

Accessing Women's Agency in Medieval Europe: An Expanded Social History of Women's
Reproductive Healthcare
Research Thesis

Presented in partial fulfillment of the requirements for graduation *with research distinction* in History in
the undergraduate colleges of The Ohio State University

by

Sheridon K. Ward

The Ohio State University

November 2021

Project Advisor: Professor Sara Butler, Department of History

Committee Members: Professors Leslie Lockett and Christopher Highley, Department of English

In 1478, Clarice Orsini fell ill at eight months pregnant. Having seen several of her friends die or miscarry, Orsini wrote frantically to her husband, Lorenzo de Medici, and, while her female companions contended she was healthy, her reliance on them gave way to the reassurance of the physician Master Stefano della Torre, who assured her that the illness did not threaten her pregnancy. Relieved, Clarice writes in a letter to her husband, “Master Stefano came, and by the grace of God he found me feeling much better, and he gave me great comfort.”¹ Clarice's original panic and insistence on the presence of several physicians who ultimately assuaged her fears reveals the extent to which male physicians had become well-respected and desired by women who experienced trouble in pregnancy. Indeed, the contention that the professionalization of medicine ultimately marginalized female attendants in the room, including midwives, is the premise of Monica Green's pivotal book *Making Women's Medicine Masculine*.²

However, as Katharine Park reveals, these male physicians were not summoned as “the result of masculine interest or pressure,” but women sought them out and sometimes trusted them over the most knowledgeable of their female companions, including the mother of a close friend, Andrea Panciatichi.³ While Lorenzo may have been the one who officially commissioned or summoned della Torre, it was Clarice who felt that his presence was necessary and who found comfort in his assessment even though he only corroborated the conclusions of her female companions. Her decision highlights the role that women typically played in the management of their own healthcare. She assembled a team of attendants who cared for the daily management of her pregnancy, and she mustered the full extent of her resources to summon those considered the most educated in their field. Clarice's reliance on male physicians was not solely emblematic of the

¹ Florence, Archivio di Stato di Firenze, Carte Stroziane, Letters of Filippo di Filippo Strozzi, 3, 108, fol. 79r (25.i.1525/6). Discussed in Katharine Park, *Secrets of Women: Gender, Generation, and the Origins of Human Dissection* (New York: Zone Books, 2010): 138.

² Monica Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford: Oxford University Press, 2008): 1-28.

³ Park, *Secrets of Women*, 136.

new professionalization of medicine, but also of her social status and wealth that allowed her to reach those considered experts in their fields *alongside* the women and mothers of her friends who possessed great knowledge of birthing practices.

As Green herself suggests in the beginning of her book, stories of lower-rank women saved or comforted during pregnancy in the later Middle Ages often look far different from the experience of someone like Clarice Orsini.⁴ The gradual shift from an obstetrical world of amateur practitioners to a professionalized school of male physicians existed in the elite world more so than it did for an everyday person with little capital and access to such knowledge. By removing the lens of modern scholarship that creates an unnecessary distinction between what we consider religious, magical, and medical practices, the continued agency of women as managers of their own healthcare comes to the fore.

This essay brings into dialogue many different threads of scholarship to suggest a more unified approach to what we consider women's medicine. By studying medical treatises, archaeology, charms, hagiography, devotional manuscripts, artwork, and theological treatises *together* rather than isolated from one another, we can access vestiges of an oral culture among women often lost to us or which men appropriated to serve their own interests in writing on women's health or recording miracles for canonization. After establishing the grounds for this connection between spiritual and bodily medicine, I will demonstrate the appropriation of women's knowledge in herbals, where elite and ordinary women alike utilized this knowledge of the medicinal properties of herbs readily at their disposal to scavenge. Intimately connected with herbals, charms have a long history of existence on the periphery of both the religious and the medical, representing a wonderful source of orality and agency in women across the social spectrum. Devotional manuscripts illuminate the daily maintenance practices of everyday health as central to women's household duties as praying for the

⁴ Green, *Making Women's Medicine Masculine*, 12.

souls of their relatives. Women believed in the power of their imagination and affective piety to intervene in their pregnancies from conception to delivery and beyond. Finally, women gained greater access to the perceived power of saints during the Middle Ages, which they heard about in a circulated oral culture from local and more universally revered saints and accessed through pilgrimage or promises of later pilgrimage. With their ultimate responsibility for childbirth, a matter of dynastic importance for some and a matter of survival for an ordinary lower-rank family, women utilized every tool at their disposal to ensure the continued good health of their families.

CONNECTING SPIRITUAL AND BODILY MEDICINE

Before delving into the various tools that women had at their disposal, it is worth first taking a step back to establish the groundwork that links the “medical world” of herbal concoctions, midwives, and physicians with religion. Hildegard von Bingen’s *Physica* from the early twelfth century clearly articulates the spiritual connection between humanity and nature. Hildegard likely encountered pregnant and parturient women in the course of her duties as monasteries were centers of medicine since caring for the sick was written into the Benedictine Rule in the sixth century.⁵ Hildegard’s work reveals the foundations of the religious community’s understanding of the interaction between humans, plants, and elements of the natural world. In her introduction to the Book on Plants, she writes:

With the Earth was the human being created. All elements served mankind, and, sensing that man was alive, they busied themselves in aiding his life in every way.

[...] Through the beneficial herbs, the earth brings forth the range of mankind’s

⁵ Priscilla Throop, “Introduction,” in *Hildegard von Bingen’s Physica: The Complete English Translation of Her Classic Work on Health and Healing* (Rochester, VT: Healing Arts Press, 1999), iii.

spiritual powers and distinguishes between them; through the harmful herbs, it manifests harmful and diabolic behaviors.⁶

In this opening paragraph, Hildegard prioritizes the idea that nature exists to serve humanity to maintain their health and wellbeing. In fact, Hildegard indicates that God carefully crafted each plant for these purposes, meaning that utilizing their hidden properties was part of his plan for humanity. However, her words also evoke a sense that the natural world reflects humanity's own spirituality. With the last sentence of this passage, Hildegard shows that it takes a spiritually knowledgeable and righteous person to identify properly the kinds of plants that will do them well. Otherwise, by taking the wrong herbs, they may become possessed with "diabolical behaviors."

After this description of the world's flora as humanity's oyster, Hildegard draws parallels between the human body and the elements of nature, citing widely held knowledge of humoral properties, such as dryness and wetness, heat and cold. She compares herbs that make people "sad" as akin to "human perspiration," while useless and inedible herbs are more like "human excrement."⁷ From her comparison of herbs to fundamental parts of the human body, she effectively demonstrates her belief that herbs manipulate and influence these parts, depending on the desired effect. She also identifies how an inappropriate combination of hot and cold herbs create an "imbalance," and she explains why all people must consume both hot and cold herbs.⁸ In one simple introduction, she effectively merges the seemingly conflicting ideas of ancient scholars and biblical ideas surrounding the creation of nature to serve humanity. Hildegard's treatise seamlessly integrates humoral theory into a Christian theory of its origin and function. From her treatise, we

⁶ Hildegard von Bingen, "Physica," in *Hildegard von Bingen's Physica: The Complete English Translation of Her Classic Work on Health and Healing*, trans. Priscilla Throop (Rochester, VT: Healing Arts Press, 1998), 9.

⁷ Hildegard von Bingen, *Physica*, 10.

⁸ *Ibid.*

see a blending of magic, medicine and religion emerging in this period that came to fruition and codification at the Fourth Lateran Council (1215) under the aegis of Pope Innocent III.

The Fourth Lateran Council's greatest mandate was to bring the spiritual health of lay Christians to the fore. Among the many groundbreaking canons set out in the Fourth Lateran Council, the most relevant is Canon 22, which equates a priest with a practicing medical physician. After citing the passage of John 5:14, where Jesus identifies sin as the cause of a sick man's ill health, Canon 22 reads:

We declare in the present decree and strictly command that when physicians of the body are called to the bedside of the sick, before all else they admonish them to call for the physician of souls, so that after spiritual health has been restored to them, the application of bodily medicine may be of greater benefit, for the cause being removed the effect will pass away.⁹

This decree embodies the larger trends of the Fourth Lateran Council, which made pastoral care the highest priority, catalyzing a massive educational movement for priests, who needed the proper training to fulfill this mandate, but especially for Christians as a whole, who needed to understand the tenets of their religion to achieve salvation. In terms of healthcare, the canon not only merged "spiritual health" with "bodily medicine," but it centralized the role of priests. The canon subordinated bodily medicine to spiritual health, recognizing that the maintenance of spiritual health ultimately overrode any kind of bodily medicine. If the soul were tainted with sin, bodily medicine could not hope to cure those ailments without proper treatment from a physician of the soul.

This subversion of bodily medicine to the root cause of spiritual health essentially created a mandate for wives and mothers. When tending to their families' welfare, the manager of the

⁹ "Medieval Sourcebook: Twelfth Ecumenical Council: Lateran IV 1215," Internet History Sourcebooks Project, January 20, 2021. Accessed November 9, 2021. <https://sourcebooks.fordham.edu/basis/lateran4.asp>

household was responsible for this holistic brand of medicine, and, when she was doing everything in her power to start or add to her family through conception and pregnancy, she had to ensure the root cause of her spiritual health through daily maintenance like diet, prayer, and meditation alongside her “bodily” medicine. While she may not have learned these tenets directly from Hildegard of Bingen or the decrees of Fourth Lateran, she learned from her family, friends, and neighbors in an oral tradition.

ACCESSING ORAL TRADITION

Among the variety of strategies women employed to navigate the dangers of childbirth, some practices were inherently more accessible to aristocratic and merchant-born women than those of middling and lower ranks. However, most accessible among these, and most easily passed from mother to daughter, were herbal remedies and recipes. Even as scholars, including myself, grieve the loss of this oral history, we can reclaim elements of it to access this brand of medicinal practice. While we will never know what illiterate women said to their daughters, the writings and documentation of literate women from the later Middle Ages and the treatises compiled largely by men record snippets of this rich culture.

One written manifestation that attests to the oral culture of medieval childbirth medicine is recorded in charms as Marianne Elsaakers establishes in her work on the literary construction of birthing aids. She shows how the perceived efficacy of charms that circulated throughout England rests on the magical sound of the words as they were spoken aloud. This magical quality was achieved through their use of Latin, their repetition, or commands to the fetus to exit in the name of saints or Christ himself. Latin was considered the language of God, lending it greater potency over vernacular prayers. Additionally, the variation among iterations of these charms often manifests in words that sound similar but carry the same rhythm, which further suggests an oral component to

these charms. Often, the instructions of these charms direct the mother to participate in chanting the charms themselves, and their structure suggests that these spoken phrases and poems may have aided in breathing consistently to facilitate a proper rhythm of pushing during labor.¹⁰ From this example, it is evident that medieval women considered the word of God, spoken aloud to be a powerful tool in ensuring the success of their pregnancy. Importantly, the survival of these items in written form corroborates the existence of a greater and richer oral culture from which they originate.

Similarly, medical compendia concerning gynecology carry vestiges of a similarly religious oral culture shared among women. In various renditions of the *Trotula*, one of the few entirely gynecological treatises from the era, the compiler cites the authority of a female healer. Even with the knowledge that the *Trotula* was written only partially by a woman physician, contrary to the medieval belief of female authorship, the fact that self-proclaimed male experts cited her testimony illustrates the weight that a woman's experience and wisdom brought to a medical compendium about gynecology.¹¹ In the section of the *Trotula* that Monica Green labels *On Treatments for Women*, the authority of this feminine figure usurped that of the physician. The section “On the Entry of Wind into the Womb” states:

Whence it happened that Trotula was called in as a master of this operation [repairing intestinal rupture] when a certain young woman was about to be operated on for a windiness of this kind as if she suffered from rupture, and she was thoroughly astonished. Therefore, she made her come to her own house so that in secret she might determine the cause of the disease.¹²

¹⁰ Marianne Elsackers, “In Pain You Shall Bear Children (Gen 3:16): Medieval Prayers for a Safe Delivery,” in *Women and Miracle Stories*, ed. Anne-Marie Korte (Boston: Brill, 2011), 203-204.

¹¹ Monica H. Green, *Women's Healthcare in the Middle Ages: Texts and Contexts*, (New York: Routledge, 2000): 153.

¹² Monica H. Green, trans., *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine* (Philadelphia: University of Pennsylvania Press, 2002), 94.

Setting aside the strict historical accuracy of this incident, its presence in the manuscript shows the belief that women held knowledge independent from male physicians. Though Trotula was called in to operate on a woman for a non-gynecological reason, her ability to discern the true cause of this woman's plight derived from her own experience as a *female* practitioner. This story also conveys a sense of urgency regarding Trotula's arrival, and her portrayal in the narrative highlights her salvific role: preventing a woman from an undesirable fate based on the original diagnosis of a practitioner unfamiliar with the diseases of women. Additionally, it emphasizes at the very least a believable perception in medieval culture that women's medicine was practiced "in secret," and even the treatment of womb windiness was mediated by the female practitioner who prescribed and implemented the treatment, which involved her seeing the woman in a state of undress in the bath *and* massaging her limbs. From this anecdote, the *Trotula* manuscript clearly preserves a component of the oral culture of women who conducted their own healthcare in private.

In a much more direct sense, *On Treatments for Women* also preserves components of what women said aloud in the birthing chamber. The section "On Cutting the Umbilical Cord" advises, "You should say as follows, holding the stump extended: 'Jesus Christ is dead, he was pierced by the lance, and he took no thought of any ointment or of his pain or of any unguent.'" ¹³ This passage not only advises midwives to say the phrase, but it suggests that midwives who presided over births spoke this charm-like invocation aloud in the birthing chamber. Its inclusion speaks to the traditions that women passed down among themselves to invoke Jesus's name to ensure a successful birthing experience. In addition to this semi-magical invocation as the umbilical cord was cut, the pain referenced from which he "took no thought of any ointment" equated the mother's pain with the pain that Jesus experienced on the cross. While women could not identify with the Virgin Mary, whose childbirth experience was relatively painless, they could identify with the suffering of the

¹³ *On Treatments for Women*, Green trans., 107.

most venerated figure in Christianity as he died on the cross. In this ordinary circumstance, women achieved *Imitatio Christi* (imitation of Christ), which usually only mystics and ascetics could hope to attain. Through childbirth, women participated in an affective piety that demonstrated their worthiness of divine grace, which few men outside of the cloister realized. Rather than invalidating the pain associated largely with Eve's sin, this practice highlighted the great value in enduring the pain of childbirth, the ultimate pain that humans can experience, that brought forth a miracle like Jesus's redemption of humanity for its sins. Thus, the culture of medieval childbirth rituals establishes a mechanism for miracles to be sought in childbirth even as it understood childbirth as punishment for Eve's sin.

Alongside this formal medical treatise, extant recipes also preserve more explicitly an oral culture among women. In compiling recipes into a collection for women's use, men often presented themselves as intercessors between true, scientific knowledge and the mundane empirical knowledge shared among women.¹⁴ Often the writer/compiler posed as a collector and sifter of such knowledge, which presumably comes from many sources, including works by women, making him a chronicler of oral culture. Master Joan's fourteenth-century Catalan version of the *Trotula* claims to "tak[e] the flowers from many authors like those who take flowers from a meadow," referring to his careful pruning of less effective cosmetic practices.¹⁵ In fact, *Women's Cosmetics* from the *Trotula* consistently references the appropriation of women's cosmetic practices into the text as a manuscript housed in Prague written originally in Latin also cited female authority. In order to avoid being "ridiculed publicly" and to retain his standing as a physician, the author explains that he "fortified [his] understanding with those precepts of women whom I found to be clever in the art of

¹⁴ Montserrat Cabré, "Women or Healers?: Household Practices and the Categories of Health Care in Late Medieval Iberia," *Bulletin of the History of Medicine* 82, no. 1 (Spring 2018): 45.

¹⁵ Cabré, trans., "Women or Healers," 44. See Cabré, *La cura del cos femeni i la medicina medieval de tradició llatina* (Barcelona: Universidad de Barcelona, 1996), 248.

cosmetics *so that I would be found learned* in all things pertaining as much to the adornment of the face as to the other members.”¹⁶ This statement not only shows that he relied on the testimony of women for their cosmetic practices, but also that citing this knowledge shared among women was essential to maintaining his credibility as a physician.

Fewer such recipes come from the hands of women, but they do record the cultural currency and orality of the tradition of medicinal recipe exchange. As Montserrat Cabré notes, these recipes may not represent those used in women’s daily lives, but their existence reveals that they were at least considered useful or desirable for women, and they assembled such recipes collections in case an occasion arose to use them.¹⁷ Recipes in the late medieval period were scrawled on many different ephemeral sources, which often failed to survive, and letter-writers allude to their existence accompanying the text on a separate sheet. Women wrote home to their mothers or friends who lived afar for specific recipes that had gained a reputation or for recommendations to assuage an illness. Additionally, the exchange of these recipes afforded social capital to the woman who had the knowledge to lend her friend an effective recipe. Having written home for a variety of remedies for pregnancy or cosmetics, Estefania de Requesens in 1535 acknowledged their popularity in the court of Empress Isabel of Portugal, and even asked her mother to send a prepared oil for the queen. This exchange attests not only to the oral and written court culture that circulated cosmetic and medical remedies amongst women but also to the social standing that an effective remedy could provide: close confidence and access to the queen.¹⁸

With this evidence from documentary sources, fossils of the medical culture of women have been preserved, which lends us greater confidence in the ability of these sources to extend beyond

¹⁶ Green, *Making Women’s Medicine*, 46; her translation, my emphasis. See *Women’s Cosmetics 1*, Prague, Knihovna Metropolitní Kapituli, Cod. M-20, s. xiii med. (Italy) f. 49rb.

¹⁷ Cabré, “Women or Healers,” 39.

¹⁸ Cabré, “Women or Healers,” 41-42.

the bounds of the literate elite of the later medieval period. By examining the contents of these recipes and the relatively widespread availability of the ingredients in them, the accessibility of the materials to those who grew them and used them points to a greater likelihood that they were utilized by more than just elite women, who dominate the narrative of evidence from this period. Many of the ingredients that comprise medical recipes, as will be shown below, were likely grown readily in the garden. Medieval people considered plants that formed part of their daily diet to possess certain hot, dry, cold, or wet qualities that allowed the plant to be effective at treating certain illnesses with the root cause of an imbalance of these humors.¹⁹ Thus, medicine existed at an intersection of women's duties in the household: the maintenance of health and well-being not only in remedies but also in everyday cooking.

MEDIEVAL GARDENS AND THE ACCESSIBILITY OF “MEDICAL” TREATISES

While the most privileged members of society had vast, manicured gardens to garnish their estates, gardening was a ubiquitous component of life for most of the population in medieval Europe. The most numerous gardens in England, numbering likely close to the same number of households (a million in 1300), small, peasant gardens accompanied the plots of land and dwellings in which peasants lived. When estates in the countryside catalogued their holdings, they frequently recorded the many plots that had “a cottage and a close,” which highlights the prevalence of garden spaces in manorial estates. Alongside this written evidence, archaeological surveys corroborate this finding, calling them “tofts and crofts.” Imprints of these divisions are visible in aerial photography, and they reveal the presence of individual gardens. In a parallel setting, towns were organized into “burgages” in which they had a small plot of land behind their home where a garden was

¹⁹ Sylvia Landsberg, *The Medieval Garden* (New York: Thames and Hudson, 1995), 82-85.

cultivated.²⁰ These gardens were no larger than a quarter of an acre to a more coveted half-acre. In fact, the presence of larger land parcels was highly valued in leases, and people paid more money for the potential garden space.²¹

Gardens supplemented the diet of peasants and nobles alike; however, both social groups also utilized gardens to generate revenue. Manorial accounts show that even when the lord was in residence, his garden often produced more than the estate consumed, meaning that the excess was sold. On the other end of the social scale, hucksters (usually women) often sold the excess of their produce (fruit and vegetables) out on the street for money or trade.²² The prevalence of these gardens and their intended purpose to sell their produce further suggests the availability of diverse herbs that noble and peasant gardens grew and sold for modest prices. With evidence that garden produce in towns and villages was often grown not only as a method of further supplementing the diet but also to bring in more income, medieval communities, at least in the summertime, likely had diverse resources at their disposal for reasonable prices via trade as tithing values of such produce indicated.²³ Women, specifically, had access to their own garden to grow herbs for their own purposes *and* access to the gardens of others, including more well-stocked gardens of manors, for trade.

The presence of indigenous herbs and plants along with commonplace components (like milk and broth) in medical compendia point to the likelihood that women either scavenged their ingredients from the countryside where these herbs grew in abundance or grew them in their own gardens. The *Leechbook III* manuscript, dating to ca 950, contains a variety of women's reproductive recipes written in Old English.²⁴ Notably, the most exotic herb mentioned in the collection of

²⁰ C. C. Dyer, "Gardens and Garden Produce in Later Medieval England," in *Food in Medieval England: Diet and Nutrition*, ed. C.M. Woolgar, D. Serjeantson, and T. Waldron (Oxford, New York: Oxford University Press, 2006), 29.

²¹ Dyer, "Gardens and Garden Produce," 33.

²² Dyer, "Gardens and Garden Produce," 40.

²³ Dyer, "Gardens and Garden Produce," 32-33.

²⁴ Osborn, "Anglo Saxon Ethnobotany," 146.

reproductive recipes is coriander seed, used in a magical-medical recipe to aid in conception of a baby with specific recipes to conceive a girl or a boy. Opposing the “hot” coriander seeds presumably to assure the conception of a baby girl, a collection of henbane is applied externally.²⁵ Another such recipe to help in conception includes wild parsnip root, milk, and water. Brooklime alongside lard, mallow and ale were used to aid in the expulsion of the afterbirth, while brooklime coupled with milk, water, and pennyroyal expelled a dead fetus.²⁶ To quell an excess amount of bleeding post-partum, women applied burdock root and milk.²⁷ Finally, ale, brooklime, both centauries, beer dregs, mugwort, wild celery and barley meal brought on menstruation when taken together.²⁸

This modest catalog of herbs supplemented with commonplace ingredients like milk, water and lard demonstrates the accessibility of these herbs to the women who sought them for curatives of reproductive conditions. Aside from coriander seeds, which originate mostly in southern Europe, the remaining herbs are native to England, meaning that women easily scavenged or grew them in a garden. Even coriander, though not strictly native to England, has a robust tolerance for different climates as a cold weather crop and could have been grown in the medieval garden for its medicinal effects.²⁹ An excavation of a late thirteenth- or early fourteenth-century site along Sewer Lane in Kingston upon Hull found evidence of coriander being grown in a likely garden site while wild celery was growing either along the watercourse or in the garden itself, meaning that these herbs were relatively accessible at least by the thirteenth century.³⁰

²⁵ Barbara M. Olds, “The Anglo-Saxon Leechbook III: A Critical Edition and Translation,” PhD diss., (University of Denver, 1984), 110. Discussed in Marijane Osborn, “Anglo Saxon Ethnobotany: Women’s Reproductive Medicine in Leechbook III,” in *Health and Healing from the Medieval Garden* (Woodbridge: Boydell Press, 2008): 145-161.

²⁶ Olds, “The Anglo-Saxon Leechbook III,” 111.

²⁷ Olds, “The Anglo-Saxon Leechbook III,” 111.

²⁸ Olds, “The Anglo-Saxon Leechbook III,” 112.

²⁹ Thomas DeBaggio and Arthur O. Tucker, *The Encyclopedia of Herbs: A Comprehensive Guide to Herbs of Flavor and Fragrance* (Portland, OR: Timber Press, 2009), 213-216.

³⁰ Cackles, “Medieval Gardens in Hull,” 1-2. *hopefully I can find some earlier evidence.

Importantly, these recipes from the *Leechbook III* demonstrate a general knowledge of these herbs' medicinal effects and the potency associated with them. Several ingredients repeat from recipe to recipe, demonstrating adaptability and knowledge of the versatility of plants in treating ailments. Brooklime (*Veronica beccabunga*), for example, promotes menstruation hence its presence in the final recipe for this explicit purpose; however, it also appears in both the recipe to expel a dead fetus and the recipe to aid in delivering the afterbirth. For expelling a dead fetus, pennyroyal accompanies brooklime to produce a stronger effect since it has well-known abortifacient qualities.³¹ In delivering the afterbirth, the only potent abortifacient included was brooklime. Therefore, women could strengthen the effect of brooklime by adding pennyroyal when the situation was most dire: the fetus had to be removed or risk the life of the mother. Though a literate person set down these recipes in a manuscript, the relationship between these recipes reveals not just a memorized knowledge of recipes on the part of the woman who dictated or wrote them down, but also an adaptable empirical knowledge of how various herbs were mixed to produce different effects depending on the severity of the situation. Additionally, the recipes lack a stated theoretical basis upon which the medical properties of the herbs were determined. They stand alone in their effectiveness, which suggests an evidence and experience-based knowledge that women acquired through a combination of practice and oral learning among female communities.

Although different recipes existed containing expensive and rare herbs, medieval people did not consider more expensive recipes to be more efficacious. Some of the earliest direct evidence of garden plants being utilized in a medicinal recipe comes from Abbot Wibald, who sent his friend a remedy and instructions in November of 1147. Interestingly, the Abbot sent two remedies, one that contained more "exotic" ingredients while the other contained more commonplace components. He said, "We send you an antidote. It will however be a *diacalamentis* which, though cheap, has the same

³¹ Osborn, 151.

effectiveness as *diamargariton*.³² Importantly, the Abbot emphasized the quality of the remedy made of more commonplace ingredients like catmint, parsley, lovage, celery, pennyroyal, wild thyme, and fennel, which could aid his friend's congestion and excess of phlegm. These garden plants he considered accessible to his friend while the second remedy required a trip to the apothecary with its ingredients including pearl and ivory powder and cloves, cinnamon, galingale, aloes, nutmeg, ginger, and camphor. Wibald's two recipes reveal a variety of known treatments for a variety of income levels. If his friend were a nobleman, he acquired his ingredients from a source more appropriate to his social station. However, Wibald placed no greater value on the remedy made from rarer, expensive ingredients, which underscores the availability of *useful* remedies to a less privileged group of people, which seemed to include monastic settlements.

Alternative recipes to treat a multitude of social groups with access to different resources explains the repetitiveness of some of the recipes in *Treatments for Women*. The lack of "bookishness" and theory along with a distinct lack of organization in this book of the *Trotula* series has perplexed scholars, leading some to believe that this text was likely the only one composed from the empirical knowledge of a female practitioner.³³ The comprehensive text covers a range of ailments pertaining to women from cosmetic affairs to menstruation, conception, birth, and postpartum issues. Additionally, these recipes also include treatments for general diseases of women and men like cancer alongside several entries specific to men. These recipes are arranged haphazardly with no apparent order or guiding principle for their inclusion. By analyzing the accessibility of recipes' components to women of varying social strata, we will further emphasize the evidence for empirical knowledge accumulated by female practitioners in *Treatments for Women*.

³² Landsberg, *Medieval Gardens*, 83.

³³ Green, *Making Women's Medicine Masculine*, 22. See also John F. Benton, "Trotula, Women's Problems and the Professionalization of Medicine in the Middle Ages," *Bulletin of the History of Medicine* 59 (1985), 30-53.

Treatments for Women includes two recipes for the retention of the afterbirth. The first, in order of appearance, includes leek, pennyroyal, musk, and borage. The second, however, contains only parsley, leek, borage, oil, and vinegar. While both recipes include similar ingredients (leek and borage), pennyroyal was changed out with parsley, and musk was switched to ordinary oil.³⁴ Musk or musk oil was the secretion of a Eurasian deer that was collected for use as perfume or for medicinal uses. Most sources of musk originated as imports from the musk deer's native habitat of southern Asia like the Himalayas, making it a less accessible substance than simple oil and vinegar.³⁵ Not unlike Abbot Wibald's letter, we see two alternative recipes with varying degrees of accessibility, one that uses oil and one that uses a more expensive imported substance. Additionally, these ingredients are all native to Europe and native or tolerant to the English climate, meaning that women likely grew them in their gardens or scavenged them out in the wild.

Another example of these repeated recipes in *Treatments for Women* is the two descriptions for the entry of wind into the womb, one of which contains the incident with the Trotula practitioner mentioned above. While one recipe is more complex, containing marsh mallow, pellitory of the wall, wild radish, and barley flour, the other only contains mustard or turnip.³⁶ In both recipes, although all the ingredients are native to Europe and England, the more involved steps for preparation and application of the first recipe render the second a simpler recipe by comparison. A "decoction" of mustard *or* turnip, common food items, requires no scavenged or purely medicinal herbs like marsh mallow or pellitory of the wall, which took up desirable space in the garden with no benefit of sustenance. When we consider the discrepancy in these recipes as a question of accessibility, it

³⁴ *Treatments for Women*, Green trans, 111 (first); 92 (second).

³⁵ Claire Burridge, "Incense in Medicine: An Early Medieval Perspective," *Early Medieval Europe* 28, no. 2 (2020): 235. See also AH King, *Scent from the Garden of Paradise: Musk and the Medieval Islamic World* (Leiden, 2017).

³⁶ *Treatments for Women*, trans. Green, 94 (first recipe), 97 (second recipe).

explains a more repetitive structure as it represents a more diverse practical knowledge well-versed in substitutions for women with greater or lesser resources.

Even amidst single remedies, *Treatments for Women* presents alternatives for more accessible ingredients. When blood flows excessively after the birth, the *Trotula* advises women to place the mother frequently in baths and give her wafers composed of mugwort, sage, pennyroyal and willow weed and other herbs.³⁷ Alternatively, and much more accessibly depending on one's geographic location, "take clay and mix it with vinegar and make a plaster for the liver on the right side."³⁸ Thus, women had recourse to two courses of treatment depending on the resources one has available. In a treatise compiled from the knowledge of women, these two variations may have come from different women or from women of different social rank. *Treatments for Women* thus establishes an accessibility for a variety of means available. While treatises like this were inaccessible to many if not most women in the 13th century, the permeability of information to and from obstetrical treatises does not preclude women's access and use of these treatments. These representative examples of substituted treatments and herbs in *Treatments for Women* demonstrate further its derivation from the empirical knowledge of a female practitioner whether she wrote the treatise herself or merely consulted heavily in its construction.

In a fifteenth-century prose *Trotula*-inspired obstetrical manuscript written in Middle English, *The Knowing of Woman's Kind in Childing*, references towards women's agency and involvement in the birthing process are more abundant and less ambiguous than the *Trotula*. As the original *Trotula* marks the turning point before medicine became professionalized, *Woman's Kind in Childing* represents a fruitful source to assess women's continued involvement in their reproductive health in the later Middle Ages. Written in a vernacular language, this text already increases its own

³⁷ *Treatments for Women*, trans. Green, 93.

³⁸ *Ibid.*

accessibility to women and mothers, and it was directed toward women. In fact, it was the authors' specific purpose to make French and Latin material like this more accessible to women:

And because women of our tongue can better read and understand this language than any other, every lettered woman may read it to other unlettered [women] and help them and counsel them in their maladies without showing her disease to men, I have drawn this [from French and Latin sources] and written it in English.³⁹

This dedication explicitly identifies the medieval audience as secular women, both literate and illiterate, assuming a permeability of such knowledge between elite educated women and less-educated women of lower rank. While we cannot dismiss the interpretive challenge of how much this material in *Woman's Kind* was male mediated through the compiler and translator, its emphasis on this exchange of knowledge confirms the continued exclusion of men from these spheres of knowledge. Women learned from other women or from books that reinjected this knowledge into female culture without the need of a male practitioner's involvement.

Consistently, *Woman's Kind* directs itself not specifically towards midwives or female practitioners but toward secular women themselves. When explaining what to do for the delivery of a child, the author explains that these interventions specifically may necessitate the support and professional expertise of a midwife as women in labor with a child "quick or dead" likely cannot administer to themselves. After describing the remedies, it reads, "But know it well that this nor any other [remedy] helps a woman at an appropriate time of deliverance, and therefore let every midwife help with her business."⁴⁰ Having addressed the audience when describing the remedies as "ye," this

³⁹ *The Knowing of Woman's Kind in Childing: A Middle English Version of Material Derived from the Trotula and Other Sources*, ed. Alexandra Barratt (Turnhout, Belgium: Brepols, 2001), 43. This material is drawn from Cambridge University Library MS Ii.6.33. My modernization/translation of: And be-cawse that women of oure tunge kunne bettir reede and vnderstonde this langage than ony other, and euery woman lettrid [maye] rede it to other vnlettrid [and] helpe hem and counseyle hem in here maladyes with-owte shewynge her dishese to man, I haue this drawn and wreten it in English.

⁴⁰ *Knowing of Woman's Kind*, ed. Barratt, Cambridge Version pp. 65 & 67. My translation: But wit wel that this nor non other helpith a woman at comenabill tyme of deliuerance and therefore let euery mydwyf helpe with her besynesse.

passage calls *specifically* for the presence of a midwife or other general attendants, which inherently acknowledges the assumption that secular non-practicing women ordinarily occupy this role. In most birthing circumstances, women were expected to treat themselves or attend on each other. Indeed, in this passage, *Woman's Kind* suggests the aid of a midwife not out of any lack of skill of secular women but because they are indisposed and *unable* to tend themselves. Here, a “midwife” may even mean anyone occupying such a role and not necessarily a practitioner.

While *Woman's Kind* presents a fair number of remedies and herbal materials, it contains more directions for physical manipulation of the mother than the *Trotula*. Explaining in great detail the various presentations of a baby (head first, legs first, etc.) exiting the womb, the midwife remains on the periphery of the action. If the baby's head is particularly large, “put him in again and anoint the mouth of the womb with mild ointments as olive oil or laurel, and let the midwife wet her hands in water of houseleek that linseed has been boiled in, and then seize the head and draw him forth.”⁴¹ Throughout the rest of the passage, the use of “ye” and “your” as the primary agents coupled with the specific mention of which tasks fall to the midwife further emphasizes the role of women in childbirth. With the other presentations, midwives are not mentioned but are only mentioned specifically in this instance. Clearly, all women needed to possess knowledge of the manipulations required to deliver a child. With *Woman's Kind's* concern for the modesty of women and the involvement of men in obstetric medicine, its assumed audience of entirely women performing these tasks comes as no surprise. This kind of physical manipulation was something that only other female attendants and midwives performed.

In this sense, *Woman's Kind* represents a text far more focused on obstetrics than *Treatments for Women* which goes into little depth about how to deliver a child specifically. *Woman's Kind*

⁴¹ *Knowing of Woman's Kind*, ed. Barratt, Cambridge Version pp. 67. My modernization: Put hym in ayen and a-noynt the mouthe of the matrice with softe onymentis, as oyle of olyue or laury, and lete the mydwyf wete her handis in water of senigreue that lyne-seede hath be sodden in, and than sese the hed and drawe hym forth.

presents knowledge especially from and for ordinary women and not necessarily for practitioners. Midwives often appear on the periphery of the action, presumably since women ordinarily occupied these roles for each other as birth attendants.

THE POWER OF WORDS AND MAGICAL-MEDICAL CHARMS

By expanding the discussion to include a more explicit blend of practices between what Peter Jones Murray and Lea Olsan call “rational, religious and magical” forms of healing, we see a greater variety of daily practices that women used to maintain their reproductive health. From something as ordinary as saying the Lord’s Prayer while picking herbs and invoking the name of Christ during a magical-medical ritual, to meditating on books of hours, medieval women in elite but also lower-rank circles participated in a variety of activities which they believed allowed them to regulate their health and ensure a successful outcome.

Bridging the gap between the various “rational, religious, and magical” forms of healing, women (and men) employed various incantations and spoken, ritual components to their use of herbs and their application of these curatives to the body.⁴² These practices drove debate among theological communities regarding their effectiveness: whether they served as a conduit of divine energy or whether they symbolized a pact with the devil.⁴³ While some theologians expressed their skepticism of lay people employing such practices as they gathered herbs for healing, most of them identified the value of incorporating prayer into medicinal practices to invoke the power of miracles in healing.⁴⁴

⁴² Peter Murray Jones and Lea T. Olsan, “Medicine and Magic,” in *Routledge History of Medieval Magic*, ed. by Sophie Page and Catherine Rider (New York, NY: Routledge, 2019), 299.

⁴³ Catherine Rider, “Medical Magic and Church in Thirteenth-Century England,” *Social History of Medicine* 24, no. 1 (2011), 92.

⁴⁴ Rider, “Medical Magic and Church,” 105.

A handful of thirteenth-century theologians echoed the words of Augustine when he condemned the use of any kind of superstitious amulet or incantation in healthcare practices. While all theologians condemned the use of purely superstitious incantations that invoke “unfamiliar names,” they nonetheless encouraged the use of the Lord’s Prayer while collecting herbs. As Thomas of Chobham writes, “Nor is it permitted to pay attention to certain observations or incantations when collecting medicinal herbs, unless it is only with the divine Creed or the Lord’s Prayer, so that only God is honoured as Lord and creator of all.”⁴⁵ Here, Chobham emphasizes that those who collect herbs must pay homage to God as the divine power at the source of the medicinal properties of the herbs. Rather than superstitiously saying some rhyming, magical-sounding words as the herbs were picked, the clergy encouraged their flock to invoke the name of God, thereby rendering these long-maintained practices Christian and acceptable.

In his commentary on Raymond of Peñafort’s *Summa*, William of Rennes contends with Peñafort’s blanket ban on incantations in 1241:

But what of those *enchantresses* or enchanters who sing charms over the sick, children, and animals? Surely, they do not sin mortally? I answer that if they do not say or teach or do anything superstitious, *but only use licit prayers and adjurations*, ... I do not believe they sin mortally.⁴⁶

William’s comments reveal complex layers of thinking regarding the use of holy words and invocations being sung over the sick. While he ultimately concludes that they do not sin *mortally*, this statement also fails to render a precise judgement on whether it was sinful and required penance or not. Additionally, his use of the word “enchantress” connotes magical meanings of witchcraft and

⁴⁵ Thomas of Chobham, *Summa confessorum*, ed. F. Broomfield (Louvain: Editions Nauwelaerts, 1968), 477. Discussed in Rider, “Medical Magic and Church,” 95-96; her translation.

⁴⁶ William of Rennes, in Raymond of Peñafort, *Summa de poenitentia*, (Rome, repr. Farnborough: Gregg Press, 1967), p. 105. Discussed in Rider, “Medical Magic and Church,” 97; her translation. Here, Rider concludes that this statement “is what we might expect: licit prayers and adjurations were acceptable.”

sorcery rather than channeling the divine and miraculous power of God. In subsequent remarks, William clarifies that he believes this should be left to “either a man or a woman of excellent life and proven discretion” so that they did not inspire others to seek superstitious medicine and could lead by pious example.⁴⁷

William also provides biblical support for the efficacy of these types of ministrations, quoting the Gospel of Mark, “They shall lay hands on the sick and they shall recover.”⁴⁸ In these debates on the veracity of incorporating magic and religion into medicine, we find a greater basis in theology. By believing in divine miracles and channeling the ministry of Jesus from Gospels, both lay people and clerics could cure the sick. He finally concludes “nor should people of this sort be prohibited from such things,” unless they could motivate others to be superstitious in so doing.⁴⁹ While he uses the word “enchantress” in a gendered way, his overall remarks identify their ability to provide legitimate medical attention and healing to those who receive their aid, and he seems preoccupied with rendering their services acceptable, since they were central to the community’s continued well-being. However, his remarks also reveal skepticism over these “enchantresses,” that they walk a fine boundary between sinful superstition and pious invocation.

Alongside this theological discussion of the power of prayer and holy words, the thirteenth century witnessed a lively debate about *how* words worked in conjunction with the natural world to produce a desired effect. Thomas of Chobham believed that, “the force of nature is concentrated above all in three things: in words and herbs, and in stones” but he knew “little or nothing” about the power of words.⁵⁰ Thomas Aquinas, however, took a stance more reminiscent of Hildegard’s writings, denoting a difference between the “natural” use of the holy words, which created a holy

⁴⁷ William of Rennes, *Summa de poenitentia*, 105. Discussed in Rider, “Medical Magic and Church,” 98; her translation.

⁴⁸ Mark 16:17-8.

⁴⁹ William of Rennes, *Summa de poenitentia*, 105. Discussed in Rider, “Medical Magic and Church,” 98; her translation.

⁵⁰ Thomas of Chobham, *Summa*, p. 478. Discussed in Rider, “Medical Magic and Church,” 101-102; her translation.

and thus acceptable effect and those things that “seem unable to produce the effects in question *naturally*,” which Aquinas believed was evidence for “a compact entered into with the demonic,” whether willfully or not.⁵¹ Both authors identified a natural and divine power associated with words even if they did not understand the mechanism creating such power. Aquinas’s position is suspicious of those who use words and incantations since they can produce the desired effect through means he considered undesirable.

Regardless of the dubiousness of the theology, even pastoral writers advocated for magical cures to aid in illnesses. One such example to staunch bleeding from John of Gaddesden’s *Rosa Anglica* highlights this belief in invoking the power recorded in the Gospels to cure wounds. After writing the name “Veronica” on the person’s forehead, they said the following prayer: “God who deigned to cure the woman presented with a flux of blood with only the touch of the hem of your garment, we humbly entreat, Lord Jesus Christ [...] Cause it to staunch and stop by extending the right hand of your power in compassion.”⁵² The prayer closes with a “Pater Noster” and an “Ave Maria.” With respect to this very specific story from the Bible, the woman who presented with an outpouring of blood states that she believes she would be cured with only a touch of Jesus’s cloak. It was her belief in Jesus’s miracle that allowed her to be cured. This story would have resonated with a medieval audience, providing a clear direction for treatment of dangerous illnesses by trusting in these solutions, both in the power of spoken prayer and in the power of divinely infused nature.

From even this general description of the ubiquitous intersections between magic and medicine in the medieval Christian world, we already see gender coming to light, from the female practitioners of medicine or enchantresses who sing charms over the sick to the female miracle

⁵¹ Thomas Aquinas, *Summa theologiae*, trans. by the Dominican Friars of the English-Speaking Provinces (London: Eyre and Spottiswoode 1958), v. 40 p. 75. Discussed in Rider, “Medical Magic and Church,” 102; her translation.

⁵² Lea Olsan, “Charms and Prayers in Medieval Medical Theory and Practice,” *Social History of Medicine* 16, no. 3 (2003), 361; her translation.

seeker of the New Testament who had her own problems with a persistent hemorrhage. However, these themes surface more specifically in women's reproductive medicine as women invoked miracle traditions alongside herbal healing practices to aid in conception through post-partum recovery. From even early in the Middle Ages, the religious rituals and practices associated with medical healing reveal women's fervent intent to take action to assure a successful birth.

A collection of early women's magico-medical and religious remedies appears in a tenth to early eleventh century monastic medical manuscript, the *Lacnunga*, which records rituals women used throughout the various stages of the reproductive process. While it was undoubtedly monks who set down these rituals in the medical miscellany, their inclusion attests to the popularity of such formulas among the laity, especially since each of these rituals identifies a *female* agent and speaker of the healing words and charms and the miracle of Christ rather than a male clerical intermediary or a midwife who spoke for the mother. Recorded alongside other curatives for illnesses, these monks clearly sought out this knowledge to record it and pass it on should women ask them for guidance. However, the vernacular and poetic form of these invocations lends a more popular and local feel to the verses rather than the godly Latin used more widely for medical texts. In each of these early medical rituals, we catch glimpses of the various methods women used to prevent undesirable outcomes in childbirth. Additionally, they reveal the community of women involved in these ritual processes, who enabled them to happen and witnessed their success.⁵³

The first of these rituals extended over a span of months as the woman attempted to conceive to when she first realized the child was alive inside her womb. The entry for this ritual advertised its use for women who had previous difficulties, specifically "for a woman who cannot

⁵³ Peter Jones Murray and Lea Olsan, "Performative Rituals for Conception and Childbirth in England 900-1500" *Bulletin of the History of Medicine* 89, no. 3 (Fall 2015): 427-430.

rear her child.”⁵⁴ First, to aid in conception, the woman went to a cemetery, and, stepping over the grave, she recited a series of Old English phrases in poetic form: “This (is) my remedy for the loathsome slow birth; / This (is) my remedy for the grievous black birth; / This is my remedy for the loathsome misformed birth.”⁵⁵ These phrases identify women’s common problems facing childbirth and demonstrate a concerted effort to evade these pitfalls. Even before the woman’s courses have stopped, she expressed this concern for a “slow birth,” dangerous for both mother and child, a “black birth” of what must have been a stillborn child, and a “misformed birth” of a child who was born unhealthy in some way. Additionally, from the instructions of this recipe, geared toward a woman having difficulty bringing a child to term, this female speaker guarded against future ailments not as an abundance of caution but from past experience of these complications. To the medieval woman, this ritual represented a way to avoid disaster in the birthing chamber, creating a sense of empowerment over her fate.

Empowering the woman further, these phrases, in their Old English form (represented well in the translation), have a rhythmic and magically evocative quality. This quality arises most profoundly through the repetition and separation of clauses: “þis mē tō bōte / This is my remedy,” repeated three times followed by a different illness to prevent. The latter clause similarly begins with “þære / for” and ends with “birth,” joined with its adjective each line. With these repetitive phrases and natural pauses mid-sentence, we can easily envision the woman stepping across the grave, murmuring the phrases to herself and counting her steps over the grave. Not unlike the other charms we have seen, the power of even vernacular words manifested through poetic qualities that allowed action and word to coordinate to produce the desired effect. Importantly, in this stanza,

⁵⁴ Edward Pettit trans., *Anglo-Saxon Remedies Charms and Prayers from British Library MS Harley 585 The Lacnunga Volume I: Introduction, Text, Translation, and Appendices*, (Lewiston: The Edwin Mellen Press, 2001), 112.

⁵⁵ *Ibid.*

words embody power on their own, independently of a specific invocation to Christ or any divine entity (until the last stage of this ritual).

Once the woman knew she was with child, the ritual progressed to include the husband, albeit in a passive role. Stepping over her husband while he lay in bed, she recited: “Up I go, over you I step; / With a living [“cwican,” quickened] child, not with a dying one, / With a child brought to full term, not with a doomed one.”⁵⁶ Here the woman’s preoccupations shift toward a more specific focus on what dangers face her in this stage of pregnancy. Notably, she wants the child to “cwican,” meaning that she speaks these lines and completes the ritual to ward off miscarriage in the perilous first trimester so that the fetus will live to ensoulment. This word “cwican” not only denotes a *living* child as translated but also invokes the idea of a child living long enough to receive its soul and to move in the womb, which represents the final stage of the ritual. Additionally, she protects against having a then-ensouled child that is “dying” or remaining in the womb to be born dead later, which would risk the soul of the child yet unbaptized. To expound on her previous line of having a living child, she further accentuates her desire for the child to live to full term which would maximize the possibility of a successful birth and a subsequently healthy baby to live past infancy.

Finishing this ritual, the idea of a quickened child that “moves in the womb” assures the woman of a successful endeavor. From her perspective, her repetitions of the ritual ultimately participated in bringing this pregnancy to a successful zenith where she can now continue to give thanks to Christ. She recited a final line before the altar at church, thanking Christ for “manifesting”

⁵⁶ “Ūp ic gogne, ofer þē stæppe / mid *cwican* cilde, nālæs mid cwe[[endum, / mid fulborenum, nālæs mid fægan.” Petit trans. While the instructions do not make clear the husband’s state of consciousness, since he is “in his rest” or “in bed,” he remained stationary under her as she recited the lines and stepped over him. Notably, it was far more likely that the husband participated willingly, supporting his wife’s attempts to bring the child to term. No matter how careful and dexterous the woman, the act of stepping over him in a creaking straw bed seems likely to cause a rude and disruptive awakening without his willingness to lay beneath her. Regardless of the husband’s consciousness, however, the phrases spoken above him reveal the new concerns of a woman whose courses have stopped and who now wants to protect the fetus from early birth.

her child to her, “[To] Christ, I have said, this is made manifest.”⁵⁷ The culmination of this ritual, thanking Christ for a fruitful pregnancy, placed the woman standing before the altar at church, a sacred place at the heart of the experience of the mass to announce her success. While this ritual likely never took place during the mass itself, the mother entered a sacred space to commune with Christ usually reserved for the clergy. However, the structure of the verb in the passive “is made manifest,” leaves room for joint agency in the successful outcome. While Christ was ultimately responsible for the miracle of birth, the woman’s devout rituals made her worthy of this gift. From her perspective, her steadfastness and patience in the face of previous unsuccessful outcomes brought about this now fruitful pregnancy.

Another recipe in the medical miscellany concerned ensuring lactation for a post-partum mother and the nutrition of her child, revealing the methods women employed to aid in their struggles even after both mother and child survived birth. Like the first ritual, with a prolonged series of both somatic and verbal steps, this one brought the mother to a variety of locations, where she acquired cow’s milk, holding it in her mouth until she spat it out into a flowing stream. She then scoops up the water from the stream, drinking it and reciting several lines, “Everywhere I have carried the glorious, strong son. / By means of this glorious, strong food / I will keep him [for myself] and go home.”⁵⁸ From these lines, we see the woman speaking of her central role in carrying her child to term and in continuing to nourish her child. Speaking powerfully, she reflects on the knowledge that *she* remains the most influential figure in ensuring her child’s continued survival and sustenance to keep them strong. She then left the stream, walking directly to another house to have something to eat. As Olsan and Murray note, this series of actions required a helper, likely another woman, who anticipated her arrival and aided her in the completion of the ritual, allowing the

⁵⁷ Crīste, ic sǣde, þis gecyþed; Pettit trans., *Lacnunga*, 112-113.

⁵⁸ Pettit trans., *Lacnunga*, 115.

woman to enter her home and share her food.⁵⁹ This cooperation attests to the strong relationships among women as they each navigated the difficulties of post-partum childcare.

While a modern reader may characterize these rituals from the *Lacnunga* as magical since they only sparsely invoke the name of Christ, it is important to note that women and the community perceived them as religious in origin, driven by divine power, regardless of whether the words or actions specifically invoked divine authority. Some theologians from the period may have labeled them superstitious, but they continued in practice with clear communal (if informal) acceptance. These recipes reflect an early emphasis on proactive action on the mother's part to prevent or assuage problems arising during conception, pregnancy, birth, and even post-partum breastfeeding. Childbirth was a process that included a community of women, willing to help each other survive. When we consider how often women in the community were pregnant during their reproductive years and how women spent much of their lives pregnant, we see the centrality of pregnancy to the community even as early as tenth-century England.

Childbirth charms also find representation in medical treatises like *The Knowing of Woman's Kind in Childing* from the fifteenth century. Both the Douce and Cambridge versions of *Woman's Kind* advise the use of written charms scrawled on parchment. Notably, this recommendation, given to the secular women's audience, expects not only the literacy to *read* the text but also to write down on parchment the charm. In the Douce version, for the delivery of a dead fetus:

Tak a lyttl scrowe & wryt þys with-in: +In nomine Patris et Filij & Spiritus Sancti
Amen + Sancta Maria + Sancta Margareta + ogor + sugor + nogo + and kyt þat
scrov in-to small pecys & ʒiffe here to drynk.⁶⁰

⁵⁹ Murray & Olsan, "Performative Rituals," 427-430.

⁶⁰ Alexandra Barratt, ed, *The Knowing of Woman's Kind in Childing: A Middle English Version of Material Derived from the Trotula and Other Sources*, (Turnhout, Belgium: Brepols, 2001), 64. Material from Oxford Bodley MS Douce 37; hereafter called the Douce version.

Importantly, this scroll calls on the power of the Virgin Mary and St. Margaret, who will be discussed in greater depth below, as intercessors for the protection of the mother's health even amidst this medical obstetrical text. Alongside such other methods as drinking dittany with fenugreek or boiled hyssop, this charm derives its perceived power from the same divine source as the herbs. The Latin holy words invoking the name of saints render the parchment holy, which, when shredded, placed in water, and ingested, would lend it divine power and properties. Both the Douce and the Cambridge versions of *Woman's Kind* also advocate for the use of a birth girdle, wrapped around the woman's waist inscribed with the Magnificat psalm to deliver her of a dead fetus.⁶¹ While these girdles contained Christian prayers, they relied on a long tradition as even Pliny attests to the efficacy of a birth girdle.⁶²

Concrete evidence exists to place charms like birth girdles resoundingly inside of the birthing chamber. A biomolecular analysis of stains on a late fifteenth-century English birth girdle found not only cervical and vaginal fluid on the birth girdle but also the genetic material of animals and plants.⁶³ Cervical and vaginal fluid on the birthing girdle provides direct evidence that it was used in the prescribed fashion: tied around the waist during birth. From the genetic material, various components of treatises like *Woman's Kind* and the *Trotula* are present, including honey, barley, cow's milk, and legumes like peas and broad beans.⁶⁴ Thus, a religiously derived prayer charm carries the stains of medicinal herbs, underscoring the inseparability of religion from modernly conceived medicine.

As mentioned previously, women often said childbirth charms aloud as well as writing or having them written on parchment or inscribed on edible substances like cheese to be ingested by

⁶¹ *Knowing of Woman's Kind*, ed. Barratt, 65 and 66.

⁶² Elsackers, "In Pain You Shall Bear Children," 194-197.

⁶³ Sarah Fiddymment, Natalie J. Goodison, Elma Brenner, Stefania Signorello, Kierri Price, and Matthew J. Collins, "Girding the loins? Direct evidence of the use of a medieval English parchment birthing girdle from biomolecular analysis," *Royal Society Open Science* 8: no. 3, (March 2021): 1.

⁶⁴ Fiddymment et al, "Girding the Loins," 7.

the mother to internalize the prayers, bringing them into her body. One such simpler word of power and prayer was “sator arepo,” written in a specific format and repeated to underscore its magical quality. While the earliest forms of the *sator arepo* charm appear in the eleventh century in England, set down like the *Lacnunga* by clerics, the charm was revived in the thirteenth, fourteenth and fifteenth centuries. Notably, as Jones and Olsan point out, the thirteenth-century version suggests the presence of a priest while the later versions mention medical emergencies during live births or to extract dead fetuses. Alongside “sator arepo,” women exhorted the holy mothers like Hanna, Elizabeth, and Mary to deliver them.⁶⁵ During childbirth, women not only called upon prayer, but also older traditions of magical words believed to be powerful, especially since “sator arepo” possesses no significant meaning in Latin or any other language. However, medieval people believed words were only one mechanism to facilitate miracles.

MECHANISMS OF MIRACLES: IMAGINATION

While medieval Christians wholeheartedly believed that the power to effect change in the world came from God alone, this idea never precluded them from theorizing mechanisms underpinning the natural world around them, specifically through conception and the development of pregnancy. In the medieval view, God acted in direct, mysterious, and magical ways during Christ’s ministry and through some of the miracles recorded in saints’ lives, but God also intervened in daily affairs, which necessitated inscrutable and sometimes subtle mechanisms to facilitate everyday processes. Although these ideas reach us largely from the writings of men, they were very derivative of the much earlier works of Aristotle, Galen, and Quintilian among others, persisting in

⁶⁵ Olsan & Murray, “Performative Rituals,” 416-417.

cultural memory throughout the ages, and the evidence shows that women understood these theories and conceptualizations to wield them to their advantage in childbirth.

From Vincent of Beauvais's *The Mirror of Nature* and other similar theorizing writings, the often-obsessive preoccupation with paternity spawned a movement to explain how children coming from the womb looked dissimilar from their parents, especially the father.⁶⁶ Since Galen contended that the male seed dominated the female seed, theorists speculated that the male seed sculpted the matter provided in the womb, shaping it into its final form. Thus, a child resembling the father was sculpted in his image, much like the formation of man in God's image. However, when the family resemblance tended to reflect the mother or another person altogether, theorists struggled to rationalize this phenomenon. Some viewed it as the result of a deficient and weak male seed dominated by the female seed, which formed the fetus to take after their mother. Others, however, postulated a correlation with the mother's vision: the object of her sight traveled through her body to imprint on the fetus, essentially reproducing qualities of the woman's experience while pregnant onto the fetus's form. As we can imagine, this theory often arose during questions of the woman's morality, providing rationalizations for why the baby did not resemble their father or why the child emerged from the womb with dark skin.⁶⁷

However, medieval people considered the imaginative effects on the body subject to the whims of the person wielding these mechanisms. Discipline of the mind and focusing the attention of the imagination on holy visions and devotions to God could leave imprints on the body to be discovered later. After the death of the holy woman Clare of Montefalco in 1308, her fellow nuns performed an autopsy, seeking evidence of her descriptions of Christ having taken root in her heart.

⁶⁶ Vincent of Beauvais, *Speculum naturale* Vol.1, (Douai: B. Belleri, 1624), 26.75, col. 1885. Discussed in Dyan Elliott, *Fallen Bodies: Pollution, Sexuality, and Demonology in the Middle Ages* (Philadelphia: University of Pennsylvania Press, 2014): 37.

⁶⁷ Elliott, *Fallen Bodies*, 37-42.

While embalming her, they removed her heart, cut it open, and found the image of Christ on the cross accompanied by other holy symbols like the crown of thorns, nails, and a lance. The sisters also found in her gallbladder three stones which they claimed symbolized the trinity. Consulting a physician, they determined that there was no “natural” cause for these symbols to have appeared in her body, meaning that her visions and her relationship with God imprinted them on her heart as a physical manifestation of her piety.⁶⁸ Clare’s precedent spawned more holy autopsies interested in confirming sanctity in the body as a manifestation of the devotions and visions of holy people. Interestingly, Clare’s heart came to be understood through pregnancy: She was pregnant with Christ in her heart rather than in her womb.⁶⁹ Combining these two strands of thought, we see the potential for women to focus their sight and devotion to the safe delivery of their child, manifesting this outcome not only through prayer but also through affective and imaginative piety.

From these roots, late medieval people envisioned mechanisms for *physically* influencing pregnancy and development of the fetus through the mother’s imagination and vision. As the later Middle Ages reflect, these mechanisms created the idea that women maintained control over their own pregnancy, but it simultaneously created more anxieties about the mysteries of pregnancy in the womb. Notably, this ability of the mother to imprint visions physically in her body often happened accidentally (and passively) with a simple stray gaze, meaning that this mode of changing the body was powerful enough to happen by chance without the intention of the mother. Imaginative mechanisms also skew the blame even more soundly on the shoulders of mothers, who could have prevented these outcomes through more disciplined devotion and prayer. This inherent power nonetheless creates an avenue for women to actively pursue successful outcomes in childbirth, and

⁶⁸ Park, *Secrets of Women*, 39-47.

⁶⁹ Park, *Secrets of Women*, 60-61

elite women surrounded themselves with objects that facilitated this imaginative process in the later Middle Ages.

By analyzing the uses of artwork and inserted prayers within books of hours, these seemingly distant, intangible academic dialogues over mechanisms of conception coalesce in physical material artifacts that attest to the everyday understanding of these dialogues employed in the birthing chamber. Late medieval elite women collected books of hours, paintings, decorations and *desco da parto* (birth tray) scenes to create a meditative environment for their pregnancy and lying-in, full of positive examples that they channeled to work towards a successful outcome. Jacqueline Musaccio has studied how women in Renaissance Italy surrounded themselves with *desco da parto* images to aid their conception following some of these theological ideas in circulation.⁷⁰ However, this imaginative ideal extends far beyond merely conception as we can show in books of hours and other iconography in the Middle Ages. While books of hours and other personalized artwork with elaborate imagery only reached the most elite people due to their high production cost (including materials *and* intensive labor), these pieces serve as concrete examples to lay the groundwork, which will later allow us to access the ways that imaginative theory permeated throughout medieval society. Fourth Lateran and pastoral efforts made these ideas far more accessible to everyday people, who heard them through sermons or learned of their potential through oral stories and mythologies of saints like Clare of Montefalco.

Books of hours became popular starting in the long fourteenth century (1370-1520) when the laity became increasingly interested in devoting themselves to the church, and many scholars point to the cultural trauma of the black death catalyzing a surge in popular devotion as people sought ways to mitigate the plague sent as a punishment from God for sinfulness. This popular

⁷⁰ Jacqueline Musaccio, "Imaginative Conceptions in Renaissance Italy," in *Picturing Women in Renaissance and Baroque Italy* ed. Geraldine A Johnson and Sara F. Matthews Grieco (Cambridge: Cambridge University Press, 1997): 42-60.

interest spawned a massive movement to produce devotional materials for the literate laity, creating a customizable prayer book based on monastic devotional practices and materials from the breviary. Commissioning a book of hours often entailed a personalized process even at the most basic level as each patron chose the sections of prayer that they wanted to incorporate into their daily devotions. Mass-production workshops often manufactured these popular sections in advance before assembling them when a buyer came along. The buyer then added accessories to this book of hours, paying for extras like colorful rubrication, illumination (gold leaf and letters), or even illustration.⁷¹ Depending on the patron, therefore, the messages and meanings underlying images and selections carry significance for the intended audience. Fathers and mothers often bought or commissioned books of hours for their daughters' marriage or passed down their books of hours as family heirlooms. As will be discussed later, these books of hours carried special family significance to each of the descendants, and these daughters (or sons) edited and recommissioned extra illuminations and portraits to adorn the family hours. These books often contain heraldic insignias and author portraits to emphasize the continuity of a family dynasty made possible through a continuous (or not-so-continuous) line of heirs that mothers ultimately facilitated through childbirth.

Contrary to popular belief, women possessed far more literacy in Latin and vernacular languages in the Middle Ages than scholars once believed, especially where books of hours are concerned. Numerous studies have shown that women felt a "special connection" with books of hours. Susan Cavanaugh's survey of wills documenting the ownership of books only reveal 53 women out of 1,000 book owners, but of these 53 women, 30 of them specifically owned books of hours. Only 28 of the remaining male-owned books mention the possession of a book of hours. Clearly, when women owned books themselves, they cherished their books of hours, bequeathing

⁷¹ Virginia Reinburg, *French Books of Hours: Making an Archive of Prayer c. 1400-1600* (Cambridge; New York: Cambridge University Press, 2012), 1-9.

them specifically to daughters or daughters-in-law who continued their use.⁷² Family books of hours were even passed from first wife to second wife as Isabel Stuart inherited the *Fitzwilliam Hours* from Yolande of Anjou before passing it down to her daughter, Margaret of Foix.⁷³ With this strong association between women and books of hours, the fact that they contain evidence of educational use for children to learn the basics of Latin reveals women's competency to not only understand Latin but also *teach* it. Scrawled A's and B's sometimes appear in the margins, which suggests not only that women understood the Latin of books of hours well enough to teach their children the fundamentals with them. Some women even had several copies: one for daily use and the more decorative, elaborate book that was kept locked away for an occasion to use it. This practice especially undercuts the argument of women using books of hours as mere fashion accessories without the literacy to understand them.⁷⁴ With one for daily use, women used their books of hours often without fear of damaging the family heirloom.

Spiritual devotion was a strong motivator for young women to receive at least a rudimentary education in Latin pronunciation and grammar. In post-conquest England, often during the young childhood (*infantia*) stage of elite children's education for boys and girls, mothers began or continued this teaching, beginning with important prayers and cues in Latin to recite and follow along with church ceremonies. After this early stage, noble women often came under the tutelage of another mistress who oversaw her education. While much of the evidence shows the highest of the upper classes receiving such education, the permeability of this education also comes to light as other noble women were entrusted with this education. This stage often continued the learning of Latin grammar, and the acquisition of French and other languages was encouraged by household treatise

⁷² Sandra Penketh, "Women and Books of Hours" *Women and the Book: Assessing the Visual Evidence*, ed. Lesley Smith and Jane H.M. Taylor (London, Toronto: British Library and University of Toronto Press, 1996), 266-271.

⁷³ L'Estrange, *Holy Motherhood*, 199.

⁷⁴ Penketh. "Women and Books of Hours," 270-71.

writers during the period. In another treatise on education, Vincent de Beauvais strongly advocates for education in literacy for girls, largely on the grounds of spiritual devotion.⁷⁵ Literary and some sparse historical evidence also places girls alongside boys at early elementary schools, receiving education from priests and clerics in their communities.⁷⁶ Additionally, even merchant-class women received fundamental literacy training required for account-keeping and their professions, further supporting their ability to understand their books of hours, which would not contain any images, at a fundamental level acquired through education or church liturgies.⁷⁷ This more promising picture of a women's educational environment provides reassurance to this argument, though it by no means definitively proves a universal literacy for mothers in the merchant and noble classes.

Further emphasizing women's role in the education of their children in spiritual contexts, fourteenth century iconography of the *Protoevangelium of James*, centering on St. Anne and Mary, often depicted St. Anne instructing Mary with a book. In many of the images from books of hours, St. Anne remains at the center of Mary's education while Joachim was often subjugated to Anne or absent altogether. One image from the *Hours of Marguerite of Foix* not only depicts Anne instructing Mary but also Mary instructing Jesus, which demonstrates the importance of a devout mother's instruction to her daughters but also to her sons. In the image, Mary sits beside her mother's lap with Christ between them, and an open book lies open in front of Mary and Christ.⁷⁸ The theme of St. Anne as Mary's spiritual guide in the temple extends beyond a mother-daughter relationship into a mentorship of Mary to Christ. Late medieval mothers therefore not only had spiritual authority when guiding their daughters but also their sons, further underscoring the ability of medieval women

⁷⁵ Vincent of Beauvais, *De eruditione filiorum nobilium* [On the education and instruction of noble children], ed. Arpad Steiner (Cambridge, MA: Medieval Academy of America, 1938), 172-220. Discussed in Megan J. Hall, "Women's Education and Literacy in England, 1066 – 1540," *History of Education Quarterly* 61, (May 2021), 192-193.

⁷⁶ Hall, "Women's Education and Literacy," 205.

⁷⁷ Hall, "Women's Education and Literacy," 186-192.

⁷⁸ *Hours of Marguerite of Foix*, London, Victoria and Albert Museum, Salting MS 1222, fol. 213r, c. 1477. Discussed in L'Estrange, *Holy Motherhood*, 230.

to interact with their books of hours literately. However, this theme also reveals the underlying assumption that devout women receive sons from God as rewards for their piety.⁷⁹ At the same time, this image demonstrates the attitude of medieval Christians that piety and devotion represented effective means of ensuring conception of children, especially sons, creating a more direct form of perceived agency for women but also creating more room to fault them for failing to produce an heir. Finally, it emphasizes the role that women played as religious mentors and authorities in the instruction of their children, which carried generational ramifications for elites in the continuation of the dynasty.

Books of hours regularly contain concrete evidence of women's agency, such as remedies and prayers for successful childbirth, included in the original assembly of the manuscript or added marginally after the fact, sometimes by the descendants of the manuscripts' original owners. The fourteenth century English book of hours of Hawisia de Bois contains a vernacular Anglo-Norman prayer to protect the mother during childbirth. Introducing the prayer, the rubric states, "The woman who will say this prayer at her confinement will not perish."⁸⁰ This prayer's introductory rubric reveals the active role of women themselves praying during their confinement. Though we do not know when in her life Hawisia received this book of hours, it shows a concern for this facet of lay married life, revealing an element of planning for religious regimens during pregnancy. While women were concerned for their husband's family's dynastic continuation, women also sought to preserve their own family's lineage. Hawisia's hours are resplendent with her own heraldry, suggesting her concern for continuation of her *own* prominent family as well as her husband's.⁸¹ Hawisia's inclusion of childbirth prayers reveals a concern for either her role in the continuation of

⁷⁹ L'Estrange, *Holy Motherhood*, 230.

⁸⁰ *De Bois Hours*, New York, Pierpont Morgan Library, MS M 700 fol. 30r. Discussed in Kathryn Smith, *Art, Identity and Devotion in Fourteenth-century England: Three Women and their Books of Hours* (Toronto: University of Toronto Press, 2003), 28. All quotations from Smith are her translations.

⁸¹ Smith, *Art, Identity and Devotion*, 29-31.

the du Bois family or the role of her daughters and daughters-in-law in doing so when they inherited her manuscript.

The surrounding prayers, too, while not associated directly with childbirth include a personalization, embedding Hawisia's name in a prayer for general protection, calling upon saints like Susanna to look after her health and her immortal soul. It reads, "Through the intercession of blessed Susanna and of those names being commemorated here, may you deem it worthy to liberate your servant Hawisia from all tribulations and anguish and blasphemies and hostile lies..."⁸²

Prefacing these prayers for protection, however, the rubric introducing them describes some of the various uses for them, including protection on a journey over the road or sea, protection in battle, cure for bodily ills, and notably, "For menstrual ills and the bloody flux: say this prayer over bread and butter, and give to the sick person to eat and she will be cured."⁸³ This rubric shows the relevance of general protection prayers to the daily happenings of lay people, invoking them specifically for concerns of women's health. Interspersed with prayers for the protection of Hawisia's health are visual reminders for Hawisia to pray for her deceased relatives along with appropriate lines to call upon intercessors. Several portraits of Hawisia include her male relatives peripherally, giving her visual cues alongside the prayers themselves for Hawisia to pray to shorten their stay in purgatory.⁸⁴ With the well-established importance of these prayers for the dead, their parallel placement to childbirth invocations affirms an equal importance of the daily recitation of these prayers for women who hoped to become mothers.⁸⁵ Prayers to send the dead on their way to heaven were just as important and a part of everyday life as prayers to ensure healthy mothers and children.

⁸² *De Bois Hours*, 30r. Smith, *Art, Identity and Devotion*, 28.

⁸³ *De Bois Hours*, 147v. Smith, *Art, Identity and Devotion*, 254.

⁸⁴ *De Bois Hours*, fol. IV and 2r. Smith, *Art, Identity and Devotion*, fig. 2 & 3, 21-22.

⁸⁵ Barbara Newman, "On the Threshold of the Dead: Purgatory, Hell, and Religious Women," in *From Virile Woman to WomanChrist* (Philadelphia: University of Pennsylvania Press, 1995), 108-36.

Even more prominently than its du Bois counterpart, the *Neville of Hornby Hours*, another fourteenth century English book of hours, contains a regimen of prayers for the women to follow during their pregnancy and labor. These prayers, however, reveal the continuing importance of the protection of the Virgin in pregnancy and labor. The first prayer guards against perceived problems with the unborn child due to the mother's leaking breasts, "This prayer, after this rubric, you who are big with child [must say] in the morning when your milk [flows]."⁸⁶ Like menstruation, this undue flow from the mother's breasts was believed to indicate a weak child in the womb. The prayer itself calls on the "fruit of her womb," resonating with the historiated initial accompanying this prayer, which depicts the miraculous qualities of the Virgin's milk, indicating the prayer's multivalent function for a safe pregnancy, delivery, and continued health of the child post-partum.⁸⁷ Isabel de Byron, likely the primary user of this book of hours, not only read and prayed from the text but also imagined herself as the recipient of the Virgin's miraculous milk.

The second prayer in this sequence of the *Neville of Hornby Hours*, refers to the Virgin and Saints Quiricus and Julitta. The rubric instructs the woman "in any anguish or pain of childbirth" to recite the prayer that follows to receive the intercession of God, St. Mary, and St. Quiricus and Julitta.⁸⁸ The third-century martyrs remained quite popular in the medieval tradition, as St. Quiricus, only three years old, defiantly maintained his Christian beliefs in the face of martyrdom, a credit to his spiritual mentor and mother Julitta in the development of his faith. In this way, Julitta not only serves as a protector of childbirth for women alongside the Virgin Mary but also as a St. Anne figure, responsible for the Christian upbringing of her young son. Accompanying this rubric, however, is a scene depicting the power of spoken prayer to the Virgin Mary specifically. It shows a

⁸⁶ *Neville of Hornby Hours*, London, British Library, Egerton MS 2781, fol. 24r. Discussed in Smith, *Art, Identity and Devotion*, 255-56.

⁸⁷ Smith, *Art, Identity and Devotion*, 255-56.

⁸⁸ *Neville of Hornby Hours*, fol. 26v. Discussed in Smith, *Art, Identity and Devotion*, 256.

popular story of a monk who could only ever recite the *Ave Maria*. No matter how hard others tried to teach him other prayers, the only words he said were from *Ave*, honoring the virgin. Upon his death, a flower sprouted from his grave, and upon it were written the words “*Ave Maria*,” which they interpreted to mean that the Virgin was pleased and accepted him into heaven.⁸⁹ This historiated initial emphasizes the importance of prayer in affecting the success of childbirth. While it depicts another scene entirely, it reminds the reader in conjunction with her prayers for childbirth of the miraculous potential that her words and prayers carried to impact her daily life. As Isabel de Byron (and heiresses of the text) read the prayer and pondered the historiated initial, they imagined the benevolent power of the Virgin Mary acting upon their pregnancy to miraculous effect. These prayers, clearly repeated often during the entire process of carrying and delivering a child were explicitly geared toward the women owners of these manuscripts, who were responsible for ensuring the safety of their unborn children through a regimen of devotion facilitated by their books of hours, customized to suit their needs. Almost a reincarnation of the prayers found in the *Lacnunga*, women employed various prayers during different stages of pregnancy and early motherhood.

While the scholarly debate about women’s interpretation of images continues to rage, in this context, I adopt Elizabeth L’Estrange’s methodology where women interpreted images in their books of hours according to their social cues and contexts. Since women were among the most avid consumers of these devotional manuscripts, but not always the original commissioners of the manuscripts they used, historians must grapple with what messages were being communicated *to* women and what meanings women took from their manuscripts. Even if there were intended messages outlining proper roles for women in their marriages and motherhood, did women perceive them this way?

⁸⁹ Smith, *Art, Identity and Devotion*, 222.

Elizabeth L'Estrange's book *Holy Motherhood* establishes a brilliant methodology for distinguishing between these viewing eyes, which she calls the "Situational Eye." Drawing on Michael Baxandall's concept of the "period eye" in concert with Adrian Randolph's concept of the "gendered period eye," L'Estrange's situational eye describes how women's unique cultural experiences as active managers or participants in all stages of the birthing process (for themselves and women in their community) *trained* their viewing eye of artwork to fit their everyday lives:

As agents of the situational eye, certain viewers were especially sensitive to the intertextualities and intervisualities between representations of holy motherhood and remedies available for assisting childbirth, and that they could use this knowledge to help manage the roles expected of them by society.⁹⁰

This methodology allows us to maneuver around some of the challenges presented by male-created and often male-commissioned art. Using cultural factors and contexts, we can see how women understood their artwork, why they surrounded themselves with scenes, and how they used the images within books of hours to aid their devotions during various stages of pregnancy. While the images depict women fulfilling the roles prescribed to them by patriarchal society, they need not only be analyzed for their subjugation of women to this role: women also leveraged these symbols and strategies to a desirable effect.

By studying the images in devotional manuscripts like psalters, moralized bibles, books of hours and saints' lives, we learn how prospective mothers utilized their devotional manuscripts to augment their affective piety and their perceived connection to the divine. In books of hours owned, created, and passed down by women, the scenes often depicted the owner of the manuscript alongside and among holy people, including the Virgin and saints associated with childbirth. These scenes facilitate a greater imaginative rendering of affective piety, allowing the mother to meditate

⁹⁰ L'Estrange, *Holy Motherhood*, 39.

on the image and picture herself alongside holy women, who could intercede on her behalf for the good of her pregnancy. Even in scenes where the patroness of the book was absent, the contemporary fashion of medieval scenes promoted this imaginative reading of prayers in devotional scenes, allowing medieval people to achieve greater identification and communion with divine figures.

In devotional manuscripts, the births of holy figures were most often represented as post-partum scenes. Rather than showing the woman in the throes of labor, many birth scenes effectively skip to the celebratory end, showing a familiar scene of the exhausted mother attended by friends and relatives who care for the clean, swaddled baby. However, images of in-partum birth often exist, creating ambiguity surrounding the purpose of images more vulgar to the medieval eye (in-partu) contrasted with images that present women more modestly in the way that men saw them after the birth of the child. This ambiguity, however, becomes clear when we place it under the lens of imaginative piety and the purposes of these images in their daily use. When we understand these celebratory post-partum images as tools for imaginative piety by women, the more “realistic” depiction of in-partu scenes is subverted to the more desirable images for women: successful post-partum images. Women sought post-partum images for their meditation to manifest through devotion a successful childbirth. To expound this discussion, the *Queen Mary Psalter* provides a perfect example as it includes both in-partu scenes and post-partum scenes in different contexts.

Completed likely between 1310 and 1320 for Isabella of France as Anne Stanton compellingly argues, the *Queen Mary Psalter* begins with an Old Testament cycle of images.⁹¹ Among these images are holy birth scenes for Moses, Samuel and the birth of Jacob and Esau. Notably, the births of Moses and Samuel present post-partum scenes while the birth of Jacob and Esau presents

⁹¹ Anne Stanton, “From Eve to Bathsheba and Beyond: Motherhood in the Queen Mary Psalter.” In *Women and the book: assessing the visual evidence*, edited by Lesley Smith and Jane H.M. Taylor (London: British Library, 1997), 172.

an in-partu scene of Rebecca, who appears notably alone in the birthing chamber. In Moses's birth, his mother lays reclined on a bed with her waist covered by blankets, but she wears a shirt or smock that conceals her breasts. Two midwives handle the baby, securing him in a basket while a third woman wrings her hands in worry. In a merge of chronology, a woman on the right side of the image (identical to one of the women handling the baby) places the basket into the water. This birthing scene is more recognizable due to the presence of the swaddled baby and other women who assisted her during birth.⁹² Incongruously, the caption suggests that this scene depicts childbirth itself, "How Moses is born of his mother and is put into a vessel and then thrown into the river to drown, whereat his father and mother make great lamentation. How the midwife of Moses' mother carries the vessel in which Moses is and puts it in the water."⁹³ In saying that this shows "How Moses is born of his mother," but picturing a clearly post-partum birth scene, it glosses over the act of childbirth itself. Ultimately, the childbirth scene omits the act of birth itself to focus on the successful result. Even so, this scene contains sparse visual cues to the birth itself. The woeful mother and the swaddled baby are eclipsed by the action of the midwife laying Moses into the river. The focus is narrative over imaginative.

Conversely, the scene of the birth of Samuel, who came from a formerly barren mother, Hannah, in her post-reproductive years contains many more of these cues. Though the stylistic form of this manuscript contains sparse pastel color, the room where Hannah recovers from the birth of her son still manages to convey rich decoration, emblematic of the rooms where aristocratic women birthed their own sons. She reclines on a large bed similar to the scene from Moses, that has a more colorful array of coverings. Her background places her enclosed in a room with floral decorations and draperies above the bed. A woman, perhaps a midwife or a servant, attends to her while another

⁹² *Queen Mary Psalter*, London, British Library, Royal MS 2 B VII, 22v.

⁹³ George Frederic Warner, trans., *Queen Mary's Psalter: Miniatures and drawings by an English artist of the 14th century reproduced from Royal MS 2 B VII in the British Museum* (London: British Museum, 1912), 66.

attends to her child, tucked away in a cradle.⁹⁴ Unlike the birth of Moses, where the room decorations were sparse, these details evoke a sense of domestic familiarity which creates the connection necessary for meditation on the scene. Like the birth of Moses, the emphasis remains on the successful outcome. The complications and former sterility that Hannah experienced prior to the birth of Samuel render her a particularly empathetic figure in the eyes of a medieval woman. The caption of the image further highlights the significance of Hannah's infertility in her miraculous delivery of a son, "How the wife who was childless bore a son and named him Samuel."⁹⁵ Observing the difficulties that plagued Hannah's earlier years as she tried to have a child followed by the miracle of Samuel's birth, medieval women identified their piety and devotion to God as the ultimate factor that brought them sons. Medieval women struggling with fertility issues and pregnancy meditated on images of miraculous births like Samuel to bring about a similarly miraculous birth within themselves.

Finally in this series, we see the most pronounced contrast of the post-partum and in-partu childbirth scenes through the depiction of Rebecca and her twin sons. Since the story of Jacob and Esau explicitly designates how the twins came out of Rebecca's womb, Rebecca is depicted in-partu to convey this narrative detail. Rebecca's scene evokes no visual cues of midwives or female attendants, with only a canopied bed as the decoration befitting a biblical woman. Jacob and Esau are shown emerging from the blankets covering her waist. As the bible story states, Jacob is depicted holding onto the foot of Esau as they float out of the womb.⁹⁶ The caption further emphasizes this narrative depiction, "Rebecca is delivered of her two infants, who are named Jacob and Esau. And Esau ought to have been born first, and Jacob held him back by the foot."⁹⁷ These narrative over

⁹⁴ *Queen Mary Psalter*, London, British Library, Royal MS 2 B VII, 48r.

⁹⁵ Warner, trans., *Queen Mary's Psalter*, 81.

⁹⁶ *Queen Mary Psalter*, London, British Library, Royal MS 2 B VII, 12v. Gen 25:29-34.

⁹⁷ *Queen Mary Psalter*, Warner trans., 61.

imaginative depictions also surface in other renditions of Jacob and Esau and even in some illustrations of the birth of Perez and Zeriah.⁹⁸

From this Old Testament cycle of images in the Queen Mary psalter, a clear distinction between types of holy birth scenes is evident. There are narrative birth scenes less suited to meditative purposes for women like the birth of Moses and Rebecca's in-partu scene. More importantly, the image most-suited to meditative and imaginative devotion features Hannah, who struggled to conceive. Hannah's scene with Samuel contains the most prevalent imagery associated with childbirth, placing her in a highly decorated interior lying in chamber with a cradle for her baby and an attendant caring for her. By adding these supporting details to invoke a familiar birthing scene to aristocratic women, the purpose of these images to facilitate devotion through imaginative piety becomes clear.

In the *Fitzwilliam Hours* originally commissioned by Duchess Yolande of Aragon, the nativity scene presents themes of pious and successful childbirth and elevation of the mother through these means. An early fifteenth century manuscript produced in the Rohan workshop alongside other royal books of hours, this manuscript was passed down to her daughter, Yolande of Anjou, first wife of James I of Scotland, where it eventually reached Isabel Stuart, the second wife of James. The imagery of holy mothers suggests it was commissioned by Yolande of Aragon herself as she entered her widowhood, which she eventually passed down to her daughter at her marriage. This manuscript's provenance is etched in its collection of images as we see stylistic differences to suggest continuous additions from Yolande of Aragon to Isabel Stuart.⁹⁹ For my purposes, I am more concerned with the *reception* of these images and how they were used by women experiencing early

⁹⁸ For birth of Perez and Zeriah, see Velislav Bible, Národní knihovna České republiky, MS.XXIII.C.124, fol 41r. For another depiction of Jacob and Esau and Perez and Zeriah respectively, see *Rohan Hours*, Paris, Bibliotheque nationale, fol. 55r and 67v.

⁹⁹ L'Estrange, *Holy Motherhood*, 114-116.

married life and the demand for an heir. In the images depicting the Nativity, additional female attendants were depicted in the stable to highlight the “humanizing” aspect of Christ’s birth.¹⁰⁰ Midwives and family members contributed to the accessibility of holy figures to people imagining them.

These domestic touches familiar to a medieval viewer, especially to women, surface more prominently in the hours’ depiction of the Birth of the Virgin. Placed in a collection of scenes depicting stories of the Virgin’s life from the *Protoevangelium of James*, St. Anne reclines in an elaborate canopied bed covered in a rich blue fabric. Presumably a midwife or another female attendant washes the virgin while other attendants and St. Joachim celebrate the successful birth. As L’Estrange points out, these decorations of the birthing chamber carry contemporary significance. Eleanor of Poitiers’ treatise on the birthing chamber comments approvingly on birthing chambers that include richly decorated and gold embroidered cloths.¹⁰¹ While other works have emphasized these practices of rich decoration as symbols of status, which they certainly remain in one context, their presence in birth scenes of holy figures served multiple purposes. In one context, it identified the saints and holy figures as elite in the sense of the medieval viewer, placing them higher on the Great Chain in terms of closeness to God through their status as saints but also in their rich aristocratic garb. However, it also superimposed these medieval values *onto* the saints, creating this greater sense of communion with the saints by imagining them in contexts familiar to the viewer. With an elite married woman, accustomed to attendance at various birthing events where she interpreted and internalized these social cues in preparation for her own labor, these familiar environments facilitated meditation on divine scenes. Beyond simple meditation and piety for the

¹⁰⁰ Ibid, 138.

¹⁰¹ Penelope Eames, *Furniture in England, France and the Netherlands from the Twelfth to the Fifteenth Century* (London: Furniture History Society 1977) 257-73. Eames provides extracts of the treatise translated in English. Discussed in L’Estrange, *Holy Motherhood*, 80.

sake of her soul, however, an elite medieval woman deployed these scenes with the goal of conception and successful childbirth. The depiction of post-partum holy childbirth scenes facilitated women's imaginative piety to manifest a similar celebration of a complication-free childbirth.

Similarly, the image of St. Anne in the *Hours of Marguerite of Foix* a later fifteenth-century manuscript, also evokes contemporary domestic scenes: She is surrounded by attendants, food has been prepared for her companions, a fire roars in the fireplace and the four-post bed and garments are all in late medieval style.¹⁰² Like the depictions of the mother kneeling before holy women in the opening images of her devotional manuscript, these commonplace items, reflective of the massive preparations and expense of their lying-in period, further accentuate the ability of the mother to imagine *herself* in the place of St. Anne, delivering a miraculously healthy baby. From the power that she knows her vision can have on her body, and consequently, the outcome and success of her pregnancy, these images carry power as she uses them to actively seek a successful birth.

Women and men also turned to Saints' Lives as safeguards for their daily health. In a fifteenth-century manuscript fragment of the *Life of Saint Margaret* held at the Ohio State University, a miniature depicting Margaret's victory over the demonic dragon illustrates the vernacular French text of the vita (Figure 1).¹⁰³ At the end of the manuscript, originally a book of hours, a likely contemporary owner added two prayers (Figure 2 & 3) in a combination of Latin and Old French intended to safeguard the owners' soul and their health. One of those prayers asks God to protect them from "malades de peste et toutes autres maladie." Put in context with the patron saint of childbirth who emerged from the dragon's belly untouched through the power of her prayer and faith in God, this conventional liturgical prayer to protect from illness and other maladies lends itself

¹⁰² *Hours of Marguerite of Foix*, London, Victoria and Albert Museum, Salting MS 1222, fol. 33r, c.1477. Discussed in L'Estrange, *Holy Motherhood*, 228.

¹⁰³ *Life of St. Margaret*, Columbus, OH, Ohio State University Rare Book and Manuscripts Library, SPEC.RARE.MS.MR.Cod.64. Northern France, 1450-1475.

well to a medieval layperson devoted to St. Margaret who sought protection from childbirth. While we have no evidence of female ownership, manuscripts such as these demonstrate the medically protective value of saints including images and texts of their lives that medieval people commissioned to own in their home. However, like the other devotional texts, these images were more often set in public places where people from all social strata viewed them and prayed to them. As we will explore below, Saint Margaret imagery was prevalent in many contexts beyond the personal devotional manuscripts.

While books of hours embody a perfect example of personalized prayer aids available to women on a daily basis, this artwork was only available to elite and perhaps some merchant-class women whose income allowed for such luxury. Far more commonly, medieval people experienced artwork in public church settings: murals painted on the plaster, stained glass in the windows, sculptures and figurines adorning the architecture or added to altars. Just as we have examined the medieval garden in the context of what herbs were available to medieval women for reproductive remedies, so too can the ideological culture and the available artwork shed light on what was accessible to *all* women, including the documentarily elusive less privileged women.

Cold, stone ruins of medieval churches and castles make it difficult to imagine colorful murals adorning the walls inside many or most of the churches. These paintings represent an accessible source of iconography to ordinary and elite women alike. Images of the nativity were naturally among the most common scenes depicted on the walls and stained glass of medieval churches, but other local or prominent saints appear regularly as well. A prime example, iconography for Saint Margaret, revered as the patron saint of childbirth, appears in manuscripts, carvings, wall paintings, rood screens, altarpieces, panels, pilgrim badges, and stained glass.¹⁰⁴ An early victim of

¹⁰⁴ Juliana Dresvina, *A Maid with a Dragon: The Cult of St. Margaret of Antioch in Medieval England* (Oxford: Oxford University Press, 2016), 276-77.

Roman persecution, Saint Margaret first appears in the European dialogue of saints in the eighth century.¹⁰⁵ Taught Christian ideals by her nurse and shunned for them by her family, a Roman official arrested her and had her tortured and imprisoned for refusing to become his wife, citing her devotion to virginity and Christ. In prison, Margaret also confronted two demons, a dragon which consumed her and a demon which taunted her. Margaret defeated them both through the power of prayer before being subjected to more torment and eventual martyrdom.¹⁰⁶

In her comprehensive study of St. Margaret, Juliana Dresvina catalogued the extant iconography of St. Margaret, and she found 10 wall paintings and panels on churches ranging from the late 12th century to the 16th century in England.¹⁰⁷ Additionally, Margaret appears in several other stained glass pictorial cycles.¹⁰⁸ Beyond this, over 200 churches were dedicated to St. Margaret in England, presumably with relics or statuettes of St. Margaret, meaning that women seeking to commune with St. Margaret for her intercession visited their local church to Saint Margaret or traveled relatively short distances to do so.¹⁰⁹

More than the mere existence and availability of these icons, sermons, and theological treatises hint at the engagement of artwork and images to facilitate devotion. In John Mirk's *Festial*, his sermon for the feast day of St. Margaret described scenes from her vita, and he used this vita to explain what he assumed his parish would understand about Margaret's depictions in artwork. He says, "Therefore, Margaret is painted or carved where she is with a dragon under her feet and a cross in her hand, showing how by virtue of the cross she achieved victory over the fiend."¹¹⁰ With this

¹⁰⁵ Dresvina, *A Maid with a Dragon*, 16.

¹⁰⁶ Ibid, 5-7.

¹⁰⁷ Dresvina, *A Maid with a Dragon*, 280-298.

¹⁰⁸ Dresvina, *A Maid with a Dragon*, 280-298.

¹⁰⁹ Dresvina, *A Maid with a Dragon*, 3.

¹¹⁰ John Mirk, *Mirk's Festial: A Collection of Homilies, by Johannes Mirkeus (John Mirk) v.1*, ed. by Theodor Erbe (London: Kegan Paul, Trench, Trubner & Co., Ltd., 1905): 201; discussed in Miriam Gill, "Preaching and Image: Sermons and Wall Paintings in Later Medieval England," in *Preacher, Sermon and Audience in the Middle Ages*, ed. By Carolyn Muessig (Leiden: Brill, 2002): 161. Her modernization of: Herfor Margret ys paynted othur coruen wher scho ys wyth a dragon vndyr her fete and a cros yn her hond, schowyng how by vertu of the cros scho gate the victory of the fynde

statement concluding the episode of St. Margaret and the demonic dragon, Mirk's connection to the iconography of St. Margaret assumes his audience's ability to call to mind the imagery of paintings and carvings of Saint Margaret, who most commonly appears painted in this episode emerging from the dragon cross in hand. Thus, while his assumption does not necessarily reveal the presence of Margaret icons in the church where the sermon was given, it does suggest the audience's familiarity with her symbolism. Additionally, he references the image to underscore the meaning of the iconography, embedding an interpretation of the power of prayer to save her from the dragon: She was saved by "virtue of the cross." His sermon also emphasized particularly Margaret's connection with women in labor as he mentioned the boon that Margaret asked of God: "And each woman that calls to her in the time of travailing of child, that she must be soundly delivered, and the child come to Christendom."¹¹¹ To her pleas, Mirk reveals that a voice from heaven responded, "Margaret, thy boon is granted, and shall last forevermore."¹¹² With these lines chosen specially for the sermon to have relevance for the congregation, Mirk reinforced the earlier message of the power that virtue and prayer possess to enact miracles. Margaret essentially ensured in her martyrdom protection and miracles for women who evoke her name. Like Margaret, women laboring in childbed possessed a powerful tool to save themselves from the dragon: Invoking her name, just as Margaret produced the cross and invoked the name of Christ would deliver women safely from childbed.

Importantly, unlike the previous examples discussed, these ideas surrounding prayer and agency for women in labor reached women not through reading but through the hearing of sermons, an event that reached a weekly occurrence in some parishes by the fourteenth century.¹¹³ This expands the number of women interpreting and imaginatively interacting with sermons

¹¹¹ Erbe, *Mirk's Festial*, 202. And ych womon that callyth to her yn tyme of trauelyng of child, that scho most be sownde delyuered, and the child come to crystyndome.

¹¹² Erbe, *Mirk's Festial*, 202. Margret, thi bone ys grawntyd, and schall last for euermore.

¹¹³ Gill, "Preaching and Image," 158.

increases beyond the literate elite laity and those with the means to commission their own manuscripts to those who attended church sermons regularly and heard the benefits of communing with saints like Margaret. Sermon collections like Mirk's *Festial* also existed as models for emulation, and they were frequently reskinned or directly copied in other collections of sermons, credited to Mirk or not.¹¹⁴ Thus, these ideas connecting Margaret and her iconography reached a broader audience than simply the reader of the sermon as many other preachers innovated on traditional models. Hearing these ideas of power and agency over their ability to successfully deliver a child coupled with the widespread availability of iconography of Margaret, medieval women of all social strata had the opportunity to commune with Margaret using these images as visual aids or using their imagination to create such an image from a sermon alone.

Other evidence from sermons further underscores the visuality and imaginative nature of sermons on the medieval audience. In other sermons, Mirk himself references common tropes in artwork like the appearance of a lily in a pot in scenes of the Annunciation. Citing an episode of a Jewish person doubting the virgin birth as if a lily could spring from a pot on its own, Mirk explains that the lily was brought forth, disproving the Jew's doubts. Consequently, this image appears frequently in scenes of the Annunciation to remind viewers of the power of miracles to reaffirm God's will.¹¹⁵ Mirk thus evokes imagery presumed to be familiar to his audience in order to elucidate a point about his sermon, highlighting a widespread ability among the laity to recognize and interpret Christian symbolism in medieval art.¹¹⁶ Sermons also painted verbal pictures, invoking the imaginative skills of the audience to picture holy scenes and miracles in action. Frequent injunctions to "behold" a scene do little to illuminate our understanding of wall art and interactions between

¹¹⁴ Gill, "Preaching and Image", 157.

¹¹⁵ Erbe, *Mirk's Festial*, 109.

¹¹⁶ Gill, "Preaching and Image," 162.

sermons and art in a church, but they do highlight the imaginative power an audience requires to absorb and process a sermon to its fullest extent.¹¹⁷

These types of meditative practices arise not only in sermons but also in theological treatises like *Meditations on the Life of Christ* by an author claiming to be St. Bonaventure. When pseudo-Bonaventure imagines the soul of Christ entering Mary's womb during the Annunciation, he describes how his soul enters the womb and enjoins the audience to imagine it, saying "Your devout imagination can show you how."¹¹⁸ Interestingly, this co-mingling of Mary's conception and the ensoulment was explicitly *not* characteristic of how medieval people viewed it as Bonaventure also states, "The infusion of the soul and the separation of the limbs were not delayed as in others."¹¹⁹ That is, when Mary "consented" to become the virgin who bore Christ, he immediately appeared as if a small child in her womb, skipping the developmental stages that medieval people imagined happened before ensoulment. Here, a profound suggestion that women must consent to carrying a child carries implications for women's reproductive healthcare agency also in contexts of abortion and whether the child was desired. Interesting abortive implications aside, this 13th century text derives its power from a culture of imagination, consistently inviting the reader through vivid description to imagine themselves in the scenes. Medieval people clearly sought aids like *Meditations* for their own meditative practice facilitated by sermons, artwork, and descriptive treatises.

From this study of images, we see how elite women's books of hours were personalized material objects designed to aid in this type of imaginative and affective piety. However, the widespread interpretive knowledge disseminated from the culture of sermons and cultural acclimation includes women much lower on the social scale in this type of imaginative and

¹¹⁷ Ibid, 166.

¹¹⁸ Pseudo-St. Bonaventure, *Meditations on the Life of Christ: An Illustrated Manuscript of the Fourteenth Century*, trans. Isa Ragusa and Rosalie B. Green (Princeton, New Jersey: Princeton University Press, 1961), 19.

¹¹⁹ Ibid, 19-20.

meditative prayer and communion through interaction with public artwork available on stained glass, sculpture, and wall murals. Medieval people used artwork to channel the presence of saints to intercede and work miracles in their lives. Next, more direct forms of communion with saints will illuminate yet more ways that medieval women took their healthcare into their own hands: through pilgrimage and commitments to serve as pilgrims later.

ACCESSING SAINTLY POWER FOR REPRODUCTIVE HEALTH

Saints' lives and the miracles that they cataloged created an impetus for women to embark on pilgrimages to access this power or to make bargains for intercession contingent on later visits. This tradition of collecting miracles to prove one's saintliness began as early as St. Radegund in the sixth century. Radegund's curative power drew people even during her lifetime, and they believed this skill cultivated during life ultimately facilitated many miracles after her death. Radegund's life reaches us through two authors of her vitae: Venantius Fortunatus and Baudovinia, a sister in her order. A close friend of the saintly queen, Venantius Fortunatus fashions her in the image of virgin martyr saints, describing her rejection of material comfort and wealth alongside the extent of bodily pain that she inflicted upon herself to identify her more strongly with earlier martyr traditions.

However, Fortunatus devotes much of her vita to her care of the poor as she endeavored to "reduce the spread of infectious disease" through the cleansing of ulcers and sores.¹²⁰ Radegund's blessing during her life worked healing miracles for, "As soon as she made the sign of the cross over it [a vine leaf], the attendant would take it to the desperate one, placing it on the wound which would soon be healed."¹²¹ Her reputation for healing brought the poor and disease-stricken to her at all hours of the night, but she too would "sally forth like a pilgrim bearing fruit, or something sweet

¹²⁰ Jo Ann McNamara, John E. Halbourg, and E. Gordon Whatley, *Sainted Women of the Dark Ages* (Durham, London: Duke University Press, 1992), 77.

¹²¹ McNamara et al, *Sainted Women*, 78.

and warm to restore their strength.”¹²² Though most of her deeds center around commonplace illness, Radegund’s relics saved infants and mothers from stillbirth. After a mother had to deliver a lifeless baby and “think about burying her child even while birthing it,” the baby was wrapped in the saint’s hair cloth and, “as soon as the infant’s body touched the most medicinal garment and those noble rags, he came back from the dead to normal life.”¹²³ However, Radegund’s ability to restore infants also worked in close proximity as an infant girl brought to the saints’ convent was similarly restored to life after her untimely death, spending no less than seven hours at prayer with the girl, washing her and caring for her.¹²⁴ Through this early saint, we see the foundations of a cult surrounding local female saints and their ability to heal both during their lives and posthumously. The saints’ proximal circle of care revolved around the poor and needy in her community but also extended a familial care through her sisters into the families from which they came. Through her infant miracles, Radegund carries a particular association with motherhood and reproductive health.

Though originally a local saint, Radegund’s life permeated throughout Europe and into the insular hagiographic repository. The Romanesque *Life of St Radegund*, produced in the 12th century, features among Radegund’s pictured miracles her resuscitation of the infant child, attesting to its prominence as a notable miracle in her tradition and further associating her with reproductive health. More interestingly, when Alice Chaucer prepared her home for the incoming birth of her grandchild, she curated the environment in her home to facilitate this process. Inventories from this period where her daughter stayed with her and experienced the lying-in period show that Alice especially brought her *Life of St. Radegund* with her. While important for the maternal example of the “Mother of France” as Delman explains, Radegund’s life also facilitates access to this type of

¹²² *Ibid*, 79.

¹²³ *Ibid*, 84.

¹²⁴ *Ibid*, 85.

intercessional healing during difficult births.¹²⁵ As the Middle Ages progressed, therefore, Radegund's saintly power gained a broader radius as her miracles acted not just in her presence or through her relics but also through intercession and prayer.

Here, Radegund presents an early model for local saints as healers in their communities, creating a bridge from martyr saints like Margaret, who pledged to intercede in pregnancies with problems and other even more local saints than Radegund. Thomas of Cantimpré's late-twelfth-century lives of Margaret of Ypres and Lutgard of Aywières demonstrate miraculous childbirth miracles, attesting to the circulating ideas of the medical power of saints for childbirth.

Born in 1216 in Ypres, a small town near Lille in northern France, Margaret's family sent her to a nunnery at four years old upon her father's death for an education.¹²⁶ Like Radegund's convent, connected to the surrounding vicinity for medicinal and spiritual care, Margaret also continued to serve the surrounding area from the cloister. Learning of her sister's dangerous labor, she prayed to the Virgin, who responded to her prayer in a vision:

Without delay, the blessed Virgin Mary appeared to her as she prayed and said, "Go and tell your sister, 'You will be healed at once, and the baby will be born safe and sound.'" Going quickly to her sister, who was still clinging to life with her last breath, Margaret announced that she would be delivered at once.¹²⁷

With that declaration, her sister bore a healthy baby boy. This episode reveals not only the spiritual power of the living saint but also the belief in the Virgin as the ultimate source of the birthing miracle. Rather than "attending her dying sister" as her mother bid her, her role in the birth was to seek this intercession for her sister. Margaret's presence at her sister's birth reveals the role that she

¹²⁵ Rachel Delman, "Gendered viewing, childbirth, and female authority in the residence of Alice Chaucer, duchess of Suffolk, at Ewelme, Oxfordshire," *Journal of Medieval History* 45, no. 2 (May 2019): 190.

¹²⁶ Thomas of Cantimpre, *Thomas of Cantimpre: The Collected Lives*, ed. Barbara Newman, trans. Barbara Newman and Margot H. King (Turnhout, Belgium: Brepols, 2008), 161.

¹²⁷ Thomas of Cantimpre, trans. Newman and King, *Margaret of Ypres*, 188.

played in her community and the power that medieval people attributed to living saints. Margaret's presence at her sister's labor was just as essential as any midwife.

Born earlier than Margaret in 1182, Lutgard of Aywières was also a holy woman in northern France known for her prolonged fasts and her healing prowess during her lifetime. Following her death, several miracles occurred surrounding her veil and her belt. Notably, her belt like other birth girdles saved a woman from a difficult childbirth. Thomas of Cantimpré recounts:

When a certain noble matron had been labouring for a very long time in childbirth and was in great danger, someone brought her a belt made of horsehair, which Lutgard had been wont to wear against her skin for the laceration of her body. Placing it on her womb, the mother was painlessly and safely delivered of a healthy child, to the astonishment of all. The same remedy has been proven efficacious in diverse places and by diverse persons.¹²⁸

This episode attests to the importance of birthing girdles as established above but in a context not of ordinary prayer-written parchment but as relics of saints. The power of Lutgard's hair belt afforded the matron deliverance not only from the healthy child but also from the pain of the punishment of Eve, affording her a painless birth like the Virgin. However, this final line attesting to the effectiveness of the girdle in *many* childbirth circles reveals the relative paucity of post-partum miracles to be included in saints' miracles. This widespread use shows that women began seeking out the belt for their own childbirth either beforehand or when the labor turned sour. Thomas of Cantimpré was satisfied to include only one of these miracles in the case of a difficult birth at the very end of Lutgard's recorded *vita* to stand in for a multitude.

Indeed, saints' lives only record small numbers of birthing miracles as Hilary Powell reveals in her study on hagiography and post-partum women. They account for only one to three percent of all recorded miracles in England in the twelfth century. Women reported their miracles to catalogers

¹²⁸ Thomas of Cantimpré, trans. Newman and King, *Lutgard of Aynieres*, 196.

when they went on pilgrimage, telling these men of their experiences which were ultimately not included in full in saints' lives or afforded only small mentions.¹²⁹ This evidence suggests that far more parturient women than the hagiography records sought out saints' relics like belts or girdles to assist their labor. While some of these belts like Lutgard's assist in labor, others ward off miscarriage or aid in conception and fertility.¹³⁰ These pilgrimages may seem insignificant given their small scale and short distance, but they nonetheless represent an important avenue for women to seek medical care from well-known miracle-working objects.

For their reproductive health, women sought the intercession of saints to ensure successful conception after periods of infertility, to maintain healthy fetuses in the womb, and to intercede during a pregnancy. While early theology contended that saints' power resided in the relics alone, the late twelfth century saw an expansion of such power as people began to beseech the aid of saints far from holy sites, vowing to visit on pilgrimage if the miracle was granted. For women in birth, these miracles represented a much more accessible form of practice and prayer based on giving thanks for a boon received from the saint.¹³¹ Girdles associated with saints were lent out from the church where they were stored to enable these miracle-working objects to enter the home. After successful petitions to saints like Thomas of Cantilupe, women would donate nightgowns or leave offerings like candles, wax figurines, along with material gifts like land, jewels, money, or even tributes, naming their children after saints.¹³² In the case of St. Margaret of Antioch's intercession during labor, some women gifted the umbilical cord to her in thanks for a successful birth.¹³³

¹²⁹ Hilary Powell, "The 'Miracle of Childbirth': The Portrayal of Parturient Women in Medieval Miracle Narratives," *Social History of Medicine* 25, no. 4 (April 2012): 798.

¹³⁰ *Ibid.*, 795-796.

¹³¹ Powell, "The 'Miracle of Childbirth,'" 797.

¹³² Fiona Harris Stoertz, "Fertility," *Encyclopedia of Medieval Pilgrimage*. Accessed November 15, 2021. doi:http://dx.doi.org/10.1163/2213-2139_emp_SIM_00124.

¹³³ Fiona Harris Stoertz, "Childbirth and Pilgrimage," *Encyclopedia of Medieval Pilgrimage*. Accessed November 15, 2021. doi:http://dx.doi.org/10.1163/2213-2139_emp_SIM_00124.

Women also preemptively participated in pilgrimage to ensure successful deliveries early in their pregnancy or through visiting more local shrines. During these pilgrimages, women obtained objects commemorating their journey through relics, pilgrim badges or amulets, which they used later during birth as talismans for channeling the saints' power.¹³⁴ Numerous strikingly similar accounts tell of a pregnant pilgrim finding safe harbor through the intercession of the Archangel Michael or the Virgin amid a dangerous storm at sea to deliver her child.¹³⁵ Other women, like Margery Kempe, learned they were pregnant on the journey and delivered while away.¹³⁶ While on Crusade or pilgrimage, women who gave birth abroad received tokens of their time in the holy land with which they returned home and used as similar talismans.¹³⁷

Throughout the Middle Ages, women sought saints' intercessions from afar through talismans and relics, giving gifts and thanks upon successful petitions. Women thus clearly engaged in public spheres of worship where they shared stories of their miracles with each other and with men concerned with canonization who reported them. They believed in the power of their own exhortations to the saints, which they achieved through prayer and pilgrimage.

CONCLUSIONS AND FUTURE RESEARCH DIRECTIONS

Bringing together these seemingly disconnected threads surrounding women's childbirth practice throughout the Middle Ages, a more complete picture of women's healthcare practices on a variety of social strata becomes visible. While a woman in the later medieval period had access to male practitioners who had worked hard to build their reputations in obstetric medicine, this was merely a peripheral resource for elite women and out of reach for ordinary women. We've seen vestiges of women's oral practices picked up and regurgitated in documented treatises. Compared to

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ Laura Howes, "On the Birth of Margery Kempe's Last Child," *Modern Philology* 90, no. 2 (Nov 1992): 220-221.

¹³⁷ Stoertz, "Childbirth and Pilgrimage."

the *Trotula*, medieval English women in the fifteenth century who read its loose descendant, *The Knowing of Women's Kind in Childing*, had greater access to accumulated medical knowledge. However, these herbs operated in conjunction with and inseparably from charms and divine workings. As women gained more literacy and owned more books in the long fourteenth century, their working knowledge of artwork and iconography allowed them to participate in imaginative piety practices that they believed effected real change in their bodies. Women of all social strata had access to publicly displayed images, which they were attuned to recognize and use to manifest successful outcomes through prayer and meditation. Finally, saints' shrines and relics represented powerful sources of miracles, accessible not only through direct pilgrimage but also through contracted pilgrimage conducted later.

Reproductive health in the later Middle Ages integrated a multi-faceted approach that merged the modernly distinguished practices of medicine, magic, and religion. Far from being excluded from decisions surrounding their healthcare, laywomen possessed more opportunities and resources to participate and guide the directions of their healthcare through a wider availability of vernacular medical treatises and a greater opportunity for prayer and mysticism through books and images. From here, far more work is needed to deconstruct modern notions of isolated "medicine" in the medieval period from the essential religious practices that medieval people believed facilitated healing. A history of women's healthcare cannot exclude sources that arise outside of the intellectual tradition that eventually birthed modern western medicine. While laywomen and female practitioners were pushed to the periphery of "professional" medicine, their exclusion from the *practice* of obstetrical medicine and childbirth care is a construction of patriarchy: They continued to do so in unofficial forms. By recasting these overlooked sources of women's medicine, we see the role they continued to play in their reproductive healthcare.

Studies have begun to answer the challenges that this study rather cursorily poses. The centrality of religious women to healthcare in their healing communities is the subject of Sara Ritchey's book *Acts of Care* (2021), which demonstrates the perceived power of saints as relics, shrines, and vitae served as channels to facilitate intervention. Inspired by methodologies of groundbreaking work on the often-shunned medical practices of other marginalized groups like African American women, her book begins to recover the undervalued role of religious women as essential caretakers and healers.¹³⁸ The works of Peter Murray Jones and Lea Olsan on childbirth charms also blurs the boundaries of magical, medical, and religious.

In future study, I intend to explore medical and obstetrical treatises in Europe to understand where they claim to derive their knowledge and where their information is sourced. *The Knowing of Woman's Kind* is a text that purports to integrate Latin and French material, which Alexandra Barratt identifies as a very *Trotula*-inspired text nonetheless presents far more fresh interpretive challenges. Its vernacular language automatically places it on the periphery of intellectual history but makes it all the more central for women's history and practice. The past two years alone have presented much work challenging our ideas about women's history on mortality in childbirth, literacy, and involvement in medicine, and I look forward to pushing these threads farther for women's reproductive health.¹³⁹

¹³⁸ Sara Ritchey, *Acts of Care: Recovering Women in Late Medieval Health* (Ithaca: Cornell University Press, 2021): 4-5. For methodologies to recover Black women's knowledge in patriarchal social systems: Patricia Hill Collins, *Black Feminist Thought: Knowledge Consciousness, and the Politics of Empowerment* (New York: Routledge, 2002).

¹³⁹ For more on women's mortality, see Rachel Podd, "Reconsidering maternal mortality in medieval England: aristocratic Englishwomen, c.1236-1503," *Continuity and Change* 35 (2020): 115-137. Literacy: Megan J. Hall, "Women's Education and Literacy in England, 1066 – 1540," *History of Education Quarterly* 61, (May 2021): 181-212. Involvement in medicine and care: Ritchey, *Acts of Care*, 2021.

Appendix I: Figures



Figure 1: St. Margaret emerging from the dragon. Life of St. Margaret, Columbus, OH, Ohio State University Rare Books and Manuscripts Library, Spec. Rare Ms. Mr. Cod. 64, fol. 1r.

O tres haut et excellent dieu
 nostre pere et createur
 qui auez fait et cree
 le ciel et la terre et la
 mer et tout ce qui y
 est. Honde/ Sancte louenge
 gloire honneur et Reuerence
 est a vous seul dieu donnee
 et attribuee. te vous adore
 moy dieu. et vous Reus la
 foy et hōmaige que te vous
 doibs/ te vous prie mercy
 des peches que te faictz
 te vous supplie me pardonnez
 et me donnez la grace de
 Resister a sathan et me
 faictes conduire par moy
 bon ange

Domine fac me dignen agere penitentien
 Inteqz moriaz

Figure 2 Owner-added prayer 1. Life of St. Margaret, Columbus, OH, Ohio State University Rare Books and Manuscripts Library, Spec. Rare. Ms. Mr. Cod. 64, fol. 21v.

Bon Dieu cures pitie de tous
 malades de peste et de toutes
 autres maladies leur donnant
 patience Vous suppliant nous
 en pre seruez et ceux qui
 sont en leur titre de la mort
 que vostre grace soit sur eux
 donnez leur a une mere leglise
 emborez la entre nous vivant
 faictes pardon a tous trespassez
 Afin que nous puissions advenir
 a la gloire celleste qui nous a
 este acquise par le fusion du sang
 precieus de v^{re} filz unique
 Iesus cristi
 Ainsi soit Il
 Amen
 Inclina cor meum in te sicut nomina tua
 et non in anaxitich

Figure 3 Owner-added prayer 2. Life of St. Margaret, Columbus, OH, Ohio State University Rare Books and Manuscripts Library, Spec. Rare. Ms. Mr. Cod. 64, fol. 22r.

Bibliography

Primary Sources (MS):

- Life of St. Margaret*, Columbus, OH, Ohio State University Rare Books and Manuscripts Library, Spec.Rare.Ms.Mr.Cod.64. Northern France ca. 1450-1475.
- Queen Mary's Psalter*, London, British Library, Royal MS 2 B VII, Digitized.
http://www.bl.uk/manuscripts/Viewer.aspx?ref=royal_ms_2_b_vii_f001r

Primary Sources (Critical Editions):

- Barratt, Alexandra, ed. *The Knowing of Woman's Kind in Childing: A Middle English Version of Material Derived from the Trotula and Other Sources*. Turnhout, Belgium: Brepols, 2001.
- Green, Monica, trans. *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*. Philadelphia: University of Pennsylvania Press, 2002.
- McNamara, Jo Ann, John E. Halborg, and E. Gordon Whatley. *Sainted Women of the Dark Ages*. Durham, London: Duke University Press, 1992.
- Medieval Sourcebook: Twelfth Ecumenical Council: Lateran IV 1215," Internet History Sourcebooks Project, January 20, 2021. Accessed November 9, 2021.
<https://sourcebooks.fordham.edu/basis/lateran4.asp>
- Mirk, John. *Mirk's Festial: A Collection of Homilies, by Johannes Mirkeus (John Mirk) v.1*, ed. by Theodor Erbe. London: Kegan Paul, Trench, Trubner & Co., Ltd., 1905.
- Olds, Barbara M. "The Anglo-Saxon Leechbook III: A Critical Edition and Translation." PhD diss. University of Denver, 1984. ProQuest Dissertation Publishing.
- Pettit, Edward, trans. *Anglo-Saxon Remedies Charms and Prayers from British Library MS Harley 585 The Lacnunga Volume I: Introduction, Text, Translation, and Appendices*. Lewiston: The Edwin Mellen Press, 2001.
- Pseudo-St. Bonaventure. *Meditations on the Life of Christ: An Illustrated Manuscript of the Fourteenth Century*, trans. Isa Ragusa and Rosalie B. Green. Princeton, NJ: Princeton University Press, 1961.
- Thomas of Cantimpre. *Thomas of Cantimpre: The Collected Lives*, ed. Barbara Newman, trans. Barbara Newman and Margot H. King. Turnhout, Belgium: Brepols, 2008.
- Throop, Priscilla, trans. *Hildegard von Bingen's Physica: The Complete English Translation of Her Classic Work on Health and Healing*. Rochester, VT: Healing Arts Press, 1999.
- Warner, George Frederic. *Queen Mary's Psalter: Miniatures and drawings by an English artist of the 14th century reproduced from Royal MS 2 B VII in the British Museum*. London: British Museum, 1912.

Secondary Literature:

- Burridge, Claire. "Incense in Medicine: An Early Medieval Perspective." *Early Medieval Europe* 28, no. 2 (2020): 219-255.
- Cabré, Montserrat. "Women or Healers?: Household Practices and the Categories of Health Care in Late Medieval Iberia." *Bulletin of the History of Medicine* 82, no. 1 (Spring 2018): 18-51.

<https://doi.org/10.1353/bhm.2008.0040>

- DeBaggio, Thomas and Arthur O. Tucker. *The Encyclopedia of Herbs: A Comprehensive Guide to Herbs of Flavor and Fragrance*. Portland, OR: Timber Press, 2009.
- Delman, Rachel. "Gendered viewing, childbirth, and female authority in the residence of Alice Chaucer, duchess of Suffolk, at Ewelme, Oxfordshire." *Journal of Medieval History* 45, no. 2 (May 2019): 181-203.
- Dresvina, Juliana. *A Maid with a Dragon: The Cult of St. Margaret of Antioch in Medieval England*. Oxford: Oxford University Press, 2016.
- Dyer, C. C. "Gardens and Garden Produce in Later Medieval England." In *Food in Medieval England: Diet and Nutrition*, edited by C.M. Woolgar, D. Serjeantson, and T. Waldron, 27-40. Oxford, New York: Oxford University Press, 2006.
- Eames, Penelope. *Furniture in England, France and the Netherlands from the Twelfth to the Fifteenth Century*. London: Furniture History Society, 1977.
- Elsackers, Marianne. "In Pain You Shall Bear Children (Gen 3:16): Medieval Prayers for a Safe Delivery." In *Women and Miracle Stories*, edited by Anne-Marie Korte 179-209. Boston: Brill, 2011.
- Elliott, Dyan. *Fallen Bodies: Pollution, Sexuality, and Demonology in the Middle Ages*. Philadelphia: University of Pennsylvania Press, 2014.
- Fiddymment, Sarah, Natalie J. Goodison, Elma Brenner, Stefania Signorello, Kierri Price, and Matthew J. Collins. "Girding the loins? Direct evidence of the use of a medieval English parchment birthing girdle from biomolecular analysis." *Royal Society Open Science* 8: no. 3, (March 2021): 1-14.
- Gill, Miriam. "Preaching and Image: Sermons and Wall Paintings in Later Medieval England." In *Preacher, Sermon and Audience in the Middle Ages*, edited by Carolyn Muessig, 155-180. Leiden: Brill, 2002.
- Green, Monica. *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology*. Oxford: Oxford University Press, 2008.
- Hall, Megan J. "Women's Education and Literacy in England, 1066 – 1540." *History of Education Quarterly* 61, (May 2021): 181-212.
- Harris Stoertz, Fiona, "Childbirth and Pilgrimage." *Encyclopedia of Medieval Pilgrimage*, edited by Larissa J. Taylor et al. Brill Publishing. Accessed November 15, 2021.
- Harris Stoertz, Fiona, "Fertility." *Encyclopedia of Medieval Pilgrimage*, edited by Larissa J. Taylor et al. Brill Publishing. Accessed November 15, 2021.
- Howes, Laura. "On the Birth of Margery Kempe's Last Child." *Modern Philology* 90, no. 2 (Nov 1992): 220-225.
- Jones, Peter Murray and Lea T. Olsan. "Medicine and Magic." In *Routledge History of Medieval Magic*, ed. by Sophie Page and Catherine Rider (New York, NY: Routledge, 2019): 299-311.
- Jones, Peter Murray and Lea T. Olsan. "Performative Rituals for Conception and Childbirth in England 900-1500" *Bulletin of the History of Medicine* 89, no. 3 (Fall 2015): 406-433.
- Landsberg, Sylvia. *The Medieval Garden*. New York: Thames and Hudson, 1995.
- L'Estrange, Elizabeth. *Holy Motherhood: Gender, dynasty and visual culture in the later middle ages*. Manchester: Manchester University Press, 2008.

- Musaccio, Jacqueline Marie. "Imaginative Conceptions in Renaissance Italy." in *Picturing Women in Renaissance and Baroque Italy* ed. Geraldine A Johnson and Sara F. Matthews Grieco 42-60. Cambridge University Press, 1997.
- Newman, Barbara. "On the Threshold of the Dead: Purgatory, Hell, and Religious Women." In *From Virile Woman to Womanchrist: Studies in Medieval Religion and Literature* 108-136. Philadelphia: University of Pennsylvania Press, 1995.
- Olsan, Lea. "Charms and Prayers in Medieval Medical Theory and Practice." *Social History of Medicine* 16, no. 3 (Dec. 2003): 343-366.
- Osborn, Marijane. "Anglo-Saxon Ethnobotany: Women's Reproductive Medicine in Leechbook III." In *Health and Healing from the Medieval Garden*. Woodbridge: Boydell Press, 2008.
- Park, Katharine. *Secrets of Women: Gender, Generation, and the Origins of Human Dissection*. New York: Zone Books, 2010.
- Penketh, Sandra. "Women and Books of Hours." In *Women and the Book: Assessing the Visual Evidence*, edited by Lesley Smith and Jane H.M. Taylor, 266-280. London, Toronto: British Library
- Powell, Hilary. The 'Miracle of Childbirth': The Portrayal of Parturient Women in Medieval Miracle Narratives," *Social History of Medicine* 25, no. 4 (April 2012): 795-811.
- Reinburg, Virginia. *French Books of Hours: Making an Archive of Prayer c. 1400-1600*. Cambridge; New York: Cambridge University Press, 2012.
- Ritchey, Sara. *Acts of Care: Recovering Women in Late Medieval Health*. Ithaca: Cornell University Press, 2021.
- Rider, Catherine. "Medical Magic and Church in Thirteenth-Century England." *Social History of Medicine* 24, no. 1 (2011): 92-107.
- Smith, Kathryn. *Art, Identity and Devotion in Fourteenth-century England: Three Women and their Books of Hours*. Toronto: University of Toronto Press, 2003.
- Stanton, Anne Rudloff. "From Eve to Bathsheba and Beyond: Motherhood in the Queen Mary Psalter." In *Women and the book: assessing the visual evidence*, edited by Lesley Smith and Jane H.M. Taylor, 172-189. London: British Library, 1997.