Women and “Women’s Medicine” in Early Medieval England, from Text to Practice

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Abstract
Despite the belief that that the menstrual cycle was predictable and therefore treatable, many of the extant charms to prevent excessive menstrual bleeding, miscarriage, stillbirth, or neonatal death suggest that medical intervention was either unavailable or unsuccessful. The textual evidence for remedies for women’s medicine assumes the care and cure by an educated medical practitioner. However, the actualities of care for women who were not part of the privileged elite is less easy to deduce. Through an examination of extant penitentials and homilies, this chapter demonstrates the men of the church were aware of – and condemned – the treatment, prevention, and prognostication involved in “women’s medicine” by those not sanctioned by the church: midwives and others.

Keywords: medicine, charms, Bald’s Leechbook, Lacnunga, women’s bodies, reproduction

The majority of Old English medical remedies are gender-neutral, providing possible cures for illnesses and ailments that affected both women and men. This is demonstrated either by a focus on the remedy and its component parts, or through the use of OE mann, the semantics of which is “human being” rather than the masculine noun “man.”¹ As many vernacular medi-

cal remedies are translations, OE *mann* may be the preferred translation for gender-neutral Latin *homo*, a pattern noted by Christine Rauer in the translations of the *OE Martyrology*. Janet Nelson and Alice Rio also noted that Latin law codes throughout Medieval Europe use gender-neutral *si quis* (if anyone) or *homo* (a person), only employing female nouns or pronouns when the laws apply specifically to women. When OE medical remedies differentiate between the sexes in diagnosis and treatment, women are specified by *wif* or *wifmann* and men by the use of *wer* or *wæpned/man(n)* or *man(n)*. Almost all of these instances are in relation to obstetric concerns, including conception. Of the nine occasions in which a remedy specifies the sex, *wif* is paired with *wæpned* in four, two of which are in relation to the conception of a child of the desired sex, and a third which specifies the practitioner use the milk of a woman nursing a male child. Similarly, *wif* is paired with *wer* twice: once in a remedy for conceiving a child of the desired sex, the other in a remedy warning that failure to follow through with the directions of the remedy will result in conceiving a child of no gender (*androginem ... naþer ne wer ne wif*). Finally, *wif* is paired with *man(n)/mon(n)/men* in three remedies, one of which references sexual intercourse. Not counted in these instances are two remedies in which *man(n)/mon(n)*

2 Rauer, "Mann and Gender," 144–49.
5 Dictionary of Old English Web Corpus, Boolean and proximity searches for [fragment] *wif + wer* + Cameron number B21. Only instances referring to human beings were counted (*wif* and *wer* are commonly used to differentiate types of the same plant).
6 Dictionary of Old English Web Corpus, Boolean and proximity searches for [fragment] *wif + man/mon/men* + Cameron number B21. I did not count instances in which *man/n* had *wif* as an antecedent (see n. 8 below).
have *wif* as an antecedent, providing succinct examples of the gender-neutral OE *man(n)* whether as a translation for Latin *homo* or as a semantic choice by the compiler.\(^7\)

These rare textual examples do not preclude the reality that the medieval practitioner or their late antique predecessors envisioned a male body as the norm\(^8\) and the female body only when necessary, such as when a remedy specifies gender. A remedy from the medical compendia known colloquially as *Bald’s Leechbook*,\(^9\) reminds the practitioner that the body of a man differs from that of a woman or a child, and each should be treated accordingly:

Do þu ða læcedomas swilce þu þa lichomon gesie, forðon ðe micel gedal is on *waepnedes* ond *wifes* ond cildes lichomon, ond þam mægene þær ðæghwmlican wyhtan ond þæs idlan, þæs ealdan ond þæs gongan, ond þæs þe sie gewin þrówungum ond þæs þe sie ungewuna swelcum þingum.

(Do those treatments for the body you behold, because there is a great difference in the body of the *man* and a *woman* and a child, and in the strength of the daily laborer and the idle, and the old and the young, and he who is battle-wounded and he who is untroubled by such things.)\(^{10}\)

Despite this caveat, few remedies outside of those in which reproductive organs are involved make this differentiation.

As noted above, the majority of medical remedies that specify gender can be found in the treatments presented for those conditions unique to women: menstruation, fertility, childbearing, childbirth, lactation, and menopause.\(^{11}\)

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\(7\) The first is found in the table of contents for a chapter dedicated to the treatment of women’s diseases (Chapter 60) in the second book of London, British Library, Royal 12. D. xvii: “Oþþe gif *men* cwið sie forweaxen, oþþe gif *man* semninga swigie…” (Or if the womb is distended in *one*, or if *one* suddenly goes quiet…). Another example from the third book in the same manuscript in a gynecological remedy: “Gif *wife* to swiþe of flowe sio monaðgecynde genim niwe horses tord, lege on hate gleda, læt reocan swiþe betweoh þa þeoh up under þæt hrægl þæt *se mon *swæte 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.) All translations from *Bald’s Leechbook* and *Leechbook III* are taken from Debby Banham and Christine Voth, *Medical Texts from Early Medieval England, Volume II*: *Bald’s Leechbook* and *Leechbook III: Old English Medicine in British Library, Royal 12*. D. xvii, Dumbarton Oaks Medieval Library, (Cambridge, MA, Harvard University Press, forthcoming).

\(8\) Little has changed from medieval to modern medicine in this regard.


\(10\) *Bald’s Leechbook*, Book 1, Chapter 35.10, Banham and Voth, *Medical Texts II*.

\(11\) *DOE Web Corpus* search turns up 125 instances in which medical remedies make specific references to women. Not all of these are gynecological in nature.
Hippocrates believed that the regularity of a woman’s menstrual cycle was the center of her physical well-being, and disruptions of this rhythm for any reason other than pregnancy could be resolved by returning a woman to her natural cycle.\textsuperscript{12} Medieval thinking connecting a woman’s physical well-being to her menstrual cycle is certainly apparent in the medical corpus, much of which has been passed down from the classical and late antique periods. The menstrual cycle was predictable and therefore presented something treatable.

By comparison with the late Middle Ages, the surviving corpus of women’s medicine through the twelfth century is small, and there are some manuscripts that make no mention of these concerns at all. This is because gynecology and obstetrics was not a prominent area of medical study until the thirteenth and fourteenth centuries, which saw the combined emergence of Islamic medicine in the West and the advent of medical treatises focusing on women and their unique medical concerns.\textsuperscript{13} This includes the tripartite medical compendia compiled in the twelfth century and attributed to a woman physician, Trota of Salerno, the Latin manuscripts of which were circulating in England by the early thirteenth century.\textsuperscript{14} That is not to say that the early medieval corpus of English medicine doesn’t have plenty to offer. A study of the available evidence relates the shared experiences of a portion of the populace marginalized in written works from England ca. 800 to ca. 1200.\textsuperscript{15} Even the women who chose a chaste, religious life, and who are perhaps the most represented females in Old English and Anglo-Latin literature, were not exempt from gynecological concerns.


\textsuperscript{13} Monica H. Green, “From ‘Diseases of Women’ to ‘Secrets of Women’: The Transformation of Gynecological Literature in the Later Middle Ages,” \textit{Journal of Medieval and Early Modern Studies} 30, no. 1 (2000), 5–39. Gynecological and obstetric remedies may not have been of consequence to the male compilers of some of the medical corpus, especially if those medical compendia were intended to be used in male monasteries. For more on the absence of women in the medical corpus, see Dana Oswald’s contribution in this volume, “\textit{Monaðgycynd and flewsan}: Wanted and Unwanted Monthly Courses in Old English Medical Texts.”


\textsuperscript{15} The oldest fragment of Old English medicine (Louvain, Université Catholique de Louvain, Centre Général de Documentation, Fragmenta H. Omont 3[2]) dates to the ninth century, and the latest to the late twelfth century (London, British Library, Harley 6258 B).
In this chapter, I examine the medical care of women in early medieval England through a variety of contemporary sources to explore how women's conditions were treated and by whom, and how the treatment of women's medicine may have differed based on the social standing of the woman in question. Women's medicine in early medieval England is deserving of its own feminist renaissance, primarily because it has not been the dominant subject of study in over twenty years. The research presented here has its foundation in that earlier scholarship and will examine the biological functions of the female reproductive and life cycles both as medical practitioners recognized them and in practice. The first part of this chapter will introduce and analyze the written evidence for women's medicine, both within and without the medical corpus, with an eye toward understanding the potential scope of gynecological and obstetric care for women in early medieval England. The second part will explore the actualities of caring for women during pregnancy, miscarriage, or stillbirth. In this section, I will examine aid given to those seeking birth control or help with fertility and conception. I have pieced together evidence for this kind of medical attention from charms and prayers in the margins of manuscripts, and through contemporary homilies and penitentials that called out women for practices unsanctioned by the church.

**The Corpus**

The corpus of texts and manuscripts examined for this chapter is wide-ranging, comprising both medical and non-medical sources. Medical sources provide insight into the breadth of gynecological and obstetric conditions as

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well as the types of treatments available to practitioners in early medieval England. Remedies found in medical manuscripts may have been restricted to certain members in society, which is why it is necessary to look beyond medical texts in order to ascertain the realities of gynecological and obstetric care.

My focus in the medical corpus is on those manuscripts in the vernacular as they comprise the majority of the extant English medical texts. The surviving vernacular sources exist not merely as rote translations from Latin sources, but as conscious constructions intended to facilitate understanding of each herb’s medical use. The *Old English Herbarium* was a particularly prolific text in early medieval England with four surviving manuscripts. The book of animal-based medical remedies, the *Old English Medicina de Quadrupedibus*, appears to have been translated at the same time as the *OE Herbarium* and is appended to the *Herbarium* in all the vernacular manuscripts.

Of the original medical compilations, the earliest is the mid-tenth-century manuscript London, British Library, Royal 12. D. xvii. The Royal manuscript contains three books, the first two of which were compiled together, separating out disorders into external (Book I) and internal (Book II); both are organized from head-to-foot (*a capite ad calcum*) in the classical manner. Together these books are known as *Bald’s Leechbook* due to a colophon at the end of Book II naming a certain Bald as the patron and owner of the book of remedies. Based on linguistic analysis, the third book in the same manuscript, *Leechbook III*, appears to have been compiled in the early tenth century as a companion to *Bald’s Leechbook*. Royal 12. D. xvii is a mid-tenth-century copy of these medical compilations and shows many layers of additions and emendation to its translations and adaptations of

17 Manuscripts of the *OE Herbarium* and *OE Medicina* include: London, British Library, Harley 585 (s. x/xi); London, British Library, Cotton Vitellius C. iii (s. xi); Oxford, Bodleian Library, Hatton 75 (s. xi); London, British Library Harley 6258B (s. xii).2
classical and late antique medicine, suggesting it was a working medical manual.

Another medical compilation that is part of this corpus is London, British Library, Harley 585, which includes a miscellaneous collection of remedies and charms known as the *Lacnunga*. This manuscript was brought together some time in the early eleventh century. It also contains an incomplete translation of the OE *Herbarium* and the OE *Medicina*. The *Lacnunga* collection represents a wide range of practical and social medicine practiced in a less formal setting than *Bald’s Leechbook* and *Leechbook III*. The collection is thematically important as it appears to have been made with a focus on writing down remedies that had previously been part of oral tradition.

In order to understand how treatment for gynecological and obstetric concerns may have been treated on a practical level, I have examined a number of sources outside of the medical corpus, including contemporary penitentials and homilies. Penitential texts and sermons shed light on how the church viewed certain societal practices and may offer insight on the practice of medicine in medieval English communities. For both the penitential texts and the homilies, I have once again focused on the vernacular collections, which stem from earlier Latin sources. Some collections of OE penitentials demonstrate evidence of having undergone emendation and revision in order to fit actual confessional situations. These collections were frequently copied into the same manuscripts, include the *Scrifboc*, the OE *Penitential*, and

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the *OE Handbook*, often with accompanying material, including homilies.\textsuperscript{26} Vernacular homilies are a variable and changing collection, showing ample evidence of innovation and borrowing. Sermons were delivered to both lay and clerical audiences.\textsuperscript{27} Those homilies intended for the public demonstrate a desire on behalf of those preaching to meet the particular spiritual needs of their flock. Although often organized to follow the liturgical calendar, sermons presented opportunities to address contemporary ecclesiastical concerns.\textsuperscript{28} Among the homilies examined for this chapter are those penned by Ælfric of Eynsham, including his *Catholic Homilies*\textsuperscript{29} and his *Lives of Saints*.\textsuperscript{30} I have also consulted the collection of anonymous vernacular homilies in the Vercelli Book as these were compiled and copied together at the end of the tenth century, and are therefore contemporary with much of the medical corpus.\textsuperscript{31} 

Finally, I have looked at a variety of other non-medical sources in order to uncover how women’s medical conditions were treated. One that is of particular importance is a ninth-century Mercian prayerbook known as the *Royal Prayerbook* (London, British Library, Royal 2. A. xx). This manuscript contains a number of charms against excessive bleeding among its varied contents. Michelle Brown and Jennifer Morrish have both suggested this manuscript may have belonged to a female physician;\textsuperscript{32} I will examine that claim below. The *Royal Prayerbook* is not the only non-medical source to include charms against bleeding or for a difficult childbirth. Many of these

\textsuperscript{26} Brussels, Bibliothèque Royale 8538-63 contains the *OE Handbook* and the *OE Penitential*; Cambridge, Corpus Christi College 190 includes the *Scrifboc* and the *OE Penitential*; Cambridge, Corpus Christi College 201 and 265 and London, British Library, Cotton Tiberius A. iii include the *OE Handbook*; Oxford, Bodleian Library, Junius 121 includes the *OE Penitential*, the *OE Handbook* and the *Scrifboc*; Oxford, Bodleian Library, Laud Misc. 482 includes the *OE Penitential*, the *OE Handbook* and the *Scrifboc*.
\textsuperscript{28} One example would be Archbishop Wulfstan’s *Sermo Lupi ad Anglos*, written after the invasion of King Swein Forkbeard.
charms can be found in manuscripts frequently associated with priests or bishops, and I will address one charm in particular that was included in a late vernacular homiliary (Oxford, Bodleian Library, Junius 85).

In an era in which no birth records survive, and medical sources do not provide details of patient care, it is important to look throughout the surviving corpus for evidence of the treatment of women’s medicine. In the following sections, I will analyze the available textual evidence in order to provide a more complete view of the types of gynecological and obstetric practices that may have been available in early medieval England.

“Women’s Medicine” in the Medical Texts

With few exceptions, medieval women were subject to the advent of menarche between the ages of thirteen and fifteen, although Roberta Gilchrist noted that adverse dietary conditions could result in delayed onset of puberty. Reaching menopause sometime around the age of fifty was also contingent upon a number of factors, not least diet and access to medical care. Regular gynecological concerns could range from minor pain to life-threatening hemorrhage. Childbirth in particular was one of the most dangerous experiences of a medieval woman’s life, as the Old English prognostic on the development of a fetus notes:

On þam teoþan monþe þæt wif hit ne gedigð hyre feore, gif þæt bearn accenned ne biþ, forþam þe hit in þam magan wyrð hire to feorhadle.

(In the tenth month, the woman will not escape with her life if the child is not born, because it turns into a deadly disease in her belly.)

We know that the fetus does not become a disease (feorhadle) after forty weeks of pregnancy, but a post-term woman would be at significant risk for stillbirth and death if she could not go into labor naturally. Childbirth was precarious, and possibly one of the leading causes of death amongst

33 Roberta Gilchrist, Medieval Life: Archaeology and the Life Course (Woodbridge: Boydell and Brewer, 2012), 41–42.
women between the ages of sixteen and forty.\textsuperscript{36} Knowledge of this may have been a motivating factor for some women in pursuing religious orders.\textsuperscript{37}

Medical remedies specific to women outside of the field of gynecological and obstetric concerns are rare, thus medical practitioners may have defined “women’s medicine” as that pertaining specifically to reproduction in one form or another. Chapter 60 in Book II of Bald’s \textit{Leechbook} boasted the largest collection of remedies pertaining to women, with the table of contents entry indicating there were forty-one in all:

\begin{quote}
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( Remedies for obstructed genitals of women and all infirmities of women: if a woman may not bear a child, or if a child becomes dead in the belly of a woman, or if she may not give birth, put the prayer on her girdle just as this medical book says. And the many signs that one may know whether it will be a boy child or a girl child. And for the disease of women. And if a woman cannot urinate. And if a woman cannot be purified quickly. And for haemorrhage of women. And if a woman is out of her mind. And if you desire that a woman have a child, or a bitch [have] a pup. Or if the womb is distended in one, or if one [the womb?] suddenly goes quiet. Forty-one remedies.\textsuperscript{38}

Unfortunately, this chapter is part of a larger gathering that is missing from the manuscript, and the table of contents entry is all that remains. This monumental chapter would have provided various herbal-based remedies and charms for conception, stillbirth, and problems with labor and delivery.


\textsuperscript{38} Banham and Voth, \textit{Medical Texts II}. 
After delivery, there were remedies for if a woman begins to hemorrhage or if she cannot pass the afterbirth, or if she has difficulty with urinating. Despite the loss of the forty-one Bald’s Leechbook remedies, fifty-one remedies for gynecological and obstetric concerns survive in other extant medical texts from the period in addition to the fetal development prognostic mentioned above, and another prognostic on pregnancy omens in the same manuscript.\(^3^9\) Using the above table of contents as a guide,\(^4^0\) it is possible to examine both the types of conditions and the kinds of treatments presented.

Gynecological issues that are addressed in the other medical texts include remedies for abnormally heavy or prolonged menstruation (“\(\text{wið wifes flewsan}\)”), known medically as \(\text{menorrhagia}\). The OE Herbarium also includes two remedies for womb pain (“\(\text{wiþ cwiþan sare}\)”) that does not specify if the symptoms are related to pregnancy. The OE Medicina has two for what it classifies as “women’s troubles,” or “the disease the Greeks call \(\text{hystem cepnizam}\).”\(^4^1\) The Latin term is \(\text{hysterica pnix}\), or “hysterical strangulation,” a condition in which the womb is believed to have moved up into the chest seeking out blood or moisture.\(^4^2\) The resulting symptoms include loss of voice, fainting, difficulty or obstructed breathing, “a seizure of the senses, clenching of the teeth … convulsive contraction of the extremities, upper abdominal distention.”\(^4^3\) These manifestations of \(\text{hysterica pnix}\) bring to mind the disease addressed in BLB II.60.TOC that is described as when a woman is “out of her mind” (“\(\text{gif wif of gemyndum sie}\)”), and explains why that particular remedy is found in the chapter on gynecology and obstetrics. The term \(\text{ungemynd}\) (confusion, loss of mind) is also found in Leechbook III in a chapter including remedies for attack by the devil and his temptations.\(^4^4\) Similarly, remedies in book one of Bald’s Leechbook for those who suffer from “falling sickness”
(brecesoc) such as seizures or epilepsy, are classified under the heading of “feondseocum men” (demoniacs), as their symptoms presented as if they were under attack by an invisible source. The inclusion of “loss of mind” with those who are “fiend-sick,” likely arises from the similarity in symptoms, including “strange and violent fits: (those affected) would tear at themselves and collapse to the ground, often wallowing or foaming at the mouth.”

Unsurprisingly, a large number of gynecological treatments in the medical corpus includes remedies to bring on a woman’s menses (“wyþ ða monodlican to astyrigenne”). This is consistent with the classical theory that regulation of the menstrual cycle was important to treating women’s conditions, mentioned above. Interruption of a woman’s menses can be caused by malnutrition, anemia, hormonal imbalance, early onset menopause, or even pregnancy. Even though no remedy refers specifically to the cause of the disrupted or failed menstrual cycle, presumably the person preparing the remedy to bring on the menses would know that the particular herbal ingredients also had abortifacient qualities as stated in this remedy from the *OE Herbarium*:

Wyþ ða monodlican to astyrigenne genim þysse ylcan wyrte sædes tyn penega gewihte on wine gecnucud ond gedruncen oððe mid hunige gecnucud ond to ðam gecyndelican lime geled, hyt þa monodlican astyreþ ond þæt tudder of þam cwïdan gelædep.

(To stimulate menstruation, take ten pennies’ weight of the seeds of this plant [*Uiola/ Wallflower*], either pounded and drunk in wine, or mixed with honey and put on the sexual organ. It brings about menstruation and takes the fetus from the womb.)

This last is the sole medical reference to abortion in the corpus, although it is likely that many emmenagogic remedies also had abortifacient properties, they may not necessarily have been used for that purpose.

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48 Monica H. Green, “Gendering the History of Women’s Healthcare,” *Gender & History* 20, no. 3 (2008), 487–518, at 499. John Riddle claims that statements of abortifacient qualities of certain herbs are missing from the *OE Herbarium*, even though they are recorded in the Latin
Obstetric concerns make up the greatest number of women’s medical remedies in all the extant medical texts, focusing on when pregnancies go wrong, such as when the mother fails to go into labor, labor does not progress, or in cases of a stillbirth. Post-delivery problems are also addressed, such as cases of hemorrhage (“wīþ wīfa blodshtaþan”), if a woman cannot urinate after giving birth (“gif wīf mīgan ne mǣge”), or she needs to be “purified” (“gif wīf ne mǣge raðe boen geclǣnsod”). Post-birth “purification” in the sense of a woman being given ecclesiastical approval to return to church seems an unlikely reading for the verb geclǣnsod in BLB II.60.TOC, even though the same verb (clǣnsian) is used in the penitentials. Of all the available remedies, only OE Medicina uses the same verb in a remedy to aid in conception of a male child:

Eft, to þam ylcan: haran sceallan wife, æfter hyre clǣnsunge, syle on wine drincan; þonne cenð heo wæpned cild.

(Again, for the same: give the woman, after cleansing/purging, hare’s testicles to drink in wine; she will give birth to a male child.)

The phrase “after her cleansing” here seems to suggest that the patient would have been given something to bring on menstruation. The remedy in Leechbook III suggests “cleansing” is a means of helping a woman pass the afterbirth, described as “what is natural [that] will not come away from the woman” (“gif of wife nelle gan æfter þam beorþre þæt gecyndelic sie”).

tradition of Pseudo-Dioscorides and Pseudo-Apuleius, the works that form the herbal tradition in Anglo-Saxon England; see Contraception and Abortion from the Ancient World to the Renaissance (Cambridge, MA: Harvard University Press, 1992), 103–4. In the above article, Monica Green demonstrates many areas in which Riddle’s work on abortion and contraception are built on faulty principles, especially at 499–502.

49 From the Scriftboc: “Wif þæt de geð in cyrcan æerðon heo clæne sy hire blode, fæste xl nihta” (A woman who enters the church before she has been cleansed of her (menstrual) blood is to fast 40 nights). Frantzen, “Penitentials Database.” For more on the topic of post-natal women and the church, see Becky R. Lee, “The Purification of Women after Childbirth: A Window onto Medieval Perceptions of Women,” Florilegium 14 (1995), 43–55.

50 OE Medicina, Chapter 5.13. De Vriend, Herbarium and Medicina, 250; D’Aronco and Niles, Medical Texts I.

51 Leechbook III, Chapter 37.3: “Gif of wife nelle gan æfter þam beorþre þæt gecyndelic sie: Seoþa eald spic on wætre beþe mid þone cwþeld helemoc oþþe hocces leaf wyl on ealoþ sele drincan hit hat.” (If after the birth, what is natural will not come away from a woman: simmer old lard in water, bathe the genitals with it, or brooklime or mallow leaf, boil in beer, give it to drink hot.) Banham and Voth, Medical Texts II.
Additionally, the *OE Herbarium* includes remedies for “a woman’s cleansing” or “purifying the womb”:

Wið wifa afeormungæ genim þas ylcan wyrte pastinacam, seoð on wætere, ond þonne heo gesoden beo mengc hy wel ond syle drincan, hy beoð afeormude.

(For a woman’s cleansing, take the same plant, simmer it in water, and when it is soft, mix it well and give it to drink. She will be cleansed.)\(^{52}\)

Þeos wyrt conize on wætere gedoden ond sittendum wife under [geled], heo ðone cwīhan afeormaþ.

(This plant, fleabane, simmered in water and laid under a seated woman, purifies the womb.)\(^{53}\)

Neither of these remedies mentions childbirth but both read as if they are intended to help dispel excess blood: one is given in a drink; the other is used externally. Neither appears to make specific reference to hemorrhage (*blodsīht*/*flewsa*). Therefore, the sense of cleansing or purification that is being portrayed by *OE geclænsod* in *BLB* II.60.TOC would appear to be emmenagogic, in which the uterus is stimulated either to expel the afterbirth after delivery or to bring on menses before they would normally be expected, the result being both a return to a normal cycle and an increase in chances for conception.\(^{54}\)

Difficulties with conception (“gif wif ne mæge geberan”), stillbirth (“gif bearn weorþe dead on wifes innoþe”), and delivery (“gif hio cennan ne mæg”), were not only female-specific medical concerns, but they present some of the most varied approaches in the medical texts. Similar to the treatment of other gynecological and obstetric concerns, there are a number of herbal-based remedies for bringing on labor in the case of a stillborn baby, or to encourage labor to progress in case it has stalled.\(^{55}\) But there are also a number of alternative remedies for these situations. *BLB*


\(^{54}\) Green, “History of Women’s Healthcare,” 501.

\(^{55}\) *Leechbook III*, Chapter 37; *OE Herbarium*, Chapters 63.1, 82.1, 94.6, 104.2, 143.3; *OE Medicina*, Chapters 5, 10.
II.60.TOC recommends a prayer be placed in the pregnant woman’s girdle for one or all of the above-mentioned conditions (“do on hire gyrdels þas gebedo”). This is the earliest reference to a girdle prayer in England, and the missing text may have a textual antecedent in the Royal Prayerbook’s apocryphal letter from Jesus to King Abgar of Jerusalem (fol. 12r/v), also known as the Epistola salvatoris. The bearer of the letter in the Royal Prayerbook was guaranteed divine protection against all enemies and natural disasters.\(^56\) Although the letter in the Royal Prayerbook does not specifically mention pregnancy, later witnesses of these amuletic letters frequently included prayers for the safe delivery of a child and were popular in the late Middle Ages as a ward against miscarriage, stillbirth, and difficulties in labor.\(^57\)

Similarly, the Lacnunga presents prayers and charms as alternatives to herbal remedies in the case of stillbirth and miscarriage and the inability to breastfeed.\(^58\) The following charms that appear in a single chapter in the manuscript have been thought by some to be one larger charm against “delayed birth,” and performed over a period of time.\(^59\) The use of the same verb phrase “afedan ... ne mæge” in each introductory sentence may have signaled a single origin to the early translators. However, \(afedan\) has multiple meanings—“rear, nourish, support, raise”\(^60\)—and each charm focuses on a slightly different meaning; therefore, I think it is important to treat each as a separate entity. The first charm is a sequence of actions and verbal incantations for a woman passing through the necessary boundaries toward having a healthy child,\(^61\) and it would be performed after a miscarriage or loss of a child, or even as a preventative measure:

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58 Harley 585, fol. 185r/v.
61 Weston, “Women’s Medicine, Women’s Magic,” 287.
The woman who cannot rear her child: let her go to a dead man’s grave and then step thrice over the grave, and then say these words thrice:

“This is my remedy for the loathsome slow birth. This is my remedy for the grievous black birth. This is my remedy for the loathsome, misformed birth.”

And when the woman is with child and goes to her husband in his rest, then let her say:

“Up I go, over you I step with a living child, not with a dying one, with a child brought to full-term, not with a doomed one.”

And when the mother feels that the child is alive, then let her go to church, and when she comes before the alter, let her say,

“To Christ, I have said, this is made manifest.”

The charm requires the woman to perform in three stages: stepping over a dead man’s grave to ward off the death of her future children due to delayed labor (lætbyrde), stillbirth (swærtbyrde), or deformities (lambyrde); stepping over her sleeping husband to assure her pregnancy sustains to term (fulborenum); and finally, going to a church upon feeling the fetus move, to declare her desire to keep her child. This final oral recitation is truncated in comparison with the earlier two, and may represent a later adaptation of the charm to include Christian elements, as seen in other charms with Germanic origins. Sarah

62 All translations from the Lacnunga are my own. Weston provides a more detailed analysis of this and the other two charms from the Lacnunga in her article “Women’s Medicine, Women’s Magic.”

Larratt Keefer proposed that this part of the recitation may once have been longer, perhaps patterned after the *Magnificat*, but she also suggests that the obvious variation from the earlier formula appears to be the result of monastic interference.\(^\text{64}\) Meaney offers an alternative interpretation that this final part of the charm demonstrates the mother's intention to baptize the child.\(^\text{65}\)

The second, shorter charm in the *Lacnunga* is for a woman who has lost a child either very late in birth or early after delivery as a grave is once again involved:

Se wifmon se hyre bearn afedan ne mæge: genime heo sylf hyre agenes clides gebyrgenne dæl, wry æfter þonne on blace wulle ond bebicge to cepemannum ond cweþe þonne:

“Ic hit bebicge, ge hit bebicgan þas sweartan wulle, ond þysse sorge corn.”

(The woman who cannot rear her child, let her take part of her own child's grave, then wrap it in black wool and sell it to traders and then say:

“I sell it; you sell it; this black wool and seeds of this sorrow.”)

In this case, the woman is to sell some of the earth of her deceased child's grave, wrapped in black wool in “an inverted reference to the white clothes of baptism.”\(^\text{66}\) In the black earth of the grave are the figurative “seeds of sorrow,” dug up and exchanged in order to assure a healthy child in the future.

Finally, the third charm appears to be a remedy for a woman having difficulty breastfeeding as it focuses on the ability of a woman to provide nourishment, not only to her child, but to herself:

Se man se ne mæge bearn afedan: nime þonne anes bleos cu meoluc on hyre handæ ond gesupe þonne mid hyre muþe, ond gange þonne to yrnendum wætere ond spiwe þærin þa meolc, ond hlade þonne mid þære ylcan hand þæs wæteres muð fulne ond forswelge; cweþe þonne þas word:

“Gehwer ferde ic me þone mæran maga þihtan. Mid þysse mæran mete þihtan. Ponne ic me wille habban ond ham gan.”

Þonne heo to þan broce ga, þonne ne beseo heo no, ne eft þonne heo þanan ga; ond þonne ga heo in oþer hus oþer heo ut oþeode, ond þær gebyrge metes.

(The one who cannot feed her child, let her take milk of a cow of one color in her hand and then sip it with her mouth, and then go to running water and spit the milk therein, and then scoop up a mouthful of the water with the same hand and swallow it; then let her say these words:

“Everywhere I have carried the glorious strong son by means of this glorious, strong food. I will keep him and go home.”

When she goes to the brook, let her not look back, nor again when she goes from there, and then let her go into a house other than that from which she went out, and there let her eat food.)

In this ritual, the taking-in of nourishment in various forms is acted out: the woman must milk a cow and then hold the milk in her mouth. Spitting the milk into running water symbolizes her desire for her own breast milk to flow. After reciting the charm, she then goes to a friend’s home and eats; keeping herself healthy will aid her ability to feed her child. Finally, the change of physical location is symbolic of a new life.

What stands out about the above three charms from the *Lacnunga* is that not only are they thoroughly performative acts, requiring a woman to traverse to rivers, graveyards, and churches, but that they are to be carried out by the woman herself, without an intermediary. With the exception of the final lines of the first charm, they contain no prayers or blessings or appeals for heavenly intervention. Instead, these charms focus on the physical manifestations of death (a grave) or nourishment (milk). Within the textual tradition of medicine, these three charms are a glimpse of more traditional, or “folk,” medicine that does not require physician’s supervision or priestly blessing and may represent the types of remedies available to women whose financial means did not allow for them to seek expert medical care. Furthermore, these charms epitomize the alterity of infertility, representing a barrier between the woman afflicted with infertility or the loss of her child and society as a whole. They also place a heavy burden on the woman as the one responsible for the pregnancy or neonatal loss and the inability of her body to provide nourishment either through her breasts or her womb.

The textual evidence provides a disparate range of remedies for gynecological and obstetric concerns, from drinks and ointments to charms and amulets. They address medical conditions that are universal to women and
present today even with modern medical advances. The efficacy of these medieval remedies is debatable, but many of the herbs have emmenagogic properties recognized today, and the prayers and hopes of today’s infertile woman who cannot afford expensive treatments are little different from medieval charms and amulets. I will come back to the topic of folk medicine and care for women, but for now, I turn to sources of women’s medicine that are not overtly part of the medical corpus.

“Women’s Medicine” in a Non-Medical Context

The only non-medical book to focus on women’s medicine is the Royal Prayerbook: one of four extant small-sized books produced in Mercia in the early ninth century, including the Book of Cerne, the Book of Nunnaminster, and the Harley Prayerbook.67 As I mentioned when introducing my corpus, it has been proposed that perhaps this manuscript was made for, or was once the property of, a female physician. However, it bears no resemblance in content to the extant vernacular medical corpus from the early medieval England. The Royal Prayerbook is a Latin manuscript with a contemplative focus on healing through Christ’s miracles. It contains no medical remedies, but the two groups of prayers or charms for the cessation of bleeding (fols. 16v, 49r/v), focus on a specific kind of blood flow: menstrual. These charms, as I will refer to them hereafter, present as prayers, but according to Lea Olsan, a charm is a “performative speech act” that may be found in both medical and religious contexts.68 Charms may contain actual prayers, but they also contain an incantation of some sort and may require the actors to perform in some other way, such as seen with the Lacnunga charms above.69

The manuscript opens with excerpts from the Gospels, but with an unusual twist: the four evangelists’ accounts are changed from their biblical order, with Matthew’s accounts of Christ’s healing miracles being presented last, just before a series of hymns and prayers. Within the selections from the Gospel of Matthew are four miracles in which women were healed, including the “Veronica,” or the “Haemorrhioissa,” account of the woman who touches

Christ’s hem and is healed of her bleeding after twelve long years.\textsuperscript{70} This account features again in two charms against bleeding that begin with an excerpt taken from \textit{A Solis Ortus Cardine}, a Latin poem by the fifth-century poet Sedulius in which the life of Christ is narrated in twenty-three stanzas:

\begin{quote}
Rivos cruoris torridi
Contacta vestis obstruit:
Fletu rigante supplicis
Arent fluent sanguinis.\textsuperscript{71}
\end{quote}

(Streams of blood dried up. \\
Blood ceased with the touch of the garment, \\
by the suppliant’s flowing tears; \\
the streams of blood dry up.)\textsuperscript{72}

Citing the miracle of the Veronica, the suppliant requests that her own flow of blood ceases, just as for the woman who touched Christ’s robes. The first of these charms comes at the end of the second quire of the manuscript on fol. 16v, after the apocryphal letter from Christ to King Abgar mentioned above. It is repeated (with some textual differences) on fol. 49 r/v. The second charm is significantly longer, beginning with a short Latin benediction, and both begin with \textit{signum crucis} drawn in the left margin. The charm against bleeding then continues onto 49v, where the reader is once again instructed to make the sign of the cross before reading a charm that contains instructions to write out and carry an amuletic prayer in (corrupt) Greek that includes the name Veronica.\textsuperscript{73} The final part of the charm, marked by a fourth \textit{signum crucis} repeats the \textit{Rivos cruoris torridi} formula, adding a plea for Veronica to intervene on the suppliant’s behalf to “free me from

\textsuperscript{70} The biblical account of the veil of Veronica and the Haemorrhoissa were conflated sometime in the early Middle Ages in the transmission of Eusebius of Caesarea’s \textit{Church History}. The name Veronica would come to be associated equally with the woman who touched Christ’s hem and the account of the woman who used her veil to wipe Christ’s bloody face. Emma Sidgwick, “At Once Limit and Threshold: How the Early Christian Touch of a Hem (Luke 8.44; Matthew 9.20) Constituted the Medieval Veronica,” \textit{Viator} 45, no. 1 (2014), 1–24.


\textsuperscript{72} Translation is my own.

\textsuperscript{73} “COMAPTA OCOΓMA CTY FONTOEMA EKTYTOPIO +Beronice. Libera me de sanguinibus, Deus, Deus, salutis me, CACINCACO YCAPTERE per Dominum Ihesum Christum.” (NB: Beronice is the Latinate version of the Greek Veronica: Βερενικη.)
the blood,” followed by more corrupt Greek.74 In keeping with this pattern, the manuscript closes with A Solis Ortus Cardine in its entirety (fol. 51r/v).

These charms are not for generic blood flow cessation as suggested by Godfrid Storms when he truncated them,75 but charms involving prayers and invocations to Christ and saints to cease the excessive flow of blood unique to women, with the performative ritual focused on the sign of the cross and oral performance, as suggested by the repetition of the Rivos cruoris torridi formula.76 The type of abnormal menstrual bleeding addressed by these charms would leave the patient anemic and sick and potentially infertile. Infertility as a comorbidity of irregular and heavy menstrual bleeding may also explain why there is a focus in the Gospel excerpts on the parents of John the Baptist: Zechariah and Elizabeth, a couple who suffered life-long infertility, and who were given the miracle of a child in their old age.

It is important to note that even regular menstruation was viewed outside of any medical context in early medieval England as a disease rather than a biological function. The Old English term in medical context is flewsa (flux). References to menstruation only appear in two other contexts in this period: homilies and penitentials. In both, the term used is monaðadl, or “monthly disease.” Heide Estes notes that in the Old English translation of Bede’s Ecclesiastical History, the process of menstruation itself is referred to as “illness/sickness” (untrymnes). “[T]he text’s repetition that menstruation constitutes ‘untrymness’ creates a special category of infirmity particular to women.”77 The penitentials and homilies in which menstruation is addressed focus on the unclean nature of the cycle itself: if a man and a woman participate in intercourse during her menstrual cycle, the man is required to pay penance for twenty to forty days.78 Although Bede writes that women should not be restricted from attending church during their menstrual period, the Old English penitentials say otherwise: any woman who attends church or partakes of the Eucharist is to fast for twenty days.79 Menstruation was an “unclean” disease, and conception

74 “Beronice libera me de sanguinibus. Deus, Deus, Salutis me. AMICO CAPDINOPO ΦΙΦΙΡΟΝ ΠΑΧΑΜΟ.”
78 Scrīftboc, Frantzen, “Penitential Database.”
79 Scrīftboc, Frantzen, “Penitential Database.” These restrictions applied to women religious as well.
that may occur during menstruation was thought to result in a child born with physical impairments or a sinful nature, which was to be avoided.\textsuperscript{80} The disease of menstruation may have prevented women in early medieval England from attending church once a month, but what would it have meant for a woman with excessive menstrual bleeding, already physically impaired by a disease that may have restricted her from marriage, childbirth, or other activities most often associated with “womanhood”? Unfortunately, the attitude of the church that menstruation was an unclean infirmity suggest she also may have experienced marginalization through social restrictions due to her condition. Returning to the question of the purpose of this manuscript, it is important to point out how it differs from the extant medical corpus. The \textit{Royal Prayerbook} was created as a Latin manuscript; vernacular glosses were added to several of the prayers by a subsequent owner, sometime in the late tenth or early eleventh century. The prayerbook had no original vernacular texts in it, whereas the other medical books are primarily vernacular creations or translations. I am reluctant to make a judgement that a woman physician’s “leechbook” would differ so significantly from a man’s: in Latin instead of the vernacular and with focus on prayers, hymns, and gospel excerpts over actual remedies. As a medical manual, the \textit{Royal Prayerbook} would have provided a very limited range of healing for a woman physician, if that was, indeed, its purpose. While the evidence is overwhelming that this manuscript was created for a woman, I do not believe it was intended for one who was interested in healing others, but one who was focused on healing herself. A woman whose life had been ravaged by prolonged menstrual problems and subsequent infertility could contemplate, pray, and perform the various charms with the hope of healing and perhaps the miracle of childbirth late in life through the texts in this manuscript.\textsuperscript{81} The Greek amuletic charm the suppliant is instructed to copy may have been paired with the amuletic charm at the end of the apocryphal letter from Jesus to King Abgar, providing the reader with dual talismans promoting good health and warding off excessive bleeding.

The conscious compilation of this manuscript demonstrates that it must have been very difficult for medical practitioners in this premodern

\textsuperscript{80} Irene Metzler, \textit{Disability in Medieval Europe: Thinking about Impairment during the High Middle Ages, c. 1100–1400} (Abingdon: Routledge, 2006), 86–88.

\textsuperscript{81} It is possible that this book may have belonged to a female monastery. However, the focus on the miracle of the conception and birth of John the Baptist presents a level of hope for future fertility that is inconsistent with a monastic environment.
society to cure ongoing, debilitating illnesses. 82 Had the original owner of this manuscript gone through repeated, failed medical treatments before turning to contemplative material, prayers, and charms that focus on spiritual intervention? Although the vernacular medical corpus lists several treatments for gynecological and obstetric concerns, there is no evidence available to indicate their overall efficacy. Of course, women seeking help for fertility and/or gynecological concerns likely took advantage of every available means of help: performing charms, seeking spiritual guidance and contemplative material, and pursuing medical attention in order to elicit a cure. The importance of the Royal Prayerbook to this study is that it is one of the few sources in which we see medical treatment from the patient’s perspective. Like the women who sought out fertility aids such as the charms written down in the Lacnunga, the owner of the Royal Prayerbook must have used the combination of texts found within the book to help cope with a gynecological illness that may have prevented her from having a normal life.

The Treatment of “Women’s Medicine”

The actualities of healthcare for women in early medieval England are, to be blunt, complicated. The vernacular medical manuscript collection and the Royal Prayerbook mostly likely served a limited audience; that is, the textual evidence for remedies for women’s medicine, particularly herbal-based remedies, assumes the care and cure by a medical practitioner, particularly one who was educated enough to read and well enough placed to have access to a medical manuscript. 83 This same physician may have served in a specific environment such as a monastery, and was of service to a select few with access to or the financial means to pay for medical care. Similarly, the original owner of the Royal Prayerbook must have been from a wealthy or noble family. She was either well-educated and able to read Latin, or she had regular access to a priest who could read to her. Moreover, she was either financially capable of commissioning the manuscript or in position to receive one as a lavish gift. But noble women and those of

82 We can read the same frustrations in the medical community in Bishop Asser’s late ninth-century accounts of the suffering of King Alfred. While his work has strong hagiographic overtones, it may not have exaggerated King Alfred’s medical condition, the number of doctors who attempted a diagnosis, and its untreated nature. William H. Stevenson, Asser’s Life of King Alfred together with the Annals of St Neot Erroneously Ascribed to Asser (Oxford: Oxford University Press, 1904).
83 Jolly, Popular Religion, 104–5.
means were not the only ones who suffered from gynecological problems or needed care during childbirth.

The corpus of women's medicine noticeably focuses on when pregnancies and labor go wrong. Apart from a single entry in *Leechbook III* on prenatal care, and the injunction against certain foods in a pregnancy prognostic, no medical treatises exist on what one should anticipate in a typical pregnancy and delivery in early medieval England. This information was likely spread through oral tradition, rather than textual, from woman to woman. Pregnancy and childbirth progressing normally, as well as other women's medical issues, were probably attended to by other women. Historical evidence does not survive to tell us whether these women were recognized medical specialists or mothers and grandmothers sharing empirical knowledge. The vernacular translation for a midwife is *byrþþinenu*, but it only occurs twice in the corpus of Old English, both times

84 *Leechbook III.* 37.5: “Georne is to wyrnanne bearneacnum wife þæt hio aht sealtes ete oððe swetes oþþe bear drince. Ne swines flæsc ete ne naht fætes. Ne druncen gedrince ne on weg ne fere. Ne on hors to swiðe ride þy laes hio þæt bearn of hire sie ær riht tide.” (A pregnant woman must be warned vigorously against eating anything salt or sweet, or drinking beer, and not eat pork or anything fatty, nor drink so that she gets drunk, nor travel on the road, nor ride on a horse too much, so that the child does not come out before the right time.) Banham and Voth, *Medical Texts II.*

The injunction against horseback riding is repeated in the homily *De Infantibus non Baptizandis* that John Pope attributes to Ælfric of Eynsham, *Homilies of Ælfric: A Supplemental Collection, Volume I*, EETS s.s. 259 (Oxford, Oxford University Press, 1967), 56 and 69. See also Winfried Rudolf, “Anglo-Saxon Preaching on Children,” in *Childhood and Adolescence in Anglo-Saxon Literary Culture*, ed. Susan Irvine and Winfried Rudolf (Toronto: University of Toronto Press, 2018), 48–79.

85 “[G]if wif biþ bearn eacen feower monoð oþþe f ife and heo þonne gelome eteð hnyte oþþe æceran oþþe ænige niwe bleda þonne gelimpeð hit hwilum þurh þæt þonne þæt þæt cild bið disig. Eft, is oþþe wife beþon gef eceð færes flæsc oððe rammes oþþe bæcan oþþe baeres oþþe hanan oþþe ganran oþþe æniges þara neata þe stryñan maeg þonne gelimpeð hit hwilum þurh þæt þæt cild bið hoforode and healede.” (If the woman is four or five months pregnant and frequently eats nuts or acorns or fresh fruits, then it sometimes turns out that because of that, the child will be foolish. Again, there is another way for that: if she eats the flesh of bulls or rams, or bucks or boars, or cocks or ganders, or of any animal that can engender, then it sometimes happens that because of that, the child will be hunchbacked and deformed.) Liuzza, *Anglo-Saxon Prognostics*, 212–13.

86 This may not be overly surprising. Even though classical and Late Antique authors, including Hippocrates, were interested in conception, fetal development, and obstetrics, and books of gynecology were written by physiçals like Soranus of Ephesius, their works were not transmitted as a whole in early medieval England; extracts of their works may have comprised some of this lost chapter, but with all authority removed. Green notes that the Salernitian compilation of women's medicine attributed to the woman Trota does not include information regarding normal pregnancy and delivery issues; “History of Women's Healthcare,” 495.

as a Latin translation for *obstetrix*. The low frequency of this term does not necessarily predicate its popularity in everyday use but may indicate that either *byrþþinenu* was not a recognized professional term or else there may have been little reason (for men) to document the term.

Gleaning evidence for the practice of women’s medicine in medieval towns and villages is difficult at best as no sources survive to detail this facet of women’s life. It may be possible to infer from vernacular penitentials and homilies that the men of the church were aware of—and in many cases, condemned—the treatment, prevention, and prognostication involved in women’s medicine by those not sanctioned by the church. The *OE Penitential* and *OE Handbook for the Confessor* both identify the means by which a woman might bring about an abortion “with drink or with other diverse things”:

> Gif wif hire cild amyrð innan hire *mid drence oððe mid oðrum mislicum pingum* oððe formyrþpred syddan hit forð cymð, fæste x ger, þa iii on hlæfe ond on wætere, ond þa vii swa hire scrift hire mildheortlice tæcean wylle.

(If a woman murders her child while it is inside her, or after it comes out, *with drink or with diverse other things*, she is to fast for 10 years, 3 on bread and water, and 7 as her confessor mercifully prescribes for her, and repent it ever after.)

The highlighted phrase is missing in the older, vernacular penitential collection known as the *Scrifboc* and the Latin original, suggesting it was added later, perhaps as priests became aware of the ways and means women might be exercising their options to birth control. The wording of this addition to the penitential echoes that of many of the medical remedies that call for herbal drinks to bring on menses or labor in the case of a stillbirth. In his homily “On Auguries,” Ælfric notes that “some

89  My gratitude to Dr Debby Banham for consulting with me on the use of this term, and for pointing out that documented Old English is not necessarily consistent with popular use of the language. The documentation that survives from this era was produced in a heavily male-dominated field, so this may be another reason for the low frequency of this and other terms relating to women.
91  *OE Penitential*, Frantzen, "Penitential Database."
[women] kill their children before they are born, or after\textsuperscript{92} in order to hide their infidelity. Although abortifacient herbs typically prescribed as emmenagogues may have been available and known to local practitioners or midwives, Monica Green noted that this does not necessarily mean they were widely used for the purpose of abortion.\textsuperscript{93} Infanticide, which is referenced both in the penitential text and the homilies, may have proved less perilous to the mother.

In the vernacular penitentials, women are the ones accused of witchcraft (\textit{drycræft}), the performance of incantations (\textit{galdorcræft}) and other sorcery (\textit{unlibban wyrce}),\textsuperscript{94} and in Ælfric’s homily, they are accused of the creation of love philtres and other forms of love magic.\textsuperscript{95} The \textit{OE Penitential} specifies penance for all who “practice auguries or omens” (\textit{hyltas oddæ hwatunga}), but adds a harsher penalty for women who cure their children through witchcraft (\textit{wiccecræft}) or by dragging them through the earth at a crossroads.\textsuperscript{96} Ælfric must have been familiar with this particular penitential text since he mentions it almost verbatim in his homily “On Auguries,” calling the women \textit{gewitlease} (witless) for their actions.\textsuperscript{97} Although this is not an example of “women’s medicine” as it has previously been defined, I note it here for two important reasons: these texts show women as agents of family or folk medicine, and the practice of folk medicine was classified by the church as heathen practices or witchcraft.

Designating these women as witches discredited them and their practices within the eyes of the church, and perhaps their communities: “magic is most often a label used to identify ideas or persons who fall outside the norms of society and are thereby marked as special or non-normative, either for the purpose of exclusion or to heighten a sense of mysterious power

\textsuperscript{92} “Sume hi acwellað heora cild ærðam þe hi acennede beon, oddæ æfter acennednyssé þæt hi cuðe ne beon ne heora manifulla forligr amelod ne wurðe ac heora yfel is egeslic and endeleslic morð.” Skeat, \textit{Ælfric’s Lives of Saints}, 374–75.

\textsuperscript{93} Green, “History of Women’s Healthcare,” 499–505.

\textsuperscript{94} \textit{Scryftboc}: “Gyf wif dryrcrafft ond galdorcrefft ond unlibban wyrce ond swylyce bega fæste xii monað oddæ þroo æfesteno, oddæ xl nihta gewite hu micelu seo fyren seo.” (If a woman practices magic and incantations and sorcery and the like, she is to fast twelve months or the three forty-day fasting periods or forty days; ascertain how great the sin is.) Frantzen, “Penitential Database.”

\textsuperscript{95} “Sume hi wyrcæð heora wogerum drencas oddæ sumne wawan þæt hi hi to wife habbon” (Some of them devise drinks for their wooers, or some mischief, that they may have them in marriage). Skeat, \textit{Ælfric’s Lives of Saints}, 374–75.

\textsuperscript{96} \textit{OE Penitential}: “gif heo tilað hire cilde mid ænigum wiccecreafaet, oddæ æt wege gelæten þurh eorðan tyð fordæm hit is mycel hædænsceipe” (for that if she cures her child with any witchcraft, or at a crossroads lets it be drawn through the earth, for that is a very heathen practice). Frantzen, “Penitential Database.”

\textsuperscript{97} Skeat, \textit{Ælfric’s Lives of Saints}, 374–75.
inherent in their status."98 Even though the practice of witchcraft or sorcery is condemned in other homilies and in law codes,99 Ælfric's homily and the penitentials are unique in focusing on women as practitioners of magic.100 The contemporary collection of sermons in the Vercelli Book includes the practice of witchcraft and sorcery in a list of sins, but without any reference to the gender of the sinner.101 The comparison here suggests that the Vercelli homilies were offering generic moral teachings often seen in homiletic texts, thus allowing them to be amended as the situation necessitated. Thus, Ælfric and the men who documented and emended the late penitential collections were addressing a contemporary societal concern as they saw it: these churchmen objected to the disruption of the female social sphere (as they defined it) by women acting as healers.

Drawing a sick child through the earth at a crossroads represents an attempt to elicit a cure based on sympathetic medicine.102 Sympathetic medicine is a form of symbolic transference, either as a means of taking away something bad or the application of something good through contact or actions, and is a common feature of charms.103 Crossroads were common meeting places, but they were also places of illicit burials (suicides),104 thus the mother may have hoped to transfer the child's illness onto a passing stranger or into a grave of one already damned. It is also possible that the symbolism of the crossroads is simply a cross, and thus the worried mother's actions symbolized an act of transferring her child's suffering onto Christ. If this possibility were considered by Ælfric and the confessors, then the punishment was meted out not because a woman was performing a heathen action, but because she was performing a Christian one. Nevertheless, in order for this to have been brought to the attention of Ælfric and to warrant emendation in the vernacular penitentials, it must have been practiced by more than one woman. This example is also an analogue to the Lacnunga charms for a healthy pregnancy in

100 Meaney, "Women and Witchcraft," 18: "whenever Ælfric uses a pronoun for a witch it is always feminine."  
101 Vercelli Homily IV; Scragg, Vercelli Homilies, 95.  
which the woman traverses a grave in a means of transferring death to
death in order to assure the life of her unborn child. The action of taking
soil from a grave or stepping over one to transfer “death to the dead” 105
must have been seen by the church as desecration, even if that grave
belonged to one’s child. Sympathetic or transference healing crossed
into the arena of heathen practices, such as nature worship, and Ælfric
condemns practices that seek healing without a focus on the spiritual
realm: 106 “It is not allowed to any Christian person to fetch his health
from any stone, nor from any tree.” 107 The Lacnunga charms for a healthy
pregnancy include only a single Christian element, and the performance
of charms that do not include Christian invocations or without a priestly
intervention would be anathema to someone like Ælfric. This alone would
warrant the condemnation of female healers as performers of magic and
witchcraft. 108

Some, if not most, of the instances in which a woman was called out for
heathen practices and witchcraft were times when women were performing
as agents of medicine, either for themselves or for others. 109 This might
include creating amuletic charms for pregnant and parturient women, or
even concocting a fertility drink. In the cases of women performing magic,
incantations, and sorcery, the Scriftboc recommends that the confessor “as-
certain how great the sin is,” and in the cases of abortion, the OE Penitential
allows the confessor to be merciful in his judgement. 110 While it is up to
the confessor to prescribe whatever penalty he sees fit, these emendations
suggest he could assess situations in which perceived witchcraft was in fact

106 Jolly, Popular Religion, 90.
107 “Se cristena mann ðe on ænigre þissere gelicynysse bið gebrocod, and he ðonne his hælðe secan
wyle æt unalyfedum tilungum, oððe æt wyrigedum galdrum, oþþe æt ænigum wiccereaftr ... 
Nis nanum cristenum men alyfed þæt he his hæle geleccce æt nanum stane, ne æt nanum treowe,
buton his sy halig rode-tacen, ne æt nanre stowe, buton hit sy halig Godes hus; se ðe ðeles ded, he 
begeð untwylice hæðengild.” (The Christian person, who in any of this like is afflicted, and he 
them seek his health with unallowed practices, or with cursing charms, or with any witchcraft
... It is not allowed to any Christian person to fetch his health from any stone, nor from any tree,
unless it be the holy sign of the cross, nor from any place, unless it be the holy house of God,
he who does otherwise, undoubt able commits idolatry.) “The Passion of St Bartholomew,” in
Godden, Ælfric’s Catholic Homilies, 449–50; Benjamin Thorpe, ed. The Homilies of the Anglo-Saxon
Church, vol. 1, Sermones Catholici: in the Original Anglo-Saxon, with an English Version (London: 
Ælfric Society, 1844), 24.
108 Jolly, Popular Religion, 103.
110 S criftboc: “gewite hu micelu seo fyren seo” (one should ascertain how great the sin is); 
Frantzen, “Penitential Database.”
women taking their own or their family’s physical well-being into their own hands, and thereby offer a mitigated penance.

One final source may expand our understanding of what role the church played in women’s medicine. Oxford, Bodleian Library, Junius 85 is a mid-eleventh-century copy of an anonymous vernacular homiliary. In it, the main scribe includes four Latin charms with Old English rubrics and directions, copied between two homilies on folio 17r/v. The last of these is a charm Wið wifbearneacnu (for a pregnant woman) that was to be written on “virgin wax” (“wexe ðe næfre ne com to nanen wyrce”) and then bound to the right foot of the laboring mother.\(^\text{111}\) The location of this charm in a book of sermons suggests it fell upon the priest to recite and write it down when charged to pray and encourage a woman during a difficult labor. This charm, calling upon Elizabeth, mother of John the Baptist and Mary, mother of Christ to come to the aid of the woman in labor is the earliest recitation of the “Holy Mothers” sequence frequently used in later medieval pregnancy amulets and charms.\(^\text{112}\) A priest being summoned when labor has gone wrong was another form of medical intervention available to a woman in this era, although the frequency of this occurring is impossible to determine.\(^\text{113}\) The priest’s role would not be clinical, but to act as healer of the soul, and as such he could write out this (or other) charms, pray for the safe delivery of the child, and be available to administer last rites.

Eddius Stephanus’s account of the grieving mother who attempts to have her deceased infant baptized by Wilfrid only to have him brought back from the dead suggests another reason why a priest might be present at a difficult birth.\(^\text{114}\) If a newborn could not survive until his or her mother was able to bring him to

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\(^{111}\) “Wið wif bearneacnu: ‘Maria virgo peperit Christam elizabet sterelis peperit iohannem baptistam; Adiuro te infans sies masculus an femina per patram et filium et spiritum sanctum, ut exexas et recedas et ultra ei on noceas neque insipientiam illi facias amen; Videns dominus flentes sorores lazari ad monumentum lacrimatus est coram iudeis et clamabat. lazare ueni foras et prodit ligatis manibus et pedibus qui fuerat quartiduanus mortuus.’ Writ ðis on wexe ðe næfre ne com to nanen wyrce ond bind under hire swiðran fot.” (For the pregnant woman: “Maria, virgin, bore Christ. Elizabeth, sterile, bore John the Baptist. I beseech you, infant, whether you be masculine or feminine, by the Father and the Son and the Holy Spirit, that you come forth quickly and depart, and no longer do harm nor (make) foolishness. Amen. The Lord, seeing the sisters of Lazarus weeping at the tomb, wept in the presence of the Jews and cried out: Lazarus, come forward!, and he came forth, bound hand and foot, who had been dead four days.” Write this on wax that has not once come to be used and bind under her right foot.) Translation is my own.

\(^{112}\) Jones and Olsan, “Performative Rituals,” 415–16.

\(^{113}\) Thompson, Dying and Death, 45–46.

church to be baptized, priests may have been able to intervene at delivery in the cases of weak, dying, or stillborn infants. The *Sciftboc* puts to responsibility for the death of an unbaptized or “heathen” child on the parents, prescribing three years penance. However, in the later *OE Handbook*, the responsibility falls on the priest. This provides motivation for the church in England to intercede in the delivery of medical care to or by women, particularly when the situation may result in the death of the mother and/or child.

As I have shown here, there appear to have been multiple approaches to the care and treatment of women’s medicine in early medieval England, although no single means of treatment guaranteed success. Prayers, contemplative material, and charms are evidence of self-care: women taking their medical conditions into their own hands, particularly when the charms have very little religious context, like those found in the *Lacnunga*. Another layer of women’s medicine is that undertaken by doctors or priests whose intervention was likely limited to very specific circumstances, such as the financial capabilities of the patient or an emergency during delivery. However, as the *Royal Prayerbook*’s collection suggests, medical intervention itself may not have been fruitful, thus compelling women to turn to self-care. Finally, the evidence of women acting as agents of medicine for their own families suggests care being provided from woman to woman in the cases of labor and delivery, and perhaps even in relation to birth control and fertility concerns.

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115 *Sciftboc*: “Cild gif hit hæden swelte, fæste his fæder ond his modor ðreo winter” (If a child dies a heathen, his father and mother are to fast three years). Frantzen, “Penitential Database.”

116 “Gif untrum cild hæþen gewite ond hit on preoste gelang sig þolie his hades ond bête hit georne ond gif hit þurh freonda gymeleaste wurðe faestan, þreo on hlafe ond wætere, ond þa ii ger iii dagas on wucan, ond behreowsian hit æfre.” (If an unhealthy child dies a heathen, responsibility for that belongs to the priest. He is to forfeit his rank and repent it earnestly; and if it came through the negligence of friends, they are to fast for three years on bread and water, and for two years, three days in the week and repent it ever after.) Frantzen, “Penitential Database.”

117 The mid-twelfth century penitential manuscript (Oxford, Bodleian Library, Laud Misc 482), which may have been compiled for the instruction of parish priests includes a passage alluding to post-birth baptism. It is an adaptation from the New Testament book James 5:14–16 and reads: “forþam hit is awritten, þæt ælc þæra manna þe þas gerihto hæfød, þæt his sawl bidden gelice clene æfter his fordísde ealswa þæt cild bið þe æfter fulwhite sona gewit” (because it is written that every man who has these rites, his soul will be as clean after his death as that of the child who dies immediately after the baptism). This passage is repeated twice in the manual, suggesting its importance. Thompson, *Dying and Death*, 70–73.
Conclusion

Gynecological and obstetric remedies make up a small proportion of the vernacular medical corpus that survives from early medieval England, but they provide insight into the medical and social conditions women may have faced when confronted with diseases unique to their bodies and the treatments available to them. Many treatments incorporate the Hippocratic model that calls for returning a woman to her natural menstrual cycle, but others demonstrate the limitations of early medieval (and sadly, modern) medicine, such as in the cases of miscarriage and stillbirth.

Much of women’s medicine survives through male channels, but it is possible to find the female voice in the textual evidence. The *Lacnunga* charms, in their oral, performative nature, show women as agents of their own care, moving into the realms of natural and sympathetic magic in their attempts to cure issues such as lactation problems, miscarriage, and conception after stillbirth and infant death. These actions and attempts at cures may have put women in direct conflict with the church, and they were censured for it. Female agents of medicine may also have included the local wise woman who offered advice and herbal curatives, or the patient herself, placing her hope in charms and recitations. The *Royal Prayerbook* offers alternative means of female healing agency through meditative material focusing on spiritual well-being as well as the performance of charms. Evidence of female agency in medicine and healthcare suggests that even when medical treatment was readily available, many female reproductive conditions were beyond the capabilities of early medieval physicians. Undoubtedly, women were at the heart of “women’s medicine” in England. Whether they were helping themselves or others, their reliance upon male agents, either doctors or priests, was secondary to their own desires and abilities.

Bibliography


