

***“They are named Flowers because Fruit follows ”: The Foundation of Singlewomen’s
Medical Distinctiveness in the Seventeenth Century***

by

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Abstract

While historians' discussions of singlewomen in the early modern period have outlined their legal and social distinctiveness, this thesis draws upon medical literature to demonstrate that contemporaries believed singlewomen were medically and physiologically dissimilar from married women. Medical writers argued that singlewomen were perceived as being less healthy due to their lesser innate heat. Singlewomen also lacked the microcosmic social roles of wives and mothers, and because they were thought to be sexually abstinent, these women, along with their humours and fluxes, were deemed unprofitable. In situating an analysis of singlewomen's health within the early modern discourses of microcosms and profits, this thesis outlines many social and cultural forces that interacted to influence singlewomen's identities.

Chapter One: Introduction

“Wives are more healthfull then Widowes, or Virgins, because they are refreshed with the mans seed, and ejaculate their own, which being excluded, the cause of the evill is taken away. This is evident from the words of *Hippocrates*, who adviseth young Maids to marrie, when they are thus troubled...”¹

In seventeenth-century England, contemporaries viewed marriage as the ideal state for a woman, both socially and—as the quotation above indicates—medically. This raises the question of whether seventeenth-century contemporaries believed that unmarried women were physiologically distinct from married women. Singlewomen were both legally and socially distinct because they lacked a male authority figure. These women lived outside of the bonds of coverture, which dictated that a husband’s legal identity and authority obscured a wife’s.² Unlike married women, singlewomen exercised relative legal and social control over their lives. Because of their social and legal differences, singlewomen were also considered to be medically and physically different. This thesis argues that medical writers viewed unmarried women as physiologically dissimilar from married women on the basis of perceived physical differences reflected in a one-sex model of sexual differentiation.

This thesis explores the foundation of singlewomen’s medical and physiological differences. The following chapters address the social roots of physiological perceptions that dictated that singlewomen were thought to be less healthy than married women unless sexual activity took place in a socially acceptable manner, because unmarried

¹ Nicolass Fonteyn, *Womans doctour, or, An exact and distinct explanation of all such diseases as are peculiar to that sex with choise and experimentall remedies against the same*. (London, 1652): 4.

² Krista Kesselring, Tim Stretton, *Married Women and the Law: Coverture in England and the Common Law World* (Montreal, McGill-Queen’s University Press, 2013) 3.

women were prone to more illnesses. This thesis also demonstrate that in cases where a disease was thought to affect both married and unmarried women, the causes and symptoms in singlewomen were often described differently than those in married women. Unmarried women lived outside the parameters of traditional families, and contemporary perceptions of singlewomen's physiology reflect the implications of their alternative lifestyles

Historians have recently brought singlewomen to the fore, filling in a lacuna in the historiography. Amy Froide's work has proven especially fruitful in helping to uncover the distinctive histories of women who never married. Froide argues that shifting focus from the traditional married norm allows historians to see the large number of unmarried people who sought companionship and economic support outside nuclear households.³ The study of singlewomanhood allows historians to explore lifestyles different from the commonly conceptualized nuclear family. Historians generally divide society into household family structures. Depending on the time period and geographic location under study, this household family can involve mothers, fathers, children, grandparents, aunts, uncles, extended family, and any household employees. In viewing past times through this construction, historians create a focus on the married members of a family, and thus dismiss those who lived outside of traditional structures of family life.

Moreover, as Froide and others suggest, looking beyond marriage and the family lets scholars see not just social and economic structures better, but also lets scholars see a greater diversity in individual choices. Viewing women within a heteronormative lens based on a model of "not-yet-wed daughter, married wife, and bereaved widow", Judith

³ Amy Froide, *Never Married: Singlewomen in Early Modern England* (Oxford: Oxford University Press, 2005): 8.

Bennett argues distracts historians from seeing other ways of living in the past.⁴ Much like many modern authors, early modern writers imposed a strict heteronormative lens on singlewomen, assuming that if they were not married, they were either abstaining from sexual activities altogether, or they sought male sexual companions as sexually promiscuous women. This thesis outlines the complex beliefs surrounding unmarried women's sexuality and sexual practices. There is no mention of lesbian, or lesbian-like relationships in the material under study, nor, unfortunately, do any writers mention how these types of interactions could have impacted women's health.

The early modern writers, do, however, make specific mention of singlewomen as maids, ancient maids, spinsters, and widows in their discussions of unmarried women. This is highly beneficial in the study of unmarried women, though understanding the early modern definition of these terms is often difficult. For example, when does one pass from maidenhood and into the realm of spinsterhood? Certain ambiguities in language make characterizing some of these women difficult. According to Tim Stretton, there were more maids and spinsters in early modern England than married women, which becomes problematic in the representation of women's history, when "we know less about this group of women than we know about either married women or widows."⁵ Part of this lacuna comes from the system through which women are often characterized. Cordelia Beattie notes that in William Shakespeare's *Measure for Measure* (c. 1604), the Duke of Vienna inquired if Mariana was a maid, married, or a widow.⁶ This system of categorization based on marital status left out the never-married singlewoman entirely. A

⁴ Judith, Bennett, "'Lesbian-Like' and the Social History of Lesbianisms," *Journal of the History of Sexuality*. Vol. 9, No. 1/2 (2000): 5.

⁵ Tim Stretton, *Women Waging Law in Elizabethan England*. (Cambridge University Press: Cambridge, 1998): 103.

⁶ Beattie, *Medieval Single Women*, 1.

young and unmarried woman was a maid, but once marriage had taken place, she became a wife with all of the legal and social implications of coverture. Upon the death of her husband, she became a widow. This cycle did not apply to the large number of life-long singlewomen early modern England.

Froide argues that the number of singlewomen in the seventeenth century rose drastically and they became a recognized social group.⁷ Maryanne Kowaleski uses historical demography to chart the rising population of singlewomen during the early modern period. According to Kowaleski, the fifteenth and sixteenth centuries saw approximately 8.1% of women remain unmarried. By the seventeenth century, she estimates that the percentage of singlewomen in the population had risen to 14.5%.⁸ One reason for this growing population was likely the closure of the monasteries in the previous century.⁹ Unmarried women had once been nuns in monasteries, which was seen as an acceptable social role because of its religious importance. While there were medical disadvantages to celibacy in this context, contemporaries emphasized the spiritual benefit to any suffering on earth.¹⁰ After the Reformation there was a shift in thinking and the medical disadvantages of celibacy gained emphasis in medical writings. This shift in thinking, in addition to the growing number of singlewomen created a context to examine the perceived physiological differences between married women and singlewomen within medical literature.

⁷ Froide, *Never Married*, 9.

⁸ Maryanne Kowalski, "Singlewomen in Medieval and Early Modern Europe: The Demographic Perspective" in Judith Bennett, and Amy Froide, (eds) *Singlewomen in the European Past, 1250-1800* (Philadelphia: University of Pennsylvania Press, 1999): 336-337. Kowaleski provides a chart of estimations of never-married women. I took the average estimations for England over the course of the fifteenth, sixteenth, and seventeenth century.

⁹ Kowalski, "Singlewomen in Medieval and Early Modern Europe" 61.

¹⁰ Ruth Mazo Karras, *Sexuality in the Middle Ages: Doing Unto Others* (Routledge: New York, 2005): 60.

Productions of popular culture reflect a contemporary awareness of the rising numbers of never-married women. In fact, after the unmarried years of Queen Mary Tudor and the reign of life-long singlewoman Queen Elizabeth I, spinsters had permeated popular culture. Thomas Heywood's inclusion and description of Mary Tudor in *The Life of Merlin* provides one example: "Then shall the masculine Scepter cease to sway,/ And to a *Spinster*, the whole Land obey."¹¹ The spinster wielding the scepter was the Queen of England, Mary Tudor, before her marriage.¹² Her life-long spinster sister, Queen Elizabeth I, was an authoritative singlewoman who promoted the cultural visibility of singlewomen. These singlewomen acquired a new label over the course of the sixteenth and seventeenth centuries: spinster. While the word originally referred to a specific occupation, it came to be a shorthand referring to any unmarried woman. Amy Erikson suggests that the high population of women who remained unmarried in the later seventeenth century created a stigmatization of singlewomen, and "spinster" became less an occupational term, and more a term that denoted unmarried status.¹³

In 1640, Thomas Heywood asserted that even princesses "cited in Court, or arraigned upon any Capitoll offences, ... [were] indicted by the name of such and one *Spinster*."¹⁴ He emphasized that this category reflected a quality found at any social level. In 1686, Elisha Coles echoed this, noting in *An English Dictionary*, that spinster was "the title of all unmarried women, from the viscounts Daughter downward."¹⁵ Spinster became

¹¹ Thomas Heywood, *The Life of Merlin, surnamed Ambrosius his propheties and predictions interpreted, and their truth made good by our English Annalls*, (London: Printed by J. Okes, 1641): 329.

¹² Heywood, *The Life of Merlin, surnamed Ambrosius*, 329.

¹³ Erickson, "Mistresses and Marriage" 43

¹⁴ Thomas Heywood, *The Exemplary Lives and Memorable Acts of Nine Most Worthy Women in the World Three Jewes. Three gentiles. Three Christians*. (London: Printed by Tho. Cotes, 1640): 140.

¹⁵ Elisha Coles, *An English dictionary explaining the difficult terms that are used in divinity, husbandry, physick, philosophy, law, navigation, mathematicks, and other arts and sciences containing many thousands of hard words, and proper names of places, more than are in any other English dictionary or*

a synonym for any unmarried woman by the seventeenth century. Lower status singlewomen carried on the activities typically associated with singlewomen in the past, such as engaging in cloth making, brewing, and domestic and agricultural services, but they all fell under the umbrella term “spinster”.¹⁶ The term “spinster” had once referred only to women who worked as spinners, but where this work, much like brewing, was cheap, considered unskilled and easily done by women without the economic aid of having a male-headed household, it became synonymous with singlehood more generally.¹⁷

Singlewomen were, then, a significant and growing proportion of the population, as indicated by the growing use of “spinster”. Unlike married women, they lacked both the limitations and protections of coverture, the legal fiction which treated married women as “one flesh” with their spouses and which subsumed their legal identities to their husbands’.¹⁸ As Amy Erickson explains, married women were denied their own identity and stripped of property, much of which became the possession of their husbands.¹⁹ Singlewomen lived somewhat outside control of these patriarchal family structures with male heads of households. Contemporaries marked them out with a special label – “spinster.” Their clothing, titles, and forms of address marked them as different from wives. They were legally and socially distinct from married women.

Because marital status acted as such an important element of one’s identity and social position, visual and verbal signifiers helped observers categorize individuals. As Cordelia Beattie indicates, a married woman’s social status was always contingent upon

expositor (London: Printed by Peter Parker, 1692): L12.

¹⁶ Stretton, *Women Waging Law*, 103.

¹⁷ Judith Bennett, *History Matters: Patriarchy and the Challenge of Feminism*. (University of Pennsylvania Press: Philadelphia, 2006): 73.

¹⁸ Kesselring and Stretton, *Married Women and the Law*, 4.

¹⁹ Amy Louise Erickson, “Coverture and Capitalism” *History Workshop Journal*. Vol. 59. No. 1. (2005): 2.

the occupation and status of her husband.²⁰ Married women wore white head coverings with black hats, while unmarried women wore simple white coverings.²¹ Likewise, only married women wore gold wedding bands on their fingers.²² Singlewomen were not permitted to wear matron scarfs and hoods.²³ Some articles of clothing were reserved for married women, and they carried with them the designation of married marital status. Not only did married women wear different clothing than unmarried women, but their names also changed as they took their husbands' surnames. Eventually, titles such as "Miss" and "Mrs" developed to denote the marital status of women. Amy Erickson suggests that the term "Mrs", the abbreviated form of "mistress" was not used to refer to a married woman until the eighteenth century. However, "Miss," which is also a derivative of "mistress", always referred to a woman who was unmarried.²⁴ It was only used to refer to young single women, and only came to apply to older unmarried women in the eighteenth century.²⁵ Prior to that time, the key naming difference between married and unmarried women was that the former abandoned her own surname and took her husband's, a practice not then common in other parts of Europe.²⁶

These were clear differences in the social identity of single women, so Amy Froide argues that marital status ought to be considered as a category of difference when attempting to understand an historical actor's experience. Following Froide's lead, I employ the term "never-married" to refer to a woman who remained single her entire life, while using "life-cycle" status to refer to a woman who in her youth was single, but

²⁰ Beattie, *Medieval Single Women*, 8.

²¹ Froide, *Never Married*, 1.

²² Froide, *Never Married*, 1.

²³ Stephanie Tarbin and Susan Broomhall, *Women Identities and Communities in Early Modern Europe* (Ashgate: Farnham, 2008): 86.

²⁴ Erickson, "Mistresses and Marriage" 39.

²⁵ Erickson, "Mistresses and Marriage" 41.

²⁶ Erickson, "Mistresses and Marriage" 48.

eventually married and to whom the implications of coverture were extended.²⁷ Widows and never-married ancient maids are often discussed together, such as in Cordelia Beattie's work, but Froide asserts that though historians group both widows and never-married women together, early modern English contemporaries thought of these women differently. Married and once-married women sat together in church on the matrons' benches, while singlewomen sat separately.²⁸ These divisions based on marital status would have been clear to any contemporary. Life-long singlehood led to a different life experience than life-cycle singlehood, and contemporaries thought differently about these groups of women.

This thesis examines the construction of physiological perceptions of singlewomen's bodies, and demonstrates the interaction between medical and social attitudes toward identity and status. Depending on the age, gender, marital, and social status of a person, medical writers suggested different treatments. In her work *Never Married*, Froide demonstrates that illnesses such as greensickness were thought to target "young, life-cycle singlewomen who were close to puberty." She speculates that older singlewomen were not thought to be victims, "even though they too would not have exercised their reproductive functions and so could become diseased."²⁹ This thesis uses medical treatises to address her speculation. In fact, medical literature reveals that contemporaries believed that all life-long singlewomen were targeted by diseases that stemmed from the idleness of their reproductive functions, and in rare cases, greensickness even could target married women. This thesis also seeks to address Helen King's argument that greensickness was new in the early modern period by juxtaposing

²⁷ Froide, *Never Married*, 9.

²⁸ Froide, *Never Married*, 1.

²⁹ Froide, *Never Married*, 160.

her evidence against that found by Ruth Mazo Karras, in her explorations of medieval sexuality. Contemporaries based the medical perceptions of singlewomen on beliefs about women's physiology and unmarried women's social lives, and many of these beliefs are evident in the medical literature produced during the early modern period.

Medical literature provides evidence of contemporary beliefs that because singlewomen were not capitalizing on their reproductive capacities, they were susceptible to particular types of illnesses. Contemporaries understood health in terms of Galenic humoural theory, which dictated that one's body functioned best when all four humours flowed without obstruction. A lack of sexual activity caused blockages in a woman's body, which fostered illnesses such as strangling womb, moles, and greensickness. These illnesses developed because singlewomen's bodies were considered physiologically distinct from married women's. When singlewomen sought treatments for illnesses, medical practitioners considered them medically distinct, because they were believed to be both socially and physiologically distinct.

This thesis compiles medical literature from eight main early modern writers in order to explore perceptions of the social and physiological differences between married and singlewomen, examining the ways in which medical writers depicted unmarried women as being set apart from their married sisters. The works under consideration have a rich historiography, though they have yet to be explored with a particular eye for the implications for singlewomen. The current historiography, however, demonstrates that these texts were likely widespread and accessible to most during the seventeenth century. Medical treatment in the early modern period manifested as a sort of medical

marketplace.³⁰ In her 2007 article about the market for print in this medical market place, Mary Fissell traces succinctly the historiographical developments in the study of the practice of early modern medicine. Early studies explored the ways doctors competed for patients in marketplaces,³¹ while studies after 1985, sparked by Roy Porter, began to examine the patient's agency in the medical marketplace.³²

The final shift in historiographical focus, Fissell argues, situated the medical marketplace within larger discussions about consuming and consumption, which “emphasized relationships between larger economic structures and individual experiences.”³³ In her work, Fissell compiled a database of vernacular medical works that would have been accessible and available both to elite practitioners and to laypeople. She argues that based on her estimates, and the assumption that “vernacular medical books had an average life of 30 years, then in 1700 and in 1750 there would have been one work in circulation in England for every four households.”³⁴ This estimate shows the number of books that would have been available to the early modern reader; additionally, it makes a persuasive case for the likelihood that the non-elite would have at least had the ability to consume or transmit the information in some of these medical texts. It is likely then, that the ideas about singlewomen's health were not restricted to the pages of books, but rather they would have been accessible to many people. The probable widespread nature of the works in this study makes them ideal subjects. The authors that this thesis includes were prolific writers during the time, and the ideas present in many of the works interact and

³⁰ Mary Fissell, “The Marketplace of Print” in Mark Jenner and Pat Wallis, eds. *Rethinking the Medical Marketplace*, London: Palgrave (2007): 108.

³¹ Fissell, “The Marketplace of Print” 108. She cites Nicholas Jewson and Ivan Waddington as sources for these studies.

³² Fissell, “The Marketplace of Print” 108.

³³ Fissell, “The Marketplace of Print” 108.

³⁴ Fissell, “The Marketplace of Print” 110.

contradict each other, which leads to a well-rounded idea of early modern medical thinking.

Indeed, Irma Taavitsainen argues that those works that were originally intended for professionals often found their way into the hands of laypeople. She cites for an example the diary of “Elizabeth Freke, whose notebook from 1684 contains ‘nearly three hundred medical recipes, as well as extensive reading notes’” from numerous medical writers, among whom Nicholas Culpeper and George Bate numbered.³⁵ As Bate and Culpeper figure as main sources for this thesis, Taavitsainen and Fissell’s arguments reflect that these medical works would have been transmitted and consumed on many levels of society, and by both men and women readers.

Ideas about the root of singlewomen’s vulnerable health are present in various medical works during the seventeenth century. This thesis use medical treatises, such as Helkiah Crooke’s *Mikrokosmographia*, to establish a broad overview of male and female physiology and gender specific diseases and illnesses. Helkiah Crooke (1576-1635) wrote with the authority vested in the physician to King James, which makes him an ideal author for a study of this kind.³⁶ The background information gleaned from Crooke’s writings provides a sense of how the female body was thought to differ from the male body. In order to gain a clear idea of female health, this thesis have used several midwives’ guides. These guides provide both more depth and description of female health than does Crooke, but they also function to describe the relationship between women’s health and their reproductive system. The most prominent writer of this selection is Nicholas Culpeper (1616-1654), whose publications comprised 8.5% of all post 1650s

³⁵ Irma Taavitsainen and Paivi Pahta, *Medical Writing in Early Modern English* (Cambridge: Cambridge University Press, 2014): 139.

³⁶ Gail Kern Paster, *The Body Embarrassed*, 8.

editions of vernacular medical books published.³⁷ Culpeper's ideas would have been prevalent among medical discussions during the early modern period because he was so prolifically published.

Culpeper was well-known for his anti-monopoly publications that sought to undermine the privileges physicians and apothecaries enjoyed; he sought to open up the knowledge of medicine to all.³⁸ Through his translation of *Pharmacopeia Londinensis*, he attempted to help the uneducated and untrained layperson to recognize the processes and medicines that sustained health, so they could avoid being deceived by doctors and apothecaries.³⁹

However, simply because a work bore a particular author's name, it did not necessarily mean that it had been produced by that person. Taavitsainen cautions that publishers would often associate an author's name with a particular work in order to ensure commercial success.⁴⁰ In fact, Thomas Chamberlayne's *The Compleat Midwife's Practice Enlarged* featured the "best secrets" of Nicholas Culpeper, which in fact are writings drawn predominantly from Jakob Ruff (1500-1558), but also from Louise Bourgeois, midwife to the queen of France.⁴¹ The compilation was attributed to Chamberlayne "because the title page lists a series of initials, beginning with 'T.C.'"⁴² Even though a text claimed to have been written by a single author, in reality, it was typically a compilation of many authors' works and ideas. The sources here represent a selection of the many medical texts printed during the seventeenth century, spanning across the century.

³⁷ Irma Taavitsainen and Paivi Pahta, *Medical writing in Early Modern English*, 14.

³⁸ Fissell, "The Marketplace of Print" 126.

³⁹ Irma Taavitsainen and Paivi Pahta, *Medical writing in Early Modern English*, 14.

⁴⁰ Irma Taavitsainen and Paivi Pahta, *Medical writing in Early Modern English* 15.

⁴¹ Fissell, "The Marketplace of Print" 115.

⁴² Fissell, "The Marketplace of Print" 115.

Many of the chosen authors' ideas interact in this borrowing between works, which demonstrates a flow of knowledge and information. The authors also come from a variety of professional backgrounds. Jane Sharp was an accomplished midwife in the mid-seventeenth century who drew upon Culpeper's ideas about opening up medical knowledge to the public.⁴³ Culpeper himself boasted he was a "gentleman student of physick and astrology," which led many other writers to claim studentship as well.⁴⁴ Others, such as Nicholas Fonteyn, identified themselves as an "eminent Physician."⁴⁵

Little is known about some of these authors, such as Alessandro Massaria (1510-1598), Nicholas Fonteyn, or Jane Sharp.⁴⁶ While they were prolifically published, little to nothing is known about their own lives or backgrounds, aside from what is included in the opening pages of works attributed to them. I have selected eight main sources, which I supplement with information from other medical treatises or midwives' guides in order to establish physiological, social, and medical perceptions of married and unmarried women in England. These sources are works by Alessandro Massaria, Jane Sharp, Nicholas Culpeper, Nicholas Fonteyn, Helkiah Crooke, Jacob Ruff, John Pechey and Thomas Chamberlain. Together, these sources demonstrate that singlewomen were thought of as medically and physiologically distinct in early modern medical literature.⁴⁷

It is evident through the study of this collection of medical literature that physiologically, a singlewoman's body was conceptualized differently than a married

⁴³ Jennifer Evans, "'It is caused of the womans part or of the mans part': the role of gender in the diagnosis and treatment of sexual dysfunction in early modern England" *Women's History Review* Vol. 20, No. 3 (2001): 442 .

⁴⁴ Fissell, "The Marketplace of Print" 118.

⁴⁵ Fonteyn, Nicolaas. *The womans doctour*, 1/134 on Early English Books Online Database. Accessed July 1st 2015.

⁴⁶ Fissell, "The Marketplace of Print" 114.

⁴⁷ When transcribing these works, I have partially modernized the spelling and letters of the original works in order to clarify meaning. I have opted for a modern "s", and converted "v"s and "u"s to their modern usage.

woman's body on the basis of her sexual abstinence and lesser innate heat. Illnesses manifested based on social shortcomings associated with singlewomen, such as their lack of marriage, which hindered a healthy humoural flow in a woman's body. Illnesses in married and unmarried women were perceived differently. The womb, which functioned as the foundation of a woman's health, was more susceptible to disease in singlewomen than in married women, because contemporaries believed they possess less elemental heat.

Given the likely accessibility and widespread transmission of medical works, this thesis uses this collection of medical literature as a window into early modern ideas about physiology, and how the body and anatomy interacted with society. Gail Kern Paster asserts that the connection and distinction between the outer body (how the body is visible to oneself and others) and the inner body (how the body is experienced and imaged from within) is an analytic construct.⁴⁸ How one experienced his or her body is shaped by culturally available discourses; as such, these discourses attribute meaning and understandings to bodily functions in ways that change and transform over time and geographic location.⁴⁹

I draw upon Paster's theory to explain the socially constructed physiological explanations that created a medical distinction between married and unmarried women. Because ideas about bodily functions, such as menstruation, were rooted in beliefs about social experiences of women, unmarried women were viewed as less healthy because they did not regularly engage in sexual intercourse, and therefore could not properly facilitate menstrual flow. As Wendy Churchill observes, it was a common practice among

⁴⁸ Gail Kern Paster, *The Body Embarrassed: Drama and the Disciplines of Shame in Early Modern England*, (Cornell: Cornell University Press, 1993): 3.

⁴⁹ Gail Kern Paster, *The Body Embarrassed*, 4.

medical practitioners to ascribe to women “specific types of illnesses due to socio-medical perceptions of the female body.”⁵⁰

There are certain beliefs about the body and anatomy that allowed for these beliefs about singlewomen’s physiology to develop. While I explore these concepts in greater detail in the following chapter, it is important to establish the basics. Contemporaries believed that heat created the ideal human and that sexual differentiation was by degree and along a spectrum. These beliefs align with Thomas Laqueur’s one sex model. A fetus produced in more elemental heat than cold in the womb was born a boy, while parents with elementally cold and wet seeds produced girls. Midwives and physicians believed that “the hotter seed should proceed from the right vein [of the testicle] for the generation of man, and the colder from the left, for the generation of females.”⁵¹ Heat played a pivotal role in producing male or female children, because there was one sex and the influence of heat was integral in the development of sexual differentiation. Heat also influenced how well humours were able to flow through one’s body.

Seventeenth-century medical writers based their ideas of physiological processes on the theories of Aristotle and Galen. They asserted that four different humours made up the body, and it was the balance of these humours that affected one’s health.⁵² The four humours were blood, yellow bile, black bile, and phlegm. Blood manifested in a mixture of hot (choleric) and wet (sanguine); phlegm developed from the wet and cold (phlegmatic); black bile was visible in cold and dry bodies (melancholic), and yellow bile operated in dry and hot bodies. Illnesses and ailments were understood in terms of the

⁵⁰ Wendy Churchill, *Female Patients in Early Modern Britain: Gender, Diagnosis, and Treatment* (Ashgate Publishing, 2012): 36.

⁵¹ Thomas Chamberlayne. *The Compleat Midwife’s Practice Enlarged*. (London, 1656): 38.

⁵² Lawrence Stone, *The Family, Sex and Marriage in England 1500 -1800* (London: Penguin Books, 1990): 18.

balance of these humours, and too much of one humour caused imbalance, and subsequent blockage of humours caused corruption in one's body. These humours were either naturally purged through bodily functions, or purged through the skill of a midwife or a physician.

Plethora threatened those with too much of a single humour. Women's bodies, which were typically cooler than men's, produced excess humours and blood, so they were required to purge it. Some writers believed women could not process excess blood in the same way men could, and so their bodies adapted by purging blood through menstruation. In this way, menstruation allowed physicians and midwives to reinforce Galenic humour theory, because they believed that health operated based on the flow of fluids throughout the body.⁵³ Because women were thought to be elementally cooler and associated with moisture, contemporaries believed they were less healthy. In order to counterattack the female organs's natural predisposition to bad health, menstruation supplemented health in ways that hotter, drier, and more naturally healthy male bodies did not need.

Medical literature demonstrates that perceptions of singlehood changed based on a woman's age, marital status, and sexual practices.⁵⁴ Wives and widows could expect to develop different diseases than did virgins. Maidenhood was the only life-stage never married women shared with life-cycle singlewomen, which creates an interesting point of comparison in how contemporaries conceptualized the physiological development of singlewomen. As a woman approached the middle years of her life, she was either married, or single. This is the divergence after maidenhood, but unmarried women still at

⁵³ A. Wear, *Knowledge and Practice in Early Modern English Medicine, 1550-1680* (New York: Cambridge University Press, 2000): 141.

⁵⁴ Fonteyn, *Womans doctour*, 4.

this point had the potential to marry, while the social pressure associated with youthful maidenhood had diminished. Finally, ancient maids represent the same age group of women as widows, though they did not have the social or economic support upon which widows often relied after a marriage. At this point, if a woman was not married, contemporaries assumed she would not, as women associated with widowhood and those labels as ancient maids often were nearing menopause and the end of their reproductive prime. Age, marital status, and gender intersected to form certain ideas about health.

This thesis emphasizes the importance of marital status as a contributor to the formation of identities in the early modern period. This thesis not only demonstrates the perceived importance of women's sexual activity to their health, but also the social parameters in which sexual activity was allowable. The first chapter establishes the theoretical framework through which the inferiority of sexually abstinent women developed, demonstrating that health existed on a spectrum based on heat: those with the most elemental heat were the healthiest. This contextual information lays out Thomas Laqueur's exposition of the one-sex and two-sex models of sexual differentiation. This thesis argues that the one-sex model acted as the foundation for conceptualizing singlewomen as both distinct from and less healthy than married women. The first chapter explores the importance of elemental heat both in the development of sexual organs, but also in the lifestyle of single and married women.

Contemporaries believed superior heat caused male sexual organs to develop to perfection, while female sexual organs were less fully developed because they were exposed to inferior heat in the womb. Behaviour could also affect heat; however, sexually active women contacted more heat than abstinent women because, writers believed, married women were taking male partners, who would then share their superior heat

through intercourse. This heat promoted a healthier flow in married women's bodies; however, singlewomen lacked the masculine stimulant that led to healthier flow.

The main type of flow upon which women's health depended was menstruation. The first chapter also examines menarche, the beginning of menstruation and puberty in virginal women. The womb regulated the flow of menstruation, so contemporaries believed it was one of the most important factors influencing humours in a woman's body. This discussion also sets up the womb's importance in conceptualizing female health, which the following two chapters explore in terms of microcosms and profitability.

On the basis of the context and processes set out in the first chapter, the second and third chapters examine the womb. The second chapter fits singlewomen's health into the macrocosm of social hierarchies of the early modern period. Early modern writers believed that the universe consisted of smaller microcosms, all of which played particular roles in the formation of the macrocosmic universe. It demonstrates that the microcosm of women's health placed her womb in a position that dictated her overall health. The second chapter demonstrates the predominance of the womb over the other parts of the body, situating this discussion in the greater context of microcosms and macrocosms of early modern English society.⁵⁵ The chapter examines contemporaries' views about how the womb influenced other illnesses in other parts of the body. Writers believed that the womb held 'consent' with the rest of the body. This meant that the womb was able to influence health in other areas of the body, especially in the mind and the breasts. If a corrupt humour became obstructed in the womb, contemporaries believed that the

⁵⁵ Irma Taavitsainen and Paivi Pahta *Medical writing in Early modern English*, (Cambridge University Press: Cambridge, 2011): 96.

corruption would spread elsewhere. This idea of consent or sympathy with the rest of the body influenced the way in which writers conceptualized diseases and health.

The womb's importance in the body emerged from the early modern method of thinking about the world that understood the body as a microcosm for society and society as a microcosm for the universe. As such, the womb acted as a commander for the rest of the body. If flow through the womb became blocked or stopped, the humours could putrefy or corrupt and flow to other parts of the body. For example, contemporaries believed that epilepsy and fainting were caused by bad humours from the womb, or in the testicles.⁵⁶

Greensickness acts as a case study in this chapter to demonstrate how corruptions in the womb of virginal women could cause anything from melancholic behaviour to epilepsy or tumours in the womb. Often, doctors suggested sexual intercourse and marriage as the cure for greensickness, because they believed interacting sexually with a man could warm the body and promote healthy flow.⁵⁷

The final chapter examines the concept of profitable health and diseases that illustrate when sexual activity was healthful, and when it was not. Viewing health through a lens of profit demonstrates what flows and humours contemporaries believed were beneficial, and what ones they saw as harmful. This chapter examines the womb itself and frames these issues produced in the womb in terms of profit. The chapter begins with evidence that writers examined health in terms of its profitability. Humours and flows were either profitable or detrimental to one's health. A clear example of unprofitable substances in single and married women's bodies are moles, which were fleshy tumours

⁵⁶ Crooke, *Mikrokosmographia*, 207.

⁵⁷ Sharp, *The Midwives Book*, 264.

in the womb. This analysis demonstrates that writers treated moles in married women differently than moles in singlewomen, based on the lesser potency of their seed. Men, compared to women, had a stronger seed, which could create a fetus. Women's seeds, while necessary for procreation, could not create life on their own. This chapter also examines the sexually transmitted disease, gonorrhea. Gonorrhea was an unprofitable flow in women's bodies caused by excessive and improper sexual activity. While sex was often fruitful and profitable for one's health, gonorrhea provides an example of a situation wherein sexual activity was not beneficial for singlewomen.

The final case study of gonorrhea demonstrates the difference between reproduction and regular sexual activity in women's health. It uses sexually promiscuous singlewomen as a subject and explores the negative connotations associated with unmarried sexually active women, and how contemporaries viewed these women, like their abstinent sisters, as less healthy than married women.

There is clear evidence in medical treatises and midwives' guides that singlewomen were perceived to be less healthy than married women, because of singlewomen's lesser heat, which was believed to be influenced by their lack of sexual activity. This research presents a more rigorous exploration of the influences on the identity of singlewomen in terms of their health and beliefs about their physiology, and it also addresses the social expectations of these women. The foundations for singlewomen's perceived ill health is rooted in a system of thought that examined health in terms of its profit within the great macrocosm for the universe.

Chapter Two: Perceptions of Physiology

In the early modern period, medical writers attributed the differences between female and male sexual organs to a lesser influence of elemental heat in women. Therefore, female testicles were less developed and inside the body, while superior heat allowed male sexual organs to reach perfection and protrude outside of the body. It is into this world of a one-sex model of sexual differentiation that the singlewoman's physiological differences fit. Because of her less developed body, and the absence of elemental heat in her lifestyle, contemporaries viewed her as less healthy. Writers conceptualized health along a spectrum: the healthiest exhibited the most elemental heat, and the least healthy exhibited the least heat. This chapter introduces the historiography and history surrounding the concepts that shaped early modern perceptions of health and delivers the pertinent background information about innate heat that explains why singlewomen were viewed as physiologically and medically distinct.

Thomas Laqueur contends that one-sex ideas about sexual differentiation persisted until the end of the seventeenth century.⁵⁸ This model of understanding posited that a female body was a less developed version of a male body. Sexual differentiation was by degree; one could be more or less male. By the end of the seventeenth century, medical practitioners began to accept more readily the two-sex model that instead described female and male bodies as completely distinct from each other. In the two sex model, reproductive parts belonging to males and females began to take on their own names. Women's ovaries became known as ovaries, and were no longer identified as testicles as

⁵⁸ Thomas Laqueur, *Making Sex: Body and Gender From the Greeks to Freud* (Cambridge: Harvard University Press, 1990): 25.

they had been in the one sex model. This model explained that men and women's bodies were dissimilar and women's sexuality took on a "distinctive definition."⁵⁹

While discussions about the two sex model are included in the medical texts under examination, the authors all describe male and female bodies in a way that reflects the continued dominance of the one sex model. As this chapter demonstrates, the one sex model allowed contemporaries to view male bodies as the most perfect and healthy beings, and women as the less developed, and therefore less healthy counterparts. The prevalence of the one sex model is one of the main factors that placed singlewomen in a lesser physiological position than both men and married women, as this chapter explores. One of the main ways a woman could supplement her ill health was through the heat produced by sexual intercourse. Medical writers often believed that singlewomen practiced sexual abstinence, so they did not reap the health benefits contemporaries associated with marriage and sexual intercourse.

This chapter demonstrates through the one sex model and ideas of elemental heat that a spectrum of health existed in which men were most healthy and least prone to illnesses because of their innate heat, while married women benefited from close contact with male heat. Sexual intercourse warmed their organs and promoted a healthy flow. Singlewomen existed at the far end of this spectrum because they had neither the elemental heat of men, nor the marriage through which to experience heat and promote the humoral flow upon which their health was dependent.

In order to understand how singlewomen were physically distinct in this way, this chapter provides an account of the historiography of the one and two sex models, as well

⁵⁹ Robert B. Shoemaker, *Gender in English Society: The Emergence of Separate Spheres?* (London and New York: Longman, 1998): 9.

as the physiological implications of the one sex model for singlewomen. This chapter also explores the health implications for singlemen. Both sexes had the seat of health in their reproductive organs: men's health depended on flow through the testicles, while women's depended on the womb. Both men and women experienced health through balance of the humours. Women's health, however, was tied most closely to menstruation and blood, and the other three humours interfered occasionally, while contemporaries conceptualized men's health in a greater balance between all four humours.

During sexual maturation, women's dependence on menstruation became most clear. As children developed into adults, medical writers began to emphasize the physiological differences between female and male anatomy. Both sexes experienced physical changes within their bodies and minds. Writers ascribed specific meanings to the types of changes that men and women underwent. I explore both of these shifts, emphasizing the effect of maturation on young singlewomen, often called maidens. Maidenhood was the only life-stage that never-married women shared with women who entered into the traditional maid-wife-widow life cycle. Pressure to marry at this stage in life was comparatively stronger than during any other stage, and this is reflected in how medical writers ascribed meaning to physiological maturation.

After maturation, men and women became more susceptible to powers of the elements. Male and female bodies began to display both mental and physiological characteristics that were associated with the four basic elements air, earth, fire, and water. These elements manifested in choleric, sanguine, phlegmatic, and melancholic dispositions. In addition to affecting personality and characteristics, contemporaries believed the elemental disposition with which a man or woman was associated also impacted the types of illnesses to which her or she was predisposed. The implications of

elemental factors is important to understanding how cooler, sexually abstinent women were prone to more illnesses than married women.

The one sex model is the major factor that influenced how contemporaries conceptualized both sexual difference and health. Jane Sharp's 1671 publication *The Midwives Book* reflected both one and two sex models. She included a discussion of competing ideas concerning the composition of men and women's bodies. She acknowledged ideas that drew from the one sex model: "some have written that the Generative parts in men, differ not from those in women, but in respect of place and situation in the body."⁶⁰ These ideas illustrate the belief that the female genitals were a less developed version of male genitals. Female reproductive organs existed inside of the body, due to a lack of heat when a fetus was in the womb. Sharp described likelihood of having a boy or a girl influenced by heat: "Seed is in tempers and the parts are either thrust forth by heat or kept in for want of heat."⁶¹

Sharp continued her discussion about male and female bodies: "for the parts in men and women are different in number, and likeness, substance, and proportion."⁶² Her argument reflected the beginning of the two-sex model that saw male and female bodies as markedly different and distinct from each other. Sharp's discussion of competing views reflected traces of the emergence of the two-sex model in the seventeenth century, but she structured her own work around the one-sex model. Sharp's work reflected one-sex model ideas because of certain details, such as when she described the matrix, or womb "like the Yard" of a man.⁶³ Although she was aware of the newer ideas, the older

⁶⁰ Jane Sharp, *The Midwives Book, or the Whole Art of midwifery discovered* (London, 1671): 81.

⁶¹ Sharp, *The Midwives Book*, 41.

⁶² Sharp, *The Midwives Book*, 82.

⁶³ Sharp, *The Midwives Book*, 37.

one-sex, non-binary concepts permeated her work, demonstrating that the two-sex model of male and female bodies had not fully restructured the way that contemporaries envisioned sexual differentiation. Therefore, during the seventeenth century, ideas of health were still structured around a system that saw men as most perfectly developed, and women as less so. Mary Fissell illustrates the influence of the one sex model in Nicholas Culpeper's work. His midwife's guide described women's health, yet he used male anatomy as the "the standard and female the variant,"⁶⁴ much in the same way Jane Sharp did.

Joan Cadden argues against Laqueur's model in her use of medieval discussions of the uterus. In her sources, Cadden finds evidence of other models of understanding sexual difference that are not reducible to Laqueur's.⁶⁵ Cadden found that women's illnesses, more than men's, were dependent on their reproductive organs.⁶⁶ Likewise, Laura Gowing argues that there was more continuity in ideas about women's bodies than Laqueur's model acknowledges.⁶⁷ In this study of the seventeenth century, however, there is evidence that both sexes found the root of illnesses in their reproductive organs, which represents Laqueur's one-sex model.

While Jennifer Evans uses Laqueur's model as a guide for her own research, she is careful to acknowledge that many historians have qualified or modified the models.⁶⁸ For example, Karen Harvey has argued that Laqueur's timeline could be shifted earlier,

⁶⁴ Mary Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England*. (Oxford: Oxford University Press, 2006): 143.

⁶⁵ Joan Cadden, *The Meaning of Sex Difference in the Middle Ages: Medicine, Science and Culture*. (Cambridge: Cambridge University Press, 1993): 3.

⁶⁶ Cadden, *The Meaning of Sex Difference in the Middle Ages*, 15.

⁶⁷ Laura Gowing (2003) *Common Bodies: women, touch and power in seventeenth-century England* (New Haven and London: Yale University Press): 3.

⁶⁸ Jennifer Evans, "'It is caused of the womans part or of the mans part': the role of gender in the diagnosis and treatment of sexual dysfunction in early modern England" *Women's History Review*, 20. 3 (2011): 442.

into the sixteenth and seventeenth centuries.⁶⁹ Mary Fissell also asserts “the stress on bodily difference existed much earlier than Laqueur allows.”⁷⁰ Jennifer Evans uses Laqueur’s one and two-sex models to argue that over the course of the early modern period the language around barrenness became more explicitly gendered.⁷¹ In the beginning of the period, writers used ‘barrenness’ to describe a person, either male or female, who was unable to conceive.⁷² By the end of the period, ‘impotency’ was used for men, while women remained ‘barren.’

According to the one-sex model, the model through which Laqueur explains early modern conceptualizations of sex organ differentiation, women differed from men due to internal heat. Natural philosophy conceptualized four different elements and four humours, and medical practitioners believed innate and elemental heat was integral to “the generative and growth functions.”⁷³ Crooke outlines in his *Mikrokosmographia* that: “It was the opinion of *Galen* ... that women had all those parts belonging to generation which men have, although in these they appeare outward at the *Perinaeum* or *interfoeminium*, in those they are for want of heate retained within.”⁷⁴ By virtue of their greater generative completion and heat, humans produced live young, while “colder [beings, such as females] produce eggs.”⁷⁵ If an animal contained more natural heat, one could expect more perfect offspring. Of course, this innate heat had to be balanced and

⁶⁹ Karen Harvey, *Reading Sex in the Eighteenth Century* (Cambridge: Cambridge University Press, 2004).

⁷⁰ Mary Fissell “Gender and Generation: representing reproduction in early modern England” *Gender and History* 7. 3 (1995): 433 – 456. Cited in Harvey, *Reading Sex*, 79.

⁷¹ Evans, “‘It is caused of the womans part or of the mans part’: 440.

⁷² Evans, “‘It is caused of the womans part or of the mans part’: 411.

⁷³ Everett Mendelsohn, “Heat and Life” 8.

⁷⁴ Crooke, *Mikrokosmographia*, 216.

⁷⁵ Everett Mendelsohn, “Heat and Life” 13.

moderated; overheating could lead to exhaustion and death.⁷⁶ The quality of this heat was different from external heat. Contemporaries saw internal heat as an equivalent to vitality, while external and foreign heat could cause harm to the body.⁷⁷

In terms of the process of reproduction itself, natural and elemental heat dictated the extent to which male bodies and female bodies produced blood. Based on concepts of bodily heat, blood was either fully or partially converted to semen. According to Aristotle, natural heat in male organs and female organs was different, and this difference manifested itself in the male and female ability to concoct blood, which the body transformed into semen.⁷⁸ Female bodies were “incapable of both forming and ejaculating semen,” because while Aristotle believed menses was a type of semen, it was “incompletely processed.”⁷⁹ The female seed was a deficiency in comparison to the fully processed male seed, which demonstrates that those drawing on Aristotelian theory understood biological sexual differences in degree.⁸⁰

These differences in elemental heat allowed for the process of reproduction. Aristotle viewed the cooler body of the female as a defect, while Galen viewed it as a difference, but both these conceptualizations functioned as explanations for why women carried and bore children. Male bodies manifested a greater heat, which allowed them “to grow to a higher stage of completion and perfection than women.”⁸¹ Female bodies, because of their inferior heat, could not convert their superfluous blood into semen as

⁷⁶ Everett Mendelsohn, *Heat and Life: The Development of the Theory of Animal Heat* (Cambridge; Harvard University Press, 1964): 13.

⁷⁷ Everett Mendelsohn, *Heat and Life*, 23.

⁷⁸ Marguerite Deslauriers, “Sexual Difference in Aristotle’s *Politics* and His Biology.” *The Classical World*, Vol. 102, No. 3 (2009): 217.

⁷⁹ Deslauriers, “Sexual Difference,” 218.

⁸⁰ Deslauriers, “Sexual Difference,” 218.

⁸¹ Cadden, *The Meaning of Sex Difference in the Middle Ages* 171.

men could, and therefore were left with menstrual blood.⁸² Menstruation removed excess blood from the bodies of females. Because of the inferiority of female bodies, they were not physiologically equipped to use the excess blood they “concocted” from eating; therefore, menstruation acted as a means to shed the plethora.⁸³ This menstruation became a fetus’s nourishment during pregnancy, which reinforced the notion that female organs, though less perfect, were designed as such for the purpose of reproduction.

In the twenty-first century, the purgation of a woman’s menstrual blood is commonly called her ‘period’, but in the seventeenth century it had many other names. Commonly contemporaries of varying social levels called menstruation the ‘courses’, the ‘terms’, the ‘monthlies’, the ‘flowers’, or, as Patricia Crawford notes, in personal diaries ‘them’ or ‘those.’⁸⁴ The term the ‘flowers’ had its inception in ideas of fermentation because medical writers compared the processing of blood during menstruation to fermentation of wines or liquors, by which means the blood: “flings up to the Surface a sort of Scum abounding with Air, wich is call’d the *Flowers*.”⁸⁵ Jane Sharp described the flowers less as a process of fermentation, but rather in an agricultural or floral sense: “they are named Flowers because Fruit follows; and so would theirs if they came down orderly: they are then a sign that such people are capable of Children.”⁸⁶ Flowers were a prerequisite for bearing children, and were a sign of a fruitful, profitable, and healthy womb.

⁸² Cadden, *Meanings of Sex Difference in the Middle Ages*, 173.

⁸³ Patricia Crawford, “Attitudes to Menstruation in Seventeenth-Century England” *Past & Present* 91 (1981): 51.

⁸⁴ Crawford, “Attitudes to Menstruation” 49

⁸⁵ Crawford, “Attitudes to Menstruation”, 51; James Drake *Anthropologia Nova, or a New System of Anatomy*, (London, 1707): 137.

⁸⁶ Sharp, *The Midwives Book*, 289.

Menstruation was a process all women after menarche and before menopause experienced, regardless of social or marital status. It was a key component in how women experienced womanhood, but the meaning of menstruation changed based on marital status and social level. Women of lower statuses did not expect regular menstrual cycles due to poor nutrition during certain times of the year.⁸⁷ However, women of higher social statuses anticipated more regular menstruation and better overall health.

While menstruation was widely accepted as integral to women's health, contemporaries often called the regular purging a monthly sickness, and as Sara Read notes, an inability to menstruate was also commonly considered a disease.⁸⁸ Many of the married and singlewomen's diseases included in this study were premised on either the overflowing of menstrual blood, the obstruction, or the absence of it. Medically and physiologically, menstruation was key to women's health. Because married women engaged in sexual activities, their bodies were heated through intercourse, which facilitated a more regular flow of blood. Singlewomen, however, practiced abstinence, which caused more obstructions within their bodies. Menstruation is the dominant physiological process that allowed married women to live a healthier lifestyle than singlewomen because it was facilitated by sexual intercourse.

Patricia Crawford argues that attitudes toward menstruation were typically negative, and contemporaries viewed the process as taboo. In her 1981 article, she argues that explanations for menstruation were reflections of the believed female inferiority both physiologically, and within society.⁸⁹ In her 2009 article, Bethan Hindson contested

⁸⁷ Sara Read, "'Thy Righteousness is but a menstrual clout': Sanitary Practices and Prejudices in Early Modern England," *Early Modern Women: An Interdisciplinary Journal* Vol. 3 (2008): 5.

⁸⁸ Read, "'Thy Righteousness is but a menstrual clout": 1.

⁸⁹ Crawford, "Attitudes to Menstruation", 47.

Crawford's view that menstruation was predominantly a negatively viewed process.⁹⁰ She argues that there is no need to apply a single model of understanding, either positive or negative, to menstruation in the early modern period. She asserts that attitudes toward menstruation were dependent upon the times at which it flowed, the health and the age of the woman in question, and the circumstances in which the menstruation appeared, or did not appear.⁹¹

There were two main justifications for the existence of menstruation. Some argued that menstruation purged a female body of hazardous and excess blood, because unlike male bodies, female bodies could not properly facilitate or use the blood. In this sense, menstruation was excrement.⁹² The other view held that menstruation was a process through which a woman's body was purified. Female bodies possessed inferior elemental heat, so while men could purify their bodies through perspiration, women could not; therefore, they menstruated.⁹³ Menstruation allowed for purification to accommodate for women's lesser heat, but by the early eighteenth century, Crawford argues that this belief about menstrual blood had come under scrutiny among medical writers.⁹⁴

Hindson's argument about the circumstantial quality of menstrual blood finds foundation on these two views of menstruation at work during the early modern period. Some viewed menstruation positively, as a process for purification, while others saw menstrual fluid as a potentially hazardous substance, which, if obstructed within the body, could potentially lead to corruptions and illnesses. In fact, the period of a woman's menstruation was commonly called 'the woman's sickness,' even though the flow of this

⁹⁰ Bethan Hindson, "Sexuality and Reproduction: Attitudes towards menstruation and Menstrual Blood in Elizabethan England" *Journal of Social History* 42.1 (2009): 89.

⁹¹ Hindson, "Sexuality and Reproduction", 89.

⁹² Crawford, "Attitudes to Menstruation", 51.

⁹³ Crawford, "Attitudes to Menstruation", 50.

⁹⁴ Crawford, "Attitudes to Menstruation" 51.

humour was considered integral to a woman's health. When discussing the importance of menstruation to women's health, one must bear in mind the conflicting beliefs about the process.

In terms of how women themselves viewed the logistics of menstruation, Sara Read argues that they were largely silent on the subject, though many of her sources come from the writings of men.⁹⁵ This silence around discussions about how women dealt with their menstruation indicates that women likely treated menstruation with embarrassment, and as a taboo.⁹⁶ Conduct guides and housewifery manuals dictated that a woman ought to be mindful of her personal hygiene "to the extent of cleaning out her ears and nose, but remain silent on the topic of sanitary protection."⁹⁷ Meanwhile, midwives' guides and medical treatises illustrate that menstruation was a popular topic in terms of conceptualizing physiological processes and women's health. For the early modern woman, menstruation was an embarrassing issue that manifested in her every day life, but its absence was a cause for alarm, because it remained integral to her health and overall well-being. It also acted as a clear reminder of her lesser physiological development.

From a young age, a woman learned about the significance of her menstruation. Blood and menstruation played an important role in genital development during puberty. Blood was the humour that allowed for reproduction. The greater innate heat of men allowed for a more thorough refinement of blood. Blood became semen in the testicles through this process of refinement. A similar process of refinement took place in women's breasts during pregnancy through which the organs of the breasts converted blood into milk for the newborn children. Because the process of refining blood into

⁹⁵ Read, "Thy Righteousness is but a menstrual clout": 19.

⁹⁶ Read, "Thy Righteousness is but a menstrual clout": 20.

⁹⁷ Read, "Thy Righteousness is but a menstrual clout": 12.

semen required so much elemental heat, much like the refinement of blood into milk in women, the testicles and breasts existed outside of the body. Natural heat “thursteth those parts outwards.”⁹⁸

In contrast, women’s genitals did not require the same amount of heat, and they remained inside the body. During puberty, though, heat increased and allowed for blood to be refined in another way. Because childbearing required a less perfect seed, women’s bodies refined and produced a less complete version of male semen. When mixed with male semen during intercourse, these seeds created the potential for procreation, because procreation “dependth upon the greater or lesser implication of these substances.”⁹⁹ Contemporaries viewed women as physiologically less perfect, but this was rooted in understandings of how procreation took place. Without a lesser being, there could be no subsequent generations.

The lesser perfection of women was integral to reproduction, but because women lacked men’s element heat, they were prone to a variety of illnesses and diseases. Jane Sharp asserted that women in general were susceptible to more diseases than men.¹⁰⁰ If men were the most healthy beings because of their superior elemental heat and bodily perfection, married women were the next most healthy. Sharp subsequently explained that through sexual intercourse, the womb was heated and the heat produced through the motion opened obstructions when women were troubled.¹⁰¹ Through these beliefs about the health benefits of sexual intercourse, singlewomen became conceptualized as less healthy beings. As women, they were already less healthy due to the incompleteness of

⁹⁸ Crooke, *Mikrokosmographia*, 249.

⁹⁹ Crooke, *Mikrokosmographia* 206.

¹⁰⁰ Sharp, *The Midwives Book*, 251.

¹⁰¹ Sharp, *The Midwives Book* 264.

their bodies, but in singlehood and abstinence, women lacked a common social mechanism that contemporaries believed could provide healthy heat to an innately cool body. Joan Cadden explains that according to Hippocrates, “if [women] have intercourse with men their health is better than if they do not... Intercourse by heating the blood and rendering it more fluid gives an easier passage to the menses; whereas if the menses do not flow, women’s bodies become prone to sickness.”¹⁰²

At menarche, the sexual differentiation between young boys and girls became most clear. Menarche represented a girl’s physiological sexual maturation, when she first experienced the natural purging of her menstrual blood. Contemporaries believed that women were naturally more eager to have children than men. This was evident because contemporaries could “witness the childish disports of young Girles in making of Babies, Nursing, and lying in, as we say, and such like pastimes, wherein they are occupied euen from their infancy.”¹⁰³ Culturally, young girls were taught to mimic the activities of their mothers, so child-play reflected these practices. Medical writers observed young girls emulating practices that were gendered feminine and as a result they saw this as a natural occurrence that reflected the feminine desire to reproduce, and not as a cultural pressure under which children performed the construction and expectations of their gender.

Contemporaries’ understandings of female anatomy reflected the cultural concern with women’s marriage and reproductive potential. During puberty, “men [began] to grow hayrie, to have lustfull imaginations and to change their voice; women’s Pappes

¹⁰² Cadden, *The Meaning of Sex Difference in the Middle Ages*, 19.

¹⁰³ Crooke, *Mikrokosmographia*, 206.

[began] to swell and they [began] to thinke upon husbands.”¹⁰⁴ Helkiah Crooke phrased his description of the onset of puberty in such a way that lustful thoughts and marriage considerations were an important part of one’s maturation, whether male or female. Lust played a large role in reinforcing concepts of reproduction and the role of women.

Young women were also encouraged to do particular labours to achieve proper balance in the humours to prepare for child birth. According to Sharp, the “Law-giver commanded Maids to work, for saith he, this keeps their bodies in good temper, and freed from crudities and when they come to marry, their Children will be strong.”¹⁰⁵ Contemporaries viewed maidens as cooler, more fragile beings, susceptible to influences that could produce obstructions. Maidens were not supposed to be idle, because labour warmed their bodies and promoted flow. Ultimately, a healthy flow and balance of the humours created a suitable womb environment for childbearing.

Not only were mental changes important to one’s maturation, but boys and girls also underwent significant bodily changes. One of the most important humours in a woman’s maturing physiology was blood. Blood was incredibly important to concepts of reproduction. Blood, under the influence of heat, contributed to sexual differentiation. Superior elemental heat developed a more complete human; the male had the power to engender the less perfect woman, and this was the reason for the sexual differences:

but the woman hath also a faculty and power of generating or bringing forth in herself, by the help of the Sun her husband; without which mutual conjunction, no Generation can be had.¹⁰⁶

As noted in the above quotation, these physical changes were closely tied to social constructs pertaining to men and women, and the universe as a whole.¹⁰⁷ Alessandro

¹⁰⁴ Crooke, *Mikrokosmographia* 261.

¹⁰⁵ Sharp, *The Midwives Book*, 90.

¹⁰⁶ Massaria, *De morbis foemineis*, 10.

Massaria outlined the body as a microcosm, a concept that Helkiah Crooke later echoed. Crooke's 1615 *Mikrokosmographia* posited the body as a microcosm for the universe and society as well. Changes during puberty reflected ideas about men and women's social roles. Bodily internal heat began to facilitate changes in boys' and girls' bodies once they reached puberty. A woman began to display the physiological manifestations of her lesser perfection, such as her breasts. On the other hand, a man became more muscular which reinforced social concepts of strength. This strength represented the man's greater physiological completion.

By a woman's fourteenth birthday, Crooke reports, "The Dugges¹⁰⁸ sayth Hippocrates doe swell and the Nipples strut, and young wenches are then sayd ... to grow together like twinnes."¹⁰⁹ Medical theorists explained the maturation of women's breasts in terms of reproduction. The swelling of a young's women's breasts allowed for space in which "glandules" boiled and altered large amounts of blood.¹¹⁰ After puberty, should pregnancy stop the courses, the mechanisms within the breasts turned the blood into milk that would eventually nourish infants.¹¹¹

In addition to growing breasts, and developing the ability to refine blood into milk and semen, young women also underwent other physical changes that were integral to their ability to reproduce. Medical writers divided female genitalia into sections: the matrix, the gate of the womb, the hymen, and the lips. Age and marital status altered each section. In virgins, the matrix was smaller than the bladder, but with age and through

¹⁰⁷ The concept of microcosms is explored more thoroughly in the following chapter.

¹⁰⁸ The 'Dugges' refers to a woman's breasts.

¹⁰⁹ Crooke, *Mikrokosmographia*, 195.

¹¹⁰ Crooke, *Mikrokosmographia*, 194.

¹¹¹ Crooke, *Mikrokosmographia*, 195.

childbirth, the matrix grew in size and shape.¹¹² Jane Sharp explained that while the womb was approximately the size of a hand in a “ripe Maid,” the womb grew “by reason of [women’s courses].”¹¹³ As young women began to undergo menstruation, their wombs began to grow to prepare for procreation.

The gate of the womb also changed as a young woman began to exercise her reproductive functions. Though the first time a young woman “admit[ed] [the man’s] yard” she found “[her] first coition painfull,”¹¹⁴ subsequent intercourse led to changes in the form and pain tolerance of the gate of the womb. According to Crooke, “In yong wenches it is more delicate and soft, and becommeth everie day harder, so that those that have often conceived and old women, have it hard callous & as it were gristly, by reason of the often attrition and the frequent flowing of their courses.”¹¹⁵ The more intercourse to which the gate of the womb was subjected, the more it became harder and more loose.

Nicholas Fonetyn echoed Crooke, asserting: “In virgins [the gate of the womb is] plain; in women with often copulation they are oftentimes worn out, sometimes they are wholly worn out, as it happens to whores, and women that have often brought forth, or have been over troubled with their fluxes.”¹¹⁶ Sexual activity changed the width of the gate of the womb, as did childbirth. Fonteyn’s writings reflect a set of morals that dictated when contemporaries deemed situations in which sexual intercourse was acceptable. The term “worn out” indicates that physicians sometimes viewed frequent sexual intercourse as detrimental to women’s health, while paradoxically physicians also promoted marriage and reproduction in women.

¹¹² Crooke, *Mikrokosmographia* 227.

¹¹³ Sharp, *The Midwives Book*, 38.

¹¹⁴ Crooke, *Mikrokosmographia*, 236.

¹¹⁵ Crooke, *Mikrokosmographia*, 233.

¹¹⁶ Thomas Chamberlayne, *The Compleat Midwife’s Practice Enlarged*. (London: Printed for Nathan. Brooke, 1656): 62.

Virgins were thus physiologically distinct from women who had experienced intercourse. Prior to intercourse, the hymen protected the gate of the womb. The hymen was specific to virgins. It was a “slender membrane” over the cavity “of the necke of the wombe ... that in growne mayds it will admit the top of a little finger, that through it the courses may passe.”¹¹⁷ Because their bodies were unaccustomed to sex, the genitals of virgins were naturally delicate and tight. Crooke explained that “devirgination” caused the hymen to break and caused “paine and effusion of blood.”¹¹⁸ This pain, while uncomfortable for the woman involved, was deemed a natural event during a woman’s first experience with sexual intercourse. Jakob Rüff also asserted the hymen was composed of “many fibraes or threds, which [were] corrupted by the losse and decay of Virginitie.”¹¹⁹ The negative language Rüff used reflects moral and religious associations with a young woman’s first sexual act. There was a set of cultural assumptions tied to the “loss” of virginity.

While cultural pressures urged young women to procreate, the loss of virginity was only acceptable through the act of marriage. Even marriage had specific regulations to ensure a maiden maintained her honour, because young woman’s honour was tied to her sexuality. Crooke argues that “young folks”, through “their dancings and frolickeing with such like, do often by moving the body accelerate and hasten [...] purgations,”¹²⁰ and therefore, “Virgins should have care of their Honor, by giving warning to their Bridegroomes of their Brides purgation’s.”¹²¹ Young women and men were wont to dance and

¹¹⁷ Crooke, *Mikrokosmographia*, 236.

¹¹⁸ Crooke, *Mikrokosmographia*, 236.

¹¹⁹ Jakob Rüff. *The expert midwife, or An excellent and most necessary treatise of the generation and birth of man Wherein is contained many very notable and necessary particulars requisite to be knowvne and practiced.* (London, 1637): 52.

¹²⁰ Crooke, *Mikrokosmographia*, 236.

¹²¹ Crooke, *Mikrokosmographia*, 236.

move about, which through motion, caused a surplus of internal heat. During the excitement of a wedding, contemporaries believed women could be moved to their menses, and in this case, it was thought proper for them to warn their soon-to-be husbands of their menstruation.

While menstrual purging was integral to women's health, as Bethan Hindson argues, it was taboo in some situations, such as a wedding night, but welcome in other situations such as when health complications arose that contemporaries suspected developed from stopped courses.¹²² While a woman could not control the flowing of her menstruation, social pressures dictated that she at least warn her husband, for fear of losing her honour on her wedding night. Midwives and physicians cautioned women not to have sexual intercourse with their new husbands during the time of their menstruations because the flow could hide the loss of the hymen. In this case, new husbands could become "jealous of their new Wives without cause, thinking they had lost their Maidenheads before."¹²³ Additionally, intercourse during menstruation was a sin against God, and physicians believed that children conceived during menstruation were "Leprous, and troubled with an incurable Itch and Scabs as long as they live."¹²⁴ Medical literature blended concepts of morality and health.

Menstruation, while a common inconvenience, was also integral to women's health, and the subsequent health of any infants that a woman might produce because menstrual blood was thought to nourish fetuses in the womb. Menstrual blood allowed for the production of breast milk, and could also be refined into semen, and its release triggered the evacuation of harmful, superfluous blood from a woman's body. If

¹²² Hindson, "Sexuality and Reproduction: Attitudes towards menstruation": 89.

¹²³ Sharp, *The Midwives Book*, 50.

¹²⁴ Sharp, *The Midwives Book*, 51.

menstrual blood did not flow, the blood could become corrupted and lead to medical problems that could manifest in any part of the body. Through the facilitation of heat, menstrual blood flowed optimally, and women were able to avoid obstructions and corruptions that would lead to illnesses.

Because “the wombs of women [were] the cause of all diseases,”¹²⁵ the womb had “consent”¹²⁶ with all other parts of the body, as will be more thoroughly discussed in the next chapter. Jane Sharp described the predominance of the womb within a woman’s body. She described this phenomenon of consent as possible because “the Vessils of the womb lye near the Vessels of other parts of the body, or there is near affinity of one part with the womb; then, by consent, are many grievous Diseases produced.”¹²⁷ Therefore, illnesses that stemmed from corruptions in the womb produced symptoms in others parts of the body, such as the mind. Greensickness, for example, commonly caused symptoms such as fatigue and mental numbness, as well as pains in muscles that were not located near the womb.

In male bodies, corruptions functioned similarly. Male health also stemmed from reproductive parts, which reflected the one sex model. Crooke detailed the importance of the testicles to the other parts of the body:

For the consent of the Testicles with the head, I can give you a notable instance of a wanton young fellow, who upon a small and almost insensible tumor ... in or about one of his Testicles, fell first into light, and after into extreame fittes of the Epilepsie or Falling sicknesse.¹²⁸

Corruptions in the testicles, much like corruptions in the womb, led to health problems.

Though the man in question was suffering from a tumour in one of his testicles,

¹²⁵ Crooke, *Mikrokosmographia*, 252.

¹²⁶ Sharp, *The Midwives Book*, 170.

¹²⁷ Sharp, *The Midwives Book*, 170.

¹²⁸ Crooke, *Mikrokosmographia*, 217.

physicians believed that as the humours flowed throughout the man's body, the corruption affected his brain. The blockage in the man's testicle had resulted in a tumour, which, Crooke asserts, then was the cause of his epilepsy. Though there was no cycle upon which male health was so clearly premised as menstruation was in women, the influence of the one sex model is still evident in how physicians conceptualized how the womb and testicles influenced other parts of the body. Too much of one humour could lead to blockages, in both men and women. Ideas about innate heat and elemental dispositions were especially prevalent in ideas about how illnesses developed in men and women's bodies.

Seventeenth-century medical writers believed that heat was one for the four qualities that shaped the human body. There were four humours: blood, phlegm, cholera, and bile; and four qualities: hot, wet, cold and dry.¹²⁹ Blood manifested in a mixture of hot (choleric) and wet (sanguine), phlegm developed from the wet and cold (phlegmatic), black bile was visible in cold and dry (melancholic), and yellow bile operated in dry and hot bodies. In order to attain health, the body had to have a balance of these four humours.¹³⁰ Illnesses and corruptions manifested in bodies with excess or lack of any of the above humours. The elements also acted as an integral factor in variance in the dispositions and characteristics of men and women.

While men were generally more innately hot than women, men could also exhibit cool dispositions. Likewise, women could display hot, and mannish characteristics. These dispositions could affect the morality, fertility, and the health of the person in question. Certain elemental dispositions were more prone to particular illnesses, so this is an

¹²⁹ Irma Taavitsainen and Paivi Pahta *Medical writing in Early modern English*, (Cambridge University Press: Cambridge, 2011): 96.

¹³⁰ Taavitsainen and Pahta, *Medical writing*, 96.

important concept to consider in understanding how singlewomen were considered physiologically different from married women. The elemental nature a woman exhibited influenced the composition and health of her womb. Like women, wombs could be hot or cold, and variance within this spectrum of elemental heat influenced the sex of the children the womb produced, as well as the general health of the woman.

Depending on the colour displayed by a pregnant woman, contemporaries believed that one could discern the sex of a fetus: “She that goeth with manchilde is well coloured, she that goeth with a woman child is swarty or pale coloured.”¹³¹ Pale colours were associated with watery and moist humours, which medical writers also attributed to females. Men, on the other hand, were associated with heat and dryness, which produced better colours. As such, contemporaries believed a well-coloured woman was a clear indication of a male child.

Contemporaries also believed that parents with cool natures produced female children. People with cooler dispositions, both male and female, had characteristics that were “more moist, cold, and liquid.”¹³² If the seed that men and women produced was too cool or moist, it could prove barren, in which case conception would not be able to happen. This was especially particular to wombs, or testicles in men and women that were “refrigerated” or “over-cooled.”¹³³ The coolness could develop naturally or it could evolve during medicinal treatments that were meant to cool an over-heated body.

While some women suffered from excess heat, other women suffered from symptoms produced by excess cold. These symptoms could manifest as both physical and mental afflictions. During the early modern period, the boundaries between mental and

¹³¹ Croke, *Mikrokosmographia*, 263.

¹³² Chamberlayne, *The Compleat Midwife's Practice Enlarged*, 81.

¹³³ Croke, *Mikrokosmographia* 246.

physical health were blurred.¹³⁴ Commonly, a physical affliction, such as a corruption or excess heat or cold manifested as a mental disorder, or as a personal characteristic. In this sense, there is no clear division between mental and physical health or even mental health and personality qualities: elemental influences controlled aspects of health and personality. For example, Crooke explained, there were two main types of women: “for those that are angry, pettish, fretfull or wantle, chuse you which you will call them, are cold; but those that are wrathfull are hot.”¹³⁵

Women and men were often prone to over-heating. Contemporaries believed that heat could manifest in organs, which caused both illnesses and tempers. Helkiah Crooke argued that the liver in women was more innately hot than the liver in men. This was evident through the fact that women matured earlier in life than men. He justified women’s early maturation by asserting that the heat of maturation had to work faster in women, because due to their lesser heat, their abilities to live was weaker than in men:

They say that women grow faster and doe sooner generate, and therefore they are hotter; but we say, that these are demonstrative signes of a cold temperament. For therefore they grow faster and ingender sooner, because their end is nearer, for that the principles of their life are weaker.¹³⁶

Helkiah Crooke believed that women had some organs hotter than men’s because it allowed them to adapt to their overall cooler dispositions, and facilitate bodily processes that men could do more easily because of their elemental heat. The disproportionate heat some organs displayed, such as the liver, had an impact on some women’s personalities.

Crooke believed that because of the hotness of women’s livers, they were more cruel and quicker to anger than men, and he compared them to animals: “For Hunters

¹³⁴ Barbara Duden, included in a discussion of Michael MacDonald, *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth Century England* (Cambridge, 1981) 12.

¹³⁵ Crooke, *Mikrokosmographia* 276.

¹³⁶ Crooke, *Mikrokosmographia*, 276.

affirm, that of Tygers, Beares and Lyons, the females are farre fiercer then the males.”¹³⁷

In humans, he claimed, “we many of us know by woefull experience temper to bee quicker and more vigorous in women then in men, for they are easily heated and upon very slight causes.”¹³⁸ The heat produced in the liver was out of proportion to the heat allowable by the cooler composition of a woman’s body, which caused a sharp and cruel temper, according to Crooke.

Additionally, hotter women were also thought to be more lustful. Jane Sharp explained that the duration of a woman’s menstruation depended upon the heat of her elemental disposition. Hot, or “Lusty and Menlike women send [menstrual blood] forth in three days, but idle persons and such as are always feeding will be seven or eight days about it.”¹³⁹ By ‘men-like’, Sharp referred to women whose bodies contained the amount of heat more fitting to those considered male. Lust was attributed to a surplus of heat in the body. Likewise lechery, Nicholas Culpeper, explained, was a sign of a hot womb, “for they who have hot wombs desire copulation sooner and more vehemently.”¹⁴⁰

Culpeper also associated hot wombs with women with beards.¹⁴¹ “When the hair [came] forth suddenly, thick, black, and long, and large about” women had hotter dispositions, and were often more lusty than their colder counterparts.¹⁴² Nicholas Fonteyn mirrored Culpeper’s belief: “Those women that have black haire, are more apt for *Venery*, then any other complexion, because they are hotter, and have their *Courses* in

¹³⁷ Crooke, *Mikrokosmographia* 273.

¹³⁸ Crooke, *Mikrokosmographia* 272.

¹³⁹ Sharp, *The Midwives Book*, 85.

¹⁴⁰ Nicholas Culpeper, *Culpeper's directory for midwives: or, A guide for women. The second part.* (London, 1662): 21.

¹⁴¹ Culpeper, *Culpeper's directory for midwives*, 20.

¹⁴² Culpeper, *Culpeper's directory for midwives*, 21.

a more plentiful manner.”¹⁴³ Because of her warm womb, predisposition for sexual intercourse, and more readily flowing humours, a hot woman was often considered more healthy and fertile than cooler women.

This heat also led to particular implications in a woman’s womb. Some believed that sometimes, a woman’s womb could produce a fruitful seed without the help of a man, but she would be unable to nourish it without male aid.¹⁴⁴ Crooke contests this, explaining that: “But if these things were so as *Valesius* woulde have them, then hot and mannish maydens without the embracements of men should suffer many abortments.”¹⁴⁵ Though Crooke argued against Valesius, he did demonstrate a clear connection between mannishness and heat, and also heat and fruitfulness. Heat was a clear prerequisite to fertility, so much so that some even believed enough heat could allow a woman to partially conceive without a man; however, too much heat could lead to barrenness.¹⁴⁶ Heat facilitated the flow of menstrual blood; as Culpeper asserted, if the womb was “hot and moist, they flow plentifully, and last till after fifty. If it be hot and dry, the blood is yellow, thin and sharp, and pricks the privities.”¹⁴⁷ A hot and moist disposition was most optimal for the flow of menstrual humours, because these natures were best suited for the flow of blood. Hot and dry humours caused discomfort in the womb and were not optimal for health. They were also believed to be detrimental to procreation. In fact, a hot and dry womb could dry up and consume the seed, “as a little water thrown into a fire.”¹⁴⁸

¹⁴³ Nicolass Fonteyn, *Womans doctour, or, An exact and distinct explanation of all such diseases as are peculiar to that sex with choise and experimentall remedies against the same*. (London, 1652): 113-134

¹⁴⁴ Crooke, *Mikrokosmographia*, 286.

¹⁴⁵ Crooke, *Mikrokosmographia*, 286.

¹⁴⁶ Barrenness will be explored in detail in the final chapter.

¹⁴⁷ Culpeper, *Culpeper's directory for midwives*, 21,

¹⁴⁸ Fonteyn, *Womans doctour*, 130.

Sharp outlined how heat influenced the flow or blockage of menstrual blood. When excessive heat caused blockages in a woman's body "her Pulses are swift and strong, she is very thirsty, and her head [t]alketh, and such like signs of heat."¹⁴⁹ Meanwhile, when obstructions stemmed from excessive cooling then "the woman [was] drowsie and sleepy, her Pulse beat slow, and she [was] not thirsty, the Veins [were] ill coloured."¹⁵⁰ The most common cause of illnesses in women, she asserted, were thick and slimy humours from melancholy blood.¹⁵¹ Women's health was tied to temperature within her body. When properly heated or cooled, a woman's body was able to facilitate a balance of the four elemental humours.

Sharp also provided remedies for excessively hot and exceedingly cool wombs. Treatments were specific to the elemental distempers: "cold and moist wombs, and hot and dry."¹⁵² For hot wombs, she prescribed pulling away the cholera, the humour that heat produced, from the liver and out of the body: "those things that will do it are Manna, and Tamarinds, sirrups of Roses, Rhubarb, Senna, Cassia, and the like, which are very safe, gentle, and effectual Remedies."¹⁵³ As for cooler women, she prescribed "syrup of Mugwort, Bettony, Mints, or Hyssop; then purge the cold the time of the courses."¹⁵⁴ Both prescriptions were intended to provoke a humoral flow, and remove the offending humour, whether it was a cold, phlegmatic humour, or a hot, choleric humour. If a woman's disposition was at either the hot or cold extreme, she was associated with particular health issues, but also with particular personal characteristics.

¹⁴⁹ Sharp, *The Midwives Book*, 290.

¹⁵⁰ Sharp, *The Midwives Book*, 290.

¹⁵¹ Sharp, *The Midwives Book*, 290.

¹⁵² Sharp, *The Midwives Book*, 316.

¹⁵³ Sharp, *The Midwives Book*, 317.

¹⁵⁴ Sharp, *The Midwives Book*, 316-317.

For example, contemporaries considered cool and waterish women less apt for marriage than women who exhibited other elemental natures. Contemporaries believed that waterish women's terms lasted longer and were less potent.¹⁵⁵ Because cold women were not given to lustfulness in the way that hot women were, they were not easily satisfied by their husbands.¹⁵⁶ In fact, if cold women miscarried often, "the womb [was] made colder, and they delight[ed] not in the sport: but copulation doth them good, and [made] them more youthful."¹⁵⁷ While cool women did not enjoy intercourse, Culpeper insisted that it did benefit them by making them more youthful, despite the higher incidences of miscarriages, due to the cooler womb. Because of these associations with women of cooler dispositions, they were considered less apt for motherhood than hotter, more fertile women. Much like their female counterparts, men were also negatively impacted by associations with coldness. If a man was thought to be cold, he was "commonly beardless, slow in imagination, and dull in practise, because their seed [was] cold, and contain[ed] not any spirit to tickle, and warme their Phantasies, but they [sat] like images, and [were] sad, and insociable"¹⁵⁸ Both the physiological and mental characteristics associated with people of cooler dispositions often made them seem less appealing in social situations. Neither cold men nor cold women represented the early modern picture of marriageability.

The four elements and their humoural counterparts held tremendous sway in the seventeenth century. Elemental sympathies within the body influenced physical and mental health, as well as personal characteristics in both men and women. These types of

¹⁵⁵ Croke, *Mikrokosmographia*, 261.

¹⁵⁶ Culpeper, *Culpeper's directory for midwives*, 21.

¹⁵⁷ Culpeper, *Culpeper's directory for midwives*, 21.

¹⁵⁸ Fonteyn, *Womans doctour*, 132.

dispositions not only shaped perceptions of one's health, but they also contributed to whether or not one's personality would be wrathful, fearful, sociable, quiet, or lazy. The characteristics associated with coldness meant that those plagued by cooler dispositions were less likely marriage candidates because they were prone to more illnesses.

The elemental system of beliefs allowed the one sex model to dominate ideas about personal characteristics and health. By this logic, men were most healthy, and singlewomen were the least healthy. Even singlemen, because they were male, displayed a superior heat to married women, so while they were not heated by sexual intercourse, they were less likely to need the benefits of marriage.

The process of maturation allowed for physiological changes to take place in young men and women's bodies, and these changes prepared them for reproducing. Procreation was stressed in the development of women, more so than men, which indicates that women were pressured to marry. Through the one sex model, and beliefs about elemental influences on one's disposition, women who did not marry were viewed as physiologically distinct from women who did marry. In order to supplement their cooler nature and promote flow, contemporaries believed women's health was dependent upon the heat men produced during intercourse. In this way, men were the healthiest beings, and singlewomen were the least.

Chapter Three: Consent of the Womb

Early modern beliefs about a singlewoman's physiological distinctions had important implications for how medical writers believed diseases developed, and how a singlewoman was treated medically. Many illnesses manifested in both single and married women, but they were perceived differently based on whether a woman was practicing sexual abstinence or exercising her reproductive capacities. This chapter examines the way that ideas about the body as a microcosm for society interacted with perceptions of the physiological body and how this allowed medical writers to conceptualize the supremacy of the womb in the health of singlewomen.

Jane Sharp explained the power of the womb over the rest of the body neatly in her discussion of scents. She claimed there was a "great agreement" between the womb and the brain.¹⁵⁹ In order to sooth the womb, she encouraged women to use sweet scents, because these were "pleasing" to women's wombs.¹⁶⁰ For women whose wombs fostered ill humours, sometimes sweet smells offended the womb.¹⁶¹ The womb could then send the bad humours and spirits of a corrupted seed up to the heart and brain, which then could cause stifling of the womb.¹⁶²

Sharp's explanation reflects the early modern belief in the sovereignty of the womb over the rest of the body, much like a ruler exercised command over his or her citizens. If a womb exhibited ill health, so too would the rest of the body. Contemporaries believed the womb was the indicator of health in the body because they thought that humours flowed through the body to maintain health, and all humours flowed through the

¹⁵⁹ Sharp, *The Midwives Book*, 127.

¹⁶⁰ Sharp, *The Midwives Book*, 127.

¹⁶¹ Sharp, *The Midwives Book*, 127.

¹⁶² Sharp, *The Midwives Book*, 127.

womb. If bad humours flowed through the womb and flowed into other parts of the body, there could be disastrous consequences, as this chapter explores.

Firstly, I explore Crooke and Massaria's writings, which described the body as a microcosm. These ideas also influenced the ways contemporaries perceived women's social roles as wives and mothers, and as social and physiological inferiors to men. The microcosm also was closely tied to nature, which often influenced when physicians and midwives chose to treat their patients, and how they undertook treatments. Running throughout seventeenth-century ideas about singlewomen's health is the foundational idea that sexually abstinent women were less innately hot, and therefore less healthy than their married counterparts. Writers also believed that the womb controlled women's health, and therefore, the wellbeing and innate heat of the womb was integral to the overall health of a patient. The supremacy of the womb is situated within the same microcosmic framework as the rest of society.

This chapter provides examples of illnesses that manifested in both married women and singlewomen, but that impacted singlewomen differently than married women, such as fits of the womb, leading to hysterical womb and suffocation of the womb. Additionally, the womb influenced women's emotions, such as anger and melancholy, and also controlled the health of the brain in cases of epilepsy. Humoural flow from the womb could also cause the development of tumours in the breasts. Obstructed humours in the womb of virginal women could also cause lactation, and this was often tied to the belief that women ought to be sexually active, and that those who abstained were less healthy.

Finally, greensickness often caused many of the above symptoms. Greensickness was thought to develop in sexually mature women who were not married, or who were

not sexually active. After a discussion of the historiography surrounding greensickness, this chapter uses it as a case study to examine the way that corruption in the womb caused symptoms of ill health throughout the body. This chapter explains the significance of both the causes and the cures for singlewomen. Greensickness was most common among unmarried women, and writers often stressed that it targeted maidens and widows, though I also discuss the importance of a case in which a mother of a ten-year-old boy was afflicted with greensickness. Greensickness is an important example that establishes the way that medical writers and practitioners perceived medical and physiological differences between married women and singlewomen. It also provides an example of an illness that developed in a woman's womb, but displayed symptoms throughout a woman's body.

Perceptions of the body were closely tied to the construction of society and perceptions of the natural world. These ideas interacted with and reinforced each other. These interactions were facilitated in part by ideas about the body as a microcosm in the greater macrocosm of the universe. In seventeenth-century England, medical writers saw the body as a microcosm. The function and processes of the body reflected greater ideas about how nature and the world operated. Many illnesses could only be cured when bleedings and treatments were applied during particular phases of the moon, and during specific seasons. Contemporaries believed that society and medical knowledge all operated within the realm of nature, and for life to proceed properly, one must live in accord with nature both in medical and social realms. In a gendered sense, ideas about the physiological composition of the body reflected both men and women's constructed social positions.

Writing in Italy in the sixteenth century, but published in England in the seventeenth century, Alessandro Massaria described men and women's reproductive role in terms of the solar system:

For the Man or the Sun of the Microcosm, hath a power or faculty to engender in another, that is, in the Moon: but the woman hath also a faculty and power of generating or bringing forth in herself, by the help of the Sun her husband; without which mutual conjunction, no Generation can be had.¹⁶³

While this quote helps to illustrate the importance of both men and women to reproduction, it also demonstrates the microcosm and macrocosm of the early modern universe. To Massaria, the man was the sun, influenced by heat and dryness. His conceptualization reflected the elemental disposition medical theorists assigned to men. The woman, on the other hand, was the cool and less powerful moon, who required the power to engender, which the man bore. Together, sexes had the ability to reproduce, yet the social construction of physiology and perceptions about anatomy placed women in a lesser, dependent position, which also reinforced notions of elemental temperaments discussed in the previous chapter. The lesser being required the power of the superior being.

Because contemporaries perceived a woman as having less innate heat than a man, she was less developed, and therefore dependent upon a man's superior heat. Both married women and singlewomen's health was framed in the aforementioned sense, best illustrated by Joan Cadden's translation of Hippocrates, where "if [women] have intercourse with men their health is better than if they do not... Intercourse by heating the blood and rendering it more fluid gives an easier passage to the menses; whereas if the

¹⁶³ Massaria, *De morbis foemineis*, 10.

menses do not flow, women's bodies become prone to sickness."¹⁶⁴ One must bear this belief in mind when exploring the differences between perceptions of illnesses in singlewomen and illnesses in married women. In many cases, diseases appeared in both types of women, but in singlewomen, the causes and treatments often reflected the assumption that singlewomen were sexually abstinent.

Irma Taavitsainen and Paivi Pahta argue that the notion of microcosms was prevalent both in medical and social worlds, where the microcosm of man was dependent upon the macrocosm of the universe, and reflected humoural and elemental theory.¹⁶⁵ This commonplace view justified singlewomen's social and medical position in society. This belief influenced the perceptions that because women were specifically less developed for the purposes of reproduction, singlewomen did not typically reproduce, and so they became distinct both socially and medically. Contemporaries believed that they lived in a world where everything could be represented in nature with a specific function. Women's purpose was to bear children for the macrocosm of the universe, so those that did not were perceived as different from those who did. Contemporaries viewed a woman as naturally destined to occupy the realms of motherhood and wifehood; writers believed her microcosm reflected that "she was 'a House builded for generation and gestation'."¹⁶⁶ Of course, those who did not conform to these roles, such as singlewomen, were viewed differently.

These social expectations extended to ideas about physiology as well. Joan Cadden explains the implications of the Aristotelian humoural theory in terms of the

¹⁶⁴ Joan Cadden, *Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture* (Cambridge: Press Syndicate of the University of Cambridge, 1993): 19.

¹⁶⁵ Taavitsainen and Pahta *Medical writing in Early modern English*, 96.

¹⁶⁶ Patricia Crawford, "Attitudes to Menstruation in Seventeenth-Century England" *Past & Present* 91 (1981): 72.

social implications wherein “warm and cold, translate into superiority and inferiority, ability and inability, activity and passivity.”¹⁶⁷ When the body operated as a miniature system of society and nature, Aristotle’s system placed women in a lower social position than men. Patricia Crawford asserts that these physiological foundations about the nature of women, which described women as inferior, placed them in inferior social roles.¹⁶⁸ Perceptions of physiology had serious implications in terms of what contemporaries expected from each sex, and how they were to operate in the greater macrocosm of the natural world.

Helkiah Crooke structured his entire work, *Microcosmographia* on the premise of the body as a microcosm. In his preface, he introduced this concept to his readers, emphasizing the developmental perfection of mankind:

but because the admirable structure, and accomplished perfection of the body, carrieth in it a representation of all the most glorious and perfect workes of God, as being an Epitome or compend of the whole creation, by which he is rather signified then expressed. And hence it is, that man is called a *Microcosme* or little worlde.¹⁶⁹

All processes of the body and all physiology could be explained, in Crooke’s world, by the larger processes in nature, and in God’s creation. Because health was premised on the concept of the body as a microcosm for the greater universe, the body was also connected to nature. Women’s bodies produced illnesses that were not thought to manifest in men’s bodies. Wendy Churchill argues that medical practitioners recognized the uniqueness of women’s bodies, “in particular vaginal discharge, menstruation, pregnancy, and lactation,” which, she asserts, caused physicians to provide gender-specific treatments

¹⁶⁷ Cadden, *Meanings of Sex Difference in the Middle Ages*, 23.

¹⁶⁸ Crawford, “Attitudes to Menstruation” 47.

¹⁶⁹ Crooke, *Mikrokosmographia*, 2.

because women were thought to respond to treatment differently than men based on their different physiological purpose.¹⁷⁰

Women were physiologically different than men because of the degree of innate heat they exhibited. The health of both sexes was dependent upon their reproductive organs, but women's organs, because of their lesser heat, were prone to many more illnesses than those of men. Jane Sharp stressed that "the Female sex are subject to more diseases by odds than the Male kind are, and therefore it is reason that great care should be had for the cure of that sex that is the weaker and most subject to infirmities in some respects above the other."¹⁷¹ Conceptualizations of men's and women's reproductive organs were integral to understanding the lesser health of women. Much like the womb and testicles had sympathy with other parts of the body, the body and its cycles had sympathy and consent with celestial bodies, such as the moon and sun. Contemporaries believed that the moon, especially, exerted influence over how a woman's menstrual blood flowed at each age. A woman's age dictated when she could expect her menstrual cycle. Maids experienced menstruation "when the Moon changeth."¹⁷²

Treatments relied heavily on contemporary understandings of nature. For a young maid, whose menstruation had not yet begun, a physician could only bleed her during a new moon, while he bled "elder women about the time that Nature useth to send [menses] forth because a Physician is but a helper to nature, and if he observe not natures rules he will sooner kill than cure."¹⁷³ Treatments were so dependent upon perceptions of the body's interactions with nature that a misbled patient could suffer repercussions worse

¹⁷⁰ Wendy Churchill, *Female Patients in Early Modern England*. (Farnham: Ashgate, 2012): 35-36.

¹⁷¹ Jane Sharp, *The Midwives Book, or the Whole Art of midwifery discovered* (London, 1671): 251.

¹⁷² Sharp, *The Midwives Book*, 76.

¹⁷³ Sharp, *The Midwives Book*, 76.

than the original ailment for which she sought treatment. The seasons also dictated the optimal times to undertake treatments because they represented the macrocosmic role of nature in maintaining health. In the case of bleedings, Fonteyn stressed that “The Spring time is the most convenient to undertake this Cure; for then the humours are most apt to flow, which in the Winter are congealed.”¹⁷⁴ The cold of winter caused obstructions in a woman’s body, while the heat of summer, Fonteyn cautioned, often “threaten[ed] to precipitate the sick woman into a fever.”¹⁷⁵ The balance of humours in a woman’s body had to be situated within the balance of the seasons in order to align with the macrocosm of the universe and nature. Too much heat could be detrimental to a woman’s health and cause a fever, while the cold of winter congealed the humours, making other treatments that depended heavily on flow, such as bleeding, futile. In order to properly facilitate humoural flow through bleeding, the medical practitioner had to be wary of a woman’s natural menstrual cycle, and the influence of the seasons.

Because age affected the time when menstruation occurred, it also affected how the body reacted when menstrual blood did not flow. When the courses were stopped, medical writers often prescribed bleeding the patient. Sharp argued that the afflicted woman’s menstruation could be halted if she was improperly bled. Bleeding from the arm before a woman’s menses could lead to barrenness, so instead, physicians bled maids in the foot, because, “that [drew] these [menses] down to the place nature hath provided.”¹⁷⁶

Humoural theory facilitated beliefs about the microcosm of the body. Humours could carry corruptions from a diseased part of the body to a non-diseased part, which

¹⁷⁴ Nicolass Fonteyn, *Womans doctour, or, An exact and distinct explanation of all such diseases as are peculiar to that sex with choise and experimentall remedies against the same*. (London, 1652): 21.

¹⁷⁵ Fonteyn, *Womans doctour*, 21.

¹⁷⁶ Sharp, *The Midwives Book*, 100.

would spread infection to that organ. Contemporaries believed that all diseases in women stemmed from the health of her womb. While illnesses specific to the womb are discussed in the final chapter, this chapter explores how a singlewoman's physiological distinctness influenced the way ailments manifested different organs of in her body.

Medical writers believed that the womb held consent with all other parts of the body. This concept of consent or sympathy meant that writers believed the womb was able to influence the health of all other areas of the body. Corruptions that began in the womb could travel to the mind, which would cause illnesses. Beliefs about the microcosm of society facilitated these ideas about the consent and power of the womb. While contemporaries saw the body itself as a microcosm for society, the womb functioned similarly in female bodies. In singlewomen, specifically, this is clear. Because unmarried women did not perform the social role of mothers and wives, medical writers conceptualized their bodies differently than those of married women. Societal perceptions of the microcosm of the body also marked the ways in which contemporaries conceptualized how a woman's womb influenced other parts of the body. Womb-centered illnesses produced diseases in the mind. Examples of these types of illnesses are melancholy and disordered emotions, falling sickness, and the humours from the womb also affected the breasts, where tumours often developed.

Contemporaries believed that a young girl's body lacked a particular social role, because it was socially assigned the microcosmic role of motherhood, and virginal girls had yet to marry. Churchill illustrates that particular diseases were thought to target virgins and widows. She does not include never married women in her survey of singlewomen, but she does indicate that non-menstruating or 'barren' wives and those

who had not borne children could be included amongst this group of patients.¹⁷⁷ Nicholas Fonteyn's 1652 *The Woman's Doctour* divided women's diseases on the basis of social roles:

Womens diseases are divided into foure *Classes*, whereof the first containeth the diseases that are common to all women: the second comprehendeth such as are peculiar to Widowes, and Virgins; The third specifieth those Affects that concern barren women, and such as are fruitfull; And the fourth treateth of such diseases, as befall Women with Childe, and Nurses; of all which we shall now speak, one after another, in their order.¹⁷⁸

Contemporaries believed women's experiences as wives, mothers, widows, or young singlewomen affected the processes and flows of their bodies. Fonteyn saw many diseases as common to women of all social roles, but some were particular to widows and virgins, both of whom were sexually abstinent, while he saw another group of illnesses specific to women who were sexually active. These women had either proven barren, or fruitful and had given birth to children. The final group of illnesses affected pregnant women and nurses. Nurses and pregnant women were grouped together because medical writers believed that the well being of the womb influenced the health of the breasts as well. Humours produced in the womb could flow to other parts of the body, spreading corruptions and illnesses. In the microcosm of the body, the health of the womb influenced everything else, just as in the macrocosm of the universe, each person was expected to carry out a particular role.

Afflictions of the womb could cause similar results among singlewomen. Many illnesses were thought to begin in the womb, and then spread throughout the body. Common illnesses among both single and married women were fits of the *matrix* where the womb was thought to be suffocated or hysterical. In particular, Helkiah Crooke

¹⁷⁷ Churchill, *Female Patients in Early Modern England*, 212.

¹⁷⁸ Fonteyn, *Womans doctour*, 4.

argued that widows often suffered from “greevous fits.”¹⁷⁹ A wet humour in a hollow or loose womb, or in the trumpet of the womb often created a hysterical womb.¹⁸⁰ Humours were most likely to become obstructed in the bodies of women who were sexually abstinent, but this could also manifest in the bodies of married women. Often, the corrupt humours spread to other parts of the body:

That Suffocation is at hand, it appears by laziness, weakness of the legs, paleness, sad countenance, and the motion of something like a ball in the belly, with noise like Frogs, Snakes, or Crows, so that some think it devillish. There is also belching, yawning, vexing, short wind, heartbeating, loathing, dulness, laughture at the coming of the fit, from the vapor getting into the membrane of the breast, that tickle them: some cry, some both laugh and cry.¹⁸¹

This disease spread corrupted humours all over the body. It caused overall weakness and lethargy, in addition to pain in the stomach and the breasts. In fact, these fits could also cause changes in women’s emotions, and produce dullness, laughter, vexing, and a foul temper. Medical practitioners and lay contemporaries commonly used imbalanced humours to explain women’s and men’s emotions.

Humours were integral not only to the conceptualization of health, but also to the ways contemporaries understood emotions. Since ancient times, people believed women were more emotional than men. In fact, men and women were represented as binaries, women were aligned with the body, while men were associated with the mind.¹⁸²

Because contemporaries associated men with the mind, they believed that men possessed higher reasoning faculties, and thus better control of their emotions. Emotions stemmed

¹⁷⁹ Crooke, *Mikrokosmographia*, 222.

¹⁸⁰ Nicholas Culpeper. *A directory for midvvives or, a guide for women, in their conception, bearing, and suckling their children*. (London: 1651): 108.

¹⁸¹ Culpeper. *A directory for midvvives*, 109.

¹⁸² Lisa Perfetti, *The Representation of Women's Emotions in Medieval and Early Modern Culture* (Gainesville: University Press of Florida, 2005): 4.

not from the mind, but instead from the surge of particular humours, and so the more carnal woman became understood as more emotional.¹⁸³

Kristi Gourlay explains that humoral theory dictated the type of emotion one experienced. Particular humours influenced what type of anger one displayed. Natalie Zemon Davis explains that men and women's anger was different because men's anger was short-lived and powerful because of their hot and dry constitution, while women's was long lasting and smoldering because of women's cold and wet disposition.¹⁸⁴ The choleric humour controlled anger, and when this humour was dominant, a person became angered. Anger was cold blooded when it was calculated and long lasting, while hot blooded anger was explained as madness and quickly over.¹⁸⁵ Ideas about women's anger were tied to ideas about women's elemental inferiority to men, and influenced by humoral conceptions of the body.

In women, emotion-evoking humours flowed less easily than in men's hotter bodies. A corrupt humour in the womb very often led a woman to display unexplained emotions, such as Culpeper's "sad countenance," "vexing," "loathing," "dulness," or even "laughture."¹⁸⁶ Alongside physiological symptoms, contemporaries very often stressed the detrimental psychological effects of illnesses. Like anger, melancholy was associated with the flux of humours. Choleric humours influenced anger, and melancholic humours controlled a woman's sadness. Women were more prone to melancholic behaviour because of their already cooler dispositions, while the heat of anger was often

¹⁸³ Perfetti, *The Representation of Women's Emotions*, 4.

¹⁸⁴ Natalie Zemon Davis *Fiction in the Archives: Pardon Tales and Their Tellers in Sixteenth-Century France* (Stanford: Stanford University Press, 1987): 36-76 in Lisa Perfetti, *The Representation of Women's Emotions in Medieval and Early Modern Culture* (Gainesville: University Press of Florida, 2005): 135.

¹⁸⁵ Kristi Gourlay "A Pugnacious Pagan Princess: Aggressive Female Anger and Violence in *Fierabras*" in Lisa Perfetti, *The Representation of Women's Emotions in Medieval and Early Modern Culture* (Gainesville: University Press of Florida, 2005), 135.

¹⁸⁶ Culpeper. *A directory for midwives* 109.

characterized as masculine. Men, however, were able to control their emotions because their hot and dry dispositions “kept them more stable” while women were more susceptible to volatile emotions overall.¹⁸⁷ Virgins and widows, both women who abstained from sexual intercourse, commonly developed melancholy due to their lack of heat and unfulfilled microcosmic role.¹⁸⁸

Women often experienced melancholy around the time they expected their menstrual period.¹⁸⁹ Jane Sharp explained that “melancholy black blood” abounded from the womb and ran into “the great arteries to the heart, and infects all the spirits.”¹⁹⁰ For virgins, the cure for melancholy was often marriage because melancholy in young singlewomen was often associated with greensickness.¹⁹¹ In older, married women, the treatment was “the evacuation of that *excrement*.”¹⁹² Melancholic humours could cause “severall, ridiculous, and antick behaviours,” Fonteyn explained, some of which included:

a depraved motion of the principall Members, because the temperament of the braine is perverted by that cold and dry humour; moreover they are unwilling to dye, they cannot sleep, they have no stomack to their meat, and being taken with a strange loathing of aliment, their bodies waste and consume; sometimes they imagine that they undergoe the torments of damned soules in Hell; they weep without any cause, they groan, they lament.¹⁹³

Melancholy caused the afflicted to become lethargic and anti-social. In the most extreme cases, as Fonteyn explained, women had no interest in seeking treatment, and so they lost a significant amount of weight, which would likely lead to other health problems. They could also exhibit unexplained emotions, which medical practitioners attributed to

¹⁸⁷ Perfetti, *The Representation of Women's Emotions*, 5.

¹⁸⁸ Culpeper. *A directory for midwives*, 119.

¹⁸⁹ Fonteyn, *Womans doctour*, 72.

¹⁹⁰ Sharp, *The Midwives Book*, 328.

¹⁹¹ Fonteyn, *Womans doctour*, 73.

¹⁹² Fonteyn, *Womans doctour*, 73.

¹⁹³ Fonteyn, *Womans doctour*, 73.

imaginings. Sharp also explained that women who were suffering from melancholy often imagined that they could see “fearful spirits and dead men.”¹⁹⁴

A woman suffering from melancholy would be unable to perform any type of useful macrocosmic social role, and if she was unmarried, these symptoms would likely prevent her from finding a suitor. Illnesses that caused melancholy, such as greensickness or fits of the *matrix*, were thus taken seriously by medical writers. In the most serious of cases, women would attempt to drown or hang themselves in order to escape from pain the melancholic humours caused them to experience.¹⁹⁵

Because the microcosm of one’s body could seriously affect one’s ability to perform socially in the macrocosm of society, physicians relied on humoral theories to aid women. Jane Sharp advised blood letting as the main cure for melancholy. For hot and fiery blood in women who had experienced menstruation, she instructed medical practitioners to open a vein in the arm, but in women who had not yet started menstruating, she suggested bleeding from the ankle in order to bring the obstructed and corrupted menstrual blood downward.¹⁹⁶ Additionally, she opined that “Cooling, moistening cordials, and such things as revive the spirits, and conquer melancholy, wil do much; driers are naught, for melancholly is dry.”¹⁹⁷ Always, the most effective treatment for illnesses had to correspond to the macrocosmic elemental humour that caused the illness. Cool and wet treatments would balance the dryness of melancholy, while any dry treatments would only worsen the illness. Paradoxically, the heat of sexual intercourse

¹⁹⁴ Sharp, *The Midwives Book*, 328.

¹⁹⁵ Sharp, *The Midwives Book*, 328.

¹⁹⁶ Sharp, *The Midwives Book*, 328.

¹⁹⁷ Sharp, *The Midwives Book*, 328.

was prescribed for greensick singlewomen, which indicates that cultural concerns with women's social roles were strongly associated with humoral logic.

Falling sickness was another illness that rose from corruptions in the womb. Sharp explained “when Women, by reason of the ill affections of the womb, fall into Epilepsies, and Falling sickness, it is worse than any other cause.”¹⁹⁸ Often, the cause of epilepsy began with corrupted humours in the womb, or in men, the testicles.¹⁹⁹ In fact, epilepsy was so strongly associated the humours from the womb, that Nicholas Culpeper titled his chapter on epilepsy “Of an Epilepsie from the Womb.”²⁰⁰ Culpeper described the offending humour as the same “vapour that causeth suffocation [of the *matrix*.]”²⁰¹ The humour spread through veins and arteries, causing many illnesses, but Culpeper believed that when the humour interacted with the “nerves, or to the fountain of them, it causeth the Epilepsie.”²⁰²

Humours affected various parts of the microcosmic body differently, which allowed contemporaries to believe that a single humour could manifest anywhere in the body and create various diseases and ailments. Epilepsy was especially dangerous because it caused the sufferer to lose control of their body. This could cause either the entire body to convulse, or a single body part.²⁰³

Nicholas Fonteyn explained that epilepsy in women was tied to greensickness and fits of the *matrix*.²⁰⁴ Both of these illnesses were common in singlewomen. Fonteyn explained that a “windie or malignant vapour” caused virgins to fall into fits of epilepsy

¹⁹⁸ Sharp, *The Midwives Book*, 329.

¹⁹⁹ Crooke, *Mikrokosmographia*, 207.

²⁰⁰ Culpeper. *A directory for midwives*, 120.

²⁰¹ Culpeper. *A directory for midwives* 120.

²⁰² Culpeper. *A directory for midwives*, 121.

²⁰³ Sharp, *The Midwives Book*, 330.

²⁰⁴ Fonteyn, *Womans doctour*, 62.

due to the obstructions in their womb. The same type of obstructions could also target older women who were also prone to obstructions, mainly unmarried singlewomen. As was the case for many singlewomen, their lack of sexual intercourse left them vulnerable to many illnesses. Though it is often younger singlewomen, such as virgins, who writers describe, the causes of their obstructions often existed in unmarried older women as well.

Singlewomen's wombs were not heated as married women's were because they lacked sexual intercourse; therefore, they were prone to more illnesses than men. Without the assistance of men's heat, women often needed to seek medical treatment for obstructions in the womb. Contemporaries believed that fits of the *matrix* warranted a general purge often in order to "prevent the breeding of the seed."²⁰⁵ Writers cautioned that one must control the reproductive seed, because medical practitioners asserted that the diseased humour rose from corrupt seed and menstrual blood in the womb.

The womb was viewed in a paradoxical light. It was both "the place from whence comes life, [and] also the breeder of the most deadly poyson."²⁰⁶ Fonteyn claimed that the womb influenced the brain through nerves and membranes in parts of the spine, the heart by spermatick and epigastrick arteries.²⁰⁷ As for the breasts, Fonteyn argued that humours moved upwards to the breasts, and downwards again to the womb.²⁰⁸ For Fonteyn, the breasts and the womb held a special power over health in a woman's body, because these organs exchanged many of the same humours.

Singlewomen were already prone to obstructions of their menstrual blood in the womb, and the womb held great power over the health of the breasts, so singlewomen

²⁰⁵ Culpeper. *A directory for midwives*, 112.

²⁰⁶ Culpeper. *A directory for midwives*, 115.

²⁰⁷ Fonteyn, *Womans doctour*, 4.

²⁰⁸ Fonteyn, *Womans doctour*, 4.

also became more prone to breast diseases. Jane Sharp emphasized the predominance of the womb over the health of the breasts. She also emphasized that three considerations influenced a woman's health. These three considerations "as maids, as wives, as widows," contributed to the diseases that were common to the female sex, which manifested in "either the womb or their breasts or both."²⁰⁹ The breasts, she claimed "hold the greatest consent with the womb of all the parts of the body."²¹⁰

The foundation of Sharp's belief lay in humoural theory. When a woman was not pregnant, her menstrual blood flowed through her body, but during pregnancy, menstruation stopped and contemporaries believed the breasts converted the surplus blood into milk in the breasts, which would feed a newborn child. Helkiah Crooke described the process: The "glandules"²¹¹ of the breasts carried out their main use: "Their [the breasts'] action is the generation of Milke, which is performed by a moderate and equall coction or boyling."²¹² The breasts processed the blood provided by the womb and changed it into milk. Much like women had assigned roles in society, in the microcosm of their bodies, each organ played a particular part in maintaining health.

Crooke also outlined the defence of the heart as a microcosmic use for the breasts in both male and female bodies.²¹³ This explanation allowed writers to explain why both men and women had breasts, but only women produced milk. Aristotle argued that the primary use of the breasts was for defense of the heart, while production of milk was the secondary use, but Crooke contested this belief.²¹⁴ Crooke agreed with Galen that the primary use of the breasts was generation of milk, but added that they were situated so as

²⁰⁹ Sharp, *The Midwives Book*, 251.

²¹⁰ Sharp, *The Midwives Book*, 255.

²¹¹ Crooke, *Mikrokosmographia*, 195.

²¹² Crooke, *Mikrokosmographia*, 194.

²¹³ Crooke, *Mikrokosmographia*, 160.

²¹⁴ Crooke, *Mikrokosmographia*, 194.

to “add strength to the noble parts contained under them, then for the generation of Milke.”²¹⁵ Crooke recognized the primacy of breasts to women’s health, but also sought to justify why men also had breasts, though they could not perform the same function. Breast milk, it was decided, assisted with the female body’s microcosmic role.

The process of milk refinement was dependent upon whether or not a woman exercised her reproductive functions, and her age. Thus, marital status was an important part of conceptualizing ailments of the breasts in the seventeenth century. Singlewomen were more susceptible to corrupted humours because they refrained from the heat produced in sexual intercourse; therefore, the same corrupted humours that led to illnesses in women’s wombs could also create problems in women’s breasts.

Marital status’s primacy in breast ailments is most clear in the case of virgins developing milk in their breasts. Crooke outlined the causes of virginal milk production as a long disputed subject.²¹⁶ For Hippocrates and Aristotle, Crooke asserted, the generation of milk was “certaine signe of conception.”²¹⁷ Yet, Hippocrates allowed that in cases where a woman “which is neither big with childe, nor hath yet conceyued, have milke in her brests, it is a signe that her courses are stopped.”²¹⁸ Here, Crooke drew upon the belief that the breasts and womb were closely connected. If there was an obstruction in the womb, the humours sought another place to escape the body; in some cases, the blood flowed to the breasts, where it was converted into milk, such as the case of a woman with milk in her breasts who was sexually abstinent.

²¹⁵ Crooke, *Mikrokosmographia*, 194.

²¹⁶ Crooke, *Mikrokosmographia*, 194.

²¹⁷ Crooke, *Mikrokosmographia*, 194.

²¹⁸ Crooke, *Mikrokosmographia* 194.

This ailment was specific to singlewomen, because of their sexual abstinence, and like many other illnesses, it stemmed from obstructions of humours in the womb. Often, as I explore in the final chapter, moles also caused the generation of milk in the breasts of “growne & ripe maydens.”²¹⁹ Moles provide a case study for the implications of illnesses in the wombs of singlewomen in the final chapter, but they often could produce corrupt humours that manifested in the breasts. Alessandro Massaria explained that moles developed in the wombs of women “that have no Copulation with men, and causeth the Belly to arise, and all signs to appear, as though they were with child; their Terms staying, the Breasts grow hard.”²²⁰ The hardness of the breasts could indicate either the production of milk or the growth of tumours.

Milk was not the only substance that could develop in the breasts. In fact, corrupt humours from the womb could drift to the breasts and cause tumours. Jane Sharp claimed that when the breasts produced milk through heat “the vessels [became] inflamed and corrupt.”²²¹ This type of inflammation often was harmless, Sharp explained, but if the “the breasts [were] loose and full of Kernels, [would] soon turn to a Schirrhous, or a Cancer.”²²² Sharp advised blocked courses could also cause tumours, and opening a vein in the ankle could sometimes alleviate the corruption in the womb and in the breasts by drawing the humours downwards.²²³

There were two types of tumours: an ulcerated cancer and an unulcerated tumour. Women could live with an ulcerated cancer for more than forty years, but if disturbed, the

²¹⁹ Croke, *Mikrokosmographia*, 196.

²²⁰ Massaria, *De morbis foemineis*, 124.

²²¹ Sharp, *The Midwives Book*, 339.

²²² Sharp, *The Midwives Book*, 339.

²²³ Sharp, *The Midwives Book*, 229.

cancer could kill the woman within the year.²²⁴ These tumours were the most deadly and feared among women because of the negative prognosis. There was often no way to tell if a tumour was unulcerated or ulcerated without surgically observing it. In the case of ulcerated tumours, this surgical intervention could often lead to death, so women often avoided surgical treatments.²²⁵

The type of tumour also depended upon elemental influences. Sharp outlined various elemental types of humours. Hot humours among the “kernals” of the breasts could cause tumours, while “watry and Hydropick humours,” or “gross Phlegm, or thick mattery blood,” could also lead to the development of tumours in the breasts.²²⁶ John Pechey also asserted that milk could cause tumours to develop in women’s breasts. During the refinement process, the fermentation of blood into milk could be “over active” and the glandules of the breasts produced “the Milk with too great violence, causing thereby an over Fermentation in the part, which usually produces a Tumor called a Phlegmon.”²²⁷ The corrupted humours of milk flowed through the “small round spongy bodies”²²⁸ of the kernels, which then became hard and cancerous due to a plethora of a corrupted humour. The sponginess allowed for the corrupted humour to become obstructed and trapped, which fed into the development of tumours.

Sharp also explained that “the stopping of the Courses [was] the ordinary cause” for cancers of the breasts.²²⁹ Much like in the case of virgins whose breasts produced milk, the obstruction of menstrual blood could cause blood to flow into the breasts, where

²²⁴ Sharp, *The Midwives Book*, 346.

²²⁵ Churchill, *Female Patients in Early Modern England*, 129.

²²⁶ Sharp, *The Midwives Book*, 342.

²²⁷ John Pechey, *The compleat midwife's practice enlarged in the most weighty and high concernments of the birth of man containing a perfect directory or rules for midwives and nurses*. (London, 1698): 174.

²²⁸ Sharp, *The Midwives Book*, 342.

²²⁹ Sharp, *The Midwives Book*, 342.

the breasts sometimes could not process it. The menstrual blood ran into the breasts and often became cancerous if a woman did not abide by a “moderate thin Diet” in which she kept herself warm and avoided idleness.²³⁰ In the case that a cancer developed, Sharp urged her patients to purge and bleed the humours, and she advised using remedies “that are strong, as you must do for a Schirrhus humor.”²³¹ Most importantly, she stressed curing the cause of the cancer from the *matrix*.²³² If absolutely necessary, Sharp advised surgically removing the tumour. Wendy Churchill explains that breast removal was often the final option for those with breast cancers. Whether because of “fear (of pain, disfigurement, or death), modesty, shame, or some combination thereof, some patients apparently concealed their cancerous breast tumours until they deemed it was necessary to remove the breast.”²³³ Churchill also describes many instances of very young women whose breasts were removed, which indicates that many women might not have actually had cancer.²³⁴ John Pechey also cautioned about the dangers of surgically removing tumours. He described several instances of women with breast tumours in order “to make the Young Practitioner more cautious in undertaking the Cure of them.”²³⁵ Often, when doctors attempted to remove tumours, the “corrosive quality” of the humours caused death in patients and made success doubtful.²³⁶

Additionally, Pechey advised women not to hide breast tumours from medical practitioners. He cited the tale of a woman whose tumour spread from the breast, fixed itself to the ribs, “from the pectoral Muscle it crept up to the Shoulder, and affected the

²³⁰ Sharp, *The Midwives Book*, 342.

²³¹ Sharp, *The Midwives Book*, 343.

²³² Sharp, *The Midwives Book*, 345.

²³³ Churchill, *Female Patients in Early Modern England*, 129.

²³⁴ Churchill, *Female Patients in Early Modern England* 132.

²³⁵ Pechey, *The compleat midwife's practice enlarged*, 215.

²³⁶ Pechey, *The compleat midwife's practice enlarged*, 217.

Arm-pits, and by the compression of the Vessels the upper part of the Arm Swelled.”²³⁷ Finally, she sought the help of “many Eminent Physicians and Chyrurgeons in the City, but dyed miserably.”²³⁸ Women with certain types of breast tumours rarely survived, making this one of the more “most grievous and rebellious” illnesses in the female body.²³⁹ Because singlewomen were susceptible to obstructions and blocked humours, breast tumours were one of the ailments that could manifest in their bodies.

The overall health of a singlewoman was contingent on whether or not she exercised her reproductive organs, because contemporaries believed that each organ needed to perform its role in order to promote the overall health of the microcosmic body. If sexual intercourse did not facilitate a healthy flow in a woman’s body, she became more vulnerable to numerous illnesses that contemporaries believed were less likely to affect married, sexually active women, because married women were fulfilling their macrocosmic roles in society as wives. Greensickness is a key example of menstrual corruption in virginal young women. The symptoms of greensickness could affect all parts of a woman’s body. While the cause of greensickness was corruption in the womb, symptoms included digestive issues, emotional turmoil that affected one’s mental health, breast pain, muscular pain, and many other issues that affected all body parts.

Additionally, greensickness was associated primarily with singlewomen. Its instances in married and sexually active women are rarely discussed in medical writings. While many illnesses manifested differently in singlewomen than in married women, or illnesses were more likely to target singlewomen than married ones, contemporaries classified greensickness as being especially common amongst singlewomen. As Jane

²³⁷ Pechey, *The compleat midwife's practice enlarged*, 216.

²³⁸ Pechey, *The compleat midwife's practice enlarged*, 216.

²³⁹ Pechey, *The compleat midwife's practice enlarged*, 217.

Sharp argued, “This disease never comes till [women] are fit for Copulation and then commonly it hasteneth. It is cured by opening obstructions and heating the womb.”²⁴⁰

Greensickness provides a case study for one of the most common diseases stemming from blocked menses. Historian Patricia Crawford argues that medical writers believed suppression of menstruation caused greensickness, or the suppression of the woman’s seed, which she released during sexual intercourse.²⁴¹ Helen King argues that the ‘disease of virgins’ served a role in “thinking about the body and regulating the sexuality of young women.”²⁴² Suppression of menses was particularly dangerous in virgins “because the bloud is stopped by the constipation and obstruction of the veines, and being stopped putrifies, from which putrifaction grosse vapours doe arise.”²⁴³ This was the foundation for illnesses in women of all ages and marital statuses, but physicians believed that there were different causes of the blockages and corruptions. In virgins specifically, unsatisfied lust created a swelling in the veins, which led to hazardous corruptions.

Helen King argues that in 1558, greensickness was perceived as “new” in vernacular medical literature. Contemporaries, she asserts, drew on ideas of a digestive issue, “green jaundice,” but because of greensickness’s associations with the obstruction of menstrual blood, it became specifically a disease that targeted young girls.²⁴⁴ Based on the sixteenth-century invention of this disease, King asserts that greensickness provided a means by which contemporaries could control and regulate the sexuality of young

²⁴⁰ Sharp, *The Midwives Book*, 264.

²⁴¹ Crawford, “Attitudes to Menstruation,” 53.

²⁴² Helen King, *The Disease of Virgins: Green sickness, Chlorosis and the problems of puberty* (London: Routledge, 2004) 1.

²⁴³ Fonteyn, *Womans doctour*, 6.

²⁴⁴ King, *The Disease of Virgins: Green sickness, Chlorosis and the problems of puberty*, 42.

women.²⁴⁵ In the sixteenth and seventeenth centuries, ideas about greensickness changed and medical writers emphasized the disease, perhaps in reaction to the growing number of singlewomen and maybe, too, because of shifting notions about the value of celibacy in the wake of the Reformation.²⁴⁶ The spread of print and vernacular medical texts allowed writers to communicate social fears about the regulation of women's sexuality, and emphasize the importance of marriage. This probable foundation of the emergence of greensickness demonstrates the early modern emphasis on the microcosmic order of society.

The typical symptoms of these corruptions were "heaviness of minde, and dulnesse of spirit, a benumbednesse of the parts, timorousnesse, and an aptnesse to be frighted ... also continuall anxiety, sadness, and want of sleep, with idle talking, and an alienation of the minde, but that which most commonly afflicts them, is a difficulty, and paine to fetch their breath,"²⁴⁷ Therefore, greensickness caused maidens to be unable to perform socially or foster proper relationships. The symptoms of greensickness were also very similar to those Massaria assigned to fits of the *matrix*, which demonstrates the parallels between these two illnesses. While fits of the *matrix* affected older women, both ones who were sexually abstinent and those who were not, greensickness targeted young, abstinent women. In a culture that pressured young women to marry, these types of symptoms were detrimental to potential marriage relationships, so medical practitioners stressed the importance of treating greensickness.

²⁴⁵ King, *The Disease of Virgins: Green sickness, Chlorosis and the problems of puberty*, 1.

²⁴⁶ Maryanne Kowalski, "Singlewomen in Medieval and Early Modern Europe: The Demographic Perspective" in Bennett, Judith, and Froide, Amy. (eds) *Singlewomen in the European Past, 1250-1800* (Philadelphia: University of Pennsylvania Press, 1999): 336-337.

²⁴⁷ Fonteyn, *Womans doctour*, 6.

There were two main cures advised for maidens, but for greensickness in widows there were three. Medicinal purging, through medicine or bleeding, and the marriage bed were the two cures most commonly prescribed to greensick maidens. The first treatment involved balancing the humours and creating a flux that brought on a woman's menses. Fonteyn explained that the stoppage of the flow of a women's menstrual blood was "the most universall and usuall cause; when these come from them, in a due and regular manner, their bodies are preserved from most terrible diseases."²⁴⁸ Because a woman's health depended upon the flow of her menses, medical practitioners aimed many treatments at promoting proper humoral flow. Physicians and midwives often opened the veins of afflicted women to promote proper flow.

Properly timed medicines were meant to draw the corrupted humors down, as Alessandro Massaria noted: "but take it for a generall rule, that at first you begin to provoke the Terms, with gentle and tentative moving Medicines; afterwards, if that do not the work, proceed to stronger by degrees, always having due respect to the age and strength of the person."²⁴⁹ Medicinal treatments were gentler when used on maidens. Massaria included in his work a description of the type of gentle medicinal treatment prescribed "for young and tender persons."²⁵⁰ He described the gentlest treatments, including "Syrup of Betony of Mugwort, or honey..."²⁵¹ but also included "Stronger simples to provoke the terms."²⁵² These final treatments, he cautioned "are to be used in powder, Syrrup, juice, or Decoction; but beware you be not too busie in meddling with

²⁴⁸ Fonteyn, *Womans doctour*, 4.

²⁴⁹ Massaria, *De morbis foemineis*, 22.

²⁵⁰ Massaria, *De morbis foemineis*, 22.

²⁵¹ Massaria, *De morbis foemineis*, 22.

²⁵² Massaria, *De morbis foemineis* 23.

some of the last mentioned [treatments], lest you repent it.”²⁵³ Some herbal medicinal treatments were powerful enough to cause harm to the afflicted patient. Many writers included warnings when they described the cures for greensickness.

Another cure for greensickness was bleeding. Bleeding could release the suppressed humours and prompt a humoral flow in the woman’s body. Nicholas Fonteyn and Jane Sharp both cautioned their readers for proper bleeding. Fonteyn asserted that one ought to be “exceeding cautious how you let bloud, for such bodies are full of raw humours, by reason whereof the spirits are much exhausted, and her body is weake and infirme,”²⁵⁴ The perceived natural weakness of young and female patients required extra attention from medical practitioners, because contemporaries feared that young women were prone to complications arising from improper administration of medicinal treatments.

Sharp argued that the afflicted woman’s menstruation could be halted if she was improperly bled. Bleeding from the arm before a woman’s menses could lead to barrenness, so instead, physicians bled maids in the foot.²⁵⁵ Treatments for greensickness were specific to young women who lacked sexual activity, but also relied heavily on contemporary understandings of macrocosmic nature. For young maids, whose menstruation had not yet begun, the physician could only bleed her during a new moon, while he bled “elder women about the time that Nature useth to send [menses] forth because a Physician is but a helper to nature, and if he observe not natures rules he will sooner kill than cure.”²⁵⁶ Beliefs about bleeding were tied to the macrocosms of the

²⁵³ Massaria, *De morbis foemineis*, 23.

²⁵⁴ Fonteyn, *Womans doctour*, 37.

²⁵⁵ Sharp, *The Midwives Book*, 100.

²⁵⁶ Sharp, *The Midwives Book*, 76.

universe and celestial bodies because contemporaries believed the solar system had a powerful influence over microcosmic bodies.

Additionally, sexual intercourse was a common treatment for greensickness.

Helkiah Crook wrote: “if you dissect the organs of women which have long refrayned the use of men, you shall finde their vesselles and Testicles full of seede.”²⁵⁷ There was a clear cultural concern centered on the health of women who were not in a social position to reproduce and a popular fear that a lack of reproduction would lead to health problems. Greensickness was the main health problem that arose from abstinence in maidens. Young women affected with greensickness were advised to marry in order to cure their symptoms. Because greensickness was most clearly tied to sexual abstinence, marriage was commonly prescribed. In “The threepenny-academy a poem,” the anonymous writer quips:

With the *Greensickness* thing comes their *Daughter*,
Who thither comes to *Drink* the *VWater*,
Although 'tis plainly understood,
Something would do her much more good²⁵⁸

This poem describes the condition of the fictional Sir Fumble and his Lady, and the unnamed daughter likely was meant to represent an unwed maiden whose illness contemporaries thought was brought on by her lack of sexual activity. In the later seventeenth century, *Pharmacopoeia Bateana* repeatedly referred to greensickness as “the Greensickness in Virgins” nearly every time the Greensickness was mentioned.²⁵⁹

Greensickness was the theme of another ballad called “A Remedy for the Greensickness” (c. 1683):

²⁵⁷ Crooke, *Mikrokosmographia*, 284.

²⁵⁸ Islington-Wells, or, The threepenny-academy a poem.

²⁵⁹ George Bate, *Pharmacopoeia Bateana* (London: Printed for S. Smith and B. Walford, 1700): 70, 207, 239, 337.

A handsome buxom lass
lay panting on her bed.
She look't as green as grass
And mournfully she said
Unless I have some lusty lad to ease me of my pain
I cannot live
I sigh and grieve
My life I now disdain.²⁶⁰

This poem describes the afflicted woman in such a way that she is both sexually desirable as “Handsome” and sexually mature, because she desired “some lusty lad.” A man was the proper cure, because it would alleviate the woman’s melancholy. As Sharp argued, marriage was often the best cure: “*Hippocrates* commends marriage, as the chiefest remedy for Virgins sick of this disease, if they once conceive, that is their cure.”²⁶¹ She elaborates that according to Hippocrates, “if [women] have intercourse with men their health is better than if they do not... Intercourse by heating the blood and rendering it more fluid gives an easier passage to the menses; whereas if the menses do not flow, women’s bodies become prone to sickness.”²⁶² Here is the clear physiological foundation of the view that singlewomen were less healthy than married women. Women required the superior heat of men’s bodies to heat their own humours and promote flow. Without a man’s heat, women’s humours moved sluggishly, and were more apt to become corrupted. Afflicted women could find the cure for their inferior heat in marriage.

John Dunton wrote of the cure for greensickness: “‘Tis pity such a [girl] is not Marry'd she's now very handsom, but alas she's going into the Green Sickness for want of a Husband.”²⁶³ Dunton prescribed marriage as a remedy for the greensickness, because,

²⁶⁰ British library C. 40 mm 10 (161). In King, *The Disease of Virgins: Green sickness, Chlorosis and the problems of puberty*, 37.

²⁶¹ Sharp, *The Midwives Book*, 256.

²⁶² Cadden, *Meanings of Sex Difference in the Middle*, 19.

²⁶³ Dunton, *The Ladies Dictionary*, 169.

as he wrote: “by Nuptial Embraces and Caresses the Humours [were] stirred, the Menses that were obstructed flowed according to their Natural and due course.”²⁶⁴ He subsequently cautioned that a hasty marriage to sooth greensickness could result in a remedy worse than the disease itself, and so women ought to be patient. Massaria warned that “If the Patient be a Maid, a Husband is the best Medicine, if she can get one; but in case that cannot be, then let her abstain from strong wines and fresh meat...”²⁶⁵ According to Massaria, while marriage was optimal, when it was not an option, a young woman could be attentive to the types of foods she consumed, because physicians believed that heavy foods also contributed to corruptions within the body.

Helen King includes a letter from Dr. Johannes Lange to the father of a patient. This patient, named Anna, Lange diagnosed with greensickness. Lange described the classical causes and symptoms of greensickness. He argued that “this disease frequently disturbs virgins, when now mature for a man, they have departed from puberty.”²⁶⁶ Lange asserted that greensickness was common in young women. If greensickness did not attack a woman during puberty, then it would likely affect her later, unless she married and conceived. While King argues that greensickness was the disease of virgins, Lange’s letter actually described the disease as inevitable in all women who did not conceive: “If they have conceived, they regain health: if they are not seized by this disease in puberty, truly, then a little after, it invades them, if they have not married a man. But truly, from

²⁶⁴ Dunton, *The Ladies Dictionary*, 169.

²⁶⁵ Massaria, *De morbis foemineis*, 68.

²⁶⁶ Appendix “*De morbo virgineo*” Johannes Lange *Medicinalium epistolarum miscellanea*, Basel: J. Oporinus: 74-77 in King, *The Disease of Virgins: Green sickness, Chlorosis and the problems of puberty*, 142. My translation of: *Sed hic morbus virgines frequenter infestat, quum viro iam maturae, ex ephebis excesserint.*

the married, barren [women] suffer this most.”²⁶⁷ Lange also emphasized that barren women often suffered from greensickness as well, because they had not conceived.

Lange argued not just for the prevalence of greensickness among young, virginal girls, but also among married women, though he does not mention the effects of greensickness on widows. By his logic, the heat of sexual intercourse was not enough to open the passages of the womb and prevent illnesses. This view represents one of many views on greensickness; however, greensickness remained most strongly associated with women who were both unmarried and sexually abstinent. Like all other medical sources, Lange suggested marriage was the best cure for Anna’s illness.²⁶⁸

Helen King suggests that ideas of greensickness became gendered in English medical literature in a new way during the sixteenth century. She argues that it shifted from a digestive ailment to a disease primarily associated with menstrual causes.²⁶⁹ Greensickness may have adopted characteristics from green jaundice, as King argues, but greensick and the concept of menstrual blockages causing illnesses was not new. In her discussion of medieval chastity, Ruth Mazo Karras explains the health hazards of sexual abstinence among both men and women. She notes that some handbooks for midwives indicated that virginity could be especially unhealthy for women.²⁷⁰ She also notes that medical texts were silent on the benefits of sexual abstinence.²⁷¹ Instead, the benefits of sexual abstinence were spiritual, and during the Middle Ages, spiritual health often trumped physical health among the most devout.

²⁶⁷ Appendix “*De morbo virgineo*” Johannes Lange in King, *The Disease of Virgins*, 143. My translation of: *Si conceperint, convalescent: si vero in pubertate hoc morbo non corripientur, tu paulo post eas invadet, nisi viro nupserint. At vero ex maritatis, steriles magis id patiuntur.*

²⁶⁸ Appendix “*De morbo virgineo*” Johannes Lange in King, *The Disease of Virgins*, 143.

²⁶⁹ King, *The Disease of Virgins: Green sickness, Chlorosis and the problems of puberty* 42.

²⁷⁰ Ruth Mazo Karras, *Sexuality in Medieval Europe: Doing Unto Others* (Routledge: New York, 2012): 50.

²⁷¹ Ruth Mazo Karras, *Sexuality in Medieval Europe*, 50.

In the Middle Ages, with the prevalence of monastic life, these medical fears were less prevalent for convenience sake. It is not that greensickness was new in the early modern period, but rather that a long standing belief about women's sexuality and menstruation became less stifled once the power of monasticism faded. Drawing upon Karras's work, greensickness was not new in the early modern period; rather, it had been associated with both virgins and widows for many centuries. The religious climate of the early modern period may have allowed increasing emphasis upon it, though. King's argument for the novelty of greensickness rests on Lange's letter, which associated greensickness predominantly with virgins, but does not dismiss its existence among both married women and widows.

King does not examine the prevalence of greensickness in older women, such as widows, although her main source, Lange's letter, suggests all sexually abstinent women as possible sufferers. Jane Sharp argued greensickness was most prevalent in young women, but she acknowledged that both wives and widows were sometimes troubled.²⁷² Widows, "who were wont to Copulation," were resigned to live without the heat provided by intercourse. A lack of heat caused obstructions in the veins, which in turn caused the woman's seed to become corrupt. Corruption sent "up filthy vapours to the brain... and many ill consequents proceed[ed] from it, as Falling Sicknesses, Megrims, Dulness, Giddiness, Drowsiness, Shortness of breath, Head-ache, beating of the Heart, Frenzy and Madness, and indeed what not."²⁷³

The effects of greensickness in ancient maids were similar and just as dangerous as they were in young, unwed maidens. Greensickness in widows could also be caused by

²⁷² Sharp, *The Midwives Book*, 256.

²⁷³ Sharp, *The Midwives Book*, 319.

menopause, during which menstruation ceased “at about fifty years, for want heat and cannot breed much good blood nor expel what is too much.”²⁷⁴ Widows could use both the medical treatments prescribed by Sharp and Massaria, or they could remarry and engage in sexual intercourse to heat their obstructed wombs. Additionally, Nicholas Fonteyn described specifically in the case of widows greensickness could developed because their bodies were accustomed to sexual activity, but they no longer had the opportunity to reproduce. While physicians encouraged maidens to marry to dispel corruption and blockage of the humours, they encouraged widows to “[provoke] ejaculation of the seed.”²⁷⁵ The “spermatick humour” sometimes could only be released, Fonteyn argues “by the hand of a skillful midwife.”²⁷⁶ Jacob Rüff also suggested that “Widowes, who lye fallow, and live sequestered from these *Venereous* Conjunctions” ought to seek the assistance of a midwife.²⁷⁷

Masturbation was a method of provoking the release of humours, which allowed for the healthy release of menstruation. So long as a woman used masturbation in moderation, she would feel no weariness or weakness from greensickness.²⁷⁸ Contemporaries also encouraged nuns to “use things that by hidden quality diminish seed.”²⁷⁹ As mentioned before, Helkiah Crooke wrote that: “If you dissect the organs of women which have long refrayned the use of men, you shall finde their vesselles and Testicles full of seede.”²⁸⁰ There was a cultural concern centered on the health of women

²⁷⁴ Sharp, *The Midwives Book*, 84.

²⁷⁵ Fonteyn, *Womans doctour*, 6.

²⁷⁶ Fonteyn, *Womans doctour*, 6.

²⁷⁷ Jakob Rüff. *The expert midwife, or An excellent and most necessary treatise of the generation and birth of man Wherein is contained many very notable and necessary particulars requisite to be knowvne and practiced.* (London, 1637): 7.

²⁷⁸ Rüff. *The expert midwife*, 7.

²⁷⁹ Sharp, *The Midwives Book*, 83

²⁸⁰ Crooke, *Mikrokosmographia*, 284.

who were not in a social position to reproduce and a popular fear that a lack of reproduction would lead to health problems among singlewomen. Greensickness was especially prevalent in virgins, widows, and nuns, due to their lack of sexual activity.²⁸¹

Greensickness could also appear in women who had experienced sexual activity, and produced children, but who were in a period of abstinence. Wendy Churchill includes a case of Elizabeth Hawker in her study of female patients. Hawker was thirty years old at the time of her greensickness affliction, and had a son who was ten. Her doctor diagnosed her with greensickness, even though it was clear that she was not a virgin. However, due to a lack of details about her husband, or late-husband, Churchill assumes Hawker was a single, unwed mother.²⁸² Although Hawker had a child, the doctor assumed that it had been approximately ten years since she had last experienced sexual intercourse, which he used to explain that Hawker was vulnerable to greensickness simply on the basis of her single status.²⁸³ This is a particularly interesting case, because it illustrates that any woman, regardless of her sexual or reproductive history, could be subject to greensickness if she was unwed and if she practiced sexual abstinence. The types of illnesses that targeted young, unmarried women reflected the social pressure for women to marry and to produce children.

In conclusion, greensickness demonstrates the predominance of the womb in a singlewoman's microcosmic body. Greensickness illustrates how contemporaries described physiological conditions as reflecting the social position of young women. Greensickness demonstrates that when women did not fulfilled their ideal microcosmic role in society, and the contemporaries believed that their bodies would suffer. The lesser

²⁸¹ Churchill, *Female Patients in Early Modern England*, 107.

²⁸² Churchill, *Female Patients in Early Modern England* 107.

²⁸³ Churchill, *Female Patients in Early Modern England* 107.

innate heat of the female body created a situation where a woman's health became dependent upon the flow of humours that sexual intercourse facilitated. Additionally, the symptoms of greensickness manifested in all areas of the body, and while they were primarily associated with corruptions in the womb, the disease often caused falling sickness, melancholy, and in extreme cases, tumours in women's breasts. The causes and cures for greensickness and other ailments differed based on the age of the woman afflicted, and understandings of nature and the macrocosm of the universe.

Because of its lesser heat, the female body became more prone to obstructions and corruptions. These corruptions manifested themselves differently in young, unmarried women than in older and married women. Young and sexually abstinent women developed greensickness due to a lack of innate heat, which caused their humours to flow slowly and become obstructed. Sexual intercourse, through movement, created the heat needed to facilitate a healthy flow of young women's humours, but when women were not in the position to marry, they were urged to resort to medicinal treatments. Treatments themselves varied based on the age and marital status of the patient. Greensick widows could use masturbation to promote a flow of humours, while greensick virgins were pressured into marriages.

Contemporaries conceptualized the body as a microcosm, and health was a process related to the greater natural processes of the world. In this microcosm, singlewomen were not thought to be performing their natural function, and so medical writers believed they were less healthy than married women who produced children and who were sexually active. This belief was so strongly engrained in medical and social thought that cures for some illnesses reflected a social pressure on young women that dictated they ought to marry.

Chapter Four: Malfunctions in the Matrix

Seventeenth-century writers conceptualized health as profit. If a person's body was performing as it was socially expected to, that person was healthy and profitable. Profit was tied closely to the beliefs about the microcosm of the body in the greater macrocosm of society. Singlewomen existed in a dichotomy within this macrocosm in which they were either assumed to be sexually abstinent and unprofitable, or they were assumed to be sexually promiscuous but still unprofitable. This chapter examines both these assumptions and also addresses the different benefits to health that sexual activity and reproduction were thought to provide. It outlines the difference between sexual activity and reproduction in seventeenth-century ideas about the health of singlewomen. While many singlewomen were viewed negatively because they did not exercise their reproductive functions, as is explored in the following examination of moles, other singlewomen, who did partake in sexual activities, also were scorned for their supposed affinity to prostitutes and sexually promiscuous women, and consequent likelihood of having contracted gonorrhoea.

Ruth Mazo Karras outlines a strong medieval association between singlewomen and women who were believed to practice prostitution, or promiscuous behaviour, an association that continued into the early modern period. Any woman who did not live under the authority of a man was called a "common woman," and her independent behaviour could lead people to believe she was scarcely distinguishable from a woman who took payment in exchange for sex.²⁸⁴ By Galenic humoral theory which dictated more sexual activity meant more beneficial flow, these types of women should have been

²⁸⁴ Ruth Mazo Karras, *Common Women: Prostitution and Sexuality in Medieval Europe* (Oxford University Press:Oxford, 1996): 3.

considered the healthiest, yet early modern ideas about venereal disease and broader societal rules about sexuality instead labeled them as unhealthy, much like their sexually abstinent sisters.

The following analysis demonstrates certain beliefs about singlewomen's sexuality. When and with whom sexual intercourse was appropriate was important, as well as the circumstances under which it happened. On occasion, these circumstances could actually be detrimental to one's health. Through an analysis that stresses the importance of flow through the womb to achieve profit, this chapter examines ideas about the "profit of the womb", and then subsequently, two of the main issues that could affect one's womb: moles and gonorrhoea. Both moles and gonorrhoea are featured in early modern discussions that situate ideas of health within concepts of profit.

The womb was crucial to a reproductive economy, and if it was misused through being unused, as in the case of abstinent singlewomen, there were health repercussions. This economy depended on what flowed out of the womb. If nothing flowed from the womb, as in the case of moles, the woman would become ill. Likewise, if a woman promoted the flow of her body too frequently through sexual activity, she also became ill by means of gonorrhoea or the whites, two closely linked diseases that are explored in more detail later. Gonorrhoea was a venereal disease and as such, from its beginning, it was closely tied to prostitutes. As Ruth Mazo Karras outlines, prostitution and singlewomanhood could sometimes be synonymous, which makes gonorrhoea an important aspect of ideas about singlewomen's health.²⁸⁵

Singlewomen's humours flowed less readily than those of married women because singlewomen did not practice sexual activities. As discussed in previous

²⁸⁵ Mazo Karras, *Common Women*, 3.

chapters, the heat produced during sexual intercourse both through motion and through proximity to a man and absorbing the heat of his seed, created better potential for flow in married women. The lack of heat in the lifestyle of singlewomen led to assumptions that they were less healthy than married women. Vern Bullough argues that contemporaries believed the womb had a “biological desire” to be pregnant, and if the woman remained celibate, she would suffer.²⁸⁶ The belief in the womb’s biological desire to be pregnant was tied to contemporaries’ beliefs in the body’s microcosmic purpose. Of course, as mentioned in the case of the greensick single mother in the previous chapter, there were those cases of singlewomen who were known to engage in sexual activities, but whose temporary abstinence had caused issues. It is in a comparison of illnesses thought to strike the abstinent singlewoman and the illnesses caused by an abundance of sexual activity in singlewomen that one can understand the differences in the way medical writers conceptualized sexual activity and reproduction.

One example comes from an examination of gonorrhoea. Through an analysis of gonorrhoea, part of this chapter examines if sexual activity could promote good health, or if contemporaries thought it ought to be contained and regulated through a child-producing marriage. Sexual activity was known for heating the body and promoting proper flow, but reproduction expelled certain humours. This analysis of the different benefits of sexual activity and reproduction will demonstrate how important it was for a woman to be a married mother, which by contrast demonstrates how singlewomen were socially different, compounding their medical differences.

Another important aspect of early modern health, and one concept through which the entirety of health ought to be viewed, is the early modern concept of profit. During the

²⁸⁶ Vern Bullough, “Masturbation,” *Journal of Psychology and Human Sexuality* Vol. 14 No 2-3: 22.

early modern period, contemporaries used the term profit in order to describe both “material benefit” derived through property, position, or income, and also a favourable outcome.²⁸⁷ In terms of medical writings, everything that flowed through the womb was evaluated for its ability to contribute to society, or its profit.

Economic historian Joan Thirsk asserts that there is an instructive value in identifying the words that occur frequently in literature of a given age. She finds that the term “project” became a common term in seventeenth-century pamphlets.²⁸⁸ Likewise, I have identified the term “profit” as one of these significant words in the context of medical literature. Thirsk’s “projects” are closely related to the medical use of “profit.” The projects that reshaped the economy in the seventeenth century were meant to produce and manufacture for profit.²⁸⁹ While Thirsk identifies an emphasis on economic profit in the seventeenth century, this mentality of projects for profit directly interacted with ideas of health and helped to cement singlewomen in a position of lesser profitability and therefore, lesser health.

The most optimal contribution to the macrocosm of society was a child, and therefore anything that flowed from the womb that was not an infant was subject to a negative reception and was thought of as being unhealthy. It is into this concept that moles fit. They were unhealthy masses of flesh that took the place and nutrients of children in both singlewomen and married women’s wombs. Early modern writers often describe moles as unprofitable.²⁹⁰

²⁸⁷ Oxford English Dictionary. “Profit, n.” Accessed August 14, 2015: <http://www.oed.com.ezproxy.library.dal.ca/view/Entry/152097?rskey=oHNagE&result=1&isAdvanced=false#eid>

²⁸⁸ Joan Thirsk, *Economic Policy and Projects: The Development of a Consumer Society in Early Modern England*, (Oxford: Clarendon Press, 1978): 1.

²⁸⁹ Thirsk, *Economic Policy and Projects*, 3.

²⁹⁰ Fonteyn, *Womans doctour*, 147.

The profit of the womb was dependent upon the flow of humours and fluxes through the womb. Because the womb held consent with all parts of the body corruptions in the womb could be dangerous. The womb itself, as Jane Sharp asserted, “[was] subject to all diseases.”²⁹¹ Many different issues could affect the flow in the womb, causing it either to overflow or to become blocked, thus affecting its “profit”. Moles demonstrate “stoppage of the terms”, and reflect a number of issues pertaining to singlewomen, while another ailment, the whites, or gonorrhoea, demonstrate unregulated flow. Both were tied to regulation of singlewomen’s sexual morality both in abstinent women and in sexually promiscuous women. A woman’s sexuality had to be policed in order to ensure that she was producing a societal profit in the form of off-spring. This demonstrates the ideal delicate balance of sexuality imposed on women in general, and the perceived ill health and medical difference of singlewomen. Kevin Siena emphasizes the early modern paradox of sexual disease. He argues that sex must be understood as both a means of getting sick, but also as an act that played a vital role in “humoural balance with Galenic medical economy.”²⁹²

Part of the reason for this paradox was that contemporaries conceptualized health in terms of profit and economy. At her most healthy, a woman produced children, which set singlewomen in a lower position than married women in the hierarchy of health because most did not have children. A woman, in the macrocosm of the universe, was most profitable when she exercised her reproductive functions and produced children, as discussed in the previous chapter. Contemporaries believed she was least profitable when she either proved barren, or remained single.

²⁹¹ Sharp, *The Midwives Book*, 39.

²⁹² Kevin P. Siena (ed), *Sins of the Flesh: Responding to Sexual Disease in Early Modern Europe* (Centre for Reformation and Renaissance Studies: Toronto, 2005): 20.

This section explores the concept of “profit” in the context of early modern English health by using medical treatises to examine how ideas of barrenness and reproduction relate to women’s health. The relationship between women’s overall health and the concept of profit will help to better illustrate how singlewomen were viewed as less healthy than married women. Because of the emphasis on the profit of the womb, many of the diseases that were thought to develop within the womb were framed in terms of their unprofitable or unfruitful effect on a woman’s body.

Some authors, such as Jakob Ruff, who wrote in the first half of the sixteenth century, introduced his manual on women’s health with the concept of profitable agricultural fields. He compared a woman’s health to arable land: “Seede of man, projected and cast forth into the wombe of woman, as into a field.”²⁹³ Jane Sharp described male health in terms of agriculture as well, outlining that male organs were created to preserve the seed, “casting it out in time of Copulation, lest the spirits fly away and the Seed prove unfruitful.”²⁹⁴ Contemporaries believed that the male seed held a fruitful and profitable spirit that should only be released in times of copulation. The metaphor comparing sexual reproduction and agriculture runs throughout many medical treatises and midwives’ guides. Helkiah Croke asserted that for men specifically, “avoyding of the seed [was] often very profitable.”²⁹⁵ Writers described anything beneficial to maintaining health as profitable, both for men, women, and in descriptions of reproduction.

An examination of this language of fruitfulness and profit also provides a greater context for the situation of the singlewomen. These discussions focus on the woman’s

²⁹³ Ruff, *The Expert Midwife*, 2.

²⁹⁴ Sharp, *The Midwives Book*, 29.

²⁹⁵ Helkiah Croke, 278.

role as mother; therefore, singlewomen were unprofitable and unfruitful. This caused contemporaries to think of them as less healthy, and also less socially useful than married women. Jane Sharp described the role of men and of women very differently. She saw as a man as “the agent and tiller and sower of the Ground,” while a woman was “the Patient or Ground to be tilled.”²⁹⁶ Despite the passivity of woman and the superiority of man, she saw them both as equally necessary for procreation.

Jane Sharp further emphasized the agricultural metaphor of reproduction. The very process of menstruation was nicknamed ‘the flowers,’ indicating how closely linked women’s health was to reproduction. Jane Sharp described menstruation:

and they are named Flowers because Fruit follows; and so would theirs if they came down orderly: they are then a sign that such people are capable of Children; it preserves health to have them naturally, but if they be stopt there must be danger.²⁹⁷

Again, Sharp emphasized flow as indicative of health, and health and reproduction are closely related in menstruation. Helkiah Crooke also described menstruation in terms of its profit for the body as a whole. He saw it as an unprofitable excrement:

We call the matter of this bloud an Excrement, not that it cannot bee assimilated or is of a hurtfull or noxious quality like an unprofitable excrement, but because the quantitie thereof redoundeth after the flesh of the parts is satiated and filled, and is returned into the veines and thence as an excrement vomited out by Nature offended with an unprofitable burden, for there is a satietie even of that which is good.²⁹⁸

Contemporaries believed the fluids of the body were either profitable or unprofitable, and all fluids existed for a specific purpose. It is this type of belief that ostracized the singlewoman, and created a sense that she was less healthy due to her lack of children.

²⁹⁶ Sharp, *The Midwives Book*, 34.

²⁹⁷ Sharp, *The Midwives Book*, 289.

²⁹⁸ Crooke, *Mikrokosmographia*, 260.

Much like singlewomen, married women who could not produce children were also considered unhealthy.

Early modern ideas about barren women also exemplify the importance of profit to early modern concepts of health. Barren married women, like singlewomen, were cold humoured and lacked proper flow. A lack of heat is a constant factor among those who contemporaries believed were unhealthy. Crooke wrote: “if a woman be of a cold constitution her seede is too weake to endeauour of it selfe the conformation of the parts. If the woman be hotter, then is her seede fruitfull enough.”²⁹⁹ A cold temperament meant a lack of health among singlewomen, and also the potential for barrenness, while heat remained the desired element.

The language of barrenness provides important context and background for the way in which contemporaries thought of sexual health. The idea of a body being in an unfruitful or barren state reflects the idea that a body ought to be producing something, and therefore, a good profit reflected good health. Jennifer Evans argues in her article on the role of gender in diagnoses in early modern England that over this period, terminology that referred to sexual dysfunction in men and women became gendered.³⁰⁰ This gendering of terminology contributed to the classification of women as mothers, and thus polarized singlewomen. Evans finds that terms such as “sterility, barrenness, impotency, unfruitful, insufficient and imbecility” were used interchangeably with each other initially, but later became used in gender specific ways.³⁰¹ Women became barren and unfruitful, while masculine impotency indicated a lack of power. Often,

²⁹⁹ Crooke, *Mikrokosmographia*, 286.

³⁰⁰ Jennifer Evans, “‘It is caused of the womans part or of the mans part’: the role of gender in the diagnosis and treatment of sexual dysfunction in early modern England” *Women’s History Review*, Vol. 20, No. 3 (2011): 440 .

³⁰¹ Evans, “‘It is caused of the womans part or of the mans part,’” 441. Evans asserts that these gender specific lines were tied to the development of Laqueur’s two-sex model.

contemporaries conceptualized this lack of power as an over-abundance of female seed, or menstrual blood.³⁰² The language of barrenness became feminine, reflecting the agricultural language in medical treatises, while the authority of men as fathers became emphasized in the term ‘impotency,’ a word which has its root in the Latin ‘potentia’, meaning power.³⁰³

In the language of barrenness, writers emphasize both men and women’s potential for parenthood, and this potential was tied to their overall health. In fact, a woman did not have to be married for contemporaries to tie her overall health to her potential for reproduction. Alessandro Massaria based diagnoses for infertility on menstruation, something all women did at some point: “In women that are sound of body, [the terms] moderately flow two or three dayes; if any longer or shorter time, that Woman is sickly or barren.”³⁰⁴ Sickness and barrenness were both diagnosable based on the span of a woman’s menstruation, which indicates that barrenness and an overall lack of health were closely tied. The language of barrenness also demonstrates the confusion among medical writers when the womb did not produce something. Women’s bodies were understood as having the potential to create, and those who were not profitable were socially and medically distinct, as with singlewomen.

The idea of profit must be understood in terms of a patriarchal structured society, which described health in terms of male superiority and female inferiority. The beliefs of these writers were predominantly produced by men. The singlewomen about whom they wrote were differentiated from other women on the basis of their lack of male authority.

³⁰² Maurizio Calbi. *Approximate Bodies: Gender and Power in early modern drama and anatomy*. (London: Routledge, 2005): 57.

³⁰³ Lewis and Short, *A Latin Dictionary*, 1408.

³⁰⁴ Massaria, *De morbis foemineis*, 14.

Through understanding health and the language of profit, a picture of an economy of health develops. Maurizio Calbi discusses a male-centric economy of reproduction in which contemporaries deemed fluids and evacuations of the womb – anything other than a healthy child – unprofitable.³⁰⁵ He argues:

These ‘unprofitable’ and formless ‘aequivocations of the womb’, emblematically characterised by an early modern anatomist such as Helkiah Crooke as ‘illegitimate’, signify the disruption of a male-centred and teleologically oriented economy of reproduction. They induce specific anxieties about the ‘work’ respectively carried out by male and female reproductive fluids in the generation of offspring.³⁰⁶

In this economy, as Laqueur explains, bodily profit, health, and even reproductive fluids, are “arrayed according to their degree of metaphysical perfection, their vital heat, along an axis whose telos [is] male.”³⁰⁷ Barrenness is one example of the male-centric economy of reproduction.

Another example of the early modern struggle with female health in a scheme of male-centric reproduction is the mole. Contemporaries believed that small balls of flesh and veins could grow in the womb of married and unmarried women. These moles could grow and cause serious problems for women’s health. Moles also exemplify an unprofitable malfunction of the womb. These developed in the womb and contemporaries believed menstrual blood and female seed caused them. As Calbi argues, moles demonstrate a male-centric, economist way of thinking about the female body.³⁰⁸

I further his argument by adding that the distinction between “true” and “false” moles signifies a distinction on the basis of the afflicted woman’s marital status. This “validity” reflects the male-centered, male-produced method of thinking about

³⁰⁵ Calbi, *Approximate Bodies*, 57.

³⁰⁶ Calbi, *Approximate Bodies*, 57.

³⁰⁷ Laqueur, *Making Sex*, 5.

³⁰⁸ Calbi, *Approximate Bodies*, 57.

reproduction and the body. While both true and false moles were both decidedly unprofitable, false moles were deemed even less powerful than true moles, because they lacked male seed. To fit into a male-centric economy, a woman ought to produce children through relations with a man. Contemporaries viewed moles in women who developed them without the influence of a man as less valid, and false. The way in which contemporaries wrote about moles also reflects disagreements about the amount of power a woman's body exercised in reproduction.

Writers described a mole as “an unprofitable and shapelesse lump of flesh, bred in the *Matrix* of the *menstruous* blood.”³⁰⁹ According to Massaria, moles “putrifieth and spoileth the Matrix, breeding there oftentimes ulcers, and impostumes, Dropsies, unnatural Fluxes, or some such like infirmities, bringing death, if it be not well regarded to be prevented.”³¹⁰ Fonteyn, among other writers, described the mole as an unprofitable aspect of women's health. This reinforces Calbi's argument that what could not directly impact the patriarchal society was viewed as lacking profit.

In terms of treatment, Nicholas Fonteyn suggested broths that could help provide energy for the afflicted woman:

When Nature indeavours to expell this unprofitable burthen, and an issue of blood ensueth thereupon, with fainting and swoounding fits, then you must be diligent to strengthen the Patient with broths made of the flesh of *Capons*, and *Partridges*, and with such things as will stay the blood, and refresh the exhausted spirits.³¹¹

Again, Fonteyn borrowed from the vocabulary of a male-centric economy of health, emphasizing the unprofitable nature of the mole. Moles were interesting in that they were viewed as significantly less profitable, and even valid, when they appeared in

³⁰⁹ Fonteyn, *Womans doctour*, 147.

³¹⁰ Massaria, *De morbis foemineis*, 124.

³¹¹ Fonteyn, *Womans doctour*, 155.

singlewomen. Moles could develop in both married and unmarried women. In married women who were trying to become pregnant, moles could be detrimental: “If the Child be conceived with a Mole, it draws the nourishment from the Child.”³¹² Often, though, moles developed in the place of a child.

In that case, the symptoms of moles were often such that women could assume they were pregnant, when in fact they had just developed a mole. This meant that a mole was especially unprofitable, because often, women were led to believe their bodies were producing fetuses. Women often also mistook moles for pregnancies: “this is that which so often hath deceived women, who boasted themselves to be with childe, and were not, and their Physitians also who told them they were with child, when they were not.”³¹³ Even physicians were known to struggle in distinguishing a mole from a pregnancy. The symptoms of moles and pregnancy were so similar, and it was only after a full nine months had passed and the woman had not delivered a child that it became clear that she was not pregnant. For singlewomen who were abstinent, it was often easy to tell that one was not pregnant and instead was producing a mole.

Moles affected singlewomen and married women similarly, but there were two different types of moles that were actually based on whether or not the afflicted woman was married or single. True moles only affected married women because they had the influence of man’s seed, while false moles were bred in the wombs of lustful singlewomen.

While many writers disagreed about the amount of influence male seed had over the development of moles, Jane Sharp neatly broke down the difference marital status

³¹² Sharp, *The Midwives Book*, 109.

³¹³ Fonteyn, *Womans doctour*, 148.

created in how moles developed. She argues that though there were reports of widows and singlewomen suffering from moles, the moles they had were false moles. True moles, she argued, developed when the vessels of a woman were very narrow, and during menstruation, the female humours and seed met male seed: “the principal cause is womens carnally knowing their Husbands when their Terms are purging forth, from whence Moles ... are begotten.”³¹⁴ Thomas Chamberlain agreed with Sharp, positing:

when the woman during her monethly purgations, receives the company of her husband, her body being not yet purged and void, or else when the woman lies with a great desire and lust with her husband, after she has conceived, or when she hath retained her monethly courses beyond her time.³¹⁵

Both true and false moles mimicked pregnancy. Chamberlain asserted that: “This is also to be marked in false Conception, that the flowers never come down, and the navel of the Mother [womb/ matrix] Advances it self little or nothing, both which happen in true Conception.”³¹⁶ This mimicking of pregnancy was easier to distinguish from true pregnancy in singlewomen due to their presumed lack of sexual activity. However, the symptoms of both were the same:

False Conceptions cause the greatest pains in [women’s] Backs, and Groins, and Loyns, and Head; their Bellies swell sooner, they faint more, their Faces, and Feet, and Legs swell, their Bellies grow hard like a Dropsie, they have such pain in their Bellies that they cannot sleep because they carry such a dead weight within them.³¹⁷

The symptoms for false conceptions were much like those of pregnancies, which is likely why they were so easily confused. John Pechey described the symptoms of moles as causing the stomach to grow big “by degrees and the Breasts are increased.”³¹⁸

³¹⁴ Sharp, *The Midwives Book*, 109.

³¹⁵ Chamberlayne, Thomas. *The Compleat Midwife’s Practice Enlarged* 83.

³¹⁶ Chamberlayne, *The Compleat Midwife’s Practice Enlarged*, 87.

³¹⁷ Sharp, *The Midwives Book*, 113.

³¹⁸ Pechey, *The compleat midwife’s practice enlarged*, 76.

Nicholas Fonteyn thought that moles could be distinguished from true and perfect conception by three indicators; first, the motion of a mole was like a globe revolving while a child stirred and kicked; second, there was a lack of milk in the breasts, while milk developed when a woman was with child; and third, by the eleventh month, if there was no child, “you may warrant your owne confidence that she hath a *Mola*, but no childe in her belly.”³¹⁹ Additionally, women who were affected by moles often became barren because of the havoc these caused in the womb.³²⁰

Some writers, such as Crooke, maintained that women who practiced abstinence could not self inseminate themselves with moles, and therefore their moles did not develop due to a mixture of menstrual blood and seed. In this this, moles were seen as completely unprofitable masses, formed without the influence of seed. Instead, moles had other causes. Others, such as Giovanni Marinelli, whose work *Le medicine partenti alle infermita delle donne* was published in Venice in 1593, believed that singlewomen could be moved to inseminate themselves by mixing their seed with menstrual blood.³²¹ According to Calbi, Marinelli emphasized that singlewomen, or those whose flow had been stopped for a few months, could develop moles.³²² Moles were painful and dangerous growths that could create blockages in humoural flow and ultimately cause death. Moles caused pain, a woman’s stomach grew, and her menstruation stopped, as though she were pregnant.³²³

³¹⁹ Fonteyn, *Womans doctour*, 149.

³²⁰ Sharp, *The Midwives Book*, 114.

³²¹ Calbi. *Approximate Bodies*, 60.

³²² Calbi. *Approximate Bodies*, 60: “Whilst asleep, women, (especially virgins and widows and those women whose ‘natural purgations’ have stopped for at least two of three months) may inseminate themselves.” 298 translation Calbi’s.

³²³ Fonteyn, *Womans doctour*, 149.

There is a substantial amount written about moles in both midwives' guides and in health manuals, which demonstrates that moles were considered to be disruptive in the economy of health because they lacked profit. Among singlewomen and married women, moles were conceptualized differently which actually adds nuance to the unprofitable nature of these fleshy masses. The ideas about how moles affected married and singlewomen reflect different beliefs about male-centered reproductive economies, as Calbi argues, and ideas about the power of female seed in conception. In general, among both married and singlewomen, writers believed marital status dictated the type of moles with which one was afflicted. There were two main types of moles: true moles and false moles. These categories were then divided into subcategories consisting of the windy mole, watery, humourous, and membranous. Thomas Chamberlain described each type of mole as follows:

Of the false mole there are four sorts, *the windie mole*, which is a conflux of wind; the watrie mole, which is a conflux of watrie mole which is a conflux of watrie humours; the Humorous mole, which is a conflux of various humours; the Membranous mole, which is a thin bag filled with blood. All these four are contained in the concavity of the womb.³²⁴

Contemporaries believed that each type of mole stemmed from different causes. For example, Chamberlain asserts that the fleshy mole “doth not always proceed from the mother, for the man doth often contribute to the encrease of it, when the seed of the man is weak, imperfect, and barren.”³²⁵ This type of mole then was often a true mole, contradicting Chamberlain's assertion that the four types of moles were only false moles, because it required the influence of male heat and seed, while other types of moles developed without male aid.

³²⁴ Chamberlayne, *The Compleat Midwife's Practice Enlarged*, 82.

³²⁵ Chamberlayne, *The Compleat Midwife's Practice Enlarged*, 83.

This contradiction demonstrates the controversy and confusion surrounding beliefs about moles. Sharp emphasizes the controversies surrounding moles, explaining that “this Mole is of so many different kinds that it is not possible to set them down according to their several varieties.”³²⁶ In fact, Sharp believed that fleshy mole developed as “a skin full of blood with many white diaphanous vessels”, while the humourous mole could develop if a woman was afflicted with the Whites or gonorrhoea, or “or ill purgations coming from the menstruous Veins.”³²⁷

The watery and windy moles both developed, Massaria argued, from a blockage that prevented a woman from expelling her menstrual blood, and if this blood was mixed with natural seed, the moles could grow into a hard substance.³²⁸ Massaria also outlined the cause of humourous moles. They were “ingendred of superfluous blood, and the concourse of tough and unconcocted humours, which make the belly swell up, as if the Woman were with Child.”³²⁹ However, Jane Sharp saw windy moles caused by an “an over-cold womb, Spleen and Liver, which breeds wind that fastneth in the hollow of the part.”³³⁰ She explained that a womb of weak heat could not “transmute blood for nourishment” so it turned it into water that remained in the womb, causing a watery mole.³³¹

Sharp also introduced the idea that each type of mole could cause different types of pain in a woman’s body. The windy moles caused swelling in the stomach and the pain of this could “heat up the belly with such violence as if she were upon the rack.”³³² The

³²⁶ Sharp, *The Midwives Book*, 107-108.

³²⁷ Sharp, *The Midwives Book*, 109.

³²⁸ Massaria, *De morbis foemineis*, 141 -142.

³²⁹ Massaria, *De morbis foemineis*, 142.

³³⁰ Sharp, *The Midwives Book*, 110.

³³¹ Sharp, *The Midwives Book*, 110.

³³² Sharp, *The Midwives Book*, 114

watery mole shifted an abundance of fluid from one side of the body to the other, causing swelling in whatever area of the body that gravity drew it.³³³ The humorous moles did not cause the belly to swell as much as the watery moles, and when they were expelled, they were red and smelled badly.³³⁴

Contemporaries understood many moles as the product of menstrual humour mixed with male seed. Menstrual humour, though necessary for nurturing a child in the womb, had a specifically timed use, and a lack of morality in a woman could turn menstruation against a potential child. This type of discourse reflects social policing of married women, and is tied to taboos against sexual intercourse during a woman's menstrual period as discussed earlier. Women were to be profitable only under circumstances such as marriage, which meant they were not to attempt to become pregnant during menstruation. While contemporaries believed the sole means of exploiting female profitability was through intercourse with a male partner during certain times, they also believed these measures to ensure profit could go array if one performed certain social taboos. Women could develop unprofitable moles in other ways as well.

Many believed moles also formed in singlewomen without the influence of male seed. Massaria explained that much as a hen produced eggs without a rooster, "*Galen* also plainly consents, who affirmeth, that this *Mola* is a peece of unprofitable deform'd flesh, which is ingendred in the Womb of a Woman, without the Copulation with a man."³³⁵ Massaria emphasized the precedent for something similar to moles in nature, though hen eggs were not thought of as deformities that indicated a lack of health, such as moles in women were. He also emphasized that the mole was unprofitable. It was something that

³³³ Sharp, *The Midwives Book*, 114.

³³⁴ Sharp, *The Midwives Book*, 114-115.

³³⁵ Massaria, *De morbis foemineis*, 140.

would not benefit a woman, and also could produce nothing beneficial for society. Michel de Montaigne, in his *Essays of Michael seigneur de Montaigne in three books* written in the sixteenth century, agreed that moles could develop in virginal and sexually abstinent women:

And as we see Women that without the Knowledge of Men do sometimes of themselves bring forth inanimate and formless Lumps of Flesh, but that to cause a natural and perfect Generation they are to be husbanded with another kind of Seed.³³⁶

Again, the writer presented the idea that menstrual blood mingled with a female seed, causing a mutation of conception, which resulted in a false conception. Even in married women, moles were called true conceptions, even if they resulted in health complications, simply because of the masculine addition. This was true conception, because the male seed was needed in real conception, whether it resulted in a child or in a mole.

Conversely, false conceptions were deemed false because they did not carry with them the perceived validity of male influence. A woman alone, by this logic, could produce nothing valid or true, but instead a false and deceptive health complication. The very language of true and false conceptions and moles demonstrates Calbi's male centric economy of reproduction and differently levels of the unprofitable nature of moles. While all moles were unprofitable, ones produced in the wombs of singlewomen were especially unprofitable. Singlewomen were medically distinct from married women because they did not fit into the male-centric economy, so instead their moles were false, in addition to their unprofitable nature.

False moles were so problematic in this economy that Jane Sharp struggled to conceptualize the cause of moles in widows. She explained: "Widows have been known

³³⁶ Michel de Montaigne, *Essays of Michael seigneur de Montaigne in three books*, (London, 1700): 42.

to have had these Moles formed in their wombs by their own seed and blood that flows thither.”³³⁷ Here, she outlined the common belief that a mixture of female seed and blood could cause a mole to develop, yet she added:

But ordinarily I think this comes not to pass, but it proceeds from a fault in the forming faculty, when the mans seed in Copulation is weak or defective and too little, so that it is overcome by the much quantity of the womans blood, the faculty begins to work but cannot perfect, and so onely Veins and Membranes are made but the Child is not made.³³⁸

Writers seemed to have been able to agree that moles were often caused by overpowering female seed, which implied a perversion of a male hierarchy of superiority. Sharp explained “the seed of the Man [was] choakt with the blood of the woman” in cases of true moles.³³⁹

However, Sharp was unable to completely dismiss the fact that widows and other singlewomen were able to develop moles. She provided an explanation for moles in singlewomen, and like Massaria and Montaigne, she emphasized the male influence in true moles, delegating falsity to the female produced moles. In fact, in Sharp’s distinction, true moles were synonymously “living Moles.” These, she explained: “that have some sense or feeling or true motion in them can never be produced but mans seed must be a part of their beginning.”³⁴⁰ Sharp’s description instilled “true and living moles” with a sense of life, almost like a fetus. This sense of life and motion, she drew from the influence of male seed. True or living moles, in Sharp’s description, almost had the potential to develop into infant because of the inherent profitable nature of the male seed, but for the overpowering female blood, instead resulted in a miscarriage.

³³⁷ Sharp, *The Midwives Book*, 107.

³³⁸ Sharp, *The Midwives Book*, 108.

³³⁹ Sharp, *The Midwives Book*, 109.

³⁴⁰ Sharp, *The Midwives Book*, 109.

Maids, Sharp argued, could not breed a true mole, both because they did not have the sexual influence of men, but also because “the vessels & passages in maids are too narrow, so that there is no flux of blood thither to make this Mole of, as it is in women that have had the use of man.”³⁴¹ A maid’s physiological distinction influenced the type of moles that medical practitioners believed they could produce, again emphasizing the medical distinction of singlewomen.

Massaria presented a discussion of the true cause of moles. Different types of moles, as discussed above, were tied to different types of elements, so it follows that moles were conceptualized as having developed from the influence of heat. The medieval writer Avicenna disagreed with Aristotle about the influence of heat, Massaria asserted. Avicenna argued that a “vehemency” of heat caused the flesh to acquire a form; however, Aristotle described the inception of moles as developing from the weakness or “imbecility of natural heat.”³⁴²

There was much discussion about the development of moles, and whether heat or lack of heat caused them to develop. Too much heat was most often the answer, many writers found, because there existed the belief that a hot, mannish woman could inseminate herself with a mole if she dreamt of sexual intercourse. Crooke explained that “those who of a long time have intermitted the use of the marriage bed, or otherwise are wanton women doe in their sleepes auoyde great quantity of seede.”³⁴³ These types of women suffered many moles, because their bodies were thought to produce a strong seed,

³⁴¹ Sharp, *The Midwives Book*, 110.

³⁴² Massaria, *De morbis foemineis*, 141.

³⁴³ Crooke, *Mikrokosmographia*, 284.

formed by their naturally overly hot bodies. Cooler women were less likely to develop moles because the seed would be too weak to form a mole.³⁴⁴

Crooke emphasized the limited power of a woman's seed, even if it was able to form a mole:

If the woman be hotter, then is her seede fruitfull enough and of sufficient power, but then there is in such women want of the remainder of Aliment by which the seede conceived and formed in the wombe might be nourished.³⁴⁵

The seed that the woman conceived without the aid of a man, of course, could not develop into a fetus, but instead into a mole. Much like a fetus, this mole would draw nourishment from the woman, causing weakness, and pregnancy-like symptoms. Crooke emphasized that women could not inseminate themselves with a pregnancy because even in the hottest of women, the seed was not powerful or profitable enough.

Instead, he contested the power of the female seed, opposing Valesius and explaining: "But if these things were so as *Valesius* would have them, then hot and mannish maydens without the embracements of men should suffer many abortments."³⁴⁶ Instead of abortions, hot, mannish maids suffered from many moles, due to the heat of their body, and their perceived innate desire for sexual intercourse. This desire was unfulfilled because as the youngest of the paradigm of maids-wives-widows, maids were singlewomen, which left this group most vulnerable.

Much discourse pertaining to the overwhelming power of the female seed emerges from the belief that in order for a woman to conceive, she had to experience an orgasm so that she would release her seed. Joan Cadden explains, "If a woman must experience pleasure to emit seed, and seed is necessary for conception, then there is no conception

³⁴⁴ Crooke, *Mikrokosmographia*, 284.

³⁴⁵ Crooke, *Mikrokosmographia*, 286.

³⁴⁶ Crooke, *Mikrokosmographia*, 286.

without pleasure.”³⁴⁷ Following this logic, it is clear how a belief that a woman could inseminate herself could develop, especially because sex could be theorized fluidly on a spectrum of one-sex. Because women were less developed, it follows that her seed was less powerful because of her cooler disposition.

Contemporaries believed that so long as a woman was elementally hot and moist, and affected by sexual thoughts or lustful dreams, she could move herself to orgasm. If that singlewoman had no contact with male seed, the nourishing quality of menstrual blood could mingle with the strong female seed and cause a mole to grow in the woman’s womb. Without the influence of male seed, though, these moles were false moles. Because of the superior power of the male seed, the conception had potential to become a foetus, making it a true mole. The way in which contemporaries conceptualized moles represents clearly Laqueur’s one sex model during this period, because both male and female seed had the power to inseminate, but due to superiority of the male seed, only his could create a child.

Singlewomen, on the other hand, developed false moles because they were thought to be sexually abstinent and did not have the influence of a man. Singlewomen, even in the production of moles, were destined to be unprofitable and the products of their womb were false. There is little information about the type of moles that single, sexually active women developed; however, there is a great amount written on other types of illnesses that targeted sexually active singlewomen. Bearing in mind the early modern close association between promiscuous activity and singlewomen, it becomes clear that

³⁴⁷ Cadden, Joan, *The Meaning of Sex Difference in the Middle Ages: Medicine, Science and Culture*. (Cambridge: Cambridge University Press, 1993): 95.

there existed a set of conditions under which contemporaries considered sexual activities healthy.

Until now, the majority of this thesis has supposed and reinforced the idea that singlewomen were sexually abstinent and their supposed lack of profit influenced their perceived lack of health. Of course, the premise of the belief that singlewomen were less healthy than married women rests upon this assumption. Yet some singlewomen, of course, did engage in sexual activities.

This section seeks to examine the health of singlewomen who were known to have engaged in sexual activities, and if, like their sexually abstinent sisters, they were medically distinct and more vulnerable to illnesses. Early modern writers placed a lot of importance on the idea of sexual intercourse as a means by which to promote good, profitable health. However, they also placed great importance on restricting the time, place, and type of partners with whom intercourse was acceptable. One of the main groups of potential partners for men that these writers forbid, and one of the groups of unsavoury women most closely tied to singlewomen, were sex workers and promiscuous women. Promiscuous women were associated with venereal diseases, which is a problematic term given modern definitions. Kevin Siena emphasizes the importance of the early modern definition of venereal disease, explaining many different diseases could fall under the umbrella term.³⁴⁸ In the research presented here, writers often considered venereal diseases as any unprofitable fluxes.

³⁴⁸ Kevin P Siena, "Pollution, Promiscuity, and the Pox: English Venereology and the Early Modern Medical Discourse on Social and Sexual Danger" *Journal of the History of Sexuality*, Vol. 8, No. 4 (1998): 556.

Promiscuous women were featured in most writings about venery and its related diseases.³⁴⁹ In her article “Linguistic Dis-ease: Foreign Language as Sexual Disease,” Diane Cady observes that prostitutes often play a central role in origin stories for sexual disease.³⁵⁰ Laura J. McGough notes this commonality as well, citing as an example Pietro Rostinio’s 1556 theory of the origins of the French pox. He believed that a beautiful prostitute was responsible for starting the epidemic.³⁵¹ Likewise, Samuel Rowland wrote a poem about the inception of venereal disease, and he also traced it to prostitution:

This gentleman hath served long in France
And is returned filthy full of French,
In single combat being hurt by chance,
As he was closely foyling at a Wench:
Yet hot alarm’s he hath indur’d good store,
but never in like pockie heate before.³⁵²

The man in the poem was a gentleman who had relations with a prostitute. The discomfort of the “pockie heat” venereal disease that he had contracted was compared to the combat that he had endured, almost paralleling the pain. The prostitute, as in other origin stories, was the patient zero because early modern commentators scorned the immoral acts of the prostitute, while heralding the heroics of the soldier.

Another aspect of this poem speaks to how contemporaries constructed their ideas about venereal diseases. The prostitute was French, living where the soldier served. Diseases, like the body, were subject to the early modern notion of microcosms and

³⁴⁹ Siena, “Pollution, Promiscuity, and the Pox,” 559.

³⁵⁰ Diane Cady, “Linguistic Dis-ease: Foreign Language as Sexual Disease,” Kevin P. Siena (ed), *Sins of the Flesh: Responding to Sexual Disease in Early Modern Europe* (Centre for Reformation and Renaissance Studies: Toronto, 2005): 172.

³⁵¹ Laura J. McGough, “Quarantining beauty: the French Disease in Venice,” Kevin P. Siena (ed), *Sins of the Flesh: Responding to Sexual Disease in Early Modern Europe* (Centre for Reformation and Renaissance Studies: Toronto, 2005): 211.

³⁵² Samuel Rowlands, (B2V) Epigram 9 of *Humours Ordinarie* found in Roze Hentschell, “Luxury and Lechery” in Kevin P. Siena (ed), *Sins of the Flesh: Responding to Sexual Disease in Early Modern Europe* (Centre for Reformation and Renaissance Studies: Toronto, 2005): 143.

macrocosms. Venereal diseases were closely linked to ideas about different nations: in the above case, France. Siena outlines the importance of microcosms to early modern writers:

Because the body was a primary metaphor for nation, the urge to preserve a clean national body and the anxiety of possible infection from without gave sixteenth and seventeenth commentators a powerful discourse to help formulate early notions of national identity.³⁵³

This is an interesting facet of early modern logic, because it also demonstrates how relations between nations could be viewed through concepts about diseases. The macrocosm of a country could influence ideas about the microcosmic bodies that inhabited the country. Not only were promiscuous women generally bad, but specifically foreign ones were thought to be riddled with the worst venereal diseases. The type of partner with which one chose to practice unlawful activities could be detrimental to one's health. Historian Mary Hewlett posits that there is evidence in Lucca during the early modern period that many contemporaries believed one could cure venereal diseases by having intercourse with a virgin.³⁵⁴ In this case, the virginity of a singlewoman was conceptualized as a cure.

Siena explains the condemnation of prostitutes in the providential terms through which contemporaries interpreted illnesses: "outward signs of illness stood for internal moral failure."³⁵⁵ This analysis will allow for a further exploration of the difference between sexual intercourse and actual reproduction. In many instances, such as greensickness, it seems that sexual intercourse, even without the overt intent to conceive, was enough to cure a woman of a blocked uterus. In other cases, widows could manually

³⁵³ Siena (ed), *Sins of the Flesh*, 15.

³⁵⁴ Mary Hewlett, "Syphilis and Sodomy in Late-Renaissance Lucca," in Kevin P. Siena (ed), *Sins of the Flesh: Responding to Sexual Disease in Early Modern Europe* (Centre for Reformation and Renaissance Studies: Toronto, 2005): 225.

³⁵⁵ Siena (ed), *Sins of the Flesh*, 7.

stimulate themselves to cure greensickness. However, in other instances, it is the woman's unrealized potential to create a child that caused her illnesses, such as in the case of moles: the woman's lust was thought to release her seed, and the power and heat of that seed, mixed with her menstrual blood, could produce a mole that mimicked the symptoms of pregnancy. All of these issues reflected contemporary anxieties about a woman's unrealized profit.

Sexually abstinent singlewomen were at risk of blocked humours and corruptions on the basis of their abstinence, and sexually active singlewomen were also condemned for their lack of health and hygiene on the basis of their lifestyle, as this section demonstrates. Ruth Mazo Karras asserts that throughout much of the Middle Ages and into the sixteenth century in England, "singlewomen" were colloquially synonymous with "prostitute."³⁵⁶ While in legal records, singlewomen could also refer to women whose sexual behaviour was not questionable, it was used frequently enough "to demonstrate a clear linkage."³⁵⁷

While many singlewomen were presumed to be sexually abstinent due to their single marital status, there existed enough women who engaged in unsavoury sexual activity or promiscuity to examine the type of illnesses that contemporary writers thought affected them. The sexual intercourse in which promiscuous women engaged was not thought to promote profit, and therefore it was deemed unhealthy. In this sense, Calbi's male-centric economy of health intersected with prevalent ideas about sexuality. By the early modern period, an influx of sexually transmitted diseases had created a new

³⁵⁶ Ruth Mazo Karras, "Sex and the Singlewoman," in Judith Bennett and Amy Froide, (eds) *Singlewomen in the European Past, 1250-1800* (Philadelphia: University of Pennsylvania Press, 1999): 131.

³⁵⁷ Mazo Karras, "Sex and the Singlewoman," in Bennett and Froide, (eds) *Singlewomen in the European Past, 1250-1800*, 131.

understanding of venereal diseases. Kevin Siena argues that the concept of venereal diseases incorporated many conditions that modern doctors now separate, such as syphilis, gonorrhea, chancre and other genital problems.³⁵⁸ One must bear this in mind when considering early modern discussions of gonorrhea, for the term does not denote modern medical definitions. In fact, I argue that gonorrhea was a specific type of flux that developed only in bodies whose sexual exploits society deemed unacceptable.

Sexually active singlewomen make an ideal subject because many venereological tracts from the early modern period use these women for their analysis.³⁵⁹ Siena asserts that the connection between venereal diseases and women whose work involved sexual activities “emerged soon after the malady came to be considered sexually communicable.”³⁶⁰ This section presents a comparison between fluxes, demonstrating that married women were affected by the whites, while prostitutes and other unchaste singlewomen developed gonorrhea. Though these afflictions were different, they were thought of very similarly as unprofitable, and the stigma of singlehood often influenced whether a doctor thought a woman was sick with the whites, or if she had contracted gonorrhea. The name of the disease with which one was afflicted reflects social beliefs about that woman’s sexual behaviour.

There were three similar and linked fluxes that sometimes overflowed from women, and sometimes from men as well. These fluxes, along with menstrual blood, were often deemed unprofitable: “the humours of the Terms are purged forth by Nature, as superfluous and unprofitable.”³⁶¹ While some writers use the whites, gonorrhoea, and

³⁵⁸ Siena, “Pollution, Promiscuity, and the Pox,” 556.

³⁵⁹ Siena, “Pollution, Promiscuity, and the Pox,” 559.

³⁶⁰ Siena, “Pollution, Promiscuity, and the Pox,” 559.

³⁶¹ Massaria, *De morbis foemineis* 13.

running of the reins interchangeably, Jane Sharp outlined a difference among the terms. The running of the reins, she asserted, was “peculiar to unchast women.”³⁶² The whites, she described, were specific to women and not men.³⁶³ Culpeper offered another distinction. The running of the reins could affect all women who were of age to marry, and it was the “flux of natural seed.”³⁶⁴ Culpeper’s distinction had nothing to do with a woman’s sexual behaviour, but instead her potential to partake in sexual activities. These definitions contradict each other, which demonstrates the confusion around the terms. There is, however, enough information in different guides and treatises to infer the type of people who were generally thought to develop either the whites, running of the reins, or gonorrhoea.

The whites affected only women, while the running of the reins and gonorrhoea affected men and women, but it developed from different circumstances. Gonorrhoea was linked to French pox, a sexually transmitted disease, and could affect both men and women.³⁶⁵ However, contemporaries often conceptualized women as the agents through which men became infected with venereal disease. These beliefs are in line with the findings of Diane Cady and Laura J. McGough who argue that venereal diseases were most often believed to originate in women.³⁶⁶ Women were often the agents who corrupted men.

³⁶² Sharp, *The Midwives Book*, 304.

³⁶³ Sharp, *The Midwives Book*, 303.

³⁶⁴ Culpeper, *A directory for midwives*, 96.

³⁶⁵ Culpeper, *A directory for midwives*, 96.

³⁶⁶ Cady, “Linguistic Dis-ease: Foreign Language as Sexual Disease,” in Kevin P. Siena (ed), *Sins of the Flesh* 172 / Laura J. McGough, “Quarantining beauty: the French Disease in Venice” in Kevin P. Siena (ed), *Sins of the Flesh*, 211.

Crooke thought that gonorrhoea in men putrefied and rotted the seed.³⁶⁷ The whites differed from running of the reins and gonorrhoea, because it was in “less quantity, whiter, and thicker.”³⁶⁸ The humours of the whites could cause a woman to faint or convulse if they traveled to the nerves or the brain.³⁶⁹ However, unlike many other diseases, bleeding was not a suitable cure. In the meantime, “night pollution” could also affect women with “imagination[s] of Venery.”³⁷⁰ There is often a lack of distinction among these afflictions in the sources, so for the purposes of this thesis, when an author presents a distinction, I will list it.

All three illnesses acted similarly and are described together in many treatises as unprofitable fluxes that could plague one’s body. These illnesses were treated much the same way by authors. In many cases, the author introduced the three, lists a few distinctions, and then erred on the side of the whites, ascribing causes and cures without further thought of the other two illnesses. This suggests that in the early modern mind, there were not many physiological differences among the three illnesses, and so there were similar cures for them.

As Massaria argued, the three diseases had great affinity with each other.³⁷¹ They caused menstruation to stop altogether, or they forced the whole body into a purge unprofitably.³⁷² An “excrementitious humor, sometimes like watry blood”³⁷³ in cold and moist wombs caused the whites. Sharp cautioned that though the whites resembled

³⁶⁷ Crooke, *Mikrokosmographia*, 212.

³⁶⁸ Culpeper, *A directory for midwives*, 91.

³⁶⁹ Sharp, *The Midwives Book*, 304.

³⁷⁰ Culpeper, *A directory for midwives*, 91.

³⁷¹ Massaria, *De morbis foemineis*, 60.

³⁷² Sharp, *The Midwives Book*, 303.

³⁷³ Sharp, *The Midwives Book*, 303.

gonorrhoea, they were not the same.³⁷⁴ Because the fluxes of whites and gonorrhoea were so similar, Sharp insisted that one must examine the colour of the flux in order to decipher whether one was afflicted with the whites or with gonorrhoea.³⁷⁵

The whites produced three main colours: white, red, and yellow. Massaria explained that if the flux was red, then the disease stemmed from an issue with the blood; if it was yellow, then it stemmed from black choler; if it was white, then it stemmed from phlegm. Sharp believed that there were three kinds of archangel or dead nettles in nature that corresponded to these fluxes: “*First*, The White Flowers helps the Whites. *Secondly*, The Red are to cure the Reds. *Thirdly*, And the Yellow flux is cured by the Yellow.”³⁷⁶

Women also often confused the whites with the running of the reins, which Sharp explained developed “most commonly by unlawful Venery or excess in that Act.”³⁷⁷ In this sense, the causes of gonorrhoea and the running of the reins were most similar, though all three caused similar symptoms. Crooke described the running of the reins and gonorrhoea as one and the same: “the running of the Reynes called the venereall *Gonorrhoea*.” The whites, on the other hand, Sharp argued, were simply

too much superfluity of Excrement; but where those Excrements are bred, is doubted: Some say these corrupt humours are daily bred in the principal parts; others say they come onely from the womb, and seed Vessels; others say from the Reins onely, and the womb is unaffected: But *Galen* plainly shews that the whole body is affected, that dischargeth it self by the womb, and therefore weak and flegmatick women are most subject to have the whites.³⁷⁸

According to Sharp, the whites developed more naturally and innocently in women than either the running of the reins or gonorrhoea. The whites acted as another measure, much

³⁷⁴ Sharp, *The Midwives Book*, 304.

³⁷⁵ Sharp, *The Midwives Book*, 305.

³⁷⁶ Sharp, *The Midwives Book*, 305.

³⁷⁷ Sharp, *The Midwives Book*, 305.

³⁷⁸ Sharp, *The Midwives Book*, 305.

like menstruation, through which the body could purge excess fluxes. She argued that it affected the whole body, but the flow allowed women to purge themselves to maintain health by expelling unprofitable fluxes. However, where this process caused discomfort in women, and could be dangerous, Sharp prescribed different cures to help facilitate the purging. Gonorrhoea, on the other hand, was a punishment for unlawful sexual activities, but it also resulted in dangerous corruptions and purging of the corrupt fluxes. A body would reflect when a person had engaged in unprofitable activities through the manifestation of ailments and other unprofitable symptoms. Contemporaries believed that when a microcosmic body was not performing properly, its health would reflect its lack of morality. In this way, morality was tied to health because bad morals and unsavoury behaviour were not conducive to producing a profit. Gonorrhoea was a clear example of where morality was linked to health.

Crooke outlined the cause of gonorrhoea and running of the reins similarly to Jane Sharp's description of the cause of the whites. He believed that when the female or male body was full of a spiritless seed, they were moved to "rage of lust, or even to bee starke mad indeede, after that seede is auoyded they come againe unto themselves."³⁷⁹ This reinforced the argument that gonorrhoea caused one to become sexually promiscuous to release the seed, in line with humoural theory that dictated the release of humours to attain a profitable body. Crooke's argument explained why venereal diseases were most strongly associated with promiscuous women, because these diseases created a desire for sexual intercourse. He cautioned however, that seeds without spirits were not pleasurable, so a person afflicted with gonorrhoea would have no pleasure in intercourse though they desired it.

³⁷⁹ Crooke, *Mikrokosmographia*, 284.

Because of the pain and discomfort that venereal diseases caused, writers prescribed many different cures for treating gonorrhea and the whites. For women whose bodies were very moist, Sharp suggested preparing the humours for three or four days before purging the body. Once the body was prepared, she prescribed causing the afflicted woman to sweat profusely.³⁸⁰ She also prescribed: “Whites of eggs well beaten with red Rose water, and made with Cotton, or Linnen into a Pessary, and put into the *Matrix*, with a string tied to it to pull it out again.”³⁸¹ She thought the humours and elemental temperaments of these ingredients would aid the woman’s body in purging the bad humours. The bad humours would return, however, if one continued to partake in unlawful and unprofitable intercourse. In this way, contemporaries believed ill-health was inevitable if one did not act morally.

Like Jane Sharp, Massaria also explained that gonorrhea or the running of the reins developed in women who practiced “immoderate, excessive, or unlawful Venery.”³⁸² It is interesting to note that Massaria emphasized the effect of unlawfulness on women’s health. This, of course, was closely tied to the unlawful activities of women who used sexual activities to produce an income. Sex in exchange for monetary reimbursement was not the type of profit that the medical writers emphasized. The profit of good health could come only in the form of an infant. In contrast, Massaria outlined the cause of the whites as “the lawful and proper... superfluity of Excrements.”³⁸³

The only substantial difference between the whites and gonorrhea appears to be the cause. The whites could develop from the creation of excess humours through lawful

³⁸⁰ Sharp, *The Midwives Book*, 305.

³⁸¹ Sharp, *The Midwives Book*, 306.

³⁸² Massaria, *De morbis foemineis*, 60.

³⁸³ Massaria, *De morbis foemineis*, 61.

venery while gonorrhoea was contracted unlawfully. The type of sexual activity that a woman practiced actually influenced the type of illnesses with which contemporaries believed she was afflicted. Massaria stated that the only way to discern between the whites, gonorrhoea, the whites, and running of the reins was: “conjectural, then to be demonstrated from any certain sign, other than the Patients own relation.”³⁸⁴ There was no true distinction physiologically among these afflictions, but instead they were linked to the lawful or unlawful sexual activities of the afflicted women.

This finding is in line with Kevin Siena’s argument that “medical authorities employed the frightening image of venereal disease to help create and enforce danger beliefs aimed at policing behavior - behavior that was usually, but not always, sexual.”³⁸⁵ Much the same way greensickness corralled young women into marriage, the threat of gonorrhoea policed singlewomen’s sexuality. If a doctor diagnosed a woman with a single marital status and an unknown sexual history, her diagnoses would likely have been gonorrhoea or the running of the reins over the whites. Because singlewomen were often associated with prostitution, and in the instance of this disease grouping, those with questionable sexual behaviours were most likely to be ascribed the disease with the most negatively charged connotation.

Gonorrhoea demonstrates that in some cases, there was a difference between sexual activity to promote healthy flow, and reproduction to fully exercise a woman’s body. Under specific circumstances, such as in the case of the once-married widow, manual stimulation to promote flow was sufficient, but in other cases, such as Lange’s greensick patient, a singlewoman needed regular and, most importantly, marital sexual intercourse

³⁸⁴ Massaria, *De morbis foemineis*, 61.

³⁸⁵ Siena, “Pollution, Promiscuity, and the Pox,” 554.

to maintain good, profitable health. Often, widows had proven profitable during their married life, and thus there was no longer an emphasis to reproduce. Young singlewomen, however, were required to exercise their reproductive functions and become profitable.

Clearly, heterosexual sexual activities were the main aspect of singlewomanhood that differentiated a singlewoman's health from a married woman's health. Women's health centered on the ability to conceive and deliver children through intercourse, thus becoming profitable. Early modern discussions about health also, less obviously, outlined the allowable situations and regularity in which one ought to practice sexual activities.

Through the heat produced with a man, a woman's humours could flow more readily, and thus contemporaries believed she was healthier. However, sexual intercourse had a specific timeframe: after a woman had been married. It also had a desired monogamous partner. If a woman frequently had sex outside the bounds of marriage, she was not thought of as profitable, but instead as a potential carrier of an unprofitable venereal disease. As such, she was less healthy. The evidence from early modern writers that this chapter examines suggests that sex ought to be practiced in moderation, in marriage, and as a means to achieve motherhood. While sexual activity was beneficial in promoting good flow, profitable reproduction was the way in which women were thought to achieve ultimate health.

The evidence presented in this chapter allows for one to understand the balance in which a singlewoman's health existed. For women, health was very much framed in terms of sexual activity, within marriage, that could lead to children. As such, women were required to become profitable through childbirth. Too much activity was tied to the whites, and for singlewomen, often to gonorrhoea, regardless of whether or not singlehood

was synonymous with prostitution. Singlewomen also were affected by false moles, deemed false because they developed without the assistance of male seed, as was the case for married women's true moles. The way in which contemporaries thought of health was in terms of a fruitful profit. If a woman produced something that was unfruitful, she was deemed unprofitable, and this indicated ill health.

Chapter Five: Conclusion

A singlewoman would have been recognizable on a street in early modern England due to the way she dressed. During a trip to the physician, she also would have been distinctive from married patients. It is important to understand how contemporaries thought outwards signifiers of status reflected not just social, but physical differences. Not only were singlewomen expected to dress differently than married women, but they were also believed to exhibit clear physiological differences. Their cooler dispositions and restricted veins meant that they were treated differently when medically examined. Often, cures for singlewomen's illnesses involved marriage, which would have directly impacted their legal and social standings. Unlike married women, singlewomen exercised control over their own legal matters. Socially, contemporaries looked down upon them, though, assuming they were less healthy in part because of singlewomen's obvious social differences. The ideas about singlewomen's physiological differences interacted with their social and legal differences.

While singlemen did not experience the same level of hostility, they were still considered socially lesser than married men. John Dunton wrote in 1697 that the old maids were plagued with "lump[s] of diseases," but in his following chapter, he described singlemen as infantile and void of virility to the extent that a singlewoman could sleep with him "without any Scandal or Danger."³⁸⁶ Susan Lanser notes that while the singleman is described as "impotent" and "infantile," his description lacks the physical repulsiveness and disease-ridden quality of the singlewoman.³⁸⁷ Much like singlewomen,

³⁸⁶ Susan Lanser "Singular Politics: The British Nation and the Old Maid," Bennett, and Froide, (eds) *Singlewomen in the European Past*, 299.

³⁸⁷ Lanser, "Singular Politics: The British Nation and the Old Maid", Bennett, and Froide, (eds) *Singlewomen in the European Past*, 299.

singlemen were sometimes scorned for their inability to fulfill their microcosmic social roles as fathers and leaders, though these social beliefs had nowhere near the same physiological implications as they did for singlewomen. The fact that singlemen were not associated with diseases to the degree that singlewomen were reflects the influence of the one sex model. Men, owing to their superior heat, could remain single and healthy, though they still faced social opposition and some medical risks. This belief in the male superiority was closely tied to the one sex model.

While other historians have argued against the existence of the one sex model, or that Laqueur's timeline ought to be shifted earlier or later, I have found that the medical discussions of singlewomen are firmly rooted within this one sex paradigm. Specifically in the context of singlewomen's physiology, the one sex model dominated, although ideas about the two sex model were beginning to emerge in other medical areas. This research has demonstrated that the one sex model of sexual differentiation not only placed women in a lesser social and physiological position, but it also dictated the medical position of singlewomen. Elemental heat was an important factor in this model, because it allowed sexual differentiation to develop based on ideas of lesser and greater perfection. Male bodies reached complete perfection, while female sexual organs reflected the lesser influence of heat; therefore, they were less fully developed and less healthy. The way in which women were supposed to attain health was through heating the organs to allow for proper flow, so sexual intercourse was the main way writers advised heating the body. Singlewomen, for the most part, were thought to refrain from this.

In addition to the one sex model's dominance within the discourse of singlewomen's medical ailments, the early modern belief in the microcosmic order of society also shaped ideas about singlewomen's bodies. Because these women were not

fulfilling their socially assigned roles as mothers, they were viewed as less healthy, based on the belief that they were not exercising their reproductive functions. However, singlewomen were also viewed as potentially sexually promiscuous, simply because they lacked the authority of a male head of household. While sexually abstinent women were deemed unhealthy because of a lack of flow, those who writers believed were sexually promiscuous were likewise believed to be unhealthy, because they exhibited unprofitable fluxes.

The discourse of profit illustrates the complexities surrounding beliefs about the sexuality of singlewomen. A profitable woman was one whose womb produced infants, while an unprofitable woman either produced nothing at all or produced unwanted vaginal fluxes. The medical ideas surrounding singlewomanhood were paradoxical, but this thesis has addressed the foundations of this paradox, exploring beliefs about singlewomen's sexualities and situating this discussion in the greater context of assigned gender roles and prevailing medical dialogues.

This research has revealed many paradoxes surrounding women's health in seventeenth-century England. All women could be affected by greensickness, yet it was conceptualized primarily as a disease of singlehood or sexual abstinence. Sexual intercourse promoted healthy flow, yet too much intercourse with the wrong partners was detrimental. Some flows were good while others were bad. These examples illustrate the complex belief system surrounding health and sexuality, and many lend themselves to the intersectional nature of class, gender, marital status, religious background, and race. Greensickness in married women of upper classes was much less dire than in a young, virginal woman of a lower class, for example. A married woman could easily access the cure, while a lower class, young woman may not have the funds to immediately marry

and cure herself. These types of situations could have produced a great anxiety surrounding greensickness in young singlewomen. Many of these types of complexities speak to the many social beliefs influencing writers at the time.

Singlewomen were described as so physiologically dissimilar from married women that contemporaries believed they were targeted by specific illnesses, and even when a disease manifested in both single and married women, the causes and treatments in singlewomen were different. In this thesis, I have outlined many contributions to the historiography surrounding singlewomen's health. I broaden the classification of greensickness from a disease specific to singlewomen, into an ailment that could manifest in any sexually abstinent women. Additionally, while Maurizio Calbi identifies moles as specific to a male-centric economy of reproduction, I further his discussion by analysing the implications of true and false moles. In this male-centric economy, only those moles with the influence of male seed could be considered true moles. I also have situated these medical discussions within the more general discourses of early modern microcosms, and profit, which allows historians better to comprehend the nuances of medical and physiological beliefs about singlewomen.

As a broader contribution to the historiography, this thesis has emphasized, through explorations of microcosm and profit, that discussions of health and the body ought to be situated in the greater social landscape of the time. In addition to the study of the social and legal distinctions of singlehood, historians of singlewomanhood ought to take into consideration the construction of physiology. These dialogues pertaining to women's physiology can contribute to our understanding of how singlewomen and their contemporaries may have imagined their bodies. Each seventeenth-century body existed in a greater scheme of a societal macrocosm. As such, discussions about contemporary

perceptions of bodies ought to reflect the microcosmic discourse. Likewise, contemporaries emphasized the profit of the body as a means to reflect health. Therefore, fluxes and humours should be examined in such a way to reflect their profitable or unprofitable nature.

As Barbara Duden remarks in her 1991 exploration of an eighteenth-century doctor's female patients' medical records: "It goes without saying that the new body shows similarity to the social and cosmological reality."³⁸⁸ While Duden is discussing new notions of the eighteenth-century body, her statement is also applicable to the ways in which seventeenth-century realities so clearly shaped, and were shaped by, perceptions of physiology. Perhaps, though, it should not "go without saying", and instead historians should place greater emphasis on the mirrors of body and society. Discussions of the perceptions of the body ought to be firmly rooted in social and legal discourses of a given age. As such, seventeenth-century perceptions of singlewomen's physiology mirrored the contemporary social systems of belief.

³⁸⁸ Barbara Duden, *The Woman beneath the Skin* (Harvard: Massachusetts, 1991): 27.

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