

WOMEN'S HEALTH CARE AND *TROTULA*

Beryl Rowland

The unknown writer of *Hali Meidenhad*, seeking to gain female recruits for the religious life, graphically portrays the miseries of mediaeval marriage. Apart from being beaten and mauled "like a purchased slave," the wife must endure childbearing:

Thi rudie neb schal leanen and as gres grenen. Thin ehnen schulen doskin and underthon wonnen, and of thi breines turnunge thin heaved ake sare. Inwith thi wombe swelin the bitte, that beoreth forth as a water bulge. . . . After al this, cumeth of that bearn i-boren thus wanunge and wepunge that schal abute midniht makie thee to wakien.¹

(Your glowing face will grow lean and green as grass. Your eyes will cloud and grow pale underneath, and your head will ache sorely from the whirling of your brain; within your belly your womb will swell and bulge out like a water bag. . . . After all this, from the child born thus will come lamentation and weeping that must make you wake up at midnight. . . .)

In the last sentence the writer overstates his case: the housewife could draw on the assistance and experience of other women. In *La Grant Danse Macabre des Femmes* three women are depicted as taking care of the sick, *la nourrice*, the wet-nurse, *garde d'accoucher*, a general nurse, and

la religieuse, a nun.² Other French sources reveal a variety of women healers, and their counterparts might be found in the larger cities in Europe and many in more rural areas. There were *fisciennes*, also called *miresses* and *medicines* -- women physicians concerned with the treatment of internal complaints; *chirurgiennes* and *barbieres* who dealt with surgical treatment and phlebotomy; *sages femmes* and *ventieres* who acted as mid-wives; and *guarisseuses* and *vielles femmes* -- a group whose use of the supernatural seems to be regarded by medical historians as far more reprehensible than the uroscopy and astrological diagnoses of university-trained physicians.

Evidence of the activities of women healers comes from many sources: reports of conventual visitations, Customals, hospital records, and patristic writings reveal the work of nuns in medicine; legal records inform us of the persecutions of lay women doctors and the restrictions placed on them. Such factual information must be supplemented with more subjective gleanings from medical handbooks and herbals, and also from references to contemporary medical practices that occasionally appear in letters, conduct books, and other literature. Whether the glamorous women healers in the romances, *chansons de geste*, and *lais* who, on occasion, even carried their medicine bags on to the battlefield to heal wounds and dislocated shoulders had many counterparts in daily life we may doubt; but references such as those in the thirteenth-century *fabliau*, *La Saineresse*,³ to a male doctor who posed as a woman healer to seduce a compliant patient or in the fourteenth-century *Piers Plowman* to a certain Dame Emma of Shoreditch⁴ who was consulted for cramps, heart trouble, ague, or fever when all other medical attention failed, may be informative. Even a Middle English vocabulary book is illuminating: a "Fysycian or Leche" is defined as "Mann or Woman: *Medicus, Medica*."⁵

The activities of women in religious houses are comparatively well documented. In medicine the Benedictines, emphasizing the importance of the active as well as the contemplative life, appear to have set a pattern for the nursing nun, and much has been written on the medical work of such famous women as Euphemia, Abbess of Wherwell, Hildegard, Abbess of Bingen, and Heloise, Abbess of Paraclete.⁶ Documents and descriptions of hospitals, dating back to early in the twelfth century in the case of the Paris Hôtel-Dieu and the Milan hospital of the Brolo, provide us with some conception of the organization of hospitals, infirmaries, and charitable institutions at a time when they were rapidly increasing in number throughout Europe.

In England the documentation was sparser than that on the Continent,⁷ but the system described in the early fifteenth-century Rule of Syon

Monastery, a convent of the Brigittines, may be regarded as typical of the larger religious houses where the duties of caring for the sick and of attending to the convent's farms, livestock, and general maintenance, were divided up by the Abbess among the sixty nuns and their servants, with general ailments, mental disturbances, and leprosy being treated in different buildings. "Wherefor like as ther be dyvers infirmities," the Rule stated, "so ther owen to be dyvers howses to kepe hem in. One for al maner sekenes, as in the comen parlour; another for them that be distracte of ther mendes, another for lepres, stondyng fer from al other. . . ." ⁸ Well educated as some of these women were compared with lay women, they had to rely on traditional leechdoms, hot baths, and old wives' remedies. They also prepared patients for bloodletting, an operation performed on both sick and well alike by the infirmarian, with the nuns themselves being bled as often as four times annually to expel unhealthy humours. ⁹

In many instances women worked alongside the men. "The lay sisters shall observe what we have above ordained to be observed by the brethren, as far as befits their sex," stated Archbishop Gray for St John's, Nottingham in 1241. ¹⁰ In most situations a man, medically trained or not, was in charge and in this instance a brother of Northallerton held the office of *procurator infirmorum in lectulis*, two sisters watched by the sick, especially at night, and a third managed the household affairs. At Bridgewater, women "not of gentle birth but still fit for the purpose" undertook any service required of them. ¹¹ Some nuns worked in hospitals that took care of the elderly and the indigent, as well as the sick of all kinds; others in hospitals like St John's, Oxford, which excluded all those afflicted with leprosy, epilepsy, fistula, paralysis, and any disease believed to be incurable, and others again in hospitals that admitted *leprosi* and gave them attention that the leper-spital, often a rude shelter on the edge of a town, did not give. ¹² In the fourteenth and fifteenth centuries, when there was a sharp increase in the number of hospitals founded under various auspices in England, some nuns worked in institutions specifically set aside for women in labour, orphans, and elderly ladies in reduced circumstances. Some of the last named group, if well enough, assumed advisory, semi-official positions in hospitals, assisted by servants. Indeed, with the increase of endemic diseases, women from all ranks of society began to play a part in taking care of institutionalized patients. Some joined small orders such as the Antonines, caring for people afflicted with erysipelas; others, such as the Humilati in Milan, cared for lepers; the Poor Clares took care of the

sick and of their Franciscan brothers; others, known as the Grey Sisters, nursed the victims of the plague.

Such hospitals were most commonly supervised by men. Some of these were university-trained physicians, but their posts as wardens may have been sinecures.¹³ Some of the women's posts may have been honorary also. The sisterships at St Catherine's near-the-Tower used to be given by the Queen to her ladies. Nevertheless, some women are named in supervisory posts that were clearly practical, especially in the larger infirmaries: St Leonard's at York had a sister named Ann Medica in 1276, a principal sister known as Matilda *la hus-wyf* in 1385, and in 1416 distribution of money in a will was left to the discretion of Alice *materfamilias*; St John's, Cambridge appointed Sister Maria Swetman proctor in 1465, with a licence to collect alms.¹⁴

With a few exceptions, there is little evidence to suggest that nuns did more than give nursing care and simple treatment. On the other hand, legal documents reveal that women outside the cloister made strenuous endeavours to practise medicine professionally. Their opportunities varied from country to country. In Spain and the south of Italy the universities and the medical faculties were under governmental and not ecclesiastical jurisdiction, and women were able to obtain a licence to practise. In Germany, also, women practised medicine and were given the title of *Artzin*. In Frankfurt alone, between 1394 and 1500, more than a dozen women doctors are recorded. Some of them were Jewish, for, despite stringent Church prohibitions, Jewish physicians were highly respected for their knowledge of Arabic-Greek medical works in Hebrew translations. Although in 1494, in Frankfurt, a Jewish *Artzin* was forbidden to practise either general medicine or gynaecology, Jewish women doctors continued to be registered, some of them being designated oculists (*Augenartzin*).¹⁵ On the other hand, in France, in 1311, the medical faculty of the University of Paris took steps to prevent the practice of medicine by unlicensed persons. The first practitioner to whom the faculty of the University of Paris objected was a woman. In 1352 King John of France forbade anyone of either sex to give medical treatment unless he or she were a master or a licentiate in the science of medicine of a university or acting under the advice and direction of a master of the University of Paris, or otherwise approved by the faculty of medicine. In 1390 Charles VI issued a further ordinance. Nevertheless, as the records show, women were not easily deterred. Dijon during the next

50 years had at least three women physicians who were excommunicated, two of them being the wives of barbers who carried out the surgery.¹⁶

In England the records testify that women did practise medicine despite increasing opposition. Five women leeches are recorded and three for whom we have information seem to have been harassed because of their profession, one of them even being thrown into the river as a witch.¹⁷ Physicians petitioned Parliament in 1421 to limit the practice of *fysyk* to university-trained graduates and to declare that "no woman use the practyse of *fysyk*."¹⁸ Women were, of course, unable to obtain a recognized training. In England, a male physician at Oxford studied four years for a B.A., three for an M.A. followed by a regency of two years in which he delivered ordinary lectures. Then he took another four years for his B.M. which gave him admission to practise, another two years for the D.M., and he was required to lecture for a further two years. Chaucer's physician, if he went to Oxford, spent some 17 years of study and teaching before he could devote himself to private practice.

Not surprisingly, women and men doctors without university training far outnumbered the legally recognized practitioners. In Chaucer's lifetime the total number of qualified physicians was no more than eighty, the majority of whom were in Holy Orders. Some of these were essentially scholars and churchmen and probably never practised; some practised only in their monasteries, and one distinguished bishop was said to have been expelled from his monastery "propter medicandi et incantandi artes";¹⁹ a few practised in large cities such as York and London; others were attached to royal and noble households. Smaller cities, towns, and villages were not commonly serviced.²⁰ Even in the middle of the fifteenth century when the general country practitioner such as John Crophill of Wix²¹ began to emerge, the influential county family of Paston in Norfolk had difficulty in getting a physician. A doctor was requested from Orwell, from Cambridge, and was even sought out in Suffolk by the patient himself.²²

Yet these physicians were most hostile to anyone who attempted to take their place, especially women. In his treatise on surgery, Guy de Chauliac, surgeon and resident physician of the Papal household at Avignon in 1363, described women medical practitioners as *ydeotis* (the unlearned) and *foles* (fools) whose work was useless.²³ John Arderne, 1307-92, a famous surgeon, scornfully recorded the unsuccessful treatment of a patient who "was under the cure of a lady by halfe a yere."²⁴ Later in the same century John Mirfeld, a secular priest connected with St Bartholomew's Hospital, London,

who openly confessed that he had not studied medicine professionally, wrote an enormous medical treatise in which he denounced the "worthless and presumptuous women" who "usurp this profession to themselves and abuse it; who, possessing neither natural ability nor professional knowledge, make the greatest possible mistakes (thanks to their stupidity) and very often kill their patients."²⁵

Although these and many similar diatribes furnish further confirmation that women did practise medicine, we cannot tell how many women worked full-time in medicine as a profession. When we turn to other literature of the period we sense that most housewives relied mainly on their own experience and on that of their neighbours to treat the sick, and only called in someone considered more knowledgeable in time of crisis. The rich had helpers to tackle the more menial tasks in the sickroom and were able to afford more expert advice, but an exemplary tale in a manual of instruction very popular in fourteenth-century Europe implies that the virtuous wife, however well-born, spared herself nothing.

She was faire and yonge and of noble lynage, and her husbonde was right auncien, and turned ayen into childhode for age; and for siknesse and febilnesse he made the issues of his purgacions oueral and in his bedde, as a yonge childe; but this good lady was euermore entendaunt aboute hym, and serued him in as humble wise as thou she had be a chaubrerere.²⁶

The medical treatment that she resorted to would no doubt be similar to that given in every other household. Apart from animal and mineral ingredients, the principal remedies, whether taken internally or applied externally as salves, ointments, and plasters, had a predominantly herbal base and were prepared by mixing the herbs with wine, honey, vinegar, claret, oil, or milk. The more difficult to obtain, the more precious the medicine. In July 1451 Margaret Paston in Norfolk asked her husband in London to send "treacle," a compound which was originally an antidote for poison but which came to be regarded as a panacea for all kinds of ailments. In these plague-ridden years there were many "treaclers" on the Continent and in England, including one at York, but the Pastons preferred to get their pots from Genoa.²⁷ The Paston women treated their families and acquaintances with "treacle" for psychological disturbances and the common cold;²⁸ with quince preserves to combat the unwholesome air of the town;²⁹ and with

water of mint and millefoil to aid the digestion.³⁰ To these treatments might be added common beverages and soups for the sick as recommended by an elderly Parisian to his inexperienced young wife in the late fourteenth century, such as *tizanne douce*, consisting of liquorice, barley, and figs boiled in water and strained, *bochet* that had a base of fermented honey, Flemish *caudle* that required four egg yolks and white wine. The Pastons were so obsessed with property, so unsentimental in their obituaries of relatives, that we might wonder how assiduously they carried out their obligations to ailing servants. But the *bourgeois* of Paris defined these clearly:

If one of your servants fall ill, do you lay all common concerns aside, and do you yourself take thought for him full lovingly and kindly, and visit him and think of him or her very carefully, seeking to bring about his cure.³¹

Our sources have so far enabled us to look at the health care given by the religious, who had a unique status in the community throughout the period, by women of unusual ability and circumstance who sought to make medicine their profession, and, in a limited way, by housewives. Of the medical activities of this last group we can learn further from the textbooks, some of which appear to have been intended for their use. A scene in the fifteenth-century illuminated manuscript *Historia Scholastica* illustrates what may well have been a common occurrence: at the back of a handsomely furnished room, an elderly man lies in bed; in the foreground, his wife, attended by a servant, prepares a medication by the fire, consulting a textbook on her lap as she stirs a pot with a spoon.³² In the late fourteenth and early fifteenth centuries translations dealing with diet, general health, and every disease from head to foot, appeared in English, the purpose being that "every man, both learned and lewed might be his own phisicien in tyme of nede. . . ." ³³

Instruction for all may have been the intent of such translations, but it can hardly have reached "pore folk in cotes, / Charged with childrene and chief lordes rente,"³⁴ villeins or bondmen engaged in the grueling agricultural labour that was the common lot of the greater part of the humble rural population. Changes in the economy in fifteenth-century England which not only improved women's health and hopes for survival but probably also enabled some of them to escape from the country to the town, to possibly less arduous work in the textile trade,³⁵ should not blind us to the misery

common throughout the Middle Ages to the woman peasant in the small villages in which at least 90% of the population lived.³⁶ A scene poignantly described in an anonymous poem in 1392 must have been familiar enough throughout the Middle Ages: a woman ploughs the fields alongside her husband, her bare feet bleeding from the ice on the hard ground; close by are her three children whom she has been forced to bring with her, an infant lying in a basin and two two-year olds, crying incessantly.³⁷ How such women coped with childbirth, family illnesses, accidents, the heavy mortality of the plague, in their smoke-filled shacks, and the extent to which they sought to ameliorate conditions by infanticide, contraception, and abortion, we do not know. We assume that they resorted to the herbal lore that was part of ancient oral tradition and to charms, both pagan and Christian, that were repeated from generation to generation.

The textbooks to which I have referred relate to the women from the more prosperous sectors of the community, to the wives of free-labourers, artificers, traders, craftsmen, merchants, town-dwellers with profitable occupations, as well as to the wives of landowners and of the nobility. A few of these women may have read Latin. Many by the fifteenth century could read English.³⁸ One of the earliest and most widely circulating treatises in England and in Europe was the gynaecological manuscript *De passionibus mulierum* attributed to Trotula and associated with the flourishing medical school of Salerno in the eleventh century. It exists in more than sixty Latin manuscripts dating from the thirteenth century, and was printed in eleven editions in the second half of the sixteenth century.³⁹ In the preface the author says that a sense of shame and embarrassment prevents women from revealing their ailments to male physicians. The writer continues: "Therefore I, pitying their misfortunes, and at the instigation of a certain matron, began to study carefully the sicknesses which most frequently trouble the female sex."⁴⁰ The text, much of which derived from earlier authorities, deals with mainly female medical problems such as retained, excessive, or scanty menses, prolapse of the uterus, sterility, tests for fertility and for determining the sex of the fetus, methods of inducing labour such as causing the woman to sneeze, shaking her in a sheet, tying an eaglestone to her thigh, giving her a snakeskin girdle to wear, applying various herbs, oils, and baths. The work also discusses post-partum complications, including repairing a lacerated perineum with silk thread, the sutured area to be covered with a linen cloth soaked in tar, and the patient to be kept in bed for eight or nine days with the feet

elevated. Little is said here about childbirth itself other than that the foetus, fastened to the womb like fruit on a tree, will fall of itself when ripe, and that a delivery head first is best. The recommendation that the wet-nurse should be moderately fat "with neither weak nor too heavy teats, but breasts full and generous"⁴¹ indicates that this book was not for the poor, who could not afford wet-nurses. It was an *English* text, also ascribed to Trotula but differing substantially from the Latin text and making no mention of a wet-nurse, that was no doubt read by women from many classes. This text that appears with variations in a number of manuscripts written in English not only treats of general complaints but also gives detailed instructions to the midwife on delivering the child and provides diagrams of sixteen modes of unnatural childbirth.⁴² Such procedures for delivery would have been eagerly followed. Obstetrics by tradition was in the hands of women and even in the case of nobility in England rarely was a male physician present.⁴³

Indeed, many well-known physicians and surgeons avoided any detailed consideration of childbirth. Vincent de Beauvais in his *Speculum* dealt with pregnancy, sterility, involuntary abortion, but referred to childbirth only briefly and stated as did Trotula that it was facilitated if the woman was made to sneeze ("Sicut Hippocras ait").⁴⁴ The famous surgeon Guy de Chauliac paused briefly to consider women's diseases ("Of passiouns of þe matrice") between treating of hermaphroditism and "sickness" of the thighs and feet. He gave instructions for removing a dead child, but of childbirth itself he observed only that "A newe borne child gob out proprely vpon his hede, þe face turned toward þe erthe. All oper goyinge oute forsothe is vnkyndely and harde."⁴⁵

However, the vernacular texts put an end to such reticence. In Germany where, beginning in Regensburg in 1452, midwives were licensed for their proficiency by the Stadtartz,⁴⁶ Ortolfus von Bayerland produced *Das Frauenbüchlein*.⁴⁷ Here he enumerated many of the women's complaints cited in both the Latin and English Trotula manuscripts, but his recommendations appear to be empirical with scant reference to the traditional medical authorities, a minimal use of herbs, and no reliance whatsoever on the supernatural. A woodcut in the printed edition of 1500 shows the physician himself instructing the midwife. The English *Trotula*, on the other hand, is designed for the woman to follow without a physician being present.

The question arises: How did women use this information? Further, what effect did it have on medical treatment in the home? The English

Trotula manuscript in Sloane 2463 is elegantly decorated with capitals in red, blue, and gold leaf, and was probably copied by a professional scribe at the request of a wealthy woman. Its appearance points to the practice which lasted for many centuries of noble ladies visiting the sick on their estates with herbal recipes and instructions. T. Raynald in 1545 described how gentlewomen were in the habit of visiting confinements "carienge with them this booke in theyr handes, and causynge such part of it as doth cheifly concerne the same pourpose, to be red before the mydwife, and the rest of the wemen then beyng present."⁴⁸ It is therefore not surprising that Eucharius Rösslin's *Der Swangern Frauen und Hebammen Rosegarten* (a rose-garden for pregnant women and midwives) published in 1513 was dedicated to the Duchess of Brunswick,⁴⁹ and the first edition of his work by R. Jonas, *The Byrth of Mankynde*, printed in London in 1540, was dedicated to Katherine Howard, wife of Henry VIII. But irrespective of such dedications, these treatises remained the guide for ordinary women for several centuries, containing as they did the basic material of the English *Trotula* plus details of the birth stool and podalic version which, in addition to the birth diagrams themselves, have been traced to the famous second-century gynaecologist Soranus.⁵⁰ The various English *Trotula* manuscripts set the pattern to be followed by the women themselves: "be cause whomen of oure tong conne bettyr rede & undyrstande pys langage þan eny oþer & every whomen lettyrde rede hit to oþer unlettyrd & help hem. . . I have pys drawyn & wryttyn in englysh"; and "wemen lettyrd maye red to other unlernyd."⁵¹

The picture that these treatises present is of women in the home dedicated to preserving life, diligently searching for various healing herbs, making the potions, salves, and fumigations prescribed, and producing new life with, as the text says, the grace of God and the midwife's "connyng."⁵² Outside the home we have evidence of similar dedication by nuns in infirmaries and hospitals and by courageous women empirics practising their art often in the face of persecution.

Traditionally and with a tinge of misogyny, medical historians have zealously assailed the medical ignorance of mediaeval women healers, implying that the physician's knowledge of ancient treatises on the humours, urines, fevers, pulses, and his practice of astrology, phlebotomy, and, in some instances, of charms, spells, and sympathetic magic made him somehow superior. Even more vigorously and with a curious lack of perspective, these critics have castigated the midwives' lack of elementary hygiene, the most vociferous of these being Dr J.H. Aveling in 1872⁵³ who was himself

emerging from an era when the male obstetricians' unwashed hands and blood-caked aprons were a common feature of the lying-in rooms in British hospitals. The truth is that although practical experience, especially on the battle-field, led to an advance in surgical techniques, there was no comparable improvement in internal medicine. For the average housewife, the most important palliative lay in a sense of solidarity with other women, in a mutual sympathy expressed simply in words that have as much meaning today as when they were set down in the preface to the English Trotula: "Let one woman help another."

York University

NOTES

¹ Ed. F.J. Furnivall, rev. Oswald Cockayne, *EETS*, O.S. 18 (1866, 1922; rpt. New York 1969) lines 524-46.

² (Paris: Guyot Marchand, 1486) *passim*.

³ On the medical activities of women in mediaeval fiction, see Muriel Joy Hughes, *Women Healers in Medieval Life and Literature* (1943; rpt. New York 1968) 5-17, 50-61. For the fabliau, see Anatole de Montaiglon and Gaston Raynaud, eds., *Recueil Général et Complet des Fabliaux des XIIe et XIVe siècles* (Paris: Librairie des Bibliophiles, 1872-90) I 289.

⁴ Ed. W.W. Skeat (Oxford 1886) B XIII, 335.

⁵ *Promptorium Parvulorum*, ed. Albert Way, Camden Soc. (London 1843-65) 163.

⁶ See *Victoria History of the Counties of England*, ed. H.A. Doubleday and W. Page (London 1900-1912) II, 132-33; "Vita Sanctae Hildegardis Auctoribus Godefrido et Theodorico," PL 197.91 ff.; "Liber vitae meritorem," in *Analecta Sanctae Hildegardis Opera*, ed. J.B. Pitra (Monte Cassino 1882) VIII, 432-33; *Petri Abaelardi opera*, ed. Victor Cousin (Paris 1849) I, 120; Charlotte Charrier, *Héloïse dans l'histoire et dans la légende* (Paris 1933) 227.

- ⁷ See Charles Talbot, *Medicine in Medieval England* (London 1967) 172.
- ⁸ George James Aungier, *The History and Antiquities of Syon Monastery* (London 1840) 395.
- ⁹ *The Ancren Riwele*, ed. James Morton, Camden Soc. 57 (London 1853) 423.
- ¹⁰ Rotha Mary Clay, *The Mediaeval Hospitals of England* (London 1909) 153.
- ¹¹ Loc. cit.
- ¹² Charles Creighton, *A History of Epidemics in Britain* (2nd ed., 1894; rpt. New York 1965) 97-100.
- ¹³ Talbot (at n. 7) 179.
- ¹⁴ Clay (at n. 10) 152-54.
- ¹⁵ G.L. Kriegk, *Deutsches Bürgerthum im Mittelalter* (1871; rpt. Frankfurt 1969) I, *passim*. See also Eileen Power, "The Position of Women in the Middle Ages," in *The Legacy of the Middle Ages*, ed. Charles George Crump and E.F. Jacob (1926; rpt. Oxford 1943) 421.
- ¹⁶ *Chartularum universitatis Parisiensis*, ed. P. Heinrich Denifle, (Paris: Delalain, 1889-97) II, 149-50, 255-67. See also Ernest Wickersheimer, *Commentaires de la Faculté de Médecine de l'Université de Paris 1395-1516*, (Paris: Imprimerie Nationale, 1915) I, 317. See also his commentary pp. lxxii-v. See also Pearl Kibre, "The Faculty of Medicine at Paris, Charlatanism, and Unlicensed Medical Practices in the Later Middle Ages," *Bull. Hist. Med.* 27 (1953) 1-20.
- ¹⁷ C.H. Talbot and E.A. Hammond, *The Medical Practitioners in Mediaeval England: A Bibliographical Register* (London 1965) *passim*.
- ¹⁸ *Rotuli Parliamentorum* (London 1783) IV, 158.
- ¹⁹ Huling E. Ussery, *Chaucer's Physician: Medicine and Literature in Fourteenth-Century England*, Tulane Studies in English 19 (New Orleans 1971) 57.
- ²⁰ Vern L. Bullough, "Population and the Study and Practice of Medieval Medicine," *Bull. Hist. Med.* 36 (1962) 63.
- ²¹ Ernest William Talbert, "The Notebook of a Fifteenth-Century Practicing Physician," *TUSE* 21 (1942) 5-30; Rossell Hope Robbins, "John Crophill's Ale-pots," *RES* 20 (1969) 182-89.

²² *The Paston Letters, 1422-1509*, ed. James Gairdner (London 1900-1901), Letter no. 38, 432. *Paston Letters and Papers of the Fifteenth Century*, ed. Norman Davis (Oxford 1971), p. 1, Letter no. 144.

²³ *The Chirurgie of Guy de Chauliac*, ed. Margaret Ogden, EETS 265 (1971) 10.

²⁴ *Treatises of Fistula in Ano*, ed. D'Arcy Power, EETS, O.S. 139 (1910; rpt. London 1969) 44.

²⁵ P. Horton-Smith Hartley and H.R. Aldridge, *Johannes de Mirfeld of St Bartholomew's, Smithfield, His Life and Works* (Cambridge 1936) 123.

²⁶ *The Book of the Knight of La Tour-Landry*, ed. Thomas Wright (1906; rev. ed. New York 1969) 155.

²⁷ *Paston Letters*, ed. Davis (at n. 22) Letter no. 313.

²⁸ *Ibid.*, Letter no. 141.

²⁹ *Ibid.*, Letter no. 144.

³⁰ *Ibid.*, Letter no. 220.

³¹ *Le Menagier de Paris . . . composé vers 1393 par un Bourgeois Parisien*, ed. Jerome Pichon (Paris 1846) II, 71-72.

³² BL. MS. Reg. 15 D. I. The illustration is reproduced in Thomas Wright, *Womankind in Western Europe* (London: Groombridge, 1869) 184.

³³ Talbot (at n. 7) 189.

³⁴ *Piers Plowman by William Langland: An Edition of the C-text*, ed. Derek Pearsall (Berkeley and Los Angeles 1978) C IX, 72-73.

³⁵ David Herlihy, "Life Expectancy for Women in Medieval Society," in *The Role of Women in the Middle Ages*, ed. Rosmarie Thee Morewedge (Albany, N.Y. 1975) 15; for early Middle Ages see Herlihy, "Land, Family, and Women in Continental Europe, 701-1200," in *Women in Medieval Society*, ed. Susan Mosher Stuard (Philadelphia 1976) 13-45; also Stuard, "Introduction," p. 6. On population, see J.C. Russell, *British Medieval Population* (Albuquerque, N.M. 1948) *passim*, esp. pp. 23, 24, 94-114, 118-21; Louis I. Dublin, Alfred J. Lotka, Mortimer Spiegelman, *Length of Life* (rev. ed., New York 1949) 31-32; C.M. Cipolla, *The Economic History of World Population* (3rd ed., Harmondsworth, Middlesex 1964) 82; J.C. Russell, "Late Ancient and Medieval Population," *Trans. Amer. Philos. Soc.* N.S. 48, pt. 3 (1958) 22-32; Léopold Gênicot, "On the Evidence of Growth of Population in the West from

the Eleventh to the Thirteenth Century," in *Change in Medieval Society*, ed. Sylvia L. Thrupp (New York 1964) 17; Marc Bloch, *La Société féodale* (5th ed., Paris 1968) 116; Philippe Ariés, *L'Enfant et la vie familiale sous l'ancien régime* (Paris 1960) 2-5. On prevalence of infanticide, see Barbara A. Kellum, "Infanticide in England in the Later Middle Ages," *Hist. Childhood Quart.* 1 (1974) 367-88.

³⁶ G.G. Coulton, *Medieval Panorama*, (1938; rpt. New York 1955) 68.

³⁷ *Pierce the Ploughmans Crede*, ed. W.W. Skeat, EETS 30 (1897) 420.

³⁸ For corresponding decline of knowledge of Latin, see *The English Register of Godstow Nunnery, nr. Oxford*, ed. A. Clarke, EETS, O.S. 129, 130, 142 (1905-1911), pt. i, p. 25; *The Myroure of oure Ladye*, ed. John Henry Blunt, EETS, E.S. 19 (1897) xl, 2.

³⁹ For detailed discussion, see Beryl Rowland, *Medieval Woman's Guide to Health: An English Trotula manuscript from Sloane 2463, with a modern English translation*. (Kent, Ohio 1981).

⁴⁰ *The diseases of women by Trotula of Salerno*, trans. Elizabeth Mason-Hohl (Los Angeles 1940) 2.

⁴¹ *Ibid.* 27, 28.

⁴² See Rowland, *Medieval Woman's Guide* (at n. 39) for full text. Both figures are on pp. 124-33.

⁴³ See, for example, "Articles ordained by King Henry VII for the regulation of his household, 31st December, 1494" in *A Collection of Ordinances and Regulations* (London: Society of Antiquaries, 1790) 125. When the birth is imminent, the Queen is to take communion with the lords and ladies, followed by "spice and wine" in the great chamber, and afterwards she is to be led to her room. "Then all the ladies and gentlewomen to goe in with her; and after that noe man to come into the chamber where shee shall be delivered, save woemen; and they to bee made all manner of officers, as buttlers, panters, sewers, Kervers, cupbearers; and all manner of officers shall bring to them all manner of things to the great chamber doore, and the woemen officers for to receave it in the chamber." The King appoints "gossippes to bee neere the place where the Queene shall bee delivered, to the intent anon after they bee ready that the child may soone bee christened." However, in the *Libellus super ludo schachorum*, it would seem that early in the fourteenth century in Italy physicians did make vaginal examinations.

The physician, the queen's pawn, is so positioned before the queen because the medical man has to treat the sickness of queens and other women and inspect their private parts; see R. Di Lorenzo, "The Collection form and the art of memory in the *Libellus super ludo schachorum* of Jacobus de Cessolis," *MS 35* (1973) 220.

⁴⁴ *Speculum Doctrinale*, XIV, cxxvi, cols., 1364-65.

⁴⁵ *Cyurgie* (at n. 23) 530.

⁴⁶ C.C. Mettler, *History of Medicine*, (Philadelphia 1947) 949. English bishops examined midwives solely for their doctrinal competence; see Rowland (at n. 39) 31.

⁴⁷ *Das Frauenbüchlein des Ortoloff von Bayerland*, ed. Gustav Klein (Munich: Kuhn, 1910).

⁴⁸ *The Byrth of Mankynde* (London 1545), "A Prologue to the women readers."

⁴⁹ *Eucharius Rösslin's Rosengarten* [*Der Swangern Frauen und Hebammen Rosegarten, 1513*], ed. Gustav Klein (Munich: Kuhn, 1910).

⁵⁰ See E. Ingerslev, "Rösslin's Rosegarten: Its Relation to the Past, the Muscio Manuscripts and Soranos . . .," *J. Obstet. & Gynaec.* 15 (1909) 1-25, 73-92.

⁵¹ MS. Bodley Douce 37, f.1v; BL. MS. Sloane 4212A, f. 194r; see also Audrey Eccles, "The early use of English for Midwiferies, 1500-1700," *NM* 78 (1977) 378; Eccles, *Obstetrics and Gynaecology in Tudor and Stuart England* (Kent, Ohio 1981) 2.

⁵² Rowland (at n. 39) 132. On birth Charms, see pp. 31-34.

⁵³ *English Midwives: Their History and Prospects*, intr. John L. Thornton (London 1969).