8. Monaðgecynd and flewsan

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Medical Discourse
8  *Monaðgecynd* and *flewsan*

Wanted and Unwanted Monthly Courses in Old English Medical Texts

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**Abstract**

This essay discusses the Old English remedies for menstruation, placing early medieval texts in conversation with contemporary controls exerted over women's reproductive bodies by both politics and medicine. By examining not only the presences that contribute to our understanding of early medieval women's bodies in the medical tradition, but also the absences, this essay considers the potential experience of ordinary and not extraordinary women, who grappled with the dangers of reproduction and a medical tradition that could offer little practical help for gynecological concerns. While the medical texts themselves are a part of the dominant patriarchal textual tradition, the medical needs invoked by the remedies offer a pinhole view into the lives and experiences of women.

**Keywords:** medicine, remedies, menstruation, reproduction, Old English, women

The title *Our Bodies, Ourselves*, published by the Doctor's Group in 1970, was meant to "emphasize women taking full ownership of their bodies." The

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1 Note: I am indebted to the Institute for Research in the Humanities at the University of Wisconsin, for the time its fellowship program granted me to begin research on this project, and to my colleagues within the Institute for their generous intellectual support and community, and my own department and college for supporting my research. I am grateful to the Society for Feminist Scholarship in the Middle Ages, and particularly to my writing group sponsored by this organization, including Kathryn Maude, Claire Jones, and Roberta Magnani. I am also grateful to Christine Voth, who graciously shared both her forthcoming editions and inspiring conversation, and to Robin Norris, Robyn Malo, and Dana Roders, who assisted my research. *Our Bodies Ourselves*, History, accessed June 15, 2017, http://www.ourbodiesourselves.org/history/.

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book itself grew from women’s negative experiences with male physicians, as executive director Judy Norsigian notes: “Part of why (the booklet) got off the ground is because women wanted to change this kind of environment in which what women had to say, where what women reported about their own experiences, could be so readily discarded....” Our Bodies, Ourselves openly discussed taboo topics, including menstruation, birth control, and abortion. Indeed, the ideology of the book is encapsulated by its 1973 Preface, which states:

When we first started talking to each other about this, we found that old expectations had nudged most of us into a fairly rigid role of wife-and-motherhood from the moment we were born female. Even in 1969, when we first started the work that led to this book, we found that many of us were still getting pregnant when we didn’t want to. It was not until we researched carefully and learned more about our reproductive systems, about birth control methods and abortion, about laws governing birth control and abortion, and not until we put all this information together with what it meant to us to be female, that we began to feel we could truly set out to control whether and when we would have babies.3

Our Bodies, Ourselves was a revolutionary book whose aim was to give women access to knowledge about their bodies and the systems that regulated them, attempting to leave aside shame and taboo, and to advocate for personal control over reproduction and thus control over the shape of one’s own life, as well as one’s own body.

Our Bodies, Ourselves attempted to give back to women the control over their reproductive bodies that perhaps they held, to at least some degree, before men became the primary medical caregivers (and not just the producers of medical texts) for women’s reproductive health. It is a text that gives women access to knowledge about their own bodies, wishing to demystify natural but often culturally abjected processes. Our Bodies, Ourselves was a work that attempted to reshape the gynecological medical system, a system controlled and dominated by men from at least the fourteenth century in England, when midwives were replaced by surgeons. Although female

midwifery persisted and evolved, the division between learned men and experienced women both preceded and succeeded the shift from midwife to surgeon. Women's expertise in questions of gynecology and fertility was being subsumed and controverted in England long before the fourteenth century. Although they were likely the primary facilitators of childbirth in early medieval England, midwives are absent in the medical texts, the Lacnunga and the leechbooks. We might think of Our Bodies, Ourselves as the successor of the unwritten book early medieval midwives might have produced, had they perpetuated knowledge through textual means. Such a book might not have offered efficacious practices, any more than other medical texts of the time, but it would likely have offered a clearer view of the practical concerns of women and the means by which these concerns were addressed.

Medical texts like the Lacnunga and the leechbooks present women's bodies only in extremis and exclude almost entirely the experience of childbirth, suggesting its provenance in the world of women practitioners. Simultaneously, though, these texts show us a subset of women's desires in regard to their leaky bodies: their desires to stop potentially excessive menstrual periods, and their desires to stimulate missing menstruation. These desires, invested as they are in questions of fertility and reproduction,


6 Medieval people, like contemporary ones, did not experience gender as this simple male/female binary, but rather existed in the world in a range of ways, and in bodies that may or may not have fit neatly into binaries or social and even medical expectations. The medical texts, however, rely on a system that groups all bodies into a single gender category, mon, or specifically indicates that certain remedies, rarely, are meant for female bodies. In this chapter, I use the language employed by the medical texts, which relies on a gender binary of male/female and man/woman. The texts use this language, but I do not wish to suggest that this binary is either real or universal.
also reflect men’s desires for women’s bodies. Such systems of written, learned expertise made men experts on women’s bodies and consequently constructed women as either ignorant inhabitants of their own reproductive bodies or dangerous practitioners of folk medicine (at best) and witchcraft (at worst), while simultaneously requiring them to manage the regular, but also textually invisible, care of women’s bodies. Therefore, this is an essay about absence—about both presence in absence, and absence in presence. In a literal way, this essay is concerned with the nature of presence and absence in the same sense as medieval women and practitioners were; it is concerned with what to do when a menstrual period is present—in some cases, far too present—but also with what to do when a period is absent, along with all the attendant concerns over causes and consequences of the absence of menstruation. This is an essay concerned with the silencing of women, with the diminishment of their voices and practices, and with the domination of their bodies and desires (for origin and otherwise). The treatments in the leechbooks specific to menstruation, either provoking or preventing it, exhibit the male/textual desire to exert control over women’s reproductive bodies, and, in the absence of their voices but the presence of their textual bodies, the desire of women to claim control of their actual bodies.

A primary absence in the tradition of medical writing is indeed the absence of the figure of the midwife, whether the role merits consideration as professional, or merely by local practice, expertise, or reputation. There must, we presume, have been midwives. M. L. Cameron addresses this problem explicitly, saying:

I have described the physician as “he,” because there is no evidence that women practiced medicine. Yet it is most unlikely that Anglo-Saxon society differed in this respect from most others and that there were no women practicing some form of medicine. Surely there were women midwives and village women gatherers of herbs and wise in their use and women learned in charms and amulets. But there is not a shred of evidence for their existence.⁷

⁷ M. L. Cameron, Anglo-Saxon Medicine (Cambridge: Cambridge University Press, 1993), 22. Audrey Meaney reframes the category and identifies these women instead as “cunning women,” affiliating them with magic and setting them in opposition to the dominant religious tradition, in Anglo-Saxon Amulets and Curing Stones, British Archaeological Reports 96 (Oxford: BAR, 1981), 249. Monica Green, too, argues against the presence of women in the field of gynecology, marking their attendance upon women as separate from this learned medical approach; see Green, Making Women’s Medicine Masculine. She has critiqued the bifurcated idea of the birthing
We have no early medieval English descriptions of a midwife’s work; no stories of birthing queens assisted by women called midwives; no lawsuits, even, against midwives. Despite the deficit of women healers in the medical tradition, we have one small indication of their presence: they have a name whose rarity indicates both an acknowledgment of their function and also the desire to overwrite or exclude it in describing most medical reproductive practices. The Old English word for midwife, byrþþinen or beorþorþinen, female servant for birthing, appears in only three places in the corpus of Old English writing, and only one of these is in the medical tradition. We might then think that the word for “midwife,” like the word for “womb,” is one that is either erased or ignored as irrelevant to the learned and literate world. However, the fact that it appears at all—and specifically in a chamber as a women’s space invaded by men, and suggests of medieval medicine more generally that “Female medical practitioners can be shown to exist, but they were almost always practising alongside or in competition with males”; see “Gendering the History of Women’s Healthcare,” Gender & History 20, no. 3. (2008), 487–518, 495. This word occurs once in the Old English Herbarium (OEH), once in The Old English Prudentius Glosses, as an equivalent to the Latin word obstetrix, and in Genesis, according to the Dictionary of Old English Web Corpus, compiled by Antonette diPaolo Healey with John Price Wilkin and Xin Xiang (Toronto: Dictionary of Old English Project 2009), accessed January 5, 2018, https://tapor.library.utoronto.ca/doe/. OEH offers a remedy for genital itching and pain with a specific emendation to women, suggesting that the common practice of poultice application should be “do hyre man fram hyre byrþþinenene” (made for her by her midwife), in Hubert Jan de Vriend, ed. The Old English Herbarium and Medicina de Quadrupedibus, EETS o.s. 286 (Oxford, Oxford University Press, 1984), 123.2. In this remedy, nothing of the recipe itself is changed. The only variation is who makes and offers the compound and treatment. There is nothing notable or out of the regular scope of treatment in this recipe; many other remedies call for the laying on of poultices to the genitals, with no specification that a midwife should perform this action. Of note in the Genesis occurrence is the potential female authorship of the Junius 11 manuscript, suggested by Mary Dockray-Miller: “This sort of accurate depiction of babies and mother in the Junius 11 maternity illustrations implies an illustrator intimately familiar with babies and their needs ... I would like to suggest in addition that the manuscript may have been produced by as well as for women,” and further, “The drawings of mothers and babies do not show that the illustrator of Junius 11 was a woman; they do force us to question the scholarly community’s unthinking assumption of the maleness of the creators of the manuscripts.” See Dockray-Miller, “Breasts and Babies: The Maternal Body of Eve in the Junius 11 Genesis,” Naked Before God, ed. Benjamin Withers and Jonathan Wilcox, (Morgantown: West Virginia University Press, 2003), 250, 251.

The absence of this language is discussed in greater depth in my book in progress, Old English Maternal Bodies. Wilfrid Bonser notes some linguistic alternatives as well: “The Anglo-Saxon word for childbirth, beorper, also means a foetus. It occurs in such phrases as beorþor-cwelm, meaning maidservant or midwife. The phrase cild-hama, meaning child-covering, or the womb, occurs occasionally in glossaries”; Bonser, The Medical Background of Anglo-Saxon England (London: Publications of the Wellcome Historical Library, 1963), 264. However, I have found only two occurrences of “beorþor” or any variant spelling, and found that the phrase “beorthor-cwelm”
medical text—suggests that midwives were likely a part of the medical tradition in early medieval England, whether or not the role was “professed and acknowledged.” This division, between the learned physician and the midwife, marks a division, too, for women; under the guidance of the first, the woman is depicted as obediently subject to a system of authority and shocking ignorance of the processes of her own body, whereas with the potential of the invisible alternative, the midwife, a woman might be part of a system of knowing through experience, wherein, just as with *Our Bodies, Ourselves*, she might be able to manifest some control over her own reproductive experience, destiny, and practices.

The textual tradition offers us a presence for understanding medieval medicine—it is, after all, all that we have—but it, too, is a presence constituted by absence. Our understanding of early medieval English medicine comes primarily from manuscripts London, British Library, Harley 585 and London, British Library, Royal 12. D. xvii, which, respectively, contain the Old English *Herbarium* (*OEH*), the *Medicina de Quadrupedibus* (*OEM*), the

only appears once, and only in the Oliphant Old English glossaries, according to the online corpus (intriguing, as *Bosworth-Toller* defines *cwelm* as “destruction, death” and *beorforcwelm* as “a dead birth, a miscarriage, an abortion”; see *Bosworth-Toller Anglo-Saxon Dictionary Online*, ed. T. Northcote Toller et al., comp. Sean Christ and Ondřej Tichy (Faculty of Arts, Charles University in Prague, 2014), accessed January 5, 2018, https://bosworthtoller.com/). *Cildhama*, at least, does seem to mean womb, but occurs only eight times and only in glossaries.

Wright here examines the linguistic evidence in light of its source material, noting that while it seems unlikely that women were not attended by other women during birth, we do not have enough linguistic evidence to argue for a professional class of midwives: “It is reasonable to assume that Anglo-Saxon women giving birth were attended by other women. What is not clear is whether this attendance was given on an informal basis, or whether there was a group of professed and acknowledged midwives ... Linguistic evidence cannot resolve this uncertainty, but it certainly does not seem to point to the existence of a group of professed midwives” (4). In this volume, Voth offers a strong possibility for female physicians and practitioners.

I am aware of the dangers of this kind of dichotomy and posit it here as part of a system of presence, which we have access to, as opposed to absence of evidence with regards to alternative medical practices. As Green suggests of medieval women’s medicine, “it is neither a story of women’s unfettered control over knowledge of their bodies nor of deliberate male attempts to eradicate that control”; “Gendering,” 493. She convincingly argues here for the division of spheres in thinking about the roles of facilitators and the notion of women’s control over reproduction: “I argue for the need to set the history of women’s healthcare into a larger nexus of analyses: the history of midwifery needs to be part of the history of both medical professionalisation and women’s healthcare generally, not treated as an isolated topic, while the history of contraceptives and abortifacients needs to be set into larger questions of demographic history—whatever emotions or motives we would like to see at play in any individual woman’s decision to limit or disrupt her fertility, her decisions also had an impact on society as a whole”; “Gendering,” 488.
Lacnunga, Bald’s Leechbook (BLB), and Leechbook III (LBIII). These texts include a range of remedies and medical information that derive largely, although not exclusively from ancient sources, and which are universally acknowledged to be “bad medicine,” as David Wootton has argued. Peregrine Horden adds that “most techniques were transmitted orally and through clinical experience. The role of texts was limited and oblique, even in the most literate settings.” So the texts that we have, that tell us everything we know of early medieval medicine, are not only inefficacious at best and dangerous at worst, but also likely far removed from actual practices of care, not only in terms of who practiced medicine, but also how they practiced it. The remedies we read are a cipher; that is, they reveal something about medieval medicine and bodies and practices, but what is it that they

12 Quotations from the OEH and OEM are from de Vriend, ed. The Old English Herbarium, EETS o.s. 286. Unless otherwise noted, translations of OEH are from Ann Van Arsdall, ed. Medieval Herbal Remedies: The Old English Herbarium and Anglo-Saxon Medicine (New York, Routledge, 2002); translations of OEM are from Maria D’Aronco and John P. Niles, Anglo-Saxon Medical Texts, Volume I: The Old English Herbal, Lacnunga, and Other Texts, Dumbarton Oaks Medieval Library (Cambridge, MA, Harvard University Press, forthcoming). Texts and translations, unless otherwise noted, of LBIII are from Debby Banham and Christine Voth, eds. and trans., Old English Medicine in British Library, Royal D. xvii, Anglo-Saxon Medical Texts, vol. 2, Dumbarton Oaks Medieval Library (Cambridge, MA, Harvard University Press, forthcoming). Other editions and translations consulted include Thomas Oswald Cockayne, Leechdoms, Wortcunning, and Starcraft of Early England: Being a Collection of Documents, for the Most Part Never before Printed, Illustrating the History of Science in this Country before the Norman Conquest (London, Longman, Green, Longman, Roberts, and Green, 1864); J. H. G. Grattan, Anglo-Saxon Magic and Medicine (Oxford: Oxford University Press, 1952); Edward Thomas Pettit, A Critical Edition of the Anglo-Saxon Lacnunga of BL MS Harley 585 (unpublished dissertation, King’s College London, 1996). For an excellent overview of these texts and their manuscript contexts, see Cameron, Anglo-Saxon Medicine. Cameron suggests that not all medical practitioners would have been religious; laymen also seem to have practiced medicine, and this might explain why so many texts were translated from Latin to Old English: “If laymen were physicians, they must have been reasonably well educated, as surviving medical documents draw generously on Latin medical texts and give ample evidence that they were intended to be manuals for practicing physicians and that they were so used. Perhaps it was because lay physicians could not be expected to be proficient in Latin that there was so much translation from Latin medical works into English. But there is equally good evidence that physicians were members of religious orders” (19). Certainly some religious women, like the nuns of Whitby in the late seventh century, were involved in medical care as well.

13 David Wootton, Bad Medicine: Doctors Doing Harm Since Hippocrates (New York: Oxford University Press, 2007). Horden writes: “Let us concede that early medieval medicine did not work,” suggesting that we are better served by not only consider biomedical efficacy, but also “therapeutic success,” focusing on a patient’s beliefs regarding treatment, and allowing for more complexity beyond whether a treatment works or not (most commonly not). See Horden, “What’s Wrong,” 20.

14 Horden, “What’s Wrong,” 18.
reveal, if not how medicine was practiced on actual medieval bodies? They reveal beliefs about bodies, beliefs informed by earlier traditions and by the religious status of the scribes and compilers of such manuscripts; about practices that might or might not be taking place in monasteries serving as infirmaries; about cultural practices of exclusion and abjection. They are a record of some forms of belief about women's bodies, providing at once evidence of men's beliefs about women's bodies and evidence of women's bodies. That is, they offer representations of actual, and not exceptional, early medieval women, in the sense that we normally understand women present in the tradition to be exceptional. The concerns of the women as reflected by remedies are both ordinary, in their implied ubiquity, and extraordinary, in what they reveal about the possible control by women over their own bodies.

The majority of remedies are for ordinary ailments—headaches, stomachaches, earaches, toothaches. Despite the imminent danger presented by childbirth, the most common subject of remedies in relation to women's bodies is menstruation. Indeed, menstruation is enormously important; it is indicative of the health of a woman, of her status in regard to conception and childbearing, and of her safety after birth. Menstruation is of concern both in its presence and its absence, as well as in its quality and duration. The textual focus on menstruation instead of childbirth reveals a concern with the reproductive viability of women, leaving the actual processes of childbirth up to (textually absent) midwives. The primary medical concern with women's bodies is about controlling and harnessing their flow in service of fertility. It is a cultural benefit for women to be able to produce children; indeed, ensuring regular menses is a basic component of treatment for infertility. And yet, embedded in the language of “provoking flow” is a notion of control over reproductive potential; such a remedy might be used to hamper as well as to promote fertility. These medical texts, written and read by men, offer knowledge to promote fertility and attempt to regulate and dominate women's bodies and that which they produce. But even as such learned texts silence the voices of women by overwriting actual practices and bodies with textual ones, they cannot fully efface the desires of women, which are not always consistent with the desires of the patriarchal systems they inhabit. Through their attempts to promote and harness women's

15 R. A. Buck suggests a male author for the leechbooks: “There are a number of linguistic clues throughout the Anglo-Saxon Leechbooks that identify men, rather than women, as the writers and compilers of the medical treatises.” See “Woman’s Milk in Anglo-Saxon and Later Medieval Medical Texts,” Neophilologus 96, no. 3, 467–85, 469.
fertility by controlling menstruation, the medical texts also, paradoxically, indicate the potential for women to regulate their own menses and fertility according to their own desires.

Menstrual Terminology in Medical and Penitential Texts

Despite the fact that half of the adult population of early medieval England menstruated, the language for this function appears, for the most part, only in two genres: the medical texts and the penitentials, with rare appearances in other religious texts. That such a mundane occurrence appears so rarely demonstrates the taboos with which it is associated, as well as the narrow worldview of authors. Menstrual taboos, unsurprising though they may be, and dangerous to the lives of women today in many parts of the world, account for much of this occlusion. In a surprising way, however, menstruation allows more space for women in the Old English literary tradition, rather than less. In a textual tradition that rarely features women at all, menstruation specifically allows women to appear in both the medical texts and penitentials, rather than being subsumed under the general category of man. Their menstruation is what separates their bodies from men’s bodies and requires thoughtful consideration of regulation of space and access. While the medical texts figure all bodies as the generic male body in most remedies, remedies for menstruation, by their very nature, can only be about women. So, too, are rules regulating behavior of menstruating women in penitentials specific to only this category of person. Within both genres, almost all of the language used to describe menstruation applies also to blood flow in more general terms: this is not a question of what menstruation is called, but rather if it has its own discrete name. Despite women’s ownership of this biological function, the language for the function is tucked tidily inside the language for general bleeding: there is no name that differentiates menstruation from any other kind of bleeding. Therefore, menstruation functions as a present absence in

17 Indeed, even the longest poem in Old English, Beowulf, which features several female characters, only includes the speech of a single named woman.
18 The standard male body as the medical body is still a problem in contemporary medicine and one which continues to endanger the lives of women.
these texts; it is named, but does not merit its own unique name. It can be discussed, but primarily through the framework of the familiar category of bleeding that might happen to any body.

The medical texts compress the category of menstruation, both through its organizational annexing as a subset of general blood flow, and the narrow range of language for menstruation. They most often deploy the terms monadgecynd and flewsan. Monadgecynd occurs thrice in the corpus of Old English literature. Flewsan, a broader term meaning a discharge from any part of the body, occurs thirty-five times, most frequently in the OEH. An alternate spelling, fleusa, is exclusive to the Vindicta Salvatoris, and refers to Christ’s healing of the bleeding Veronica. Veronica’s troubles are never

19 This term occurs only in LBIII and is defined only by its Latin referent, menstruum, in the Bosworth-Toller Anglo-Saxon Dictionary, suggesting an authorial discomfort, perhaps typical of its nineteenth-century origin, with the term and also the function it describes. As we work to de-colonize the field of Old English studies, as well as to make a space for studies of women and gender, it is important to note the origin of many of the tools that have served the field since the nineteenth century. Bosworth-Toller is an indispensable research tool for scholars, but like many of the volumes in the Early English Texts Society (EETS) and editors and translators like Cockayne, it is complicit in the nationalistic, white supremacist, patriarchal rhetoric of its time. Thanks to Adam Miyashiro for contextualizing the colonial history of EETS in his talk “Race, White Supremacy, and the Middle Ages,” International Congress on Medieval Studies, Western Michigan University, May 13, 2018. These tools actively efface and misrepresent certain elements of texts, as with my examples in this section, which demonstrate a squeamishness about women’s bodies that in some cases make it difficult to determine the actual nature of a text or manuscript. We must use these tools with awareness, and replace them when they no longer serve us. The new Dumbarton Oaks series on medical texts is a prime example of this much-needed action. The DOE’s ongoing work will also continue to promote these important changes.

20 According to the Dictionary of Old English Online Corpus, the term occurs approximately 35 times. The DOE offers six definitions: 1. General flow/eye maladies; 2. “Excessive discharge of semen”; 3. “In women, excessive flow of blood or other discharge from the reproductive organs”; 4. Flux from the belly/diarrhoea/dysentery; 5. “Referring to the woman diseased … for twelve years”; 6. Lust. Most of these definitions cite a single occurrence; only the definitions specific to menstruation (5 occurrences listed from 2 texts) and flux from the belly (3 occurrences listed from 2 texts) offer multiple occurrences, suggesting that though the term itself is a general one, it is used most frequently in reference to menstruation. See Dictionary of Old English: A to H Online, ed. Angus Cameron, Ashley Crandell Amos, Antonette diPaolo Healey et al. (Toronto: Dictionary of Old English Project, 2016).

21 There is a fascinating connection between Veronica’s own bleeding, and the tradition of her veil, upon which Christ’s face becomes imprinted through its own production of fluids. Mary Swan notes that Veronica is cured of a “haemorrhage”; see “Remembering Veronica in Anglo-Saxon England,” in Writing Gender and Genre in Medieval Literature, edited by Elaine Treharne (Cambridge: D. S. Brewer, 2002), 19–40, 23. Two of the three occurrences in the text emphasize that this bleeding has taken place for twelve years, connecting her to the biblical story of Jesus’s healing the bleeding woman; J. E. Cross, Two Old English Apocrypha and Their
spelled out precisely, although her particular malady (twelve years of flewsan) affiliates her with a perpetual state of uncleanness, thus making her touching of Jesus and consequent healing especially remarkable. Veronica is the only named woman in the Old English corpus whose menstruation is explicitly mentioned, and for her, it appears only because it is a fundamental part of religious narrative that precedes the early English text.\(^{22}\) The emphatic phrase, blodryne, or “blood-coursing,” occurs only once in the medical texts in reference to menstruation, in the OEM, referring elsewhere to nosebleeds.\(^{23}\) Of all these terms, only monaðgecynd is specific to menstruation, and its occurrences are both rare, and limited to a single text (LBIII).

Despite the limited language for menstruation in medical texts, they represent menstruation as a natural process and are concerned with its correct functioning; penitential texts, however, use language that emphasizes the taboo nature of menstruation. Language for menstruation appears in the penitentials to delimit the spaces women can occupy when they menstruate. Specifically, menstruation disallows women in the penitentials, particularly those of Theodore, from communion.\(^{24}\) The Old English word for menstruation in this more penitential/confessional context is monaðadl, and it appears four times. Bosworth-Toller effaces the referent of the term, generalizing it to mean “a disease that occurs at intervals of a month,” implying that any person might experience such a disease, while all of the

\(^{22}\) And, as Swan notes, she is removed from one of the three extant versions of this text altogether; “Remembering Veronica,” 34.
\(^{23}\) De Vriend, OEM, 2.3. OEM uses the term “blodryne” five times, with the other four occurrences referring to general bleeding, or, most commonly, nosebleeds. It seems to also occur in the gospels, referring to the story of Veronica. It occurs a total of 21 times in searches of the corpus of the *Dictionary of Old English*. Cockayne refuses to translate this phrase, and instead uncharacteristically chooses to use Latin in his translation of the Old English, saying “ut menstrua fluant” instead; *Leechdoms*, 333. Indeed, when this phrase appears in reference to nosebleeds, he has no compunction about translating it into English as “blood running”; *Leechdoms*, 347, 349 (twice in the same passage), and 353. *A Thesaurus of Old English* suggests monaðesoc as an alternative term for menstruation, but the idea of moon-sickness, though perhaps originally grounded in the connection between monthly cycles and emotional instability, is not fundamentally connected to menstruation, nor is it experienced solely by women. Animals and humans are treated for it in the remedies. See *Thesaurus of Old English*, accessed January 9, 2018, http://oldenglishthesaurus.arts.gla.ac.uk/category/?type=search&qsearch=menses&kword=menses&page=1#id=1846. It does not appear in any medical texts as referring to menstruation.
occurrences of it are explicitly specific to menstruation. Of these terms for menstruation, only *monaðadl* implies a disorder, connecting the idea of monthly with *adl*, meaning “a disease, pain, a languishing sickness, consumption, morbus, languor.” In the penitentials, menstruation is configured as an illness in need of treatment, a disease that only women can experience. Women’s monthly ejections from confession and communion result not from a regular biological function, the language suggests, but rather from a defect, a disease. Alternatively, medical texts are usually treating menstrual disorders, but the language they use to identify and respond to such disorders does not qualify regular menses as inherently disordered.

Compared to the penitential texts, the medical texts seem positively egalitarian; they do not condemn women for the functions of their bodies, despite the limitations of the language they employ. While it is useful to read these medical texts in tandem, it is important to reiterate their differences, and the ideological problem of assuming that because they use the same or similar language, they universally refer to the same processes or problems. Like the language they use for the treatment of women’s bodies, the texts that include these remedies are not uniform in their content, style, or origins. *Lacenunga* is known for its local and superstitious remedies. Alternatively, the remedies of the *OEH* and the *OEM* are often formal and formulaic, although *OEM* seems to be less fussy about women’s bodily functions, as it offers several remedies for menstrual problems, using variations in language for women’s conditions and offering remedies not present in the other manuscripts for afflictions having to do with conception, sexual pleasure, and virility. The remedies in *LBIII* are often, perhaps mistakenly,
affiliated with magic and paganism. The most mysterious are the remedies from BLB, because only the chapter headings for this subsection of the text remain. These texts may or may not represent the same ailments in their varying deployments of language in reference to menstruation. The semantic grounds of these phrases often overlap and contradict, making it difficult to decipher, in some cases, whether the remedy is meant to soothe pain, to provoke a menstrual period, to purge a miscarried fetus or placenta, to prevent conception, or to provoke an abortion.

It is important to acknowledge and value the indeterminacy of these texts and the complications of their language rather than to seek absolute answers; to do otherwise is to ignore our situatedness in our historical moment, and to violate the conditions of the texts themselves. Although each of the medical texts offers a similar set of remedies responding to women's ailments, each manuscript works according to its own logic and range: for example what one genre, or even one text understands as “unclean” might have little to do with another genre’s or text’s use of the same word. This makes collating remedies and being certain that they address the same symptoms difficult, even when they do use the same language. In the following sections, I have grouped remedies according to basic functions of stopping or starting menstruation; the texts in which they exist do not necessarily conceive of their remedies as participating in these particular and discrete categories. They do, however, use formulaic language that indicates these as the desired results. However, within each of these two categories, a variety of complications or conditions informs the need for the result: a woman might wish to stop or start her flow for a variety of reasons, and so remedies that suggest the same result do not necessarily treat the same condition. Just as the language for menstruation is varied and often vague, we must understand the categories for treating it as similarly pliable. By tracking patterns across texts and by leaving these categories broad enough for flexibility and variation, we can witness not only what these texts choose to represent, but also what they choose to leave out. Their patterns of absence and presence, of naming and not naming, allow us unprecedented access to early medieval English understandings of the bodies of women.

28 Voth’s work in progress, “The West Saxon Leechbook,” will suggest a more complex interpretation of the material found in this text.
29 H. M. Cayton notes that BLB is particularly important in that it is an “English compilation,” which does not derive from a single Latin source; particularly crushing is the loss of the “long section of forty-one ‘crafts’ concerning gynaecology” that remain, tantalizingly, only in the chapter headings, in Anglo-Saxon Medicine with its Social Context (PhD dissertation, Durham University, 1977), 40.
Remedies for Stopping Flow

The story of Veronica, who bled for twelve years, offers some insight into what a woman might be seeking in the remedies aimed to stop flow, often identifiable through the formulaic phrase *wið wifa flewsan* (for a woman’s flow). However, these remedies seem to treat only the symptom, bleeding, without articulating or identifying the cause of such bleeding in many instances. Without addressing a cause, these remedies cannot have been successful, and might indeed in a number of cases caused harm. What causes might a woman have for such bleeding? A likely culprit is menorrhagia (heavy menstrual bleeding), a condition that affects approximately thirty percent of the current population of women of reproductive age and is linked to a number of resulting and underlying conditions from anemia to polycystic ovaries.30 The persistence of such conditions across time means that medieval women may have been affected at a similar rate, although Harlow and Campbell note that

> historically menstruation was a relatively infrequent event in a woman’s life as a considerable proportion of reproductive life was spent in pregnancy or lactational amenorrhoea. As societies move from high fertility to low fertility, women spend a greater and greater proportion of their reproductive lives menstruating.31

While the remedies are not precise about the kinds of bleeding that require cessation, they do specifically address the need to staunch blood flow after childbirth. Never mentioned in remedies for stopping flow, however, is miscarriage, despite the likelihood of its high frequency.32

General remedies for stopping flow operate on the principal of a drying-up poultice, which of course would do little to address any of the potential causes for excessive or unwanted flow. For instance, one remedy from the *OEH* suggests that sitting on a boiled plant will dry up the liquid with vapor,

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31 Harlow and Campbell, “Menstrual Dysfunction,” 143.

32 See Cameron, *Anglo-Saxon Medicine*, on the difficulties of early medieval pregnancy: 5, 17, 182. Sally Crawford notes the likelihood of prolonged breastfeeding as a response to the high infant mortality rate, which would in turn have an impact on a woman’s fertility and ability to produce multiple children, in *Childhood in Anglo-Saxon England* (Stroud: Sutton Publishing, 1999), 74.
“æþme heo gewrið,”\(^33\) while another calls for use of pounded nettle mixed with honey spread onto wet wool: a practitioner should “smyre ðonne þa geweald mid þam læcedom ond syþpan hyne þam wife gesylye, þat heo hyne hyre under gelecege, þy sylfan dæge hyt þone flewsan beluceð” (smear the genitals with the medication. Then give it to the woman, so that she can lay it under her. That same day, it will stop the bleeding).\(^34\) Both remedies employ the same kind of metaphor for the desired outcome: the former claims to bind up or even wrap around (\textit{gewrið}) the “moisture,” by means of a hot vapor, whereas the latter proposes to “lock up” (\textit{beluceð}) the flow as quickly as possible. While the outcome of the remedies here is clear: binding up or locking up the flow, it is only the symptom, the \textit{flewsa}, that they treat, rather than any clear cause. These remedies therefore articulate and confirm notions about women’s leaky bodies as vessels in need of locking or binding up by external forces, those provided by men as authors of these texts, who will find the means of “locking” and “binding,” an apt metaphor for their treatment of women’s lives as well as their bodies. Through this kind of linguistic mastery, women’s bodies, overflowing with liquids, are set up as out of control and in need of authoritative male intervention. It is only by means of this figure of knowledge and authority that such an unruly body can be constricted and made to behave.

Like the vapor that locks up a leaky body, smoke, too, can be applied to a body exhibiting an excessive flow of blood. This remedy in \textit{LBIII} is meant to resolve the problem of a flow that is \textit{to swiþe} (too strong) by applying smoke to the genitals (performed while the patient is clothed) with coal-heated horse dung: “Gif wife to swiþe offlowe sio monað gecynd genim niwe horses tord, lege on hate gleda, læt reocan swiþe betweoh þa þeoh up under þæt hrægl þæt se mon swete swiþe” (If a woman’s menstruation flows out too much: Take fresh horse manure, put on hot embers, let it smoke profusely between the thighs up under the clothing, so that the person sweats heavily).\(^35\) As in the previous example, the focus remains on the symptoms rather than the cause. What is unclear is whether the smoke is meant to dry up the liquid, like the vapor discussed previously, or, via a connection with the humors, the sweating of the person being treated is meant to reconfigure the balance of the body as a whole. Here, only the

\(^{33}\) De Vriend, \textit{OEH}, 175.2. Van Arsdall translates this as “It takes away all the smell of the fluid from her,” whereas I read “æþme heo gewrið” to indicate binding up/drying up by means of a vapor, particularly in relation to the similar remedy for nettle, and a lack of concern here with smell, and more with staunching blood flow, although the two might well be related.

\(^{34}\) De Vriend, \textit{OEH}, 178.6. Translation by Van Arsdall.

\(^{35}\) Banham and Voth, \textit{LBIII}, 3.38.3.
problem—too much blood—is stated, while both the cause and the solution remain absent in the remedy. In other words, the remedy offers a remedy without a clear sense of the desired resolution, and focuses only on the problem and the method. Further, this treatment is clearly both unpleasant and unproductive, marking a woman’s body as thoroughly abject and foul. Such a treatment serves to reiterate and perhaps even exacerbate the abject nature of the reproductive female body.

In contrast to this smoking treatment, the medical tradition’s response to postpartum bleeding is quite different, indicating a distinction in treatment relative to cause, and suggesting that the previous treatments would not have been used universally to stop all kinds of gynecological blood flow. After all, in a practical sense, it might be difficult but also dangerous to treat the genitals of a woman who has just given birth with smoking horse dung. Instead, this postpartum remedy calls for the eating and drinking of herbs, and in both texts, again, uses the same language: “Gif blede to swiđe æfter þam beorþre niðoweard clatan wyl on meolce sele etan and supan þæt wos” (If [she] bleeds too much after the birth: Boil the lower part of goosegrass in milk, give to eat and sip the liquid).36 Notably, this remedy responds to complications from childbirth—a topic that is barely addressed in the medical texts, despite high rates of death for women in childbirth at the time.37 Its language parallels that of the previous remedy, with the bleeding being to swiđe, and like the previous remedy, it offers no clear articulation of the expected result. Will the bleeding stop? Slow? Lighten? Will this remedy offer pain relief or somehow staunch a hemorrhage? This remedy responds to a frequent problem but offers frustratingly little information about the results it might produce to help a woman in urgent need. The entire category of the dangers of childbirth is reduced to a single remedy, and one that is nondescript about the causes of postpartum bleeding. The presence of this single and brief remedy indicates the absence of any sort of detail regarding what happens in and after childbirth in the medical texts at large. Its presence articulates an awareness of the dangers presented by the process of giving birth, but its brevity indicates the absence of the myriad solutions we must assume were attempted during many actual births during this time period.

36 Banham and Voth, LBIII, 3.37.6.
37 See Duncan Sayer and Sam D. Dickinson, “Reconsidering Obstetric Death and Female Fertility in Anglo-Saxon England,” World Archaeology 45, no. 2 (2013), 285–97. I do not wish to suggest that early medieval English communities were not deeply concerned about the deaths of women in childbirth, but rather that the remedies do not offer a response to this clearly widespread social and medical problem.
Taken as a whole, these remedies to stop flow, in essence, wish to make absent the all-too-troubling presence of unwanted and excessive bleeding. They respond to situations that might well have been life-threatening for the women experiencing them, and yet they are outnumbered in the medical texts, by far, by more daily maladies like nosebleeds and upset stomachs. The ubiquity of such mundane ailments explains the variety and range of treatments for them. While there is only one remedy that offers care for a woman bleeding excessively after giving birth, there are no fewer than four remedies in just OEM aimed specifically at “arousing” sexual desire in men.38 Women were dying at high rates in childbirth, likely as a result of postpartum bleeding; that the medical texts address the problem so rarely and so inadequately demonstrates not only a textual absence of learned knowledge to care for women, but also a rhetorical centering of the needs of the male body above those of the female. While their care may have fallen to unnamed midwives, the problem of death in childbirth extended beyond the female sphere and impacted the social body at large, and so its absence in the medical texts, texts which are rarely efficacious at any rate, is notable. Men’s bodies, desires, selves are fully present in the medical texts, and women’s, with a few exceptions, are absent.

**Remedies for Provoking Flow**

If the reasons a woman might wish to stop a flow are obvious, the reasons for starting one become more complicated. We, perhaps correctly, might assume that a woman who seeks to provoke menstruation does so because she wishes to regulate and promote her fertility by restoring a missing or irregular cycle. Certainly a woman’s fertility contributes to her value in early medieval England, a value that is further fetishized by the context of nutritional deficiency and disease in this time and place.39 However, it would be wrong to suggest that all menstrual remedies ultimately support patriarchal systems by means of ensuring fertility; some suggest a more radical function. Pregnancy is not always welcome, and the desire to provoke

38 De Vriend, *OEM*, 1.10, 3.13, 4.10, and 12.14. This is a clear predecessor for the current investment in men’s virility and the lack of medical coverage for women’s health in America.

39 Women’s *wergild* is based on their age and thus their capacity to marry and bear children. Cameron, in *Anglo-Saxon Medicine*, argues that the lack of dietary iron would have affected childbearing women most of all, as they require twice as much iron as men (17), and notes the ubiquity of Malaria and also of rickets, which would have contributed to anaemia and negatively impacted fertility (10).
a flow might have as much to do with avoiding pregnancy as with enabling one. Although the remedies are rarely explicit about the reason for provoking a flow, their patterns of language may help distinguish the problems they are meant to address. In the remedies, the menses may be stirred,\textsuperscript{40} or \textit{gecigeþ}, called forth or summoned, or they may be identified as absent, \textit{forstanden}.\textsuperscript{41} Remedies that do not identify a symptom may be just doing their due diligence in offering some remedies for women, but that absence might be more revolutionary. Intentionally or otherwise, remedies that offer women a means of provoking a flow of blood, or that suggest that such a thing can be done, disclose a truth about women’s lives. Even if such a remedy might not be efficacious, it shows that a woman might desire to determine for herself not only when she menstruates, but also, as a direct result, when or if she reproduces. It is the coded language—the very vagueness—of these remedies that allows them to exist in texts authored by religious men and supported by the fundamental symbol of the patriarchy, the church. Such remedies leave space for the presence of a class of women operating some control over their own fertility, stirring or summoning not just a regular cycle, but perhaps preventing or dislodging conception.

In this way, textual occlusion and absence might serve to promote or depict women’s desires. By leaving out details, remedies do not, and do not need to, specify why a woman might wish to summon her menstrual cycle. Indeed, most remedies provide little detail, serving as part of a long list of potential uses for herbs, particularly in \textit{OEH}, as is the case for Bishop’s weed: “\textit{eac hyt ða monoðlican forð gecigeþ}” (also it summons forth menses).\textsuperscript{42} Similarly, \textit{OEH} proposes the use of shepherd’s purse, St. John’s wort, and German iris to “stir up” menses, with iris treating even long-term amenorrhea: “hit þæra wifa monoliðican astyræð þeah hy (ær) lange forlætene wæron” (it stirs the women’s menses, even though they might have been absent for a long time).\textsuperscript{43} The vagueness of this final phrase might be an attempt to treat a wide range of women, from those with nutritional deficits, to those who might have been nursing one, or even a series of children over a number of years thus suppressing menstruation, even to those, the remedy seems to suggest, past menopause. If we read this remedy as indicative of the category of “stirring” as a whole, it suggests an affiliation

\footnotesize{\textsuperscript{40} De Vriend, \textit{OEH}, uses variations of the phrase \textit{wið wifa monaðlican astyrigenne} (for the stirring of a woman’s monthly [discharge]) at 150.1, 152.1, 158.2, 164.1, 165.4, and 173.1.}  
\footnotesize{\textsuperscript{41} This word appears only twice in the corpus, both in \textit{LBIII} in reference to the same remedy. \textit{DOE} defines this word, specific only to these occurrences, as meaning “to stop, cease.”}  
\footnotesize{\textsuperscript{42} De Vriend, \textit{OEH}, 164.1, translation mine.}  
\footnotesize{\textsuperscript{43} De Vriend, \textit{OEH}, 158.2.}
with promoting or restoring fertility. Alternatively, it would be unorthodox, although not impossible, to infer that menses *forlaetan* (absent) might be those missing due to an unwanted pregnancy, particularly given the wide semantic range of the word, which here suggests interruption of a natural flow, but elsewhere means “to allow,” “to release,” or even “to abandon.”

Therefore, *forlaetan* is a word that can be its own opposite (both allowing and abandoning), and so it expresses rather poetically the problem of the present-absence of a menstrual cycle, one that a woman either might wish returned so that it might soon be absent, or one that a woman might just wish returned. The absence of expressed motive leaves space for a range of possibilities that may or may not have been understood by the men writing these texts.

The language in the *OEM* remedy, which calls for a more elaborate ritual, implies even more strongly a contraceptive impulse, informed further by its rhetorical placement following a remedy using similar methods to “cleanse” or purge a woman.

Whereas previous remedies invoke stirring of the menses by compounds, this one sounds more like a command for a rush of blood, and it relies on the woman herself to perform these ablutions proactively and independently:

```plaintext
Eft gif heo wylle þæt ðæt hyre blodryne cyme to, cembe eft hyre heafod under morbeame, and þæt feax þe on þam cambe cleofige, somnige and do on anne telgran ðe sy adune gecyrred, and gesamnige eft; þæt hyre byþ læcedom.
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(Again, if she wants to have her flow back: let her comb again her head under the mulberry tree, and gather the hair that sticks to the comb and place it on a twig that is turned downwards, and afterwards gather it; this will be her remedy.)

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44 *DOE*, “*forlaetan,*” where “to let, allow” is the first definition. This remedy is listed under definition 17, “to leave off, cease, stop; break off, interrupt.” Most other remedies from the leechbooks appear under definition 19: “to cease to contain, let escape, release (confined fluid); to let, shed (blood); release, discharge (bodily fluid acc.); 19.a. to unleash, let flow (bloodshed acc., upon the earth, to and dat.).” These other remedies clearly invoke the flowing of blood, rather than restraining it, as the *DOE* suggests for three remedies including 72.1 in *BLB*, and *OEH* 26.3. 15. “to abandon, renounce.”

45 *DOE* defines this use of the verb as “to cleanse or purge of bodily impurity,” and the use of *geclænsode* in the same remedy as to be “purged of bodily impurity, of menstrual blood, or afterbirth.” As a comparison, a person may also be similarly “cleansed” of demonic possession.

46 De Vriend, *OEM*, 2.03. This remedy also appears to be referenced in the chapter headings for *BLB.*
It is the woman who must locate the tree, and must comb, gather, and place her own hair. Her remedy is entirely contained in her own body and action, in contrast with most other remedies that seem to be compounded for or enacted upon women. The terminology here and in BLB, blodryne and blodsìhtan respectively, suggests something rather more gushing than a simple return to a regular cycle, suggesting if not cleansing, then something like it: something like abortion. These remedies that wish to provoke menstruation, then, may be more complex than just attempting to assist and facilitate conception. They may be, in part, about forestalling it.

While these remedies leave open the potential for reproductive control by what they do not say, only one remedy explicitly comments on what might be expelled from a woman’s body with a returned menstrual cycle, establishing its function as an abortifacient. The OEH lists a second function for bishop’s wort, beyond its use to “call forth” menses; by means of pounding the bishop’s wort with wine or honey, and consuming it or applying it to the genitals, it will both “stir” the menses, and lead out tudder, offspring: “Wyþ da monoðlican to astyrigenne ... hyt þa monoðlican astyreþ ond þæt tudder of þam cwiðan gelædeþ” (For the stirring of menstruation ... It stirs menstruation and brings out the fetus from the womb). This remedy is explicitly NOT about helping with a difficult labor, or expelling a deadboren, stillborn, child. It declares its purpose not once, but twice: to stir up menses. While giving birth (to either a living or dead child) leads to bleeding, it does not lead to bleeding of the monaþlican, monthly sort. Rather, if a tudder is being brought out from the womb in the service of reviving a monthly flow, it might well be as a result of either circumventing conception or causing abortion. This remedy demonstrates the potential of remedies, particularly

47 DOE Online defines both as “flow of blood, bleeding, haemorrhage,” with ryne meaning “running,” and sihtan meaning “draining”; Bosworth-Toller Anglo-Saxon Dictionary Online, s.v. “sihtan.” Accessed January 5, 2018. The desire for cleansing might well be motivated by patriarchal notions of cleanness, but a woman might also seek a different kind of cleansing. Voth also discusses remedies for abortion in this volume.

48 There is a specific category of remedy to help women purge or cleanse themselves of “deadboren” or stillborn children. I address this category in my book in progress, as it is not explicitly connected with menstruation.

49 De Vriend, OEH, 165.4. Translation mine.

50 Conception at this time was believed to be an extended process, culminating at forty days when the fetus was “ensouled.” I discuss this at greater length in my work in progress. Perhaps John M. Riddle refers to this remedy when he writes, “Anonymous recipe manuscripts written and copied at monastic scriptoria contain abortifacients (as menstrual regulators) and contraceptives. A ninth- or tenth-century manuscript has a prescription for cleaning the belly of a woman who cannot purge herself,” in Contraception and Abortion from the Ancient World to the Renaissance (Cambridge, MA: Harvard University Press, 1994), 104.
those provoking flow, to serve women in ways that might be contrary to the desires of the patriarchy at large, hidden in plain sight and resting on the abject nature of menstruation.  

All of the medical manuscripts offer remedies that might be understood to be abortifacients, but the coded language offers just enough doubt, just enough absence to adhere to religious and legal prohibitions against abortion. OEH’s previous remedy may clarify the desired effect of a remedy contained in LBIII. Like this remedy, the remedy in LBIII suggests a return to menstruation connected to the prevention of conception or pregnancy: here, the woman’s flow is depicted as having been “obstructed” by something—“Wip þon þe wifum sie forstanden hira monaþgecynd...” (In case a woman’s menstruation is obstructed...)—perhaps by a tumor, but also perhaps by a fetus. The indeterminacy serves to open rather than foreclose the possibility. This elaborate remedy calls for boiling, drinking, bathing, and then bathing while drinking, but all of this must take place in alignment with the woman’s expected menstrual period: “Þu scealt simle þam wife bæþ wyrcean and drenc sellan on þa ilcan tid. Þe hire sio gecynd æt wære ahsa þæs æt þam wife” (You must always make the bath for the woman and give her the drink at the same time as [her] menstrual period might be. You must ask this time of the woman). This remedy requires a great deal of

51 I do not suggest that the men using or writing this book fully understood or even recognized the potential of this remedy. Rather, I suggest that it demonstrates the possibility of reproductive control for women, couched in language just vague enough and just uncomfortable enough to occlude its potential from those who might see it as abject.

52 Banham and Voth, LBIII, 3.38.1. In its entirety: “Wip þon þe wifum sie forstanden hira monaþgecynd wyl on ealað hleomoc and twa curmeallan sele drincan and beþe þæt wif on hatum baþe and drince þone drenc on þam baþe hafa þe ær geworht clam of beor dreastan and of grenre mucgwyrte and merce. And of berene melwe meng ealle to somne gehrer on pannan clæm on þæt gecynde lim and on þone cwið nioþoweardne þonne hio of þam baþe geþ and drenc scenc fulne þæs ilcan scences warmeres and bewroþ þæt wif wel and laet beon swa beclemed large tide þæs dæges do swa tuwa swa þriwa sweþer þu scyle.” (In case a woman’s menstruation is obstructed: Boil in beer brooklime and two centauries, give to drink, and bathe the woman in a hot bath, and drink the drink in the bath. Have already made for you a poultice of beor dregs and of green mugwort and celery and of barley flour, mix all together, stir in a pan, apply to the genitals and below on the vagina when she gets out of the bath, and drink a cupful of the same tide, warm, and wrap the woman up well, and let her be poulticed like that for a long time of the day. Do this twice or three times, whichever you need to.)

53 Banham and Voth, LBIII, 3.38.2, translation mine. Banham and Voth, in their work in progress, translate it: “You must always make the woman the bath and give her the drink at the same time, so that the nature/birth æt ware ahsa of it to the woman,” indicating the difficulty of the passage that they are working to untangle. Pollington renders this last part thus: “at the same time as would be normal for her [menstruation] ask this [time] of the woman,” in Leechcraft, 394. Marijane Osborn notes, in reference to a different remedy, that “only the emmenagogue
labor, and very specific elements that must occur in a particular order and for an extended duration. A woman cannot undertake this on her own; she requires an expert to assist her, but she must also be a participant, obedient to the terms of the remedy.

However, the remedy relies on the woman's knowledge of her own body. She has to know and provide specific information in order for the timing to be correct and the remedy to succeed. Put simply, the physician needs to know the timing of the woman's cycle, so that he can try to provoke her cycle at the correct time—not too early, and, most importantly, not too late. If a woman is missing a period (and she knows when it ought to arrive), then it seems likely that she would be pregnant. If her periods are irregular or missing, then she would be unlikely to know when her period should begin. Logically, then, this specific provocation of menses seems to be about ending or preventing a potential or progressing pregnancy, rather than repairing an irregular cycle. It also suggests a woman's knowledge of her own body.

These remedies—few of which would have been safe or expedient—exist in a medical tradition that fundamentally excluded women from its practice. Likely, they were never really used to treat women, since the vast majority of women would have turned to other women for such knowledge and healing practices. Instead, these remedies reflect beliefs and ideas about women's bodies and reproduction, some of which derive from classical tradition, some from local practices, and all framed by the people in institutions that produced such texts. They participate in the textual construction of women's bodies, but they are so incomplete, so strange, that, even in the fiction of the bodies they seek to treat, they cannot and do not circumscribe women's agency over their own unruly bodies. Even so, some of the practical concerns and requirements for and of women's reproductive bodies exist within these pages, pushing both transcriber and translator to interact with unfamiliar body parts, distasteful effluvia, and taboo procedures. Medical texts include information meant to regulate not only menses but potentially also reproduction. Whether or not the men who transcribed and used these texts understood this language, and whether or not these texts were ever used in England to treat women, the texts both set forth and conceal the potential for women to control their own reproduction. The trick of remedies is that they are not individual; they exist to serve not one person,

brooklime would have effect on expelling the placenta,” suggesting its known efficacy for this function; Osborn, “Anglo-Saxon Ethnobotany: Women’s Reproductive Medicine in Leech Book III,” in Health and Healing from the Medieval Garden, ed. Peter Dendle and Alaine Touwaide (London: Boydell, 2008), 151.
but to serve a class united by similar suffering; they respond to the needs of women at large and turn individual maladies into a community bound by common physical experience. These remedies give us a small window into the experience of a woman attempting to regulate her reproductive potential in a textual culture that rarely acknowledges women and that depicts their bodies even more rarely.

Manipulating Maternity via Menstruation

Because of the dangers of giving birth in the early Middle Ages, attested to by the disproportionate number of young women in graveyards, it is strange that so few remedies related to childbirth exist. We know the likelihood of maternal loss from the remaining cemeteries; motherhood did not come easily or safely to many women in this period. Indeed, Sayer and Dickinson suggest that “Everyone would have known someone who had, or would, die in childbirth.” Maternal mortality, then, was rampant, and dangers to both mother and child were significant, and yet there are few remedies for help in childbirth. The only remedy in the tradition with attention to difficulty in labor is difficult to comprehend, suggesting a woman bathe herself in parsnip emulsion prepared for her by a practitioner. This remedy captures the relationship between physician and laboring woman, demonstrating the remarkable disconnect between the world of childbirth and the world of written and learned medicine. The physician boils this plant, and then turns everything over to the woman, with no real instructions, except an indication that doing as she is told will allow her to “be healed.”

What this remedy reveals is that in childbirth and delivery, while women likely were not going it alone, they were not attended by the men who wrote

54 Andy Boddington notes “another notable feature, common in many archaeological populations, is higher female mortality during early adulthood; this no doubt associated with the high infant mortality and together they represent the strains and hazards of pregnancy, childbirth and childrearing”; “Raunds, Northamptonshire: Analysis of a Country Churchyard,” World Archaeology 18, no. 3 (February 1987), 417.
55 Sayer and Dickinson, “Reconsidering Obstetric Death,” 293.
56 De Vriend, OEH, 82.1: “Feldmoru/pastinaca siluatica: Wið þæt wifmen earfuðlice (earfoþlice) cennen genim þas wyrte þe we pastinacam siluaticam nemdun, seod on wætere, syle þonne þæt se man hyne þier mid beðige, he bið gehæled.” (Wild carrot or parsnip: If a woman has difficulty in giving birth, take the plant we call *pastinaca siluatica*, simmer it in water, and give it so that she can bathe herself with it, she will be healed.)
57 As Voth notes in this volume, there are no medical texts for a typical pregnancy, suggesting the reliance of women on other women during childbirth, rather than on physicians (see pp. 000).
the manuscripts, as the manuscripts have little to offer by way of knowledge about typical births. While those men participated in dialogue about the maintenance of *monaðgecynd* and *flewsan*, they had very little of use to offer women. They wrote about women’s bodies in vague and general terms, using men’s bodies as the default in the medical texts as a whole, and, on the part of both authors and early translators, revealing an unsurprising Kristevan abjection of women’s leaky bodies. Yet these texts offer us access to some kind of middle ground with regards to the “real” lives of early medieval English women. They are not graveyards, which give us actual bodies to be interpreted using their locations, placements, and surroundings. They are not literary texts, which give us specific characters who function primarily in relation to their narrative or rhetorical purposes (which is not to say that medical texts do not operate by means of their own rhetorical purposes). Medical texts seek to reveal truths about kinds of symptoms, and therefore about the kinds of bodies that experience those ailments. While the truths about these bodies and their disorders are framed by the worldviews of the texts’ authors, editors, and scribes—a penumbra that is useful and valuable under its own terms—the bodies they describe are bodies like our own. They are bodies that bleed, or don’t bleed; bodies that conceive, or cannot; bodies that give birth, or die trying. There is a truth in the nature of the bodies, even as they are mediated by the limitations of the text, and there is a truth in the pattern of solutions presented by these texts. The truth is that all bodies, not just women’s, are unruly, but that the rules of the social order decide which problems merit attention, whether or not the solutions they provide work. These texts leave midwives and childbirth absent; they invoke but never name abortion; they give methods for starting or stopping menstrual periods but use vague language to do so. They allow us to see what women might want for their bodies, but they leave the motives frustratingly absent. But in that absence is possibility, a place where women, through absence, might constitute their own desires and regulate their own reproductive destinies.

In a culture wherein women’s bodies are mediated at every turn by men’s legislation, mores, and judgment—today’s culture, that is; a culture wherein 600 people line up around a North Carolina women’s clinic to say that abortion is a “man’s issue,” and wherein black women in the United States

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58 See Voth, in this volume.
are dying in childbirth at higher rates than twenty-five years ago—60—as much as yesteryear’s—can we say that women's medicine is or has ever been about women’s bodies? In other words, were women better off before women's health was part of patriarchal systems of medicine? Does representation matter, or does existence inside the record fundamentally turn women into objects to be read to, as well as read by, the men who dictate the rules of culture at the expense of women's agency? Perhaps it is better to be covert, to fly below the radar and to escape the policing of and diminishment by patriarchal culture. Or perhaps it is time to insist on embracing the knowledge and experience of women, even when we must find presence in absence. This essay and indeed this volume seek to inject and exalt what has been abjected, and to amplify the voices and experiences of women, both historical and at present.

Bibliography


Linda Villarosa writes, “This tragedy of black infant mortality is intimately intertwined with another tragedy: a crisis of death and near death in black mothers themselves. The United States is one of only 13 countries in the world where the rate of maternal mortality—the death of a woman related to pregnancy or childbirth up to a year after the end of pregnancy—is now worse than it was 25 years ago”; see “Why America’s Black Mothers and Babies are in a Life-or-Death Crisis,” *New York Times Magazine*, April 11, 2018, accessed May 31, 2018, https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html.


