque animalia pellit et sic serpentis dicunt obstare venenis... Depellit abortum si mixta potetur aqua, tussique medetur, conquassata iuvat; si mixta bibatur aceto, splen siccat; purgat cum vino menstrua sumpta.' *Des Vertues*, 998-1000, 1905-1908.

⁶⁹ Ibn al-Jazzār, 'Provisions', 291.

⁷⁰ 'If the child is dead, take rue, mugwort, wormwood, and black pepper. This whole mixture, having been ground and given in wine, is good for this condition, or when it is given with water in which lupins have been cooked.'

meant to be used as a uterine expulsive for evacuating all fetid matter, much in the same way that Ibn al-Jazzār prescribed its use for expelling a foetus, terminating a pregnancy, or initiating the menstrual cycle.

The text by Ibn al-Jazzār prescribed many remedies designed to eject material held in the uterus, whether foetal, menstrual, or amniotic.⁷¹ Centaury, a herb commonly found in medieval pharmacopeia, was believed to make ‘the menstrual blood flow copiously and [expel] the foetus,’ either as a pessary or by distilling the juice and – presumably – making a digestible concoction from it.⁷² This plant appears in other later medieval works for the same abortive purposes, most notably, in the *DVH*.⁷³ Other remedies, said to either provoke the menses or expel the foetus, are listed in Ibn al-Jazzār’s work using herbs like scammony, mint, red myrrh, and madder. Mint, for example, was used by Ibn al-Jazzār explicitly for both menstrual and abortive purposes.⁷⁴

When pounded leaves of mint are used as a suppository, it kills the foetus and makes the menstrual blood flow copiously.⁷⁵

In contrast, when mint was prescribed in the *DVH*, similar methods for foetal extraction are described; however, in the *DVH* the use of calamint was solely meant for the evacuation of the

‘Si puer sit mortuus, accipe rutam, arthimesiam, absinthium, piper nigrum. Hoc totum tritum datum in uino prodest, uel cum aqua ubi cocti sint lupine.’ *Trotula*, 94. ‘And al-Razi wrote: If she prepares a poultice of lupin flour with honey and vinegar, this will abort the foetus.’ Abraham ibn Ezra, *Sefer Hanisyonot (Book of Medical Experiences)*, in *Sefer Ahavat Nashim, The Book of Women’s Love and Jewish Medieval Medical Literature on Women*, ed. and trans. Carmen Caballero-Navas (London: Kegan Paul International, 2004), 170.

⁷¹ ‘Dioscorides maintained that when one takes one mithqāl of the long species of birthwort with pepper and myrrh, it will clean a woman in childbed from the superfluities retained in her uterus; it will make the menstrual blood flow copiously and expel the foetus. If a woman uses it as a pessary, it will have a similar effect.’ Ibn al-Jazzār, ‘Provisions’, 292.

⁷² ‘When one rubs the great centaury, makes a pessary of it and applies it to the uterus, it makes the menstrual blood flow copiously and expels the foetus; its juice has a similar effect. The small centaury, applied as a pessary as well, makes the menstrual blood flow abundantly and expels the foetus... When one takes scammony and pulp of colocynth, pulverises and kneads it with tar, and a woman holds it [in her vagina] when she is free from menstruation, it prevents pregnancy and expels the living or dead foetus... When one uses as a suppository red myrrh with absinth or extract of lupin or extract of juice of rue, it makes the menstrual blood flow copiously and expels the foetus quickly... When a woman uses galbanum as a suppository and for a fumigation, it makes the menstrual blood stream copiously and brings the foetus down. When the root of madder is used as a suppository, it makes the menstrual blood flow copiously and brings the foetus down.’ *Ibid*, 292-293.

⁷³ See note 22.

⁷⁴ See Chapter III, Section III. Non-Christian Contraception and Medicinal Appropriation.

⁷⁵ Ibn al-Jazzār, ‘Provisions’, 292-293.

embryo rather than provoking any menstruant matter.⁷⁶ Although many of the herbal prescriptions listed in the *DVH* closely resemble those of Ibn al-Jazzār, there is no indication that the author of the *DVH* was consulting this Arabic work.⁷⁷ However, the similarity in their methods could indicate something else; namely, that the abortive properties of these herbs were common knowledge or orally transmitted.

The herb pennyroyal, one of the more commonly associated ingredients with remedial abortion in medieval medical books, also appeared in the *DVH*, prescribing the ingestion of pennyroyal for both abortive and menstruant purposes.⁷⁸

The first use if the woman that is with child drinks of this herb she shall abort her child. But nonetheless this ground small and drunk in [a medicinal beverage] will put out [an embryo] of the womb. The second use of pennyroyal drunk with lukewarm wine will bring out a woman's flowers and the same way deliver women of her afterbirth.⁷⁹

Depending on the amount the woman ingested or whether she consciously knew that she was pregnant, swallowing an herb like pennyroyal may have been knowingly used as an abortifacient or simply as a menstrual regulator. The lack of knowledge concerning the intention of the expectant mother is the determining factor for deciding whether such remedies were believed to be used explicitly for inducing an abortion. In this treatise, it is the intention of the mother which dictates the outcome, rather than the ingestion of the drug itself. Just as women in modern times are warned against the danger of drinking raspberry leaf tea during the first trimester of pregnancy for fear of accidental miscarriage, so too are they encouraged to drink these same leaves for aiding in regulatory health or strengthening the uterine wall for

⁷⁶ 'Another (use) if a woman that is with child drinks Calamint it will deliver her of her werplyng (human embryo), thus will this herb do if it is ground and put under the woman.' *De viribus herbarum*, 87-88. '[A]ppositu potuque suo cito menstrua purgat.... Potus et injectus lumbricos enecat ejus succus et in membris vermes necat omnibus ipse, si mel jungatur huic cum sale plus operatur. Si bibit hanc praegnans aut tritam subdit, abortit.' *Des Vertues*, 603, 611-614.

⁷⁷ Flood, 'The Medieval', 62.

⁷⁸ See Chapter IV, Section IV: Herbal Abortions for further discussion of pennyroyal.

⁷⁹ *De viribus herbarum*, 119. 'Fervida pulegii vis siccaque dicitur esse. Tertius a medicis datus est gradus huic in utroque. Saepius nanc herbam si praegnans sumit, abortit; menstrua deducit cum viuo sumpta tepenti, hocque modo tardas haec extrahit herba secundas.' *Des Vertues*, 626-641.

labour in later trimesters.⁸⁰ In both instances, as with an herb like pennyroyal, it is the intention of the mother which dictates the outcome of the action.⁸¹

III. The Transmission of Medical Knowledge

The frequency with which reproductive concerns, particularly any mentions of fertility control, were included in Christian compendia has raised questions of the medieval interpretation of the sexual body, especially how frequently these remedies were dispersed among the regular, non-learned populace.⁸² Indeed, determining how common this medical advice and the degree to which contraceptive or abortive remedies were practised during this period are very difficult to ascertain. This difficulty will prove to be a methodological hindrance of this thesis, but there are some surviving source materials that provide critical insights into the nature and function of reproductive control during this period.⁸³ The mere inclusion of reproductive knowledge in medical compendia, as well as numerous examples of canon and civil law codes which attempted to criminally define abortion, indicates that some birth control practises were happening in medieval society or, at the very least, they were feared to be occurring. The discussion of fertility control in medieval legal and theological works cannot be argued as definitive proof that these reproductive acts *were* practised regularly by ordinary women; but nor can it be demonstrated that these methods *were not* frequently used or common knowledge among the regular classes of women.

Ecclesiastical writers frequently discussed reproduction and embryology, leading modern scholars to question why celibate men were so interested in non-abstinent practises.

⁸⁰ Denise Tiran, 'Raspberry Leaf,' in *Bailliere's Midwives' Dictionary* (Philadelphia, PA: Elsevier Health Sciences, 2012).

⁸¹ John B. Sullivan, Jr., Barry H. Rumack, Harold Thomas, Jr., Robert G. Peterson, and Peter Bryson, 'Pennyroyal Oil Poisoning and Hepatotoxicity,' *Journal of American Medical Association* 242, no. 26 (December 28, 1979): 2873.

⁸² Carmen Caballero-Navas, 'The Care of Women's Health and Beauty: An Experience Shared by Medieval Jewish and Christian Women,' *JMH* 34, no. 2 (2008): 148.

⁸³ See Introduction, Section IV: Source Origins for methodological questions regarding the purpose of sources and their intended audiences.

Monica Green has suggested that it may have stemmed from Benedictine communities who, to give charitable aid to lay members, sought to understand gynaecological matters and reproductive functions in an attempt to meet the medical needs of non-celibate society.⁸⁴ Additional evidence suggests this interest may also have emerged from a need to understand embryology and the formation of the human soul as one facet of the God-given natural world, particularly to rationalise why man was cursed with the need for sexual propagation and how to appropriately perform these actions to avoid unnecessary sin.⁸⁵ Patricia Skinner has argued that the monastic interest in medicine, particularly at Monte Cassino, arose from ‘the liturgical duties of the monks in rituals surrounding the deceased as from any desire to care for the living patient.’⁸⁶ Most likely, it was a combination of all these factors, encouraging celibate men to understand the non-abstinent life for both remedial and philosophical purposes.

Although the virginal life was lauded for its spiritual benefits, most medieval men and women would have engaged in sexual activity and sought to produce children, thus necessitating this interest.⁸⁷ As a result, the medieval Church frequently discussed the boundaries of acceptable sexual practises to safeguard that any instance of sensuality was performed as reverentially as possible and that the production of children was not inhibited.⁸⁸ Misogynistically inclined texts described women who sought to prevent or terminate their pregnancies as evil and unnatural, often turning to pernicious or dangerous methods and sharing these remedies with other women to continue engaging in coitus for non-procreative

⁸⁴ Monica H. Green, ‘The *De genecia* Attributed to Constantine the African,’ *Speculum* 62, no. 2 (April 1987): 310-311.

⁸⁵ David Herlihy, *Medieval Households* (Cambridge, MA: Harvard University Press, 1985), 25.

⁸⁶ Patricia Skinner, *Health and Medicine in Early Medieval Southern Italy* (Leiden: Brill, 1997), 129.

⁸⁷ Barbara Newman, *From Virile Woman to Woman Christ: Studies in Medieval Religion and Literature* (Philadelphia, PA: UPP, 1995), 19.

⁸⁸ Karras and Murray, ‘The Sexual’, 60-64; James A. Brundage, *Law, Sex, and Christian Society in Medieval Europe* (Chicago, IL: UCP, 1987), 304-305; and Caroline Proctor, ‘Between Medicine and Morals: Sex in the Regimens of Maino de Maineri,’ in *Medieval Sexuality: A Casebook*, eds. April Harper and Caroline Proctor (New York, NY: Routledge, 2008), 113-131.

reasons.⁸⁹ To counter the perceived threat of these individuals, eleventh-, twelfth-, and thirteenth-century ecclesiastics imposed restrictions on non-procreative sex, contraception, abortion, and promiscuous activities by creating penitential atonements for these actions and urging abstinence for couples who no longer wished to produce children.⁹⁰

As it is often difficult to determine the intended audience of medical treatises it is almost impossible to ascertain whether ordinary women practised these remedies. Determining the source of contraceptive or abortive knowledge in high medieval medical sources can also be difficult, particularly as some manuals feature uncited or – possibly – original remedies for reproductive control which do not appear to be based on any particular text.⁹¹ For example, the *LSM* frequently cites the ancient Roman physician Galen for much of its gynaecological knowledge, but also supplies remedies for feminine health which do not appear to have been based on any particular medical work.⁹² As most medical writers may have been either practising physicians or in a monastic setting, it is plausible that many of the remedies they prescribed were learned from both experience and through the circulation of medical texts. This possibility rises when considering the many infirmarians which were attached to monastic houses. While most medical practitioners would have learned their skills through apprenticeship, by the mid-thirteenth century the subject of medicine was also being offered in many European universities, like Bologna, Montpellier, and Paris, at which friars were studying and teaching.⁹³

⁸⁹ Karma Lochrie, *Covert Operations: The Medieval Uses of Secrecy* (Philadelphia, PA: UPP, 1999), 122. See Chapter IV, Section I: The ‘Secrets’ of Women.

⁹⁰ Pierre J. Payer, *Sex and the Penitentials: The Development of a Sexual Code, 550-1500* (Toronto: University of Toronto Press, 1984), 34, 117-118; and, Jacques le Goff, *The Medieval Imagination*, trans. Arthur Goldhammer (Chicago, IL: UCP, 1985), 99-100.

⁹¹ Monica H. Green, ‘Obstetrical and Gynecological Texts in Middle English,’ *Studies in the Age of Chaucer* 14 (1999): 53-88.

⁹² Monica H. Green, ‘The Development of the Trotula,’ *Revue d’Histoire des Textes* 26 (1996): 127-131.

⁹³ Angela Montford, “‘Brothers who have Studied Medicine’: Dominican Friars in Thirteenth-Century Paris,” *SHM* 24, no. 3 (2011): 535-536.

Often dedicated to caring saints and attached to religious houses, the medieval hospital also served as a place of refuge for those who were cast out of society or unwanted in the community, like lepers, the extremely needy, and desperate mothers.⁹⁴ Additionally, medieval hospitals administered hospice style attention to the impoverished or aged, also functioning as poor houses and alms-houses for charitable purposes. Medieval hospitals were regulated by ecclesiastical or manorial institutions and a number of non-medical activities would have taken place inside them: money lending, liturgical practice and intercession, pastoral work, retirement homes for elderly and well-to-do burgesses, accommodation for clerics and students, and scope for speculation in the land market.⁹⁵ As hospitals were usually associated with religious institutions, by the early 1220s a number of lay men and women were choosing to live in communities serving hospitals and leper colonies instead of becoming attached to any particular religious house.⁹⁶ This enabled them to learn the art of healing without requiring any formal education or a binding oath to a religious lifestyle.⁹⁷ Despite the presence of hospitals, evidence suggests that most gynaecological issues would have been handled by a midwife rather than by a monk or nun in the monastery.⁹⁸ Only in the most dangerous situations was a physician consulted, usually when the surgical extraction of a living foetus from a dead mother was needed.⁹⁹

The need to establish centres for healing in religious institutions was ingrained into monastic life and a regular feature of the cloister. Abelard urged Heloise to establish an

⁹⁴ Solomon, *The Literature*, 152-153; and, Miri Rubin, 'Imagining Medieval Hospitals: Considerations on the cultural meaning of institutional change,' in *Medicine and Charity Before the Welfare State*, ed. Jonathan Barr and Colin Jones (London: Routledge, 1991), 24.

⁹⁵ Rubin, 'Imagining', 14-15.

⁹⁶ Ibid, 14-15; and, Denis Renevey and Christiania Whitehead, eds., *Writing Religious Women: Female Spiritual and Textual Practices in Late Medieval England* (Cardiff: University of Wales Press, 2000), 23.

⁹⁷ Vern L. Bullough, *Universities, Medicine and Science in the Medieval West* (Aldershot: Ashgate Variorum, 2004), 205-208.

⁹⁸ Monica Green, 'Documenting Medieval Women's Medical Practice,' in *Practical Medicine from Salerno to the Black Death*, ed. Luis García-Ballester, Roger French, Jon Arrizabalaga, and Andrew Cunningham (Cambridge: CUP, 1994), 334.

⁹⁹ Renate Blumenfeld-Kosinski, *Not of Women Born: Representations of Caesarean Birth in Medieval and Renaissance Culture* (Ithaca, NY: Cornell University Press, 1999).

infirmarian and pharmacy stocked with necessary medical supplies for treating the sick by the community of nuns with her at the Paraclete; clearly, spaces dedicated to healing the body were closely tied to spaces that tended to heal the soul.¹⁰⁰ Abelard, after a lengthy description of the various duties of the abbess, instructed her on the responsibilities of the Infirmarian.

The Infirmarian shall take care of the sick, and shall protect them from sin as well as from want. Whatever their sickness requires, baths, food, or anything else, is to be allowed them.... Medicaments too must be provided, according to the resources of the convent, and this can more easily be done if the sister in charge of the sick has some knowledge of medicine. Those who have a period of bleeding shall also be in her care. And there should be someone with experience of blood-letting, or it would be necessary for a man to come in amongst the women for this purpose.¹⁰¹

The relationship between religious places and hospitals had always existed during the high Middle Ages, even if they did not provide sexual care or were mostly performing charitable deeds. Medical manuscripts were routinely copied, compiled, or bound in monastic libraries to be circulated among other religious houses, thus expanding the interest in anatomic scholasticism. Although literate lay brothers and sisters could have encountered these medical books, it is very difficult to ascertain with any real accuracy whether these copies were used for their specialist knowledge or merely served to theoretically supply physical information. Monica Green has surmised that even the prolific Hildegard of Bingen may have been the only nun in her community to have access to the medical volumes within her monastery's library.¹⁰²

In the twelfth century, the church moved to prevent ordained priests from practicing medicine in light of the boom in university training and the fear that they might have to touch

¹⁰⁰ Dawn Marie Hayes, *Body and Sacred Place in Medieval Europe, 1100-1389* (New York, NY: Routledge, 2003), 65.

¹⁰¹ Peter Abelard and Heloise d'Argenteuil, *The Letter Collection of Peter Abelard and Heloise*, ed. and trans. David Luscombe and Betty Radice (Oxford: Clarendon Press, 2013), 159-160. 'Infirmaria ministrabit infirmis, et eas observabit tam a culpa quam ab indigentia. Quidquid infirmitas postulaverit, tam de cibis quam de balneis, vel quibuscunque aliis, est eis indulgendum.... De medicamentis quoque, si necesse est, pro facultate loci providendum erit. Quod facilius fieri potest, si quae infirmis praeest non fuerit expers medicinae. Ad quam etiam de iis quae sanguinem minuunt cura pertinebit. Oportet autem aliquam flebotomiae peritam esse, ne virum propter hoc ad mulieres ingredi necesse sit. Providendum est etiam de officiis horarum et communione, ne desint infirmis, ut saltem Dominico die communicetur, confessione semper et satisfactione quam potuerint praeceuntibus.' *Historia Calamitatum*, PL 178.278.

¹⁰² Green, 'Books', 367-368.

blood, limiting much of their medical involvement to herbology, hospice, and spiritual care rather than surgical medicine.¹⁰³ Additionally, women were not allowed to attend universities in the twelfth and thirteenth centuries, although this does not suggest that they were prohibited from practicing medicine or learning how to handle certain plants.¹⁰⁴ Activities like cloth dying, for example, would have necessitated the knowledge of various chemicals and herbs for achieving the desired reaction; this depth of herbal knowledge could have extended to medical matters, particularly those that were reproductive or sexual in nature.¹⁰⁵ This lack of university education did not stop women from giving their medical services to their communities.¹⁰⁶ Although the evidence suggests that women were practicing medicine despite these restrictions, the influential female voice is incredibly difficult to decipher in existing source material.¹⁰⁷ The *Trotula* texts were thought to be written by a woman and the knowledge contained in the text – as well as its origin from the Salerno school of medicine – was enough to make it a highly valuable addition to medical libraries during this period.¹⁰⁸ Thus, the true sex of the author(s) in the *Trotula* compendium made little difference to the overall importance and circulation of the texts; medieval authors believed that the author was a woman from the prestigious school of Salerno and were happily receiving the knowledge contained therein. Although this does not conclusively determine whether learned medical men were actively seeking the advice of female medical practitioners, it does show that women's wisdom of the sexual body was perceived to be valid.

¹⁰³ Vern L. Bullough, 'Medieval Nursing,' *Nursing History Review* 1 (1993): 99.

¹⁰⁴ Ibid, 100.

¹⁰⁵ L. M. C. Weston, 'Women's Medicine, Women's Magic: The Old English Metrical Childbirth Charms,' *Modern Philology* 92, no. 3 (February 1995): 282.

¹⁰⁶ Lucille B. Pinto, 'The Folk Practice of Gynecology and Obstetrics in the Middle Ages,' *BHM* 47 (1973): 513-523; and, Fiona Harris-Stoertz, 'Remembering Birth in Thirteenth- and Fourteenth-Century England' in *Reconsidering Gender, Time and Memory in Medieval Culture*, eds. Elizabeth Cox, Liz Herbert McAvoy, and Roberta Magnani (Cambridge: D. S. Brewer, 2015): 53-55.

¹⁰⁷ John F. Benton, 'Trotula, Women's Problems, and the Professionalization of Medicine in the Middle Ages,' *BHM* 59, no. 1 (1985): 37-41.

¹⁰⁸ Benton, 'Trotula', 61-65.

Although women were less involved in formal medical training, some compendia seem to acknowledge their familiarity with the female body. For example, a contraceptive technique recorded by the thirteenth-century physician and theologian Peter of Spain stated that, ‘a certain experienced woman told me that, annoyed at the frequency of childbirth, she ate a bee and did not conceive again.’¹⁰⁹ In this instance, Peter records the action rather than creating it himself, and in doing so draws upon the perceived authority of an ‘experienced woman’ to validate the method. In addition to providing reproductive information, midwives were also used as apocryphal literary devices, particularly for discerning greatness in the infants they delivered. In the birth story of William I of England, as chronicled by William of Malmesbury, the midwife’s remarks on the baby’s strength and dexterity were seen as favourable omens for his future success.

[W]hen at the very moment of his coming into the world he first touched the ground, filled both his hands with the rushes with which the floor was covered against dirt, and tightly clutched what he had seized. The gossiping women received this as a portent with cries of joy, and the midwife, greeting the good omen, acclaimed a baby born to be king.¹¹⁰

In this instance, the learned woman’s advice and foretelling aided the narrative that the Conqueror was destined to be a great leader. As her wisdom was directed at positive reinforcements of William’s virility and strength, her knowledge was fair and acceptable.

However, in another instance recounted in William of Malmesbury’s narrative, the death of the wife of Robert Curthose is blamed on the bad advice of a midwife. According to the account, the woman died after receiving poor guidance.¹¹¹ In just this one text, the midwife

¹⁰⁹ Peter of Spain, *Thesaurus Pauperum*, in *Gender and Sexuality in the Middle Ages: A Medieval Source Documents Reader*, ed. Martha A. Brożyna (Jefferson, NC: McFarland & Company, 2005), 169.

¹¹⁰ ‘Ipso quoque momento quo, partu laxato, in uitam effuses pusio humum attingit, ambas manus iunco quo pauimenti puluis caebatur impleuit, stricte quod corripuerat compugnans. Ostentum uisum mulierculis laeto plausu gannientibus; obstetrix quoque Fausto omine acclamat puerum regem futurum.’ William of Malmesbury, *Gesta Regum Anglorum, Volume I*, eds. and trans. R. A. B. Mynors, R. M. Thomson, and M. Winterbottom (Oxford: Clarendon Press, 1998), 229.

¹¹¹ ‘But after a few years she fell sick and died, having been misled (so the story goes) by the advice of a midwife, who had told her when she was in childbed to restrain the superabundant flow of milk by very tight lacing of her breasts.’ ‘Post paucos annos morbo amisit, deceptam, ut dicunt, obstetricis consilio, quae pro affluentis lactis copia puerperae mammas stricta preceperat illigari fascia.’ Ibid, 389.6.

is shown to be both a wise and foolish woman, a positive and a negative presence: she is equally hailed for her medical knowledge and chided for her misleading and inaccurate advice. In this way, William of Malmesbury encapsulates the image of the medieval midwife and the suspicions associated with the profession; her knowledge was valid if it confirmed a man's greatness but dangerous if it was incorrectly transmitted to other women. Although midwives would have been an important part of medieval society, there is no clear indication that medical writers were consistently pursuing the advice of knowledgeable women to supply their medical information.

Judging from the lack of existent sources which feature prosecuted cases against abortion during this period, if women were practicing abortion on themselves or others they were doing so in overwhelming secrecy; additionally, this may also reflect a lack of surviving or recorded instances of legal intervention in abortion cases. Apart from a few instances of malpractice against midwives during the later Middle Ages, women were largely absent from court records concerning their bodies or unlawful medical activities.¹¹² Although it is later than this particular study, Montserrat Cabré has written on the limitations given to medical women in fourteenth-century Spain.¹¹³ She discusses how there were four different instances in which women were allowed to practise medicine *outside* of the home, reinforcing the idea that medicine was overwhelmingly practised within restricted areas, like the home or the cloister, before this time. Firstly, women who could practise outside of the home had to be authorised healers and only legally allowed to work under certain conditions, with privileges granted by royal or municipal authorities. Secondly, women accused of using diagnostic and healing methods that were worrying to the church were banned from practising medicine publicly. Thirdly, women who were hired by individual people or institutions to carry out specific health

¹¹² Hanawalt, 'Childbearing', 27-31; and, Erwin H. Ackerknecht, 'Midwives as Experts in Court,' *Bulletin of the New York Academy of Medicine* 52, no. 10 (December 1976): 1224-1228.

¹¹³ Montserrat Cabré, 'Women or Healers?: Household Practices and the Categories of Health Care in Late Medieval Iberia,' *BHM* 82, no. 1 (Spring 2008): 24.

practices could work outside of the domestic setting. Lastly, women who were used as medical expert witnesses required by the courts to testify in judicial cases could practise openly. Despite these regulations, some room for scepticism exists over whether women were actually spreading contraceptive or abortive information, or if they were merely feared to be doing this. The disparity of criminal cases against women in the high Middle Ages may be attributed more to the secrecy afforded to the reproductive body as well as the difficulties associated with gaining proof that women were illegally practicing abortion.¹¹⁴

As the woman was usually the first person aware of her pregnancy, she could have taken advantage of the secrecy afforded in the early trimesters, seeking the wisdom of other women for ways of terminating her pregnancy or initiating her menstrual cycle. It was this level of secrecy which worried the misogynistic author of the *DSM*, as the midwife was portrayed to be a dangerous figure because of her vast knowledge concerning the reproductive body.¹¹⁵ The dangers of such knowledge is clearly evident in surviving texts, like the ominous warning by Pseudo-Albertus Magnus which advised against the knowledgeable women who ‘moved from town to town’, spreading their wisdom of reproductive control and sexual freedoms to a wide audience.¹¹⁶ According to Pseudo-Albertus, wise women and midwives were travelling often and dispensing their reproductive knowledge to a variety of places.¹¹⁷

What these sources say about the transmission of gynaecological knowledge is vast, if biased. Women were thought to be communicating their medical wisdom on a variety reproductive of subjects and, depending upon the focus of their expertise, could have been condemned as both vital *and* dangerous to society. Women who attempted to help an ailing

¹¹⁴ Alcuin Blamires, *The Case for Women in Medieval Culture* (Oxford: Clarendon Press, 1997), 91-93.

¹¹⁵ Caballero-Navas, ‘The Care’, 159; and, Marianne Elsackers, ‘Inflicting Serious Bodily Harm: The Visigothic *Antiquae* on Violence and Abortion,’ *Legal History Review* 71 (2003): 58.

¹¹⁶ *De Secretis*, 79 B.

¹¹⁷ Linda E. Voigts and Robert P. Hudson, ‘A drynke þat men callen dwale to make a man to slepe whyle men kerven hem: A Surgical Anesthetic from Late Medieval England,’ in *Health, Disease and Healing in Medieval Culture*, eds. Shelia Campbell, Bert Hall, and David Klausner (New York, NY: St. Martin’s, 1992), 42.

woman and succeeded were thought to be positive forces, while those who were instructing women on how to control their fertility were evil and wicked. Although these are two very different perspectives on knowledgeable women during this period, what is evident is that women were perceived to be transmitting their medical practices to others and that their advice was being received.¹¹⁸ As some women may have been well-versed in reproductive practices, another question must be raised on why there are so few instances of women writing about the gynaecological body and the large amount of medical volumes attributed to men. Most of this may be attributed to high rates of illiteracy or the importance placed on oral, rather than written, knowledge. Additionally, the exclusion of women from gaining an accredited education in the medical field was very well established by the high Middle Ages, relegating women to an apprentice training rather than formal and officially excluding them from this literate sect of society.¹¹⁹ Whatever restrictions limited women from seeking a formal education in this field, they held a constant, if somewhat silent, presence in medieval medicine.

IV. Conclusion

Gynaecological medical manuals listed intricate and complex herbal mixtures, each aimed at improving a wide variety of ailments. Abortive texts from the high Middle Ages identified many perceived remedies for terminating one's pregnancy, instructing women – or midwives and physicians – on the variety of methods for ending unwanted gestation.¹²⁰ In addition to the ingestion of herbal concoctions and culinary recipes, these manuals described the creation of pessaries, ointments, or other tactile devices to apply or insert in their bodies for ending their pregnancies. Additionally, some abortive methods engaged various physical activities, exertions, or movements which were thought to stimulate the muscles of the womb to expel

¹¹⁸ Monica H. Green, 'Bodies, Gender, Health, Disease: Recent Work on Medieval Women's Medicine,' *Studies in Medieval and Renaissance History* 2 (2005): 11-13.

¹¹⁹ Getz, *Medicine*, 6.

¹²⁰ Clare Pilsworth and Debby Banham, 'Medieval Medicine: Theory and Practice,' *SHM* 24, no. 1 (2011): 2-4.

foetal matter. Despite the assertions in medical texts that these methods were effective, there is very little evidence to indicate whether these remedies were employed in everyday life or were merely used to brag about one's intellectual capacity. Whatever the function, the authors of these texts clearly believed that these texts were valid, even if only in theory. Although most medieval women were illiterate, this does not necessarily insinuate that they were unable to access learned medical information; indeed, judging by Hildegard of Bingen's use of the vernacular to describe abortive plants, there is much to suggest that women knew of these methods through oral, rather than written, transmission.¹²¹ Despite the lack of proof that women were practising these methods, there is very little to suggest that they were not aware of these methods. Although modern medicine has negated much of the old wives' tales and folkloric remedies which used to be told to younger generations, people still attempt to determine the sex of an unborn foetus by the severity of the mother's morning sickness, spreading of her abdomen, or heaviness of her breasts. This same frequency of information can be applied to reproductive control, as gynaecological advice and herbal remedies may have been facilitated through similar, oral means in the Middle Ages.

Listing an abortive remedy with menstrual regulators provides yet another example how gynaecological control was blurred between passive and active therapy, internal and external medication, and the ambiguity so often associated with abortive texts. Ambiguity in the intention of a patient, along with the lack of clear medical definitions, is only one obstacle in determining whether a remedy may be accidental or purposeful, a miscarriage or an abortion. As such, the modern understanding of abortifacients cannot be applied to how a medieval medical passage may be interpreted. Medieval physicians apparently knew that a variety of reasons could befall abnormal menstrual cycles; the presence of abortifacients with some

¹²¹ Carole Rawcliffe, "'Delectable Sights and Fragrant Smelles': Gardens and Health in Late Medieval and Early Modern England,' *Garden History* 36, no. 1 (Spring 2008): 6-9. See Chapter IV, Section IV Herbal Abortions for the discuss of Hildegard's vernacular knowledge.

menstrual regulators – but not all – shows that we cannot fully dismiss the relationship between uterine purges, organ purges, and abortifacients. In some instances, one may become the direct result of another and thus it is possible to interpret some menstrual remedies as both imperative for the health of the woman *and* useful for procuring some outcomes of reproductive control.

Physicians and medical authors during the Middle Ages described remedies for women wanting to start their menstrual cycle, avoid conception, expel uterine matter, and occasionally cease their pregnancies altogether. Without explicitly stating abortive or contraceptive intentions, some medieval medical texts promoted regulated menstruation or provided information to the midwife on how to extract a dead foetus or expel a child quickly from the womb; these remedies could have been utilised for abortive purposes, either intentionally or unintentionally. Many of the methods used for initiating or hastening the delivery of a child were very similar to those remedies instructed for women wanting to start their menstrual cycle or intentionally evacuate the uterus of unwanted embryonic matter: some relationship, however unintentional, may exist between the opposing outcomes. Thus, this chapter may conclude that, while difficult to accurately interpret, medieval medical manuals believed that some menstrual regulatory plants could also be used for abortive purposes: whether these methods were meant to terminate the gestation of a living or dead foetus was dependent upon the intention of the person utilising these methods. Additionally, trying to determine the source material or function for these manuals is problematic, particularly since many of these texts lack a clear female voice and seem to have served more rhetorical, rather than practical, purposes. However, what may be concluded is that medieval abortion could have a number of different definitions, emphasising that one simple understanding of fertility control does not exist.

CONCLUSION

This thesis has discussed several ways that reproductive control was both presented and perceived during the high Middle Ages. Although it is difficult to definitively state whether abortive or contraceptive practices were occurring during the years investigated in this study, it is evident that contemporary narratives feared their existence. Misogynistically inclined texts encapsulated these fears, emphasising the growing mistrust of women's bodies and the supposed knowledge they held in anti-reproductive medicine. Overwhelmingly, much of this condemnation emerged from monastic men, who portrayed women's bodies as complex and fluctuating, constantly enslaved by their reproductive needs and sexual desires. The idea that women were inherently connected to sexuality is encapsulated by Caroline Walker Bynum who proposed that male medieval chronicles attributed 'sexual or bodily temptation to female nature...and [saw] women struggling unsuccessfully to overcome the flesh,' exemplifying the perceived relationship between women and sexual weakness.¹ Howard Bloch has concluded that 'the idea of woman as simultaneously seducer and redeemer is therefore no contradiction at all but a powerful ideological weapon by which women...passed out of the possession of families and were repossessed by the church.'² Although it is indisputable that women's bodies and their sensuality were perceived in misogynistic and unflattering ways during this period, it is not as easy to assign the same level of clarity to reproductive control.

This thesis has shown that contemporary narratives reveal inconsistent and discordant definitions of contraception and abortion during the high medieval period. Based on these contradictions, abortion and contraception may be given much more fluid definitions, allowing

¹ Bynum, Caroline Walker, *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (Berkeley, CA: University of California Press, 1987), 29

² Howard R. Bloch, *Medieval Misogyny and the Invention of Western Romantic Love* (Chicago, IL: UCP, 1991), 90-91.

for other possible interpretations to emerge. For example, infertility and chastity may be viewed as non-procreative actions, particularly when examining medieval attitudes towards these conditions. Instances of sterility and infertility in both men and women were usually connected to the realm of female knowledge. Men who experienced impotence were often inspected by learned women who were thought to fully comprehend these problems and women were often blamed as the perpetrators of these afflictions. Additionally, women were thought to cause infertility on their own bodies, avoiding the responsibilities of motherhood to continually engage in sexual lasciviousness unimpeded by pregnancy. Conversely, chastity could also be regarded as one possible method of fertility control. As women avoided sexual contact, they also denied their reproductive capabilities. Childbirth was often portrayed by contemporary theological narratives as dangerous, disgusting, and avoidable, urging women to seek lives of virginal obedience and spiritual motherhood. The letters of the twelfth-century monk Osbert of Clare and the late twelfth-century English text, *Hali Meiðhad* (*Holy Virginity*) described the horrors of pregnancy and childbirth, encouraging young women to engage in sexual abstinence, effectively promoting one perceived form of reproductive control.³ The thirteenth-century beguines, women mystics predominately from the Low Countries, exemplified this perception of holy motherhood.⁴ By describing Christ as their husband and the sinful souls of others as their children, these women created a new definition of motherhood and one which did not involve sexuality or childbed dangers.

Although sterility and chastity may be regarded as indirect forms of fertility control, there are many instances in contemporary texts which identified contraceptive or abortive

³ *The Letters of Osbert of Clare*, ed. E. W. Williamson (London: Oxford University Press, 1929); and, Shoko Ono and John Scahill, eds., *The Katherine Group: A Three-Manuscript Parallel Text* (Frankfurt: Peter Lang, 2007). See pages 105-110.

⁴ Thomas de Cantimpré, *The Life of Christina of St. Trond, Called Christina Mirabilis*, trans. Margot King (Toronto, Peregrina: 1999); Hadewijch of Brabant, *Hadewijch: The Complete Works*, trans. Mother Columba Hart (London: Paulist Press, 1980); Mechtild of Magdeburg, *Selections from The Flowing Light of the Godhead*, trans. Elizabeth A. Andersen (Cambridge: D. S. Brewer, 2003); and, Christopher J. Holdsworth, 'Christina of Markyate,' in *Medieval Women*, ed. Derek Baker (Oxford: Basil Blackwell, 1978), See pages 100-104.

practises along much more definitive lines. High medieval gynaecological medicine frequently prescribed non-procreative methods for both women and men to use, insinuating that a desire to limit one's reproduction was shared among the sexes. Although there is very little evidence to suggest that these methods were being practised and not purely theoretical in nature, some theologians also discussed the sinful parameters of contraceptive methods. For example, the canonists Thomas of Chobham and Huguccio both debated the acceptability of *coitus interruptus*, generally agreeing that such actions were inherently sinful because they promoted lustful, rather than procreative, sex.⁵ Contrary to marital sex, which was encouraged to produce children, non-conjugal sex was viewed as something else entirely. Highly misogynistic texts of the twelfth and thirteenth centuries portrayed women as inherently evil, purposefully seeking to terminate their pregnancies and continue engaging in sexual activities. Lascivious behaviour was intrinsically related to whoredom, insinuating that women who engaged in sexual relations outside of marriage were common prostitutes. Sexually uninhibited women were portrayed by medieval ecclesiastics like William of Conches to have inferior, inhospitable wombs, effectively degrading their reproductive bodies to continue engaging in wanton pursuits.⁶ Additionally, these women were perceived to be sterile from the frequency of their sexual encounters or were believed to be murdering their foetuses: in both respects, promiscuous women were intrinsically linked to reproductive control.

Although contemporary civil and canon law decreed the termination of a pregnancy was immoral and tantamount to homicide, most legal records omitted any mention of a woman purposefully ending her pregnancy, instead criminalising those who, through some violent means, unwillingly inflicted an abortion. By the thirteenth century, however, these regulations

⁵ John T. Noonan, *Contraception: A History of Its Treatment by the Catholic Theologians and Canonists* (Cambridge, MA: Belknap Press, 1986); and, Wolfgang P. Müller, *Huguccio: The Life, Works, and Thoughts of a Twelfth-Century Jurist* (Washington DC: Catholic University of America Press, 1994). See pages 119-120.

⁶ William of Conches, *Dragmaticon Philosophiae*, Corpus Christianorum: Continuatio Mediaevalis, CLII, (Turnhout: Brepols, 1997). See pages 176-177.

extended to those who, through some potion or concoction, attempted to destroy their own or another woman's pregnancy, thereby portraying the mother of the unborn child as both the victim and perpetrator of the crime. Despite these legal stances, quickening was still used to argue for a lesser punishment. The penalty of the Carthusian monk, for example, who caused the mother of his illegitimate child to miscarry after violently grabbing her was greatly reduced if it was determined that the foetus had not quickened, thus insinuating that the unborn foetus did not have a soul.⁷ Although legal texts mostly discussed these forceful terminations, medical texts tended to prescribe herbal remedies for abortions. Pennyroyal, an herb commonly associated with expulsive properties, was frequently prescribed for abortive purposes but was also mentioned in methods for initiating the menses or expelling a dead foetus, showing the ambiguities of gynaecological practices.⁸ However, given the various translations which could be applied to the Latin word '*abortus*', not every mention of this word signalled the termination of a viable pregnancy. Instead, these herbs could have also been used to clean the uterus following a miscarriage, expel a dead foetus from the womb, or help initiate a stalled labour. The *De Viribus Herbarum*, for example, frequently prescribed methods which were said to either move the menses or cause an abortion; the difference between these two outcomes was based on the intention of the person utilising these methods.⁹ Additionally, these narratives emphasise another critical point: that women were thought capable of controlling their reproduction.

Although these chapters have primarily discussed the perceived mistrust that was commonly associated with contraceptive or abortive intentions, this is not to imply that all mentions of non-procreative techniques were presented in equally negative ways. Some

⁷ Robert Somerville, 'Licit and Illicit in the Yarnall Collection at the University of Pennsylvania: Pages from the Decretals of Pope Gregory IX' in *Law and the Illicit in Medieval Europe*, eds. Ruth Mazo Karras, Joel Kaye, and E. Ann Matter (Philadelphia, PA: UPP, 2008). See pages 189-190.

⁸ See pages 193-195.

⁹ Macer, *The Middle English Version of De Viribus Herbarum (GUL MS Hunter 497, ff. 1r-92r)*, eds. Javier Calle-Martin and Antonio Miranda-Garcia (Bern: Peter Lang, 2012). See pages 205-211.

medical manuals which discussed reproductively controlling actions did so with apparent sympathy for women, encouraging them to perform certain measures on their bodies to keep them from suffering needlessly through the dangers of childbirth. The *LSM* of the *Trotula* compendium, for example, provides a method for ensuring barrenness in women, ‘if she has been badly torn in birth and afterward for fear of death does not wish to conceive anymore.’¹⁰ This passage tantalisingly provides some reason, albeit brief, why a medieval woman would have wanted to halt her reproductive capabilities while also stressing the many hazards which could befall women during pregnancy and childbirth. Although the woman in this example had already given birth, and thus fulfilled her reproductive expectations, she was also portrayed as able to control her fertility. This text does not represent a universal attitude towards medieval contraception and abortion; however, it is not necessarily condemnatory either. Rather than claim that women were only controlling their pregnancies for evil or wanton purposes, this remedy took a far more practical approach while also providing a clear example why these methods may have been used.

Although the sterility method included in the *Trotula* compendium portrayed women in a compassionate light, there is no evidence to support that this information was ever disseminated to or by women, thus questioning the purpose of these texts. Indeed, there are many methodological difficulties when approaching these texts: the inability to determine the intended audience, who read them, how – or if – they were being used, and if women were influencing the material within them. These texts often addressed a physician rather than the woman directly, but it is unclear if these treatises were narrative tropes describing medical practises, serving in a far more rhetorical, rather than applicable, capacity. For example, ‘if a woman does not wish to conceive, let her carry against her nude flesh the womb of a goat which

¹⁰ ‘Si autem lesa fuerit in partu et postea pre timore mortis non uult concipere amplius, ponat in secundinam tot grana cathapuciarum uel ordei quot annis uult sterilis permanere. Et si inperpetuum uult sterilis permanere, plenam manum inponat.’ *Trotula*, 99. See page 86.

has never had offspring'.¹¹ Indeed, the bizarre nature of many of these prescriptions could indicate that these methods were purely hypothetical or folkloric. Yet they do reveal the contemporary associations between women and animals, likening their sexual natures to something bestial and inhuman.¹² Additionally, these texts may have also fostered and confirmed the growing suspicions associated with women's bodies, enabling men to 'know' of their evil intentions and spread this knowledge amongst themselves. In the words of *Trotula*, not all women should have 'sexual relations with men lest they conceive and die, but all such women are not able to abstain, and so they need our assistance', implying that women were, despite any theological ambitions to the contrary, sexual creatures and subjected to their biological whims.¹³

There is a wide geographical and chronological inheritance from the high Middle Ages concerning reproductive control, facilitated through the many surviving examples in medical, ecclesiastical, and legal texts. The presence of contraceptive and abortive practises in these treatises presents several different possible interpretations. Firstly, this may reflect the scholastic culture of the Middle Ages which overwhelmingly sought their medical authority from previous traditions. The tendencies of literate men to record and repeat the knowledge contained in ancient and non-Christian texts was prolific in medieval discourses. This is evident in the many citations of classical medical authors like Hippocrates, Galen, and Soranus in medieval texts.¹⁴ Additionally, earlier ecclesiastical figures were cited for their knowledge: Innocent III, for example, repeated the disgust of menstrual blood recorded by Isidore of

¹¹ 'Mulier si non uult concipere, carne sua nuda ferat secum matricem capre que numquam habuit fetum.' *Trotula: A Medieval Compendium of Women's Medicine*, ed. and trans. Monica H. Green (Philadelphia, PA: UPP, 2001), 96.

¹² See Chapter III, Section III: Contraception and Controlling Sexuality.

¹³ 'Galyenus dicit mulieres que habent uulvas angustas et matrices strictas non debent uiris uti, ne concipiant et moriantur. Sed omnes tales non possunt abstinere, et ideo nostro indigent auxilio.' *Trotula*, 83. See page 18.

¹⁴ The *Trotula* texts, for example, were heavily influenced by Hippocrates and Galen. Monica H. Green, 'The Development of the *Trotula*,' in *Revue d'Histoire des Textes* 26 (1996): 127-128. See also: Nancy Siraisi, 'The Faculty of Medicine,' in *A History of the University in Europe. Vol.1, Universities in the Middle Ages*, ed. Hilde de Ridder-Symoens (Cambridge: CUP, 1992), 377-380.

Seville.¹⁵ Secondly, the inclusion of contraceptive and abortive material may reflect the fears held by the educated or the celibate members of society which believed that women were practising these methods. This might reveal the overwhelmingly misogynistic view towards women and sexuality, in general. Thirdly, the inclusion of these methods might stem from first-hand experiences or contemporary reports that women were practising contraception and abortion. Some of the methods listed in medical manuals contain folkloric remedies or native words for specific plants, like the inclusion of vernacular names by Hildegard of Bingen in *Physica*, suggesting the influence of local traditions.¹⁶ In conclusion, this wide array of gynaecological material from medical, ecclesiastical, and legal texts show that women were perceived to have reproductive control over their bodies and capable of influencing others in these practices.

¹⁵ Isidore of Seville, *Etymologiae*, PL 82.414; and, Lotario dei Segni (Innocent III), *De miseria condicionis humane*, trans. Robert E. Lewis (Athens, GA: University of Georgia Press, 1978), 100. See pages 112-113.

¹⁶ '[Hirtzswam] Sed et praegnantem mulierem cum periculo corporis sui abortire facit, si eum comederit.... [Haselwurtz] et si praegnans mulier eam comederit, aut morietur, aut infantem cum periculo corporis sui abortiret, aut si eo tempore cum menstrua non haberet, plus indoleret.' PL 197.1143, 1148. See page 195.

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