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Medieval Infertility: Treatments, Cures, and Consequences

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***Abstract:** Since the first civilizations emerged, reproductive ability has been one of the most prominent elements in assessing a woman's value to society. Other characteristics such as beauty, intelligence, and wealth may have been granted comparable consequence, but those are arbitrary and improvable. Fertility is genetic, and for centuries it was beyond human control. Among the medieval European nobility, fertility held even greater power. The absence of an heir could, either directly or indirectly, bring about war, economic depression, and social disorder. Catholicism provided a refuge by allowing barren women to retain their hopes, while simultaneously enriching Rome's coffers. Other women attempted various means of encouraging conception, such as early herbal treatments and remedies. Infertility was a dangerous game: not only were the treatments rudimentary and often detrimental to the patient's health, but venturing too far into the realm of cures could earn a woman accusations of witchcraft or heresy. During an era in which dynastic extinction meant political instability, the religious and physical means through which noblewomen attempted to conceive, while deeply personal, were also matters of state. And while women were encouraged to conceive at any personal cost, certain lines could not be crossed, and navigating that maze was an imperious task. Through analysis of letters, memoirs, and exchequer receipts, I explore the ways in which medieval noblewomen in Europe attempted to "cure" infertility, and how their successes and failures were perceived by the public.*

According to the U.S. Centers for Disease Control, infertility is defined as an inability "to get pregnant (conceive) after one year (or longer) of unprotected sex" for women under 35, with a period of six months for attempted conception in women older than 35.¹ If a couple today struggles to get pregnant, there are dozens of steps they could take to increase their chances of conceiving, the first of which is often to consult a doctor. Modern medical practices can then pinpoint exactly which step in the reproductive process is failing for the couple, and attempt to fix the problem from there. A couple may use medications, surgeries, and treatments to first conceive and later aid in a successful pregnancy and eventually produce a healthy child.

However, all of these practices are new and have only become reliable in recent decades. During the Middle Ages, a rumor of infertility or sterility could damage an entire family and bring social and financial ruin. Undisclosed infertility was one of the few grounds for annulment in the Catholic Church in an age when divorce did not exist.² In most Western European countries at this time, single women had few, if any, legal or property rights, so an annulment — which reverted a woman's legal status to that of never having been married — would have revoked her of all property, wealth, and status.³ Without

¹ U.S. Department of Health & Human Services, Centers for Disease Control and Prevention (CDC), Division of Reproductive Health. *What is Infertility?* Atlanta, GA, 2019. <https://www.cdc.gov/reproductivehealth/infertility/index.htm>.

² Code of Canon Law: Book IV, Function of the Church: Title VII, Marriage: Chapter I-IX, http://www.vatican.va/archive/cod-iuris-canonici/eng/documents/cic_lib4-cann998-1165_en.html.

³ *Ibid.* An annulment declares that a marriage never happened because one of the requirements for marriage established by Catholic Canon was not met, thus the marriage was never legal in the first place. To this day Catholic

scientifically-backed treatments or tests, anyone who failed to get pregnant or produce a healthy child quickly could easily be labeled infertile. While a diagnosis of “infertile” today may lead to medical treatments or a desire to pursue adoption or surrogacy, in the Middle Ages one’s perceived fertility could change the course of one’s life, especially among the upper echelons of society. Politics, economics, and social standing could change drastically depending on the fertility of a woman in power. Catholic encouragement and cultural expectations united to create significant consequences for women who failed to produce children, prompting the use of certain aspects of religion as a cure for infertility, as well as various medicinal treatments.

Literature Review

While reading secondary sources, it became clear that most sources on medieval infertility tend to fall into one of two categories: either they focus on the role of infertility in the lives of the upper nobility, or they discuss infertility treatments during the era. Although both of these methods led to compelling research topics that add valuable information to the study of medieval infertility, none address the economic impacts or implications that infertility among the nobility had on greater society. The former is exemplified in “Anne of Bohemia and Her Struggle to Conceive,” which deeply analyzes every known action of Anne of Bohemia during the last year of her life as she failed to conceive.⁴ Kristen Geaman highlights a six-membrane collection of

Canon does not recognize divorce; to remarry in the Catholic Church one’s first marriage has to have been annulled or their spouse must be dead.

⁴ Kristen L. Geaman, “Anne of Bohemia and Her Struggle to Conceive.” *Social History of Medicine* 29, no. 2 (May 2016): 224-244, <https://academic-oup-com.ezproxy.lib.calpoly.edu/shm/article/29/2/224/2240726#>.

apothecary bills held in the UK National Archives and explores how the Queen's use of the herbs listed sheds light upon the practices of "late medieval English elites," and discusses how her infertility affected politics and diplomacy during Richard II's reign.⁵ Karen Cherewatuk's chapter "Royal Bastardy, Incest, and a Failed Dynasty" in *Marriage, Adultery, and Inheritance in Malory's Morte Darthur* similarly discusses the importance of fertility in politics, emphasizing the concept of legitimacy and how it affected a king's divine authority.⁶

The other major historiographical focus is on the medical history of infertility in the Middle Ages, such as in "Reconsidering obstetric death and female fertility in Anglo-Saxon England,"⁷ and "Literate Laywomen, Male Medical Practitioners and Treatment of Fertility Problems in Early Modern England."⁸ These sources report to what extent trained physicians were called upon to help with fertility, and also which treatments among those available were most common.⁹

⁵ Ibid.

⁶ Karen Cherewatuk, "Royal Bastardy, Incest, and a Failed Dynasty." In *Marriage, Adultery and Inheritance in Malory's Morte Darthur* (Suffolk, United Kingdom: Boydell & Brewer, 2006), 109, https://www-jstororg.ezproxy.lib.calpoly.edu/stable/10.7722/j.ctt81j5x.10?refreqid=excelsior%3Acb1959ea9595bb6c42b6b6ff4533a89bd&seq=1#metadata_info_tab_contents.

⁷ Sam D. Dickenson and Duncan Sayer, "Reconsidering obstetric death and female fertility in Anglo-Saxon England," 285-297.

⁸ Daphna Oren-Magidor, "Literate Laywomen, Male Medical Practitioners and Treatment of Fertility Problems in Early Modern England." *Social History of Medicine* 29, no. 2 (May 2016): 290-310, <https://academic-oupcom.ezproxy.lib.calpoly.edu/shm/article/29/2/290/2240754>.

⁹ For further reading, see "Women Healers of the Middle Ages: Selected Aspects of their History" by William L. Minkowski in *American Journal of Public Health* and "Medical Practice, Urban Politics and Patronage: The

These secondary sources provide information on the medical knowledge and practices of the time, but rarely consider the practical nature of treatments. One source differs slightly from this trend and analyzes sociocultural evidence alongside medical sources to reveal how women felt about the methods available to them, and the commonality of certain practices. “Treating Fertility Problems” uses sources overwhelmingly written or produced by women, including journals, memoirs, letters, and other secondary sources.¹⁰ Daphna Oren-Magidor consults those who were usually the subjects of infertility treatments, and uses their emotional responses to understand the popularity of various treatments in practice, and why this was the case by comparing religious motives with additional societal expectations regarding a woman’s chastity and modesty, which were sometimes called into question following certain procedures.¹¹ For this reason, she concludes that the most common and most important “treatment” by far was prayer — which allowed women to come to terms with infertility as part of God’s plan, and many believed that only acceptance of God’s will could bring a child.¹²

Fertility and the Catholic Church

London ‘Commonalty’ of Physicians and Surgeons of the 1420s” by Justin Colson and Robert Ralley in *The English Historical Review*.

¹⁰ Daphna Oren-Magidor, “Treating Fertility Problems.” In *Infertility in Early Modern England* (London: Palgrave Macmillan, 2017), 121-162, https://link-springer-com.ezproxy.lib.calpoly.edu/chapter/10.1057/978-1-137-476685_5#citeas.

¹¹ Ibid.

¹² Ibid, 152.

Throughout the Middle Ages, Catholicism was by far the dominant religion in Western Europe. The fifth arrondissement of Paris alone, a neighborhood less than one square mile in area, has 13 Roman Catholic churches or religious institutions, of which nine were built before the 17th century.¹³ Catholic faith impacted every facet of life in the Middle Ages across all demographics, from personal health and safety among the lower classes to government and finances among the wealthy. In pregnancy and childbirth, scripture and saints alike contributed to the culture that supported a woman's primary role as a mother, in certain cases implying that a woman who failed to produce children was somehow incomplete. The Catholic Church used scripture and canon law to influence attitudes towards infertility in the political realm, instituting rules for the nobility to follow in order to ensure dynastic stability.

In Genesis 19:31-38, the two daughters of Lot are hiding in a cave with their father. The elder laments that there is no other man whom they could bear children for, and the two daughters decide to get their father drunk enough that he will pass out, at which point they will "lay" with him and thus bear a child.¹⁴ This passage, which describes direct incest, provides an insight into just how socially important

¹³ "Catholic churches in the 5th arrondissement, paris," Google Maps, accessed May 26, 2020,

<https://www.google.com/maps/search/catholic+churches+in+5th+arrondissement,+Paris,+France/@48.8470247,2.3321,14z>. The nine churches are: Abbey of Saint Genevieve; Collège des Bernardins; Saint-Étienne-des-Grès, Paris; Saint-Benoît-le-Bétourné; Saint-Étienne-du-Mont; Saint-Hilaire, Paris; Saint-Jacques-du-Haut-Pas; Saint-Julien-le-Pauvre; Saint-Nicolas-du-Chardonnet; Saint-Séverin, Paris; Sorbonne Chapel, and Val-de-Grâce.

¹⁴ Genesis 19 31-38, Revised Standard Version Catholic Edition.

childbearing was for most women. Although the Bible does not support the actions of Lot's daughters in this passage, the sons they bear go on to found dynasties, thus in a way encouraging the idea that women should take any measures they deem necessary to have a child. The incest between Lot and his daughters also supports the already established notion in Catholic scripture that women are inherently more susceptible to immorality, first introduced with Eve's causing humanity's fall from grace.¹⁵

Dynasty, both in Catholic scripture and in the politics of medieval Europe, was one of the greatest rewards God could bestow upon a man. The first and foremost goal of every king was to father a son in order to secure his dynasty, ensuring another generation of political stability. But dynasty was dependent upon a king's fathering of a legitimate male heir — meaning the woman who bore the child had to be his wife in the eyes of the church. The Code of Canon Law Chapter IV Title VII originates from the Decretals of Gregory IX, and outlines everything required before and throughout a marriage for it to be considered valid, including that neither party had any previous contracts to marry a third party in the past, unless it had been annulled by the church.¹⁶ A king's legitimacy — that is, the authenticity of his claim of descent from a previous king, usually proven by the legal marriage from which he was begotten — was paramount to the stability and authority of his rule.

Catholic Cures

¹⁵ Genesis 3 14-24, Revised Standard Version Catholic Edition.

¹⁶ Code of Canon Law: Book IV, Function of the Church: Title VII, Marriage: Chapter I-IX.

The influence of the Catholic Church extended into methods of curing infertility, encouraging women to use prayer and pilgrimage to cultivate God's grace and favor in hopes of producing a healthy child. In a letter from Katherine of Aragon to her husband Henry VIII, the King of England, the queen updates him on their victory against the Scots during her regency of England while he is on campaign in France.¹⁷ The letter is short, and for every positive sentence she writes, she thanks or praises God for His work.¹⁸ Katherine of Aragon is famous as the first of Henry VIII's six wives, and in this letter, she demonstrates her deep devotion to the Catholic Church. Written on September 16, 1513, Henry VIII and Katherine were just over four years into their marriage, which had still failed to produce any surviving children. Despite this, Katherine writes in her message to her husband that "All that God sendeth is for the best." At the end of her letter, Katherine requests the King's prayers for a safe journey as she is going on a pilgrimage to "our Lady at Walsingham," while she prays for his safe return to England. She adds that she is happy to finally start her pilgrimage, which promised to do "so long ago."¹⁹

Our Lady at Walsingham was a holy site for the devotion of the Virgin Mary, and a common site for pilgrimage among those hoping for

¹⁷ This paper refers to Henry VIII of England and Katherine of Aragon using their anglicized names. Henry VIII may also be found in other literature as Henri VIII, and Katherine as Catherine, Kathryn, or Catalina.

¹⁸ *Letters and Papers, Foreign and Domestic, Henry VIII, Volume 1, 1509-1514*, ed. J S Brewer (London: His Majesty's Stationary Office, 1920), <https://www.british-history.ac.uk/letters-papers-hen8/voll>.

¹⁹ *Ibid.*

fertility.²⁰ The site was especially popular among pregnant women or those hoping for a successful birth, and this may have been Katherine's announcement to her husband that she was pregnant. Four years into their marriage and without an heir, Katherine may have been concerned about her ability to provide a sorely needed heir for her husband. As she later mentioned in her speech during divorce proceedings, Henry's only brother Arthur had died, leaving Henry only the second Tudor king and, without a son, the last.²¹ For a pregnant woman to travel from London to Norfolk was no easy thing at this time, especially for a royal who would have been accompanied by at least her entire household, if not the entire court. For this enormous cost, a pilgrimage offers few tangible rewards for those paying — however, there was the aforementioned religious aspect which Katherine hoped would lead to a healthy son and heir, and a traveling royal family also brought new wealth to local economies, thus in the short term, providing work and wages for commoners.

After the death of his first wife, Joan of England, David II of Scotland still had no heirs and soon married Margaret Drummond, the daughter of a Scottish lord. Four years later, they still had no heirs, and the king was rumored to be considering divorce on the grounds of concealed infertility.²² In 1368, David II wrote a letter to the Bishop of Winchester, William de Wykeham, requesting “safeconduct” for his

²⁰ “Welcome to Walsingham “England’s Nazareth.” *Catholic National Shrine & Basilica of Our Lady*, accessed May 20, 2020 (Norfolk, United Kingdom, 2020), <https://www.walsingham.org.uk/shrine-home/>.

²¹ Giles Tremlett, *Catherine of Aragon: Henry’s Spanish Queen* (London, 2011): 103-104.

²² Code of Canon Law: Book IV, Function of the Church: Title VII, Marriage: Chapter I-IX.

wife to enter England.²³ The purpose, he notes, is for a pilgrimage to Walsingham “and abroad.”²⁴ Like Katherine of Aragon, Margaret likely hoped that a pilgrimage to Walsingham would help her conceive. The fact that the king must first request “safeconduct” for his wife to enter England implies the potential danger in her pilgrimage, as the neighboring England and Scotland were invariably amid border skirmishes. In fact, the primary purpose of Katherine of Aragon’s letter was to inform the king of her progress in their war against the Scots, in which she boasts of the King of Scotland’s death in battle against the English.²⁵ Despite the danger of war, Margaret requested a pilgrimage to England, an act that displayed her bravery as well as her faith in God’s ability to grant her fertility.

In the end, neither Katherine nor Margaret were able to produce a healthy son. After almost 20 years of marriage, Henry divorced Katherine in a highly controversial and politically dangerous move in which he split England from Rome and established himself as the head of the Church of England.²⁶ In a letter to Henry VIII during early divorce negotiations, Cardinal Thomas Wolsey, the most senior churchman in England, describes to the King his view of Katherine’s infertility as part of a Spanish plot to weaken England.²⁷ David II had viewed his wife’s

²³ David II to William de Wykeham, March 8, 1368, trans. The National Archives (Kew, United Kingdom: The National Archives), <https://discovery.nationalarchives.gov.uk/details/r/C12229918>.

²⁴ Ibid.

²⁵ *Letters and Papers [...] 1509-1514*.

²⁶ Giles Tremlett, *Catherine of Aragon: Henry’s Spanish Queen* (London, 2011): 258-259.

²⁷ Thomas Wolsey to Henry VIII, July 5, 1527, trans. The National Archives (Kew, United Kingdom: The National Archives),

perceived infertility in a similar fashion, divorcing Margaret in hopes of marrying again to produce an heir and ensure stability in his kingdom by creating a clear successor. He was unable to do so, and his death marked the end of the Scottish House of Bruce.²⁸ And while Henry's third marriage did produce a son, the boy died young and was the last king of the Tudor dynasty. The struggles these queens had with fertility led to each king's desire first for annulment and later divorce, as Catholic custom allowed only legitimate children to inherit, an issue which prompted countless sibling rivalries, diplomatic incidents, and wars.

Fertility as Political Stability

In the Middle Ages, a queen's fertility could ensure the continuation of a dynasty, which delivered political stability and diplomatic advantages to those who produced a large brood of children. In 1572, at the age of 19, Marguerite de Valois married Henri III of Navarre on the instructions of her mother, the Queen Regent of France.²⁹

<https://www.nationalarchives.gov.uk/education/resources/the-english-reformation-c1527-1590/henryviii-divorce-1527/>.

²⁸ Bruce Webster, "David II and the Government of Fourteenth-Century Scotland." *Transactions of the Royal Historical Society* 16, (1966): 129, https://www-jstororg.ezproxy.lib.calpoly.edu/stable/3678798?sid=primo&origin=crossref&seq=1#metadata_info_tab_contents.

²⁹ Other literature may refer to Marguerite de Valois under an anglicized name, Margaret of Valois. Similarly, Catherine de Médici may be spelled as Katherine or Kathryn. Henri III of Navarre may be referred to as Henry III, but he may also be found under Henri or Henry IV of France, as he later becomes King of France and is the fourth of his name to hold that title.

In her memoirs, Marguerite recalls her mother's insistence that she marry the King of Navarre despite her own pleadings that "[she] should dislike to marry any one of a contrary persuasion," for "[she] was a good Catholic" and the King of Navarre was Protestant.³⁰ She describes the intention of the marriage to unite the Catholic King of France, her brother Charles IX, with the French Huguenots, a strategy meant to end the religious wars that had been present in France for years. Marguerite records that the king, her brother, told her that "his own life [and] the safety of his Kingdom depended upon [her marriage]," which they hoped would also end the rivalry between their family, the Valois, and their Protestant threats, the Bourbons.³¹

When recounting her childhood, Marguerite touches on each of her siblings in passing, barely mentioning their political marriages. First is her sister Elizabeth, who married the King of Spain as part of a treaty to end the Italian wars. Next is her late brother Francis II, who had married the Queen of Scots to unite France and Scotland against Protestant England. Her other siblings, Claude and Charles IX, also married for diplomatic reasons: Claude so as to stabilize French control of Lorraine, and Charles IX in order to reaffirm Catholicism in the royal family.³² When considering the marriages of Marguerite and her siblings, one sees the advantage of having many children — her mother, Catherine de Médici, had 10 children, six of whom lived into adulthood to make highly advantageous political marriages.³³ From her writing, it

³⁰ Marguerite de Valois, *Memoirs of Marguerite de Valois, Queen of Navarre— Complete*, Letter IV (Chapel Hill, NC: Project Gutenberg, 2006), <http://www.gutenberg.org/files/3841/3841-h/3841-h.htm>.

³¹ *Ibid.*

³² *Ibid.*, Letter I.

³³ Henri Estienne, *Ane Meruellous Discours Vpon the Lyfe, Deides, and Behaiours of Katherine De Medicis Quene Mother: Wherein are Displayed*

is clear that even 14 years later Marguerite resented her marriage to a Protestant, which she regards as an “evil design” forced upon her by her mother and the French Huguenot resistance.³⁴ But Marguerite’s marriage had another effect that became clear decades later. As mentioned previously, Marguerite had five brothers, three of whom survived childhood. One after the other, each became King of France and died childless, ending the Valois dynasty, and leaving the throne of France to the next royal family — the Bourbons, of which Marguerite’s husband, Henri, was the most senior member.³⁵ Because of Catherine de Médici’s fertility and insistence that her daughter marry their rival, she ensured that even when all of her sons were dead, her last surviving child would sit on the French throne.

Medical Cures

When religious cures failed, many women turned to medical cures in further attempts to produce a child and continue a dynasty. In addition to prayer and pilgrimage, there were two common ways women would go about confronting their infertility: the “physic,” and water cures.³⁶ At this stage in medieval fertility treatment, the logic

the Meanes which Scho Hath Practised to Atteyne Vnto the Vsurping of the Kingdome of France, and to the Bringing of the State of the Same Vnto Vtter Ruynes (Edinburgh, Printed by J. Ross, 1576), 15-27,
<http://ezproxy.lib.calpoly.edu/login?url=https://search-proquestcom.ezproxy.lib.calpoly.edu/docview/2240894851?accountid=10362>

³⁴ Marguerite de Valois, *Memoirs of Marguerite de Valois, Queen of Navarre— Complete*, Letter IV.

³⁵ *Ibid.*, Letter XX.

³⁶ Daphna Oren-Magidor, “Treating Fertility Problems,” 121-122.

behind cures and specific forms of treatment were not as important as the perceived efficacy of the treatments themselves. The first step beyond religious practices was self-treatment with herbs, sometimes aided by a physician with knowledge of the ailment. An additional method was “taking the waters,” which was rarely mentioned in manuals or medicinal texts, yet grew to great popularity among those who could afford it.³⁷ Still, all treatments included prayer throughout and integrated Christianity and biblical ideals of marriage and children as ultimately in God’s hands, which helped many women to feel more at ease.³⁸

Although the treatments involving medicines or herbs could have been administered by physicians and other medical professionals, the personal nature of infertility often discouraged women from seeking out practitioners. Rather, any help they sought concerning infertility would have been from other women, or they would attempt to treat themselves.³⁹ At this point, medical texts were widely read, and most members of the upper classes would have been more comfortable treating their ailments themselves, and only later would have sought professional help. Due to concepts of chastity and modesty at the time, women were hesitant to discuss their reproductive organs and sexual habits with a male physician. Only when a woman’s life was at risk would she approach a male practitioner for help, such as in cases of tumors, miscarriages, or difficult childbirths.⁴⁰ Among medical treatments for infertility, the most trusted and most lasting reference

³⁷ Ibid, 146-152.

³⁸ Ibid, 152.

³⁹ Daphna Oren-Magidor, “Literate Laywomen, Male Medical Practitioners and Treatment of Fertility Problems in Early Modern England.” 290-291.

⁴⁰ Ibid, 292.

manual was *The Trotula*, a collection of three books on women's health, each derived from the works of many physicians and authors which were brought together and recorded in Latin in the 11th and 12th centuries. The three books, "On the Conditions of Women," "On Treatments for Women," and "On Women's Cosmetics," discuss cures for common maladies found in women.⁴¹ These works were popular through the 16th century, as nearly 200 Latin and vernacular manuscripts survive from across the European continent, and it is cited in the works of physicians beyond the 16th century. The remedies of the *Trotula* became well known over the centuries, and were likely used by all classes due to the simplicity and accessibility of the treatments. Most recipes call for common ingredients, such as eggs, boiling water, oil, or wine, while recipes to aid cosmetic desires call for more specific or rare ingredients such as white lead, frankincense, crab foot, or olives.⁴²

The majority of the *Trotula* offers remedies for general health problems that could happen to anyone, such as sunburns and lice, which would have been more helpful for the poor than for the wealthy, implying that it was written with a general audience in mind. While the remedies of the *Trotula* were commonly used by commoners as well as nobles, *de Viribus Herbarum* appealed to a more professional demographic. The original text is in Latin hexameter verse, which was commonly used for medicinal recipes as it was easier for doctors and apothecaries to memorize.⁴³ The text that survives is from the first

⁴¹ Monica H. Green, ed., *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*.

⁴² *Ibid*, 98, 109-110, 112.

⁴³ Macer Floridus, *A Middle English Translation of Macer Floridus de Viribus Herbarum*, ed. Gösta Frisk (Uppsala, Lundequist: Nendeln, Liechtenstein, Kraus Reprint, 1973).

printed editions of the 15th century, and it includes the medicinal uses of 77 plants and herbs.⁴⁴ The popularity of this medicinal text comes from its rhyme scheme, which could easily be understood and remembered, but only by those who knew Latin. For this reason, *de Viribus Herbarum* was not accessible to many women and commoners, who did have a classical education.

One use of herbal remedies from both the *Trotula* and *de Viribus Herbarum* is found in the record of a bill given to Queen Anne of Bohemia from an apothecary, from June 1393 to June 1394. Anne was never able to have children during her marriage to King Richard II, but like any woman of her position, she tried to increase her chances of conceiving. A few herbs specifically mentioned in the bill are also listed in the aforementioned medical texts: including theriac, lemongrass, coriander, caraway, mint, rose, and orange water.⁴⁵ The *Trotula* prescribes hot baths of seawater, rainwater, and aromatic water (infused with "... mint, pennyroyal, and... hot herbs") up to three times daily under a treatment "For Conception."⁴⁶ Mint appears again numerous times in the *Trotula*, in "Provoking the Menses" and "On Pain of the Womb" following either menses or miscarriage.⁴⁷ One of the largest concerns in the *Trotula* are complications that arise during childbirth,

⁴⁴ Ibid.

⁴⁵ The National Archives, *Apothecary's bills for articles supplied to the Queen. 17 Rich II*, trans. The National Archives (Kew, United Kingdom: The National Archives),

<https://discovery.nationalarchives.gov.uk/details/r/C4517946>.

⁴⁶ Monica H. Green, ed., *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*. 91-92. Pennyroyal is actually an abortifacient, and even small doses can cause seizures, syncope, widespread organ failure, coma, and ultimately death.

⁴⁷ Ibid, 89, 109.

including aiding long labors, “Excessive Flow of Blood After Birth,” anal or vaginal tears, “Pain of the Womb” (which appears in four separate entries), “For Exit of the Womb after Birth,” and for “Rupture of the Genitals after Birth.”⁴⁸ For preventing late-term miscarriage and for strengthening the womb, the *Trotula* prescribes oils and citrus — which Anne orders in her bill. A later account of the privy purse expenses of Elizabeth of York also includes numerous requests for oranges during her final pregnancy in 1503, over a century later.⁴⁹ Both of these royal women trusted their health to the works of both the *Trotula* and *de Viribus Herbarum*, demonstrating the authority that both texts held

Consequences of Infertility

Women in the Middle Ages went to extreme lengths, both religiously and medically, when attempting to cure their infertility and avoid the permanent stain sterility could have upon one’s reputation. After her death, Anne of Bohemia was seen as a queen who failed to fulfill her most essential duty: bearing an heir. Many posthumous accounts remark that Anne was a good queen, but not without mentioning her perceived failure; chronicler Adam Usk noted her as the “most gracious queen of England, even though she died childless.”⁵⁰ Anne herself laments her childlessness in a letter to her half-brother,

⁴⁸ Ibid, 92-94, 106-107,109-111.

⁴⁹ Nicholas Harris Nicolas, *Privy purse expenses of Elizabeth of York: wardrobe accounts of Edward the fourth: With a memoir of Elizabeth of York, and notes* (London: W. Pickering, 1830), 74, 87, 93
<https://archive.org/stream/privypurseexpens00nicouoft#page/80/mode/2up/search/December+1502>.

⁵⁰ Kristen L. Geaman, “Anne of Bohemia and Her Struggle to Conceive,” 224.

Wenceslas IV. She ends the letter by saying that she is happy with her life in England, but that she and her husband were “grieving” following her miscarriage.⁵¹ In Anne’s case, her efforts to cure her infertility were fruitless, and she was thus criticized for her perceived failings as a woman.

Even when medieval methods of curing infertility were successful, some women faced accusations of witchcraft and heresy, both of which were crimes in most countries at the time. After a decade-long marriage without children, Catherine de Médici quickly gave birth to 10 children in 12 years, and many people began to wonder what prompted this sudden burst of fertility. When rumors persisted for years and public perception turned negative, Catherine became the subject of a calamitous publication.⁵² Written during the reign of her third son, Henri III, Henri Estienne’s slanderous book *Ane Meruellous Discours [...] of Katherine De Medicis [...] Bringing of the State of the Same Vnto Vtter Ruyne* blames all of the hardships of France on Catherine de Médici, the mother of the king. Estienne uses Catherine’s interest in astrologists and magicians to call her a heretic, accusing her of

⁵¹ Kristen L. Geaman, “A Personal Letter Written by Anne of Bohemia.” *The English Historical Review* 128, no. 534 (October 2013): 1091-1092, <https://academic-oupcom.ezproxy.lib.calpoly.edu/ehr/article/128/534/1086/436162>.

⁵² Henri Estienne, *Ane Meruellous Discours Vpon the Lyfe, Deides, and Behaiours of Katherine De Medicis Quene Mother: Wherein are Displayed the Meanes which Scho Hath Practised to Atteyne Vnto the Vsurping of the Kingdome of France, and to the Bringing of the State of the Same Vnto Vtter Ruyne* (Edinburgh, Printed by J. Ross, 1576), <http://ezproxy.lib.calpoly.edu/login?url=https://search-proquestcom.ezproxy.lib.calpoly.edu/docview/2240894851?accountid=10362>

poisoning the glorious Catholic-French monarchy from within using her spells and enchantments.

Whereas other queens may have used a few remedies here and there to cure infertility, Catherine had crossed a line. She was vilified and blamed as the cause of every negative event since her marriage to the King of France, especially during the lives of her many children. Estienne even implies at times that Catherine's fertility was due to her use of dark magic and interest in heretical practices, when it was only with Catherine's help that the French monarchy remained Catholic.⁵³ A similar book, *Catherine de Médicis, [...] du XVIe siècle* by Eugene Defrance, records additional allegations of witchcraft throughout Catherine's life.⁵⁴ Defrance questions how a woman who failed to have a single pregnancy during the first decade of marriage could so suddenly have nearly one pregnancy per year, implying that no natural means could reverse a woman's luck so well.⁵⁵

Decades later, one of Catherine's daughters would face similar slander for her infertility. Marguerite de Valois' memoirs were written in response to a poet's account of her life, which she alleged contained several mistakes and unfounded rumors.⁵⁶ Marguerite describes how the difference in religion between herself and her husband Henri became

⁵³ Ibid, 26.

⁵⁴ Eugène Defrance, *Catherine de Médicis, ses astrologues et ses magiciens-envoûteurs: documents inédits sur la diplomatie et les sciences occultes du XVIe siècle* (Paris: Mercure de France, 1911), <https://babel.hathitrust.org/cgi/pt?id=ucw.ark:/13960/t2r50f008&view=1up&seq=7>.

⁵⁵ Ibid, 18-19.

⁵⁶ Marguerite de Valois, *Memoirs of Marguerite de Valois, Queen of Navarre— Complete*. Letter I.

the source of irreconcilable differences.⁵⁷ When her youngest brother died and her husband inherited the throne of France, he requested an annulment from his wife of 27 years so that he could remarry and attempt to sire legitimate heirs. Her memoirs give her version of their marriage and her opinion of the annulment.⁵⁸ Marguerite was seen by the French public as immoral and adulterous, as she complains in the opening of her memoirs. Without an heir, Marguerite was ousted from her life as the Queen and was left vulnerable to slander from the public.

Conclusion

The influence of religion and cultural expectations for women both created an environment in which women tried religious and medical means to cure themselves in an attempt to avoid the political and personal consequences that could result from infertility. And while today “curing” infertility may stop after the conception of a child, life during the Middle Ages was unpredictable and dangerous — malnutrition, stress, and disease are just a few factors that made conception less likely.⁵⁹ Miscarriage was common enough that the *Trotula* described it as an event “accustomed to happen... in the seventh or ninth month.”⁶⁰ One usually did not consider oneself to be pregnant

⁵⁷ Ibid, Letter VI.

⁵⁸ Ibid, Letters X, XVII, XX, and XXI.

⁵⁹ Roberta Gilchrist, “Experiencing Age: The Medieval Body.” In *Medieval Life: Archaeology and the Life Course* (Suffolk, UK: Boydell & Brewer, 2012), 38-39, https://www-jstor-org.ezproxy.lib.calpoly.edu/stable/pdf/10.7722/j.cttn32t6.8.pdf?ab_segments=0%252Fbasic_search%252Fcontrol&refreqid=excelsior%3A8a6a84a679_b0f1cc355dae41ee748331.

⁶⁰ Monica H. Green, ed., *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*, 111.

until “quickenings” occurred.⁶¹ If one successfully carried a pregnancy to term, complications from childbirth (including infection, hemorrhage, sepsis, and eclampsia) were responsible for almost half of all “young female fatalities” during the Middle Ages.⁶² Even when a mother survived the dangers of childbirth, roughly a quarter of children died during the first year of life, and nearly half died before they reached adulthood.⁶³ Apart from the physical toll multiple pregnancies and childbirths could have upon one’s body and the maternal mortality risk, the emotional toll of losing half of one’s children before they reached adulthood would have had a profound effect on societal, political, and economic stability.

⁶¹ Fiona Harris-Stoertz, “Pregnancy and Childbirth in Twelfth- and Thirteenth-Century French and English Law.” *Journal of the History of Sexuality* 21, no. 2 (May 2012): 269-270, https://www-jstor-org.ezproxy.lib.calpoly.edu/stable/Query=Pregnancy+and+Childbirth+in+Twelfth-and+Thirteenth-Century+French+and+English+Law&filter=&ab_segments=0/basic_search/control&refreqid=search:b47e4f89007249dce40d3954468c44ed&seq=7#metadata_info_tab_contents. In modern terms, “quickenings” was the moment when a fetus’s movement could be felt by the mother, at which point according to medieval faith the fetus had acquired a soul and thus truly became a person.

⁶² Sam D. Dickenson and Duncan Sayer, “Reconsidering obstetric death and female fertility in Anglo-Saxon England.” *World Archaeology* 45, no. 2 (June 2013): 268, <https://www.tandfonline.com/doi/full/10.1080/00438243.2013.799044?scroll=top&needAccess=true>.

⁶³ Max Roser, “Mortality in the past—around half died as children.” *Our World in Data*. (June 2019). <https://ourworldindata.org/child-mortality-in-the-past>.

Infertility remains to this day a deeply personal struggle faced across all demographics. All treatments and practices mentioned until now have been based on the medical theory of the four humors, as implied in the *Trotula*.⁶⁴ Humoral theory has long since evaporated from medical practice, and the vast majority of ailments are now targeted specifically with thoroughly researched and scientifically developed cures, including fertility issues. The uncertainty and pressure that women may feel today is a fraction of what women experienced in the Middle Ages when trying to conceive and bear children, so it may be difficult to understand the strange treatments they believed might solve their problems.

The maternal mortality rate in the European Union is now eight maternal deaths per 100,000 live births,⁶⁵ a far cry from when 50% of young female deaths were due to childbirth.⁶⁶ A woman's inability to bear a son will no longer lend support to an alternative government, nor will her efforts to have a child bring accusations of witchcraft or demonic dealings. Women today do not need to resort to herbal remedies or pilgrimages, although they may indulge in them if they chose. As equality between the sexes increased, so has medical

⁶⁴ Monica H. Green, ed., *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*. The theory also asserts that men were hot and dry, while women were cold and wet. Any health problems were due to either an abundance of or lack of one or more humors, and only in balancing the humors could one maintain health. For more information on humoral theory, see "Experiencing Age: The Medieval Body" in Roberta Gilchrist's book *Medieval Life: Archaeology and the Life Course*.

⁶⁵ Max Roser and Hannah Ritchie, "Maternal Mortality." *Our World in Data*. (2013). <https://ourworldindata.org/maternal-mortality>.

⁶⁶ Max Roser, "Mortality in the past—around half died as children."

understanding of both male and female infertility, and procuring children is no longer seen as a woman's primary duty to her husband. Political stability and economic progress have not been primary factors in a woman's decision to have children for decades, yet women still undergo intense scrutiny and treatment to have children. In-vitro fertilization (IVF) in the United States costs upwards of \$12,400, plus an additional few thousand dollars for each round of medications.⁶⁷ For couples in which IVF does not work, surrogacy is an option — for roughly \$100,000. Many royal women throughout history would have gladly exchanged huge sums of money for a child, and often tried to do so. Expensive pilgrimages, bills for medicines and ingredients, consultations with physicians, astrologers, medical practitioners, and magicians — over the centuries, royal women spent enormous sums to have children in the name of dynastic stability and social standing.

⁶⁷ Anna Smajdor, "State-Funded IVF Will Make US Rich... or Will It?" *Journal of Medical Ethics* 33, no. 8 (August 2007): 468, https://www-jstororg.ezproxy.lib.calpoly.edu/stable/Query=ivf+average+cost&ab_segmen ts=0/basic_search/control&refreqid=search:5c8f2b4544b7e7d0de6e59648759de21&seq=1#metadata_info_tab_contents.

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