

Special Issue: Infertility in Medieval and Early Modern Medicine

Introduction

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Childbearing was an important matter for most men and women in medieval and early modern England. Historians of the family have largely agreed on this fact and have provided several reasons why children were valued in this period, including the perpetuation of family lines, providing support in old age, and marking the transition to full adulthood, as well as the pleasure they brought to parents and relatives.¹ Yet historians have been slow to explore infertility and childlessness in the past in general, and the pre-modern period in particular. Since the 1960s the scholarship on the history of sexuality, the family, gynaecology, childbirth and childhood has expanded, covering all periods from

¹ Alan Macfarlane, *Marriage and Love in England : Modes of Reproduction 1300-1840* (Oxford: Blackwell, 1986), 51-57; Linda A. Pollock, *Forgotten Children : Parent-Child Relations from 1500 to 1900* (Cambridge; New York: Cambridge University Press, 1983), 22; Mary Thomas Crane, "Players in Your Huswifery, and Huswives in Your Beds": Conflicting Identities of Early Modern English Women' in Naomi J. Miller and Naomi Yavneh, eds, *Maternal Measures : Figuring Caregiving in the Early Modern Period* (Aldershot, England ; Burlington, VT, USA: Ashgate, 2000), 215; Keith Wrightson, *English Society, 1580-1680* (New Brunswick, N.J.: Rutgers U.P., 1982), 108-18.

ancient Greece to the twenty first century. Despite this expansion, the history of infertility and fertility problems has remained under-studied. Anthropologists and sociologists have done important work on infertility in contemporary societies around the world, and have examined (among other things) how childlessness, infertility and infertile or childless people are regarded, as well as the solutions sought by those who wish to have children.² Historians have begun studying these issues in past societies rather later than other disciplines, and infertility is only now beginning to emerge as a topic for detailed historical exploration.

For the Middle Ages the most comprehensive discussions can be found in Jean-Claude Bologne's *La Naissance Interdite*, published in 1988, and Joan Cadden's *Meanings of Sex Difference in the Middle Ages*, published in 1993. Bologne's study of contraception, abortion and infertility in the Middle Ages survey medieval ideas about the causes of 'sterility' and the cures employed, drawing on a wide range of sources including medical treatises and religious

² Marcia Inhorn's research on the Middle East explores many of these issues: *Infertility and Patriarchy: the Cultural Politics of Gender and Family Life in Egypt* (Philadelphia: University of Pennsylvania Press, 1996); *Quest for Conception: Gender, Infertility and Egyptian Medical Traditions* (Philadelphia: University of Pennsylvania Press, 1994); *The New Arab Man: Emergent Masculinities, Technologies and Islam in the Middle East* (Princeton: Princeton University Press, 2012). See also Rebecca L. Upton, 'Infertility Makes you Invisible: Gender, Health and the Negotiation of Fertility in Northern Botswana', *Journal of Southern African Studies* 27 (2001), 349-62.

texts.³ Cadden's book includes a chapter on 'Sterility' which focuses on what learned medical and scientific treatises said about infertility, but also discusses the culture in which these works were written, covering issues such as the pressure to have children and the ways in which women, in particular, sought help to conceive.⁴ These studies are valuable for the breadth of sources used and the ways in which they set infertility in a wider social context, but in both cases infertility is explored only as a small part of wider study, which limits the detail and breadth of information about that particular topic. A further important contribution has been made by the Spanish scholar Enrique Montero Cartelle and his collaborators, who have edited numerous medieval medical treatises relating to infertility and its treatment.⁵ These texts shed light on how learned

³ Jean Claude Bologne, *La naissance interdite: stérilité, avortement, contraception au Moyen Age* (Paris: Olivier Orban, 1988), 56-67, 107-37, 213-27.

⁴ Joan Cadden, *Meanings of Sex Difference in the Middle Ages* (Cambridge: Cambridge University Press, 1993), 228-258.

⁵ Enrique Montero Cartelle, ed, *Tractatus de Sterilitate* (Valladolid: Universidad de Valladolid, 1993); Pedro Conde Parrado, Enrique Montero Cartelle and Maria Cruz Herrero Ingelmo, eds, *Tractatus de Conceptu/Tractatus de Sterilitate Mulierum* (Valladolid: Universidad de Valladolid, 1999); Enrique Montero Cartelle and Maria Cruz Herrero Ingelmo, eds, 'Las *Interrogationes in Cura Sterilitatis* en el marco de la literatura médica medieval', *Faventia* 2003, 25, 85-97; Enrique Montero Cartelle, 'Arnaldi de Villanova Compilacio de Conceptione: Estudio y Edición Critica', *Minerva* 2010, 23, 197-227.

physicians conceptualised infertility but they are editions of the primary sources rather than historical analyses. Medieval infertility has also attracted attention in a small number of Ph.D. theses in recent years, notably Amy Lindgren's study of gender in medical treatises on infertility, and Kristen Geaman's study of childless monarchs in late medieval England, but these remain as yet unpublished.⁶

Regarding the early modern period, Angus McLaren's *Reproductive Rituals*, contains a chapter on the promotion of conception, but as with the studies by Cadden and Bologne, this is only one section of a book on a larger topic.⁷ Jennifer Evans's recent book on the use of aphrodisiacs to promote fertility offers another perspective on infertility, within the specific perspective of provoking lust and sexual health.⁸ Evans has also published several articles on topics relating to infertility, while a recent article by Daphna Oren-Magidor explores religious

⁶ Amy Lindgren, 'The Wandering Womb and the Peripheral Penis: Gender and the Fertile Body in Late Medieval Infertility Treatises', Ph.D. thesis (University of California: Davis, 2005); Kristen Geaman, 'Power in the Uterus: Negotiating Royal Infertility in England, 1328-1471, PhD Thesis (University of Southern California, 2013).

⁷ Angus McLaren, *Reproductive Rituals: the Perception of Fertility in England from the Sixteenth Century to the Nineteenth Century* (London and New York: Methuen, 1984).

⁸ Jennifer Evans, *Aphrodisiacs, Fertility and Medicine in Early Modern England* (Royal Historical Society, 2014).

attitudes to infertility.⁹ Helen Berry and Elizabeth Foyster offer a discussion of male childlessness, considering both infertility and other causes of childlessness.¹⁰ Infertility also appears briefly in some discussions of sex, and women's lifecycles.¹¹

⁹ Jennifer Evans, "It is caused of the Womans part or of the Mans Part": The Role of Gender in the Diagnosis and Treatment of sexual dysfunction in early modern England', *Women's History Review*, 20/3 (July 2011), 439–457; "Gentle Purges Corrected with Hot Spices, whether They Work or Not, Do Vehemently Provoke Venery": Menstrual Provocation and Procreation in Early Modern England', *Social History of Medicine* 25 (2012), 2-19; 'Female Barrenness, Bodily Access and Aromatic Treatments in Seventeenth-Century England', *Historical Research* 87 (2014), 423-43; Daphna Oren-Magidor, "From Anne to Hannah: Religious Views of Infertility in Post-Reformation England," *Journal of Women's History*, Vol. 27, No. 3, Fall 2015. In her thesis (and the book will be based on it) she further explores infertility in this period: Oren-Magidor, "Make me a Fruitfull Vine": Dealing with Infertility in Early Modern England', Ph.D. Thesis (Brown University, 2012).

¹⁰ Helen Berry and Elizabeth A. Foyster, 'Childless Men in Early Modern England,' in *The Family in Early Modern England*, Helen Berry and Elizabeth A. Foyster, eds (Cambridge: Cambridge University Press, 2007).

¹¹ Lianne McTavish, 'Reproduction, c. 1500-1750', in *The Routledge History of Sex and the Body*, Sarah Toulalan and Kate Fisher, eds (London: Routledge, 2011), 352-4; Sarah Toulalan, "Age to Great, or to Little, Doeth Let Conception":

The studies cited above make significant steps towards an understanding of infertility and fertility problems in these periods. They explore important topics including the treatment of infertility and attitudes to it both in medical writing and in wider society, and they highlight the range and variety of sources available for the study of infertility. However, they do not yet amount to any systematic or detailed history of reproductive difficulties. When the history of childbearing has ventured beyond accounts of normative pregnancy and childbirth, it has often given attention to attempts to limit fertility, rather than promote it, leading to numerous studies of contraception and abortion.¹² These topics are not always

Bodies, Sex and the Life Cycle 1500-1750', in *Routledge History*, Toulalan and Fisher, eds, 279-95; Patricia Crawford, *Blood, Bodies, and Families in Early Modern England* (Harlow, England: Pearson/Longman, 2004), 93; Sara Heller Mendelson and Patricia Crawford, *Women in Early Modern England : 1550-1720* (Oxford: Oxford University Press, 1998); Laura Gowing, *Common Bodies : Women, Touch and Power in Seventeenth-Century England* (New Haven: Yale University Press, 2003), 114; Antonia Fraser, *The Weaker Vessel* (New York: Knopf, 1984), 62-63.

¹² John T. Noonan, Jr., *Contraception: a History of its Treatment by Catholic Theologians and Canonists* (Cambridge, MA: Harvard University Press, 1986); P. P. A. Biller, 'Birth Control in the West in the Thirteenth and Early Fourteenth Centuries', *Past and Present* 1982, 94, 3-26; Angus McLaren, *A History of Contraception from Antiquity to the Present Day* (Oxford: Basil Blackwell, 1990); John M. Riddle, *Contraception and Abortion from the Ancient World to the*

separate from the history of infertility, and may appear side by side with discussions of infertility in studies of reproduction. Thus Jean-Claude Bologne discusses sterility, contraception and abortion together in a single book, arguing that medieval medical writers viewed these subjects as inter-dependent.¹³ Peter Biller's study of medieval ideas about population says less about infertility but discusses the subject briefly alongside contraception, linking both to wider demographic trends in the medieval period. Biller points out that in the years around 1300, when many areas of Europe had experienced a sharp growth in population, medical writers were writing extensively about both infertility and contraception as part of a broader interest in fertility issues.¹⁴ Similarly, for the early modern period, Angus McLaren's *Reproductive Rituals* contains a chapter on promoting fertility, but is otherwise primarily concerned with contraceptives

Renaissance (Cambridge, MA: Harvard University Press, 1992); Zubin Mistry, *Abortion in the Early Medieval West, c. 500-900* (Martlesham: Boydell and Brewer, 2015); Wolfgang P. Müller, *The Criminalization of Abortion in the West: its Origins in Medieval Law* (Ithaca and London: Cornell University Press, 2012).

¹³ Bologne, *Naissance interdite*, p. 18.

¹⁴ Peter Biller, *The Measure of Multitude: Population in Medieval Thought* (Oxford: Oxford University Press, 2000), 148-57.

and other attempts to limit reproduction.¹⁵ Many other studies of early modern reproduction have the same focus on the limitation of fertility.¹⁶

A second area related to infertility which has received a great deal of attention is the relationship between medicine and sexuality.¹⁷ Many studies discuss both men's and women's sexuality but there has also been gender-specific research, and especially relevant for discussions of infertility are a number of recent studies of male sexuality and impotence.¹⁸ These studies have

¹⁵ McLaren, *Reproductive Rituals*

¹⁶; Crawford, *Blood, Bodies, and Families in Early Modern England*; Gowing, *Common Bodies*; Laura Gowing, 'Secret Births and Infanticide in Seventeenth-Century England,' *Past & Present*, no. 156 (1997); Linda A. Pollock, 'Childbearing and Female Bonding in Early Modern England,' *Social History* 22, no. 3 (1997); David Cressy, *Birth, Marriage, and Death : Ritual, Religion, and the Life-Cycle in Tudor and Stuart England* (Oxford: OUP, 1997); Lyndal Roper, *Oedipus and the Devil : Witchcraft, Sexuality, and Religion in Early Modern Europe* (London ; New York: Routledge, 1994); Angus McLaren, *A History of Contraception*.

¹⁷ One influential example is Danielle Jacquart and Claude Thomasset, *Sexuality and Medicine in the Middle Ages*, trans. Matthew Adamson (Cambridge: Polity Press, 1986).

¹⁸ Pierre Darmon, *Trial By Impotence: Virility and Marriage in Pre-Revolutionary France*, trans. Paul Keegan (London: Chatto and Windus, 1985); Vern L. Bullough, 'On Being a Male in the Middle Ages', in Clare A. Lees, ed., *Medieval*

greatly expanded our understanding of ideas about gender, masculinity and femininity, sex, and sexual pleasure in pre-modern societies. They have also taught us much about the norms surrounding sex and marriage in practice.¹⁹ Nonetheless, although they explore the relations between sexuality and reproduction, these studies do not say much about the failure to reproduce.²⁰ The relatively limited discussion of fertility problems in most histories of sexuality is evident in a recent survey of medieval sexuality, which contains sections on marriage, abstinence, courtly love, same-sex relations, ‘perversions’ and

Masculinities (Minneapolis: University of Minnesota Press, 1994), 31-45; Catherine Rider, *Magic and Impotence in the Middle Ages* (Oxford: Oxford University Press, 2006); Edward Behrend-Martinez, *Unfit for Marriage: Impotent Spouses on Trial in the Basque Region of Spain 1650-1750* (Reno: University of Nevada Press, 2007); Angus McLaren, *Impotence: a Cultural History* (Chicago and London: University of Chicago Press, 2007); Catherine Rider, ‘A Defect of the Mind or Body: Impotence and Sexuality in Medieval Theology and Canon Law’, in Jill Ross and Suzanne Conklin Akbari, eds, *The Ends of the Body: Identity and Community in Medieval Culture* (Toronto: University of Toronto Press, 2013), 193-210.

¹⁹ See for example Ruth Mazo Karras, *Sexuality in Medieval Europe: Doing Unto Others* (New York: Routledge, 2005).

²⁰ See for example Sarah Toulalan, *Imagining Sex: Pornography and Bodies in Seventeenth-Century England* (Oxford: Oxford University Press, 2007), p. 62

medicine, but only refers briefly to the lengths which medieval couples might go to in order to conceive.²¹

There has also been much productive research into the history of gynaecology and obstetrics. For the Middle Ages the most important work has been done by Monica Green, whose detailed history of medieval gynaecology and obstetrics draws on several decades of painstaking research into manuscripts of gynaecological texts.²² Green discusses the treatment of infertility at several points but her focus is on male physicians' involvement in women's healthcare in the Middle Ages, rather than on the history of infertility or attitudes to infertility in particular. Helen King's work also offers an examination of the rise of gynaecology as a medical field and particularly the impact of the rediscovery of the Hippocratic corpus in the sixteenth century on the perception of women's medicine as a distinct field.²³

There is also extensive scholarship on other periods which deals with the same topics – sexuality, women and medicine, gynaecology and childbirth,

²¹ Ruth Evans, 'Introduction: What was Sexuality in the Middle Ages?' in Ruth Evans, ed, *A Cultural History of Sexuality in the Middle Ages* (Oxford and New York: Berg, 2011), 1-36.

²² Monica H. Green, *Making Women's Medicine Masculine: the Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008).

²³ Helen King, *Midwifery, Obstetrics and the Rise of Gynaecology : The Uses of a Sixteenth-Century Compendium* (Aldershot, Hants ; Burlington, VT: Ashgate, 2007)

contraception and abortion. There is not room here to survey this in detail but studies of the ancient, medieval and early modern worlds are part of a much broader trend in historical scholarship. Often this scholarship has responded, directly or indirectly, to the social changes which have taken place in the western world since the late nineteenth century and especially since the 1960s. Increasing numbers of women have qualified as doctors, leading to a new interest in women's medical practice; feminist critiques of medical practitioners' activities in the field of gynaecology and obstetrics have led to an interest in how female patients and medical practitioners interacted in earlier periods; and changing attitudes to sexuality and sexual identity, the spread of effective contraception and the relaxing of abortion laws have all prompted historians to explore these issues in earlier societies. The focus of much of this scholarship on the limitation of fertility is therefore perhaps indicative of our own modern preoccupations, following the struggles for birth control, abortion rights and women's control of their reproductive bodies during the twentieth century and today. Despite concerns about falling birth-rates in some western countries and the publicity given to modern reproductive technologies such as IVF, couples who sought to *increase*, rather than *limit*, their fertility have been far less prominent in the scholarship. There is no doubt that in many situations, medieval and early modern people would have sought to limit fertility or end pregnancy. However, given the significance of childbirth in this period not only as a personal choice but as a religious duty and as a fulfilment of gendered expectations, it

seems likely that many married people would have been more concerned with furthering conception.

It is only in the past few years that infertility has emerged as a topic for historical exploration in its own right. 2013 saw two conferences dedicated to the subject across all historical periods. The first, held at the University of Edinburgh (UK) on the theme of *Infertility, Science and Culture* included around twenty-five papers ranging from ancient Greece to the twenty-first century, with the early modern and modern periods best represented. The second, held a few weeks later at the University of Cambridge (UK) on the theme of *Infertility and Sacred Space: from Antiquity to the Early Modern* focused more closely on a specific aspect of infertility, and its chronological weighting was towards antiquity. Other conferences and research networks have also begun to explore particular aspects of infertility, including a set of papers on medieval childless queens at the International Medieval Congress, University of Leeds (UK) in summer 2012. These events attracted a range of scholars at different stages of their careers but the growth of research in the topic is best reflected by the appearance over the last few years of several Ph.D. theses dedicated to the history of infertility or particular aspects of it, including theses by several contributors to this special issue (Evans, Tyers, Geaman, Oren-Magidor).²⁴ Established scholars have also

²⁴Jennifer C. Evans, 'Procreation, Pleasure and Provokers of Lust in Early Modern England', Ph.D. Thesis (University of Exeter, 2011); Theresa Tyers, 'The Rebirth of Fertility: the *Trotula* and her Travelling Companions c. 1200-1450',

been attracted to the field, and studies have been recently published by, or are forthcoming from Rebecca Flemming, Sarah Toulalan, Lisa Smith, and Christina Benninghaus, to name a few.²⁵ This special issue aims to extend this growing field, highlighting new scholars and scholarship and potential avenues for further research.

1. Why the History of Infertility Matters

The most obvious preliminary conclusion from this new scholarship is that the history of infertility can shed light on many other areas of culture and society, not only in medieval or early modern England but in any historical period. For example, it helps us to understand the attitudes and actions of men and women for whom it was often crucial to produce an heir. The most visible and best documented of these were kings and queens, but other couples lower down the

Ph.D. Thesis (University of Nottingham, 2012); Geaman, 'Power in the Uterus'; Oren-Magidor, 'Make me a Fruitfull Vine'.

²⁵ Rebecca Flemming, 'The Invention of Infertility in the Classical Greek World: Medicine, Divinity and Gender', *Bulletin of the History of Medicine* 87 (2013), 565-90; Sarah Toulalan, 'To[o] Much Eating Stifles the Child: Fat Bodies and Reproduction in Early Modern England', *Historical Research* 87 (2014), 65-93; Lisa W. Smith, 'Imagining Women's Fertility before Technology', *Journal of Medical Humanities* 2010, 31, 69-79. Lisa Smith is also working on a book on early modern infertility; Christina Benninghaus, 'Beyond Constructivism?: Gender, Medicine and the Early History of Sperm Analysis, Germany 1870-190. *Gender and History* 2012, 24 647-676.

social scale also desired children to ensure the future of their families and care for them in old age. This desire for heirs encouraged childless men and women to seek a variety of medical and other remedies for their infertility, and some of these possibilities are discussed in the papers in this special collection. Infertility also had implications for marriage laws and practices, inheritance laws, and family structure as different societies wrestled with questions such as: Was it possible to set aside an infertile spouse? Was it possible for childless people to adopt an heir? And which norms, principles or laws governed these activities?

The history of infertility also helps us to understand the construction of masculinity and femininity. A number of studies have argued that marrying and having children were key markers of adult manhood and womanhood for most medieval and early modern people - although there were exceptions, such as the celibate late medieval and Catholic early modern clergy.²⁶ If a man or woman were infertile, how else might s/he construct his or her identity? Was it possible to find childless role models to emulate, as Katherine French has argued that the childless King Richard II of England did by expressing his devotion publicly to the equally childless saint-king Edward the Confessor?²⁷ Did infertility place a

²⁶ Bullough, 'On Being a Male', 34; Berry and Foyster, 'Childless Men', 179. Crawford, *Blood, Bodies and the Family*, 79-112; Pollock, 'Childbearing and Female Bonding', 287-88; Hufton, *The Prospect Before her* 177-78.

²⁷ Katherine J. Lewis, 'Becoming a Virgin King: Richard II and Edward the Confessor', in Samantha J. E. Riches and Sarah Salih, eds, *Gender and*

greater stigma or burden on the man or the woman, or was it regarded as a shared problem which required joint action? In the absence of a couple's own children, which other relationships might be cultivated within the family or outside it, for example with apprentices or godchildren?

The study of reproductive disorders is also embedded in the social history of medicine. If successful childbearing was important for most men and women, then any branch of knowledge which offered an explanation of infertility and the possibility of a solution is likely to have been highly desirable. This was certainly true of learned medicine and, as Monica Green has shown, elite couples were seeking out university-trained physicians to treat infertility from the twelfth century onwards.²⁸ However, the numerous medical treatises which discuss the causes and treatment of reproductive problems remain under-explored. There have been important studies of individual texts or small samples of texts such as Amy Lindgren's doctoral thesis, mentioned above, but medical explanations of fertility problems as well as the available treatments for infertility are worthy of a more intense exploration. Did the explanations offered and treatments recommended change significantly over time, for example, or vary between different regions? How complex or expensive were the treatments suggested? Did medical writers view male and female reproductive disorders differently? In answer to the latter question Lindgren has suggested that her sample of texts, at least, did present

Holiness: Men, Women and Saints in Late Medieval Europe (London: Routledge, 2002), 86-100.

²⁸ Green, *Making Women's Medicine Masculine*, 86.

male and female infertility as conditions which were not equivalent and had their own physical causes.²⁹

There are also questions to be asked about the medical practice surrounding fertility problems. It can be difficult to find sources, particularly for the medieval period, but some physicians left accounts of the cases they encountered. Medieval Italian medical writers composed several *consilia* (recommendations for treatment in individual cases, usually of elite patients) relating to the treatment of sexual dysfunction, gynaecological problems and infertility.³⁰ The early fourteenth-century English physician John of Gaddesden was one writer who discussed what he claimed was his own experience, when he said that ‘this cure [that is, the curing of infertility] is very difficult and rare; however, with certain of the cures set down here I have gained much money in many places.’³¹ Similar comments about practice are likely to be hidden in sources which are often still unpublished, including both academic medical treatises like Gaddesden’s and less academic collections of medical recipes. Casebooks of medical practitioners also offer some clues to the treatment of fertility problems, although as Oren-

²⁹ Lindgren, ‘Wandering Womb’, 5-6.

³⁰ Nancy Siraisi, *Taddeo Alderotti and His Pupils: Two Generations of Italian Medical Learning* (Princeton: Princeton University Press, 1981), 279-80.

³¹ ‘Ista cura est valde difficilis et rara, tamen cum quibusdam hic positus lucratus fui magnam pecuniam in multis locis.’ John of Gaddesden, *Rosa Anglica Practica Medicinæ* (Venice, 1502), bk. 2, ch. 17, f. 79r.

Magidor's article in this issue suggests, these are less abundant than might be expected.

Other sources again tell us much about the ways in which medical and non-medical understandings of infertility and responses to it could co-exist. The records of miracles kept by saints' shrines include cases in which the saints were said to have cured infertility and other reproductive problems such as repeated miscarriage, while the letters of the fourteenth-century Italian merchant couple Francesco and Margherita Datini tell us that this infertile couple was advised by family members to see a physician, to try a poultice bought from a local female healer, and to perform pious activities such as almsgiving.³²

The history of infertility also speaks to the history of diseases and dysfunctions of the reproductive organs. As noted above impotence and other forms of sexual dysfunction have attracted scholarly attention and these conditions might well prevent the conception of a child. The history of syphilis and other venereal diseases, which caused widespread concern from the

³² Hilary Powell, 'The Miracle of Childbirth: The Portrayal of Parturient Women in Medieval Miracle Narratives', *Social History of Medicine* 2012, 25, 795-811; Katharine Park, 'Medicine and Magic: the Healing Arts', in Judith C. Brown and Robert C. Davis, eds, *Gender and Society in Renaissance Italy* (London and New York: 1998), 129-49.

sixteenth century onwards, is also linked to the history of infertility, since these diseases fed into concerns about a low birth-rate and the birth of sickly children.³³

The essays in this special issue present different glimpses of the history of infertility in the specific context of medieval and early modern England. They demonstrate ways in which the historical study of fertility problems speaks to these wider issues in the social history of medicine, gender, and the family, and they bring together many of the scholars currently working on these topics. Although the essays deal with a restricted geographical and chronological range, the questions they ask are relevant to the study of infertility and childlessness in other periods. The editors of this collection aim not only to publish new research, but also to stimulate thought and discussion between scholars who are working on the history of reproduction in other societies, ancient and modern, around the world.

2. Continuity and Change in the History of Pre-modern Infertility

In order to understand the significance of infertility as a link between medicine, society, culture and religion in the pre-modern period, it must be understood first and foremost within the context of the humoral medical theory that was the basis for European medicine from Ancient Greece into the eighteenth century. This medical theory underwent some changes throughout

³³ Kevin Siena, "'The Venereal Disease', 1500-1800' in Toulalan and Fisher, eds, *Routledge History of Sex* 463-78, 473.

this period, and had several variations, but its fundamental ideas held sway for centuries.

The fundamental principle of this theory was that the body was made up of four humours, blood, phlegm, yellow bile and black bile, each with particular characteristics: either hot or cold and either moist or dry. Each body had its own unique balance of the humours that ensured its good health. When this balance was destroyed the body suffered from diseases, including fertility problems. According to the humoral system, the ideal body was one in which everything occurred in moderation, with nothing “exceeding temperance.” Men were believed to be naturally hotter and dryer than women but the ideal reproductive body was one in which there was no excess of heat or cold, moisture or dryness, particularly in the reproductive organs. While there were some variations in the ways that gynaecological authors explained infertility throughout the Middle Ages and the early modern period, this simple humoral formula was at the heart of every natural explanatory model for infertility published during this time.³⁴

The basic causes for infertility were summarized in the first gynaecological manual printed in English, *The Birth of Mankind* (1540):

And in woman there maye be foure generall causes,
by the whiche the conception may be impedyte and
let [prevented]: over much callidite or heate of the
matrice [womb], over much coldnesse, over much
humiditie or moystenesse, & over much dryenesse.
Any of these foure qualitiees exceedynge

³⁴ Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge, Cambridge University Press, 2010), 17-19.

temperancye, may be sufficient causes to lette due
conception³⁵

The project of balancing the humours and restoring the body to its proper function was not based only on the use of remedies. Maintaining health required the moderation of the six “non naturals”: air; food and drink; exercise and rest; sleep and wakefulness; excretion and retention; and the emotions.³⁶ A person who was given to gluttony might destroy his or her health and ability to reproduce, an overly sexual woman might destroy her fertility, and any emotional excesses such as anger could cause a woman to miscarry.³⁷ Humoral theory thus linked medical matters with proper conduct and behaviour and it did so with a great degree of consistency throughout the pre-modern period and well into the eighteenth-century. Medieval and early modern medical writers therefore gave many of the same explanations for infertility and included many of the same remedies. These continuities suggest that it is useful to look at the medieval and early modern periods together.

³⁵ Eucharius Roesslin, *The Byrth of Mankynde Newly Translated out of Laten into Englysshe* (T. R.: London, 1540), LXXXI-LXXXIV.

³⁶ Ian Maclean, 'Evidence, Logic, the Rule and the Exception in Renaissance Law and Medicine,' *Early Science and Medicine* 5, no. 3 (2000): 23 note.

³⁷ Toulalan, 'To[o] much eating stifles the child'; Gail Kern Paster, *The Body Embarrassed: Drama and the Disciplines of Shame in Early Modern England* (Cornell U.P. , 1993), 181; Anonymous, *The English Midwife Enlarged* (London: printed for Thomas Sawbridge 1682), 189.

There were also important continuities in the social context in which learned medicine operated across both periods. From the twelfth century onwards university-educated physicians claimed to have the best understanding of the causes of illness and argued that this meant they could offer patients the best treatment for infertility and other conditions; but they were relatively few in number and continually in competition with a range of other practitioners who also claimed to offer effective treatments. In both periods kings and especially queens experienced pressure to produce an heir and consulted university-educated physicians for this but combined medical advice with other activities such as prayer and pilgrimage.³⁸ Throughout the medieval and early modern periods Christianity also influenced the ways in which people thought about sexuality and fertility. For example God's command to Adam and Eve in Genesis to 'increase and multiply' was often quoted in discussions of the purpose of marriage across the centuries.³⁹ These continuities mean that in many respects there is no clear break between the history of infertility in the Middle Ages and the early modern period.

³⁸ Susan Broomhill, 'Women's Little Secrets: Defining the Boundaries of Reproductive Knowledge in Sixteenth-Century France', *Social History of Medicine* 2002, 15, 1-15.

³⁹ Pierre J. Payer, *The Bridling of Desire: Views of Sex in the Later Middle Ages* (Toronto: University of Toronto Press, 1993), 38; Kathleen Crowther-Heyck, 'Be Fruitful and Multiply: Genesis and Generation in Reformation Germany', *Renaissance Quarterly* 2002, 55, 904-35.

Nevertheless, alongside these continuities came important changes and their effects on attitudes and responses to infertility also need to be explored. Although the Bible remained crucial to Christian understandings of infertility throughout the period, the Reformation in the sixteenth century radically altered the ways in which infertile couples appealed to God for help. In England at least, pilgrimage to a saint's shrine and appeals to the saints ceased to be seen as acceptable responses to infertility or the dangers of pregnancy and childbirth.⁴⁰ While some practices disappeared, others were adapted to suit Protestant sensibilities: for example the medieval holy well dedicated to St Anne at Buxton, which seems to have attracted women seeking help in conceiving, was reinvented in the later sixteenth century as a healing spring whose waters had medicinal benefits.⁴¹

The ways in which medical knowledge was disseminated and the people who had access to it also changed. In England rates of literacy increased steadily from the late fourteenth century onwards, and increasing numbers of medical texts were written in or translated into vernacular languages to meet the demands of this new reading public. Medical practitioners who lacked formal education were an important market for these medical works, but so too were

⁴⁰ Mary Fissell, *Vernacular Bodies: the Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2004), 28.

⁴¹ Alexandra Walsham, *The Reformation of the Landscape: Religion, Identity and Memory in Early Modern Britain and Ireland* (Oxford: Oxford University Press, 2011), 401-2.

educated general readers seeking access to medical learning. Some of these people also wrote medical information down themselves, and the number of surviving manuscripts of medical recipe collections rises dramatically from the fifteenth century onwards. Women also gained greater access to written medicine. While there is little evidence that many medieval English women owned or read medical books, let alone wrote them (although there were exceptions), from the fifteenth century onwards scholars have identified increasing numbers of medical recipe collections compiled by women.⁴²

These rising levels of literacy also change the source-base available to historians of infertility. There are no medieval diaries and comparatively few collections of letters, but both of these kinds of sources survive from the early modern period and have been used by scholars to uncover men's and women's attitudes to their bodies, menstruation and fertility.⁴³ This is not to say that medieval sources for reproductive medicine are scarce, however: medical texts survive in very large numbers and with some exceptions (notably Monica Green's

⁴² Green, *Making Women's Medicine Masculine*, 38.

⁴³ Patricia Crawford, 'Attitudes to Menstruation in Seventeenth-Century England', repr. in Patricia Crawford, *Blood, Bodies and Family in Early Modern England* (London: Pearson Longman, 2004), 19-53; Berry and Foyster, 'Childless Men', 158-9.

extensive work on gynaecological texts)⁴⁴ many have not been published or studied in depth.

The articles in this special issue explore some of these areas of continuity and change in the history of infertility across the medieval and early modern periods, relating individual case studies or bodies of source material to the wider social and medical context. They focus on a range of reproductive conditions which led to childlessness in both men and women, including not only infertility but also sexual dysfunction and miscarriage, because when studying past societies it is often difficult to draw firm lines between these conditions. Often it is impossible to know from the surviving evidence what caused a couple to be childless. For example in the Middle Ages pregnancies were not always recorded even for royal women, so it is hard to know for certain whether childless queens such as Anne of Bohemia (discussed in Kristen Geaman's article) had suffered from miscarriages or stillbirths or had never been pregnant at all. Another reason is that the lines between different forms of sexual and reproductive dysfunction could themselves be blurred in our sources. As Jennifer Evans points out in her article the same physical factors could cause a variety of reproductive problems and sexual dysfunctions in both men and women.

3. This Collection

⁴⁴ See Green, *Making Women's Medicine Masculine* and the references cited there.

Taking these problems into account the articles in this special issue address certain particular aspects of infertility. One important theme which is explored to some degree by all the articles, is the relationship between medical theory and responses to infertility in practice. It is difficult to know much about the medical experiences of individual men and women, especially for the medieval period, but the articles by Catherine Rider, Daphna Oren-Magidor and Jennifer Evans all draw attention to both connections and disparities between medical theory and practice relating to infertility. Catherine Rider's article suggests that although medieval medical treatises discussed male infertility at length, the remedy collections compiled by medieval English physicians had a different emphasis: although they did not ignore male reproductive problems they tended to focus more attention on treating women's infertility. Jennifer Evans suggests that the situation was similar in the early modern period, although a market for fertility remedies aimed at men did exist. Turning to women's infertility, Daphna Oren-Magidor claims that early modern women were less likely to turn to male medical practitioners to treat fertility problems than they were for other conditions, although they did rely on knowledge created by male practitioners in their own self treatment.

The articles do not argue that there was a clear-cut or universal division between theory and practice. The prescriptions offered in medical texts could be used in practice and the papers highlight examples of this. Rider describes how some tests and treatments for infertility were widely copied, which suggests that they were seen as relevant to practice. Kristen Geaman's article argues that

some of the medicinal substances bought by Anne of Bohemia, wife of Richard II of England correspond with medicines which are said to enhance fertility in medieval medical texts. Theresa Tyers's article also discusses the ways in which learned medical knowledge might be used in practice. She discusses a fifteenth-century version of an earlier Latin medical text on women's medicine, the *Liber de Sinthomatibus Mulierum*, which included a series of recipes to ensure fertility which were not found in the original. Instructions such as to use the strongest white wine 'you can find' suggest these remedies were recorded for the reader's practical use.

Another theme that recurs frequently throughout the articles is that of gender and gender relations. One aspect of this is the question of who was deemed 'responsible' for infertility. Was it primarily seen as a woman's problem? Was male infertility widely recognised, and if so, how was it conceptualised? Rider and Evans examine the ways in which male infertility and impotence were discussed in medieval and early modern medical texts, arguing that medical writers recognised many forms of male reproductive failure even if female infertility often was deemed to be more common and remedies tended to focus on the woman. Toulalan's paper discusses the view of early modern medical writers that people of both sexes became less fertile in old age, but again the writers she discusses emphasized women's fertility more than men's: the decline in fertility was more dramatic for women than for men and some men might remain fertile into their seventies or even later. Geaman's case study of Anne of Bohemia also implies that in practice, infertility was seen as the woman's

problem: as far as we know it was Anne, not Richard, who bought remedies which were deemed to aid conception, and Anne and other medieval English queens went on pilgrimages to ask for children. Nevertheless these examples suggest infertility was not solely viewed as a woman's condition and more work is needed on how ideas about who was responsible for infertility shifted depending on context and circumstances.

Another aspect of the gendering of infertility relates to medical knowledge and especially who had access to it. Oren-Magidor's paper discusses the ways in which early modern male physicians tried to claim authority over women's reproductive matters, a process which Monica Green has also traced through earlier centuries.⁴⁵ However, Oren-Magidor argues that male practitioners did not replace women as the most authoritative sources of knowledge about fertility, and women collected remedies from other women as well as from male physicians. Theresa Tyers offers a case study of how one woman may have gained access to learned medical knowledge, discussing a fifteenth- and early sixteenth-century manuscript which was owned by a woman, Elizabeth de Kyngstone. In this manuscript medical information about sex and fertility can be found alongside other medical notes (for example on blood-letting and plague) and non-medical content such as poetry, and Tyers suggests that the material on sex and conception may have been included to help Elizabeth treat herself and other members of her household. In the sixteenth century and later, literate, aristocratic women were reading vernacular medical texts much more regularly.

⁴⁵ Green, *Making Women's Medicine Masculine*.

Indeed, from the sixteenth century and especially in the seventeenth and eighteenth centuries, there is a veritable explosion of medical recipe books, especially those kept by women. It appears that most literate women who were in charge of a household participated in the exchange and circulation of medical recipes and other medical knowledge.⁴⁶ As Toulalan notes in her paper, even medical texts written by professionals were often bought and read by laypeople, both men and women.

It is significant to note that to a large extent the articles in this collection focus either on the perspective of medical theorists and practitioners (Evans, Rider, Toulalan) or on laypeople from a very limited social class (Geaman, Tyers, Oren-Magidor). The focus on upper-class women is based primarily on the availability of sources. Very few men and women in the pre-modern period were sufficiently literate to leave a record of their experiences with infertility. Very few had access to physicians who would have left records. It is therefore difficult to find records of women from lower social strata seeking treatment for fertility problems, or of the treatment they received, although such treatment certainly did occur.⁴⁷

⁴⁶ See Elaine Leong and Sara Pennell, 'Recipe Collections and the Currency of Medical Knowledge in the Early Modern Medical Marketplace', in Mark Jenner and Patrick Wallis, eds, *Medicine and the Market in England and its Colonies, c. 1450-1850* (Basingstoke: Palgrave Macmillan, 2007), 133-52.

⁴⁷ Evidence of women offering treatment and diagnosis for reproductive matters can be seen, for example, in Margaret Pelling, *Medical Conflicts in Early Modern*

Finally, many of the papers also explore the ways in which medical understandings of infertility interacted with other interpretations. Geaman's paper makes it clear that religion offered a powerful alternative to medical explanations of and responses to infertility, and late medieval English royal women such as Anne of Bohemia went on pilgrimage as well as employing physicians. There is no suggestion in the sources that these things were incompatible, but equally, they often seem distinct from one another with little interaction between religion and medicine. For example the medical texts discussed by Rider also operate in a sphere distinct from religion most of the time, although occasionally medical writers note that some cases of sterility cannot be cured by medicine and must be left to the divine.

Evans' and Toulalan's papers discuss the ways in which medical understandings of infertility interacted with social anxieties about male impotence or marriages between old and young partners. For example Toulalan shows that medical writers reflected widespread negative stereotypes about old men and women who engaged in sexual intercourse, and backed these with humoral theory, arguing that the loss of heat and moisture due to age decreased men's and women's sexual desire and left them unattractive and unsuited to sex. Despite this apparently inevitable decline, however, medical writers also

London : Patronage, Physicians, and Irregular Practitioners 1550-1640 (Oxford: Oxford University Press, 2003), 210.

described many aphrodisiac and cosmetic preparations designed to alleviate these problems.

The papers in this collection do not attempt to offer complete or comprehensive coverage of the topic of infertility in medieval and early modern England. Instead, this collection highlights a range of different approaches to the study of an emerging topic for historical inquiry, from individual case-studies to broader cultural histories, and from histories of medical practice to studies of patients' perspectives.

The history of infertility in general, and in pre-modern periods in particular, is still in its infancy. The papers in this collection offer a wide chronological range, but a more detailed comparison of developments across the medieval and early modern periods as well as the ancient world, could offer an interesting perspective on continuity and change in perceptions of infertility. Future research on infertility would also benefit from comparative studies which focus on other locations in the same periods. Such a comparative dimension could sharpen many of the questions raised by the papers in this collection. For example, the impact of the Reformation on views of infertility could be better understood by comparing what happened in England with developments in non-Protestant countries. Similarities and differences in the development of medical theory and practice within Europe could further our understanding of the relationship between medicine and society when it comes to reproductive disorders. The interconnectedness of royal families throughout Europe in the periods in question could also throw some interesting light on the political complexities caused by

fertility problems. This collection is therefore just an early taste of a field of scholarship that we hope to see expand and grow in the years to come.