

'They are called Imperfect men': Male Infertility and Sexual Health in Early Modern England

Jennifer Evans*

Summary. Scholars of early modern gender and medicine have tended to focus on female infertility. Discussions that have included male reproductive failure have considered sexual ability and impotence, rather than infertility. Nonetheless, fathering children was important to male social standing and the fulfilment of their patriarchal roles. This article will demonstrate that male infertility was not absent from medical literature, but appeared in a variety of settings including tests for infertility, seventeenth-century handbills for treatments, and surgical treatises. It will show that medical and surgical writers accepted that men could be rendered infertile, but still sexually capable, in a variety of ways. Moreover, the article will show that seventeenth-century surgeons expected male readers to be concerned about their reproductive potential and constructed a framework of efficacy based upon their ability to secure on-going fertility.

Keywords: seventeenth century; fertility; impotence; reproduction; infertility

Writing of barrenness in *The Hidden Treasures of the Art of Physick* (1659) the surgeon John Tanner stated:

Before you try these uncertain conclusions upon the Woman, examine the man, and see if the fault be not in him. It is known thus, if the man be unable to raise his yard, if he want Sperm, if he hath a swelling in his Stones, or if he have the Running of the Reins, he is not fit for Venus School. If the man be of an effeminate Spirit, if he hath no Beard, if he be long casting forth his Seed, and taketh little delight in the act, and the Woman in the act feeleth his Seed cold, be sure the man is unfruitfull.¹

Although this comment followed a lengthy discussion of the many ways in which the female body was liable to reproductive failure, Tanner effectively highlighted to a mid-seventeenth-century audience the need to consider male infertility and impotence. It was apparent to medical practitioners and the wider populace that men sometimes experienced sexual and reproductive problems. The potential for reproductive failure signalled an anxiety in early modern constructions of masculinity. Early modern manhood was varied and required

*R340, School of Humanities, University of Hertfordshire, De Havilland Campus, Hatfield, Herts AL10 9AB, UK.
Email: j.evans5@herts.ac.uk

Dr Jennifer Evans is a lecturer in the school of humanities at the University of Hertfordshire. She has previously published on gender and infertility and abortion in early modern England and her first monograph examining the understanding of aphrodisiacs in early modern England was published in 2014. Her latest research investigates men's sexual health in the seventeenth century.

¹John Tanner, *The Hidden Treasures of the Art of Physick* (London, 1659), 346.

different things of different groups of men; in some cases the body, fertility and virility underpinned the attainment of manliness. The young male body was expected to assert itself through sexual behaviour, and in some cases sexual excess; although excessive sexual activity was thought to exclude young men from achieving self-controlled and restrained manhood.² More importantly middle-aged men were expected to marry, have children and take up a position as head of the household. Virility was thus an important requirement for certain forms of patriarchy and manliness.³ Infertility, and impotence, undermined the self-control and, in a sense, physical strength that were central to achieving some forms of manhood. Fertility and virility, like other indicators of manliness—including rationality and rank—were framed by overarching anxieties that these markers would not be achieved or displayed adequately.⁴ As Mark Breitenberg has argued, anxieties about masculinity were part of a discourse that allowed men to confirm their own identities through a ‘shared language of suffering and distress’; men described common experiences and shared adversaries in order to construct their identities.⁵ Discussions about male infertility should not then be surprising in a culture where corporeal masculinity was viewed as precarious.⁶ Although men were supposed to attain a position of authority over women and children—partly because their bodies supported this—in reality this was not inevitably or even easily achieved. The infertile or impotent man could not become a father, could fail to sexually satisfy and control his wife, and could be cuckolded. One way of easing this tension was to argue that reproductive failure was more likely to be the fault of the woman. Yet quotes such as Tanner’s demonstrate that this response to childlessness did not remove anxieties about the male body and the possibility that it would suffer sexual and reproductive failure.

Scholars examining this period in the 1980s and 1990s often focused, as early modern medical writers did, on women’s infertility and its repercussions. Women’s roles within the household and community rested in part upon their roles as mothers and so infertility was a distressing medical and social condition.⁷ Lawrence Stone, for example, did not write that Samuel Pepys and his wife were infertile, but instead that ‘Elizabeth was childless and lonely’.⁸ Similarly, although Alan Macfarlane’s discussion of the importance of children for marriage broadly discussed both the husband and the wife, the focus of his discussion was women and how barren women were

²Anthony Fletcher, ‘Manhood, the Male Body, Courtship and the Household in Early Modern England,’ *History*, 1999, 84, 419–36, 422–7; Alexandra Shepard, *Meanings of Manhood in Early Modern England* (Oxford: Oxford University Press, 2003), 26–32.

³Judith C. Mueller, ‘Fallen Men: Representations of Male Impotence in Britain’, *Studies in Eighteenth Century Culture*, 1999, 28, 85–102, 86.

⁴Jennie Jordan ‘“To Make a Man Without Reason”: Examining Manhood and Manliness in Early Modern England’, in John Arnold and Sean Brady, eds, *What is Masculinity? Historical Dynamics from Antiquity to the Contemporary World* (Basingstoke: Palgrave Macmillan, 2011), 245–62, 246; Elizabeth Foyster, ‘Male Honour, Social Control and Wife Beating in Late Stuart England’, *Transactions of the Royal Historical Society*, Sixth series, 1996, 6, 215–24, 215; Anthony Fletcher, *Gender, Sex and Subordination in England*

1550–1800 (New Haven, CT and London: Yale University Press, 1995), 332; Shepard, *Meanings of Manhood*, 28, 30.

⁵Mark Breitenberg, *Anxious Masculinities in Early Modern England* (Cambridge: Cambridge University Press, 1996), 5, 12–13.

⁶*Ibid.*, 14.

⁷Other elements also contributed to female honour, see Laura Gowing, ‘Women, Status and the Popular Culture of Dishonour’, *Transactions of the Royal Historical Society*, 1996, 225–34; Garthine Walker, ‘Expanding the Boundaries of Female Honour in Early Modern England’, *Transactions of the Royal Historical Society*, 1996, 235–45.

⁸Lawrence Stone, *The Family, Sex and Marriage in England 1500–1800* (Harmondsworth and New York: Penguin, 1982), 341.

perceived.⁹ This focus on women's bodies was perhaps a consequence of the strength of women's history scholarship, which has sought to uncover histories unique to women and their bodies. Olwen Hufton argued in *A History of Women in Western Europe* that 'in all European societies the blame for a failure to produce offspring was, almost without exception, laid at the feet of the woman'.¹⁰ This trend also suggests that historians have been influenced by the nature of the sources they have examined; early modern medical treatises and other literature provide a clearer picture of women's infertility and barrenness than men's.

More recently, however, attention has shifted and scholars have begun to examine male infertility, either obliquely, like scholars of sexuality, or more explicitly, as social, cultural and medical historians have.¹¹ Medical historians have examined men's bodies broadly, considering a range of male disorders including those of a reproductive nature such as gonorrhoea.¹² Social and cultural historians, examining a range of historical time periods—as Catherine Rider's article in this issue demonstrates—have adopted a range of views on male infertility.¹³ Angus McLaren's *Reproductive Rituals* considered male infertility, but only listed the remedies that were suggested by medical, and popular, literature to encourage lust and seed production.¹⁴ Whereas, Laura Gowing, examining legal records, revealed that childlessness could be used as the basis for slander: 'One Essex man sued a neighbour for saying that he had "no prick to get a child"'.¹⁵ Nonetheless, Gowing considered this an issue of impotence, remarking that male infertility was rarely discussed in the medical literature and was seen in terms of physical impotence.¹⁶ Helen Berry investigated the relatively free and widespread discussion of male infertility in coffeehouse culture and literature, but still noted that this was in contrast to the relative absence of male infertility in medical literature.¹⁷ In a more recent formative article on childless men written with Elizabeth Foyster, Berry challenged the lack of historiography on this topic and detailed how childlessness could be a fraught emotional experience for men at this time; with childless men such as Samuel Pepys expressing their hopes of being fathers, fears about infertility and a sense of loss at not having conceived an heir.¹⁸ They further demonstrated that men without children were, similarly to women, unable to fulfil the status and duties expected of them; their 'honour,

⁹ Alan Macfarlane, *Marriage and Love in England: Modes of Reproduction 1300–1840* (Oxford: Basil Blackwell, 1986), 59–61.

¹⁰ Olwen Hufton, *The Prospect Before Her: A History of Women in Western Europe, vol. 1, 1500–1800* (New York: Vintage Books, 1995), 177; See also Angus McLaren, *Impotence: A Cultural History* (Chicago: University of Chicago Press, 2007), 75.

¹¹ Sarah Toulalan, '“The Act of Copulation Being Ordain'd by Nature as the Ground of all Generation”: Fertility and the Representation of Sexual Pleasure in Seventeenth-century Pornography in England', *Women's History Review*, 2006, 15, 521–32. See also, Karen Harvey, *Reading Sex in the Eighteenth Century: Bodies and Gender in English Erotic Culture* (Cambridge: Cambridge University Press, 2004), 132–5.

¹² Lisa Wynn Smith, 'The Body Embarrassed? Rethinking the Leaky Male Body in Eighteenth-Century England and France', *Gender & History*, 2011, 23, 26–46.

¹³ See also, Christina Benninghaus, 'Beyond Constructivism? Gender, Medicine and the Early History of Sperm Analysis, Germany 1870–1900', *Gender & History*, 2012, 24, 647–76.

¹⁴ Angus McLaren, *Reproductive Rituals: The Perception of Fertility in England from the Sixteenth Century to the Nineteenth Century* (London and New York: Methuen, 1985), 35–6.

¹⁵ Laura Gowing, *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (New Haven and London: Yale University Press, 2003), 115.

¹⁶ *Ibid.*

¹⁷ Helen Berry, *Gender, Society and Print Culture in Late-Stuart England: The Cultural World of the Athenian Mercury* (Aldershot: Ashgate, 2003), 142.

¹⁸ Helen Berry and Elizabeth Foyster, 'Childless Men in Early Modern England', in Berry and Foyster, eds, *The Family in Early Modern England* (Cambridge: Cambridge University Press, 2007), 158–83, 158.

reputation and credit were open to question'.¹⁹ More importantly they argued that historical analysis that portrays women as the carriers of blame and disappointment for childlessness misrepresents how couples at the time actually explained and experienced this phenomenon.²⁰

This article follows in this wake and demonstrates that even in medical literature that focused on the failures of the female body, male infertility was not absent. The evidence presented here will give a more rounded picture of male infertility at this time and demonstrate that barrenness was not automatically blamed on women. Male infertility appeared in a wider range of medical settings than has been previously considered. Medical texts offered male infertility tests and sellers of patent medicines offered remedies to the general populace to improve men's fertility. Surgeons also expressed concern over male infertility and expected their readers to be concerned as well. They consequently created, and attempted to demonstrate their adherence to, a framework within which 'good' surgeons were those who could preserve or restore fertility.

Impotence

Impotence and infertility were not, and are not, synonyms. Impotence, the inability to engage in sexual activity, and infertility, the inability to conceive (in this context to father) a child designate different aspects of reproductive failure. Nonetheless, these terms were not consistently applied throughout the early modern era, the conditions were blurred, and the boundary between the two could be indistinct. This was, as will be demonstrated, because sexual pleasure and ability were inextricably connected to fertility in early modern discussions of sex and reproduction. Yet only granting attention to one form of reproductive incapacity, impotence, obscures the complexity and detail of such conditions. Considering the importance of infertility to early modern debates about reproductive failure will nuance our understanding of the male sexual and reproductive body. Further it will encourage us to think of impotence in terms of the infertility it caused as well as the lack of sexual gratification it signified. As Patricia Simons has suggested, scholars should reorient their discussions of bodily manhood to consider more closely the centrality of semen as a marker of libido, vigour and strength.²¹ Likewise, discussions of male sexual incapacity should be widened beyond thinking about erectile dysfunction, and should be reordered to acknowledge the fundamental role that seed played in descriptions of both infertility and impotence.

Impotence and the impotent man received a flurry of attention from the late-seventeenth century to the mid-eighteenth century amidst concerns about feminization and the loss of English vigour, which was mirrored by concern on the continent.²² Impotence was certainly the most widely understood way in which men were thought to be unable to produce children. As Berry and Foyster have noted 'The inability to achieve an erection, or "absolute impotency", was defined by medical writers as "a total incapacity of fruition"'.²³ Impotent

¹⁹*Ibid.*, 178–9.

²⁰*Ibid.*, 159.

²¹Patricia Simons, *The Sex of Men in Premodern Europe: A Cultural History* (Cambridge: Cambridge University Press, 2011), 5.

²²Mueller, 'Fallen Men'; Pierre Darmon, *Trial by Impotence: Virility and Marriage in Pre-Revolutionary France* (London: Chatto & Windus, 1985 [1979]);

Jeffrey Merrick, 'Impotence in Court and at Court', *Studies in Eighteenth Century Culture*, 1996, 25, 187–202; Edward Behrend-Martinez, *Unfit for Marriage: Impotent Spouses on Trial in the Basque Region of Spain 1650–1750* (Reno: University of Nevada Press, 2007); McLaren, *Impotence*.

²³Berry and Foyster, 'Childless Men', 169.

men highlighted the role of virility to masculinity and were ridiculed as womanly, irrational and highly emotional; they were used to highlight the precarious nature of gender relations—where impotent husbands prompted the sexual transgressions of their frustrated wives.²⁴ This was reflected in ballads published in the seventeenth century, which lamented the sexual frustration of wives married to such men. *The Un-equal Match*, for example, described how one insufficient husband lay by his wife 'like a stone in the Wall' and provided her with no sexual satisfaction.²⁵ The presence of impotence in these popular works suggests that it was a readily identifiable form of male reproductive failure.

Yet it was not only a man's lack of sexual ability that was lamented in these works, it was their failure to produce children. In *Fumblers-Hall, KEPT and holden in Feeble-Court* a group of women complained about the state of their husbands and their marriages.²⁶ The first wife complained that she had tried everything to make her husband potent and fertile, but that she continued a virgin and 'receiv[ed] many taunts and jeers of my Neighbours, who call me *Barren-Doe*, & a thousand such names'.²⁷ Even though the fictitious neighbours in this ballad blamed the woman, it was the husband's inability to engage in sexual activity and get his wife pregnant that was the main issue. For both of the supposed wives presented in this pamphlet it was their husband's inability to father children that was central to their grievances. The second wife lamented that her husband's love was not enough: 'will love beget such beautiful Children as my neighbour *K.* or my neighbour *B.* hath; no, no Love will not do it alone'.²⁸ Some ballads discussed male and female infertility more explicitly as the ultimate result of male impotence. *The Contented Cuckold* plot focused on the promise made by a bride's father to pay a handsome sum to his new son-in-law upon the birth of a child.²⁹ After seven years the unfortunate bridegroom had not received his payment and was ridiculed by the old women of the community:

There was no hopes of an heir being born,
therefore he was much discontented,
All his old Cronies did laugh him to scorn,
alas! he was daily tormented.³⁰

Although this ballad discussed the man's inability to have sex with his wife and her subsequent lack of pleasure, this was framed by his inability to 'perform [the] family duty' and father a child.³¹ The wife in this instance was not blamed because she had not been provided with the opportunity to demonstrate her fertility. Hence, even though popular literature focused on the humorous tropes of impotence and cuckoldry, underlying these jokes was a fundamental concern about male infertility.

Early modern medical writers were influenced by the belief that women's bodies and illness were dominated by the womb and the processes of generation and childbirth. Consequently, in most treatises it was argued that infertility was more often the fault of the

²⁴ McLaren, *Impotence*, 60–1, 70, 75; Mueller, 'Fallen Men', 86.

²⁵ Anonymous, *The Un-equal Match: Or, The Old Feeble Taylor's Insufficiency* (London, c. 1664–1703); See also, Anonymous, *The Scolding Wives Vindication* (1689).

²⁶ Anonymous, *Fumblers-Hall, Kept and Holden in Feeblecourt, at the Sign of the Labour-in-Vain, in Doelittle-lane* (London, 1675).

²⁷ *Ibid.*, 7.

²⁸ *Ibid.*, 9.

²⁹ Anonymous, *The Contented CUCKOLD: Or, The Fortunate Fumbler* (London, 1685–88).

³⁰ *Ibid.*

³¹ *Ibid.*

woman. Some medical writers did this by focusing strictly on the idea of infertility (without including impotence). In these examples it was concluded that as women did much more in conception and gestation, there was more that could go wrong:

Hence we may gather, that Barrenness is oftner from a fault in the women then the men: for in men there is nothing required but fruitful Seed spent into a fruitful womb. But women besides the meeting of their own Seed, must receive, retain, and nourish the mans; and afford matter for the forming of the Child, in which divers accidents happen, and any of these will cause Barrenness.³²

Other authors were less detailed but still maintained the superiority of men's fertility. James McMath concluded, based on the same reasoning, that 'the vile Imputation of *Barrenness*, rests almost, solely upon them [i.e. women]'.³³ This discursive trope persisted into the eighteenth century; the English translation of Nicholas Venette's medical treatise *Conjugal Love* echoed these sentiments stating, 'Barrenness, which is the most considerable [infirmity], proceeds sooner from the Wife than Husband'.³⁴ This statement is particularly telling as it followed his declaration that 'there are so many other Infirmities that deprive the Man[s] Member of its ordinary Function, that 'twould require a particular Discourse to describe them all'.³⁵ Venette acknowledged the many ways in which men could become both impotent and infertile, but obscured the likelihood of this actually happening by reasserting the weakness of the female form and by removing male deficiencies to an imagined, and not extant, treatise. Other authors simply failed to discuss male infertility, perhaps thinking that it was so unlikely an occurrence as to not need explanation. William Salmon's *Systema Medicinale* followed this method saying 'Here we shall only examine Barrenness, so far as it concerns a Woman alone'.³⁶ Nevertheless, Salmon immediately afterwards acknowledged that discontent often arose between men and women who blamed each other for their infertility, implicitly suggesting that male infertility was in fact a possibility.³⁷

Consistently and unquestioningly blaming women, however, was not a universal response to barrenness. Indeed, as Salmon suggested, medical texts acknowledged the discord that arose between husbands and wives in cases of childlessness. Furthermore, many treatises included tests designed to discover whether it was the man or the woman who was barren, which would have been unnecessary if men were always blameless.³⁸ These tests, as Catherine Rider's article in this collection demonstrates, were not an early modern innovation; they were mostly attributed to Hippocrates and were also found in medieval medical works.³⁹ One particular test that was repeated across the period appeared in Thomas Raynalde's 1545 midwifery treatise based upon a German treatise

³²Daniel Sennert, *Practical Physick; The Fourth Book* (London, 1664), 134–5.

³³James McMath, *The Expert Mid-wife: A Treatise of the Diseases of Women with Child* (Edinburgh, 1694), 2. See also; Nicholas Culpeper, *A Directory for Mid-wives* (London, 1671), 73.

³⁴Nicholas Venette, *Conjugal Love Reveald* (London, 1720?), 41.

³⁵*Ibid.*, 40–1. See also, John Marten, *Gonosologium Novum: or, A New System of all the Secret Infirm and*

Diseases, Natural, Accidental, and Venereal in Men and Women (London, 1709), 57.

³⁶William Salmon, *Systema Medicinale, A Compleat System of Physick, Theoretical and Practical* (London, 1686), 237; See also, John Pechey, *The Store-house of Physical Practice* (London, 1695), 396–400.

³⁷Salmon, *Systema Medicinale*, 237.

³⁸Berry and Foyster, 'Childless Men', 173.

³⁹Rider, 'Men and Infertility in Late Medieval English Medicine'.

by Eucharius Rösslin.⁴⁰ Readers were told that to test whether the man or woman was infertile,

lette eche of them take of whete and barlye cornes, and of beenes of eche.vii. the which they shall suffer to be staped in their severall uryne: the space of. xxiii. houres: then take. ii. pottes, such as they set gylyflowres in: fyll them w[ith] good earth: & in the one let be set the whete, barlye & beans, styped in the mans water, & in the other the whete, barlye, and beans, styped in the womans water: and everye morning the space of eight or ten dayes, lette eche of them with theyr proper uryne water the sayde seades sowen in the fore-named pottes, & marke whose potte dothe prove, & the seades therin contained doth growe, in that party is not the lacke of co[n]ception'.⁴¹

The eleventh edition of the popular work *Aristotle's Compleat Master-Piece* even hinted that men might doubt their own abilities and so use this test.⁴² The author then argued that if there was a defect in the man's genitals leading to impotence it would be 'obvious to both Parties' and so the test would be unnecessary.⁴³ In some treatises the barley test was accompanied by a similar test involving lettuce leaves where the person whose urine dried from the leaf first was deemed to be infertile.⁴⁴ Importantly these were not the trial by congress or matrons discussed in many histories of male sexual/reproductive failure and divorce: they did not measure the man's ability to achieve and sustain an erection, or base their judgement on his ability to ejaculate.⁴⁵ These tests were explicitly about fertility.

The medical treatise of German physician Christopher Wirtzung, in addition to discussing visual signifiers of male infertility, also offered infertility tests aimed specifically at the male body.⁴⁶ He included a male-specific urine test: 'let him pisse in a pot, and let the urine stand awhile, if wormes grow therein, then is that urine barren'.⁴⁷ In other treatises this test was intended to determine female infertility, so this may have been a mistake in the text; however, the 1654 edition still included this as a measure of men's fertility.⁴⁸ It could be argued that these tests were included as a further means of reasserting men's fertility; it was perhaps expected that these tests would always prove that the man was fertile. Furthermore, Nicholas Culpeper's *Directory for Midwives* argued that men did not have to put too much stock in the outcome of the test, which undermined its authority if it ever did indicate male reproductive failure.⁴⁹ Yet if this was the case, these tests should not have been

⁴⁰For examples, see Jane Sharp, *The Midwives Book, or, The Whole Art of Midwifry Discovered* (London, 1671), 164; Culpeper, *A Directory for Midwives*, 74.

⁴¹Thomas Raynalde, *The Byrth of Mankynde, othervyse Named the Womans Booke* (London, 1545), Fols. 140v–141r.

⁴²Anonymous, *Aristotle's Compleat Master-Piece in Three Parts*, (London, 1690?), 47–8.

⁴³*Ibid.*, 48.

⁴⁴Christopher Wirtzung, *The General Practise of Physicke* (London, 1605), 296.

⁴⁵Darmon, *Trial by Impotence*; Behrend-Martinez, *Unfit for Marriage*, 105–8; Cissie Fairchilds, *Women in Early Modern Europe: 1500–1700* (Pearson Education:

Harlow, 2007), 80; Gowing, *Common Bodies*, 43; McLaren, *Impotence*, 25; Sarah Toulalan, *Imagining Sex: Pornography and Bodies in Seventeenth-Century England* (Oxford: Oxford University Press, 2007), 80.

⁴⁶Wirtzung, *The General Practise of Physicke*, 296.

⁴⁷*Ibid.*, 296. A test for palsy of the yard, which was linked to male barrenness, was included in Ambrose Paré's surgical treatise, *The Workes of the Famous Chirurgion Ambrose Parey translated out of Latine and Compared with the French. by Tho[mas] Johnson* (London, 1634), 931.

⁴⁸Christopher Wirtzung, *The General Practise of Physick* (London, 1654), 327.

⁴⁹Culpeper, *A Directory for Midwives*, 74.

required at all. Medical treatises described several female-specific tests, including urine tests and tests where odoriferous substances moved through a woman's reproductive passages to ascertain fertility.⁵⁰ Using these tests would have allowed for a woman's blame to be established without ever implicating her husband.

For these authors, then, male infertility was a recognised condition that required testing and treatment. The authors of the *Golden Practice of Physick* even argued that 'Men are more deficient than Women, for the man doth more in that act than the Woman.'⁵¹ Similarly, as stated at the beginning of this article, John Tanner warned his readers to check the man before proceeding with any treatment aimed at amending the woman's body. More emphatically the 1668 edition of Lazarus Riverius's *Practice of Physick* warned practitioners to 'diligently consider and inquire, whether Conception and Generation be not hindered by fault of the Man, or any deficiency in him. For in such a Case, It were vainly done to torment the Woman with a multitude of Medicines.'⁵² Although these authors appear to have been in the minority in openly questioning the male body and advocating male infertility tests, they were typical in acknowledging the many physical problems that could prevent a man from conceiving. Throughout the early modern period medical treatises described a range of problems that could lead to male infertility.

Unlike the legal setting, in medicine it was not automatically accepted that the presence of an erection and seed meant that a man was fertile or virile. Nor did medical writers always view impotence as simply erectile dysfunction. Texts like Nicholas Culpeper's edition of John Johnston's *Idea of Practical Physick* stated that '*The erection of the Yard hurt, or a viril impotency is, when that by no endeavors can be erected, or extended*'.⁵³ But it was more common for medical writers to acknowledge that impotence was a complex issue that could involve the loss of sexual drive, physical imperfections and abnormalities of the penis and poorly concocted seed.⁵⁴ All treatises concurred that sustaining an erection was vital to conception as it created a direct path for the seed to be cast into the vagina; seed consequently remained inside the male body until it reached the female reproductive organs and did not lose its innate heat. Heat was a vital element of seed's potency that made it able to spark a conception. Moreover, if a man could not maintain an erection then the time required for the woman's body to become heated, reach orgasm and release her own seed, which contributed to conception, was lost: as the author of *Etmullerus Abridg'd* summarised 'T[here] are two main Qualifications requisit for performing the Office of a Husband; one is the due Erection and stiffness of the Yard; the other the regular Ejaculation of the Seed thro the Yard thus prepar'd'.⁵⁵

⁵⁰See, for example, Lazarus Riverius, *The Practice of Physick, in Seventeen several Books...* (London, 1678), 505; Sennert, *Practical Physick*, 136; Wirtzung, *The General Practise of Physicke*, 296; Jakob Rueff, *The Expert Midwife, or An Excellent and most Necessary Treatise of the Generation* (London, 1637), 17; Robert Johnston, *Praxis Medicinae Reformata: or, The Practice of Physick Reformed* (London, 1700), 246.

⁵¹Felix Platter, *A Golden Practice of Physick* (London, 1662), 168.

⁵²Riverius, *The Practice of Physick*, 506.

⁵³John Johnston, *The Idea of practical Physick in Twelve Books* (London, 1657), 64. This discussion was separate to the explanation of barrenness in women in a section addressing problems with the male reproductive organs. See also, Anonymous, *The English Midwife Enlarged* (London, 1682), 188.

⁵⁴For discussions of physical deformity, see Platter, *A Golden Practice of Physick*, 168–9; Michael Etmuller, *Etmullerus Abridg'd: Or, A Compleat System of the Theory and Practice of Physic* (London, 1699), 576; Marten, *Gonosologium Novum*, 17.

⁵⁵Etmuller, *Etmullerus Abridg'd*, 572.

A key aspect of stimulating an erection according to medical writers was sexual desire, and for most authors this related to the nature of the seed:

Venery may be hindered, or weak in both Sexes, if there be either no seed, or at least such as will not provoke the act. For the sharpness of the Seed, causeth the Itch ... and stirs up nature by the spirits, in the Arteries and fills the Spungy Body of the Yard and Glans therewith, so that it is enlarged, swollen, hard, red and hot, and fit for the action.⁵⁶

As is suggested here, medical writers and practitioners accepted that desire was precarious and could be diminished through disease or perturbations of the mind. The humoural model posited that sexual desire was driven by the heat of the body and the salinity of the seed. As men were considered to be innately hotter than women they were believed to be more prone to lust and more capable in sexual pursuits. Medical writers also, however, emphasised that a loss of libido prevented men from having children. Without the desire to engage in intercourse men would never propagate the species. The third edition of *The Ladies Physical Directory* included a chapter on 'Impotency and Infertility in Men', which stated that 'some Men, who are every way qualified to Propagate their Species, except only that through some peculiar Coldness in their Constitution, they want that Inclination to Venery, that others for the most Part are too much prone to'.⁵⁷ Authors like Theophile Bonet, a physician in Geneva, also noted that this affliction could be induced through the consumption or application to the testicles of certain cooling plants, particularly camphor and agnus castus: 'Camphire' 'applied to the Testicles and Loins, it restrains and extinguishes all Venereal provocations. Many subscribe to this opinion. Even the vulgar are come to the knowledge of this'.⁵⁸

A lack of desire was not only thought to cause impotence but was also clearly related to infertility. James Marten, for example, described how a lack of desire was a sign of infertile seed, but did not always prevent intercourse, as men could still converse and dally with their wives:

where a Man is furnisht in every particular with the natural and due proportion, structure and dimensions of the *Genital Parts*, and yet finds himself not Toucht upon the conversing or dallying with his Wife, who is all respects is agreeable, 'tis a certain sign of infirmity and infertility of his Seed.⁵⁹

As Marten did here, authors nearly always acknowledged that infertility and impotence were connected and manifested together. The authors of the *Golden Practice of Physick* outlined that 'they are called Impotent which cannot ingender at all for want of erection; and such as do it faintly with small extension are called weak men; and when they spend no seed in the act whether done strongly or faintly, they are called Imperfect men'.⁶⁰ It was rare for treatises like *Etmullerus Abridg'd* (1699) to completely separate these issues.

⁵⁶Platter, *A Golden Practice of Physick*, 168.

⁵⁷Anonymous, *The Ladies Physical Directory*, 3rd edn (London, 1727), 57, 59; See also James Marten who stated that venereal disease left men without adequate sexual desire, Marten, *Gonosologium Novum*, 21–2.

⁵⁸Theophile Bonet, *Mercurius Compitaltius, A Guide to the Practical Physician* (London, 1684), 545.

⁵⁹Marten, *Gonosologium Novum*, 24.

⁶⁰Platter, *A Golden Practice of Physick*, 168.

It included a distinct chapter on the deficiency of the seed, which was 'more fatal to the *Species* than to individual Persons'.⁶¹ Even though these were different problems they were considered to be a part of male barrenness (barrenness was the English equivalent of the Latin term *Sterilitas*, which was also naturalised as sterility).⁶² There were many ways in which men could be infertile, and nearly all of these related in some way to a man's potency.

Male Seed

Male infertility was usually considered to be a result of poorly concocted seed. Poor seed production, or concoction, was caused by humoural imbalance or a lack of adequate nutrition. Seed was the finest refinement of a man's blood, which was initially concocted from his food. Consequently, authors including Jakob Rueff could argue that 'sterility and difficulty of ingendring have very great help and succour by them, whereby they are caused and increased, as by an inconvenient diet'.⁶³ Without food men would not concoct seed. Even if a man did produce seed there was no guarantee of its fertility; it was important that animal spirits and salt were distilled out of the blood to create fertile seed.⁶⁴ The heat of the seed was one of the most important elements in ensuring its potency. The man's seed was believed to be the active element in conception; it sparked the new life and imparted to it a soul. Vital spirits, created in the heart and dispersed around the body, were also crucial for potency. In the *Golden Practice of Physick* the author noted that barrenness could come from the 'mans Seed, when it is not sufficient in quantity, or fit for Generation; and though a Woman receives it, either there is no Procreation, or its in vain'.⁶⁵ The author elaborated that this happened when 'the [man's] Seed be not concocted, but crude thin and waterish, or too cold, and with[out] spirits, or the like, which takes away the vertue, it cannot beget Children'.⁶⁶ Here the seed's poor consistency and importantly its lack of heat and spirits robbed it of its generative virtue. Nicholas Fonteyn's *The Womans Doctour* concurred that 'Barren men are commonly beardless, slow in imagination, and dull in practise, because their seed is cold, and contains not any spirit to tickle, and warme their Phantasies'.⁶⁷ Fonteyn's concern, like the authors above, was that seed without spirits would not titillate the male body and encourage men to engage in sexual activity. Overall though, the composition of the seed was important because if it was not correctly formulated it would never create a new life. Men with poor seed might still engage in intercourse, but would be unlikely to conceive children.

The humoural balance and consistency of the seed was also crucial. Medical writers explained that some seed was too cold, too moist, or too hot and dry.⁶⁸ Male seed that was too hot consumed and burnt up the potent elements. Conversely, seed that was cold, thin and waterish did not contain enough heat to promote life and could easily slip out of the womb. Seed that was too thick travelled too slowly and lost its innate heat before the moment of conception. Excessively thin seed was also thought to be a cause

⁶¹Etmuller, *Etmuller's Abridg'd*, 558–59, 573.

⁶²Philip Barrough, *The Methode of Phisicke* (London, 1583), 157.

⁶³Rueff, *The Expert Midwife*, 13.

⁶⁴Isbrand van Diemberbroeck, *The Anatomy of Human Bodies* (London, 1689), 191.

⁶⁵Platter, *A Golden Practice of Physick*, 173.

⁶⁶*Ibid.*, 173

⁶⁷Nicholas Fonteyn, *The Womans Doctour* (London, 1652), 131–2.

⁶⁸Barrough, *The Methode of Phisicke*, 157.

of premature ejaculation. It was important that intercourse lasted long enough to warm (through friction) the inherently cold female body, as heat created a fertile environment in the woman's womb and stimulated her to release her own seed, which mixed with the man's in order for conception to occur. Thin seed was thought to run from the body without sensation or cause too much sexual excitement making the man ejaculate too soon. Theophile Bonet recited twice the story of a man who 'let go his Seed at the first touch of the *Labia*; but it was watrish and very like whey'.⁶⁹ He further explained that

They whose Seed is sharp are excited to *Venus* of their own accord, and quickly emit their Seed, or it runs from them, because of its thinness, without any great sense, and the Member becomes detumescent and languid before ... the Woman is ready for expulsion.⁷⁰

Men who suffered from this particular problem were not impeded from engaging in sex, no matter how short-lived the experience may have been, but were unlikely to conceive. Seed was the crucial element in men's sexual *and* reproductive capabilities. When the seed men produced was ineffective and intemperate they were considered to be barren, infertile and imperfect.

The ability to produce fertile seed was dictated by the state of the testicles. Although there was some debate about the specifics of seed production, medical writers largely agreed that seed was created in the small twisting passages of the testicles. The testicles had to be well formed and properly situated for this process to occur unhindered; damaged or abnormally developed testicles were thought to be unable to produce fertile seed. As Alessandro Massaria explained to his readers 'The stones may be the cause of barrenness, by reason of their evil composition, or accidents and distempers'.⁷¹ There were many accidents and distempers that medical writers described including tumours, wounds and ulcers.⁷² There is not space here to discuss all of these problems, but one condition that received considerable attention in the surgical literature was hernias. In particular surgeons described the dangers that varicose hernias (swellings caused by varicose veins in the testicles) posed to male fertility. The English translation of Joseph De la Charrier's *A Treatise of Chirurgical Operations* argued that varicose swelling in the testicles was recognisable because it made 'a Man somewhat impotent, especially, when it possesses both Testicles'.⁷³ Similarly the English version of *A Compleat Body of Chirurgical Operations* by Monsieur de La Vauguion noted that varicose veins in the testicle caused impotence.⁷⁴ Although both of these treatises referred to the patient as impotent, it is likely that they were also discussing infertility as the damage related specifically to the production of seed: Alexander Read stated of the same disease 'If this affection invades the Stones, the party becomes barren' and 'that they who have their Testicles varicous are barren, because the Spirits of Generation pass to the *Varices*, and so leave the Seed unfruitful, being deprived of Spirits'.⁷⁵ Looking beyond the term impotence, which was used increasingly across the period to describe male sexual and

⁶⁹Bonet, *Mercurius Compitalitius*, 256.

⁷⁰*Ibid.*, 545.

⁷¹Alessandro Massaria, *De Morbis Fæmineis, the Womans Counsellour: Or, the Feminine Physitian* (London, 1657), 108.

⁷²*Ibid.*, 108–9.

⁷³Joseph De la Charrier, *A Treatise of Chirurgical Operations* (London, 1696), 72.

⁷⁴M. de la Vauguion, *A Compleat Body of Chirurgical Operations* (London, 1699), 38.

⁷⁵Alexander Read, *Chirurgorum Comes: Or the Whole Practice of Chirurgery* (London, 1687), 175.

reproductive failure, reveals that the fundamental issue with varicose swellings was that they cause infertility.⁷⁶

It is thus evident that medical treatises and writers accepted that the male body was liable to a range of reproductive failures which impeded the ability to engage in sexual activity and have children. Moreover, as will be seen in the last section of the article, both medical and surgical writers addressed the potential for certain diseases and treatments to damage male fertility. This is further reinforced by the presence in medical treatises and midwifery manuals of remedies designed to raise the heat of the reproductive and sexual organs and encourage seed production, thus improving the potency and fertility of the male body.⁷⁷ Outside of medical treatises, remedies of this nature were advocated and advertised for sale in seventeenth-century handbills and eighteenth-century newspaper advertisements

Fertility and Patent Medicines

In the seventeenth century medical practitioners across London publicised their services through printed handbills. Collected versions of these advertisements are housed in the British Library. They are mostly one-sided or two-sided, with a few small booklets, and they describe the location of a practitioner, the cures they offered and the particular medications that they sold.⁷⁸ The majority of the advertisements relevant to this article were produced for generalised practitioners, who treated a range of illnesses and sold panaceas (medicinal cure-alls). Only a few extant handbills focus solely on curing reproductive ills and these predominantly advertised the services of female practitioners who claimed to specialise in treating women's ailments (none of these women, as far as I am aware, claimed explicitly to treat male barrenness and so they will not be discussed here). The evidence for male infertility in these advertisements is again limited but is importantly present. Several of the handbills claimed that the practitioner treated both male and female barrenness. This of course would not have been necessary if society universally blamed women for childlessness. One physician on Great Knight-Rider street claimed that 'to *Admiration these Pills take away the cause of Barrenness in both Men and Women*' whether it had been caused by venereal disease or subsequent mercurial treatment.⁷⁹ Medical treatises noted that venereal disease, which included gonorrhoea and syphilis, and its treatment, could leave men and women infertile or impotent.⁸⁰ Another doctor in Hay-market noted that he had an excellent medicine for infirmities belonging to women. Yet his explanation of its virtues was not specific to the female body, rather it 'makes Fruitful, takes away the cause of *Barrenness, or Impotency in men or Women*'.⁸¹ Even though this author included

⁷⁶Jennifer Evans, "It is caused of the womans part or of the mans part": The Role of Gender in the Diagnosis and Treatment of Sexual Dysfunction in Early Modern England' *Women's History Review*, 2011, 20, 439–57.

⁷⁷Jennifer Evans, 'Procreation, Pleasure and Provokers of Lust in Early Modern England, 1550–1780' (PhD diss., University of Exeter, 2010), chs 3 and 4.

⁷⁸Further information on these collections can be found in Kevin P. Siena, 'The "Foul Disease" and Privacy: The Effects of Venereal Disease and Patient Demand on the Medical Marketplace in Early Modern London',

Bulletin of the History of Medicine, 2001, 75, 199–224, 201–4.

⁷⁹British Library (BL) C.112.f.9. [15] repeated in the collection [144]. In another version of this advertisement the section on barrenness is removed entirely [147].

⁸⁰John Marten, *A True and Succinct account of the venereal disease* (London, 1706), 199, 226; John Armstrong, *A Synopsis of the History and Cure of Venereal Diseases* (London, 1737), 504; Etmuller, *Etmullerus Abridg'd*, 323.

⁸¹BL 551.a.32 [85].

'impotency' and 'barrenness' these were not defined along gender specific lines but appeared as problems applicable to both sexes. These authors were not particularly expressive or detailed, but the simple fact that they included men is significant, as many other advertisements specified that they treated female patients.⁸²

In other advertisements the gender of the infertile patient was not alluded to.⁸³ For example, the physician at the Rose in the Strand stated that he had 'the most Prevaillent Remedies, that ever were yet found out, to take away the cause of BARRENNESS, by the use of which several Hundreds have Conceived, and brought forth Children, after all hopes of Issue has been despair'd of for many Years.'⁸⁴ The lack of gender here is noteworthy; the remedy was explained in an individual paragraph and was followed by a separate paragraph discussing his ability to cure miscarriage and other diseases of women with child. In a traditional reading of early modern infertility, it may have been assumed that advertisements like this were aimed at female readers and their bodies—an interpretation strengthened by the fact that barrenness was often listed next to abortiveness or miscarriage. However, it is evident in the descriptions above that those offering drugs and services of this kind did not exclude men as potential patients. These advertisements were designed to appeal to as wide a range of patients as possible and this included the infertile man. Another similar advertisement for a renowned and approved Dutch physician stated that 'I Do also help such as have lost their Seed, and make the Spirit of Married people rejoyce, bein[g] lost by what occasion soever, and cause them to be as Sprightly as ever, this I can testifie by great many here in this Town.'⁸⁵ This practitioner again claimed to treat both husbands and wives for infertility. Other practitioners also offered non sex-specific remedies designed to improve seed production. A handbill for Saffold's best wonder-working pills claimed that, amongst its many effects, it increased sperm.⁸⁶ This was not listed next to female complaints or any other gender-specific discussion of barrenness, and readers may well have interpreted this as a remedy for male infertility by encouraging the production of potent and fertile seed. A handbill for Dr Vanforce's Elixir Vitae also claimed that it improved vigour and liveliness, cleansing the blood of impurities and increasing seed production.⁸⁷ Increased sperm production would have helped combat impotence and increased sexual desire, however, readers were likely to have been aware that the main way in which improved seed production affected the male body was to make it more fertile. The presence, albeit rare, of men as potential patients and customers in these advertisements suggests that those aiming to attract a wide range of patients expected their audience to know that men could be infertile. Moreover, it suggests that they expected that there were men, or possibly their wives, who had acknowledged that their childlessness was due to a problem with the male body, and would actively seek a remedy for this.

⁸²BL C.112.f.9. [10], BL C.112.f.9. [24], BL C.112.f.9. [41], BL C.112.f.9. [47], BL C.112.f.9. [81], BL C.112.f.9. [86], BL C.112.f.9. [88], BL C.112.f.9. [99], BL C.112.f.9. [119], BL C.112.f.9. [125], BL 551.a.32 [178], BL 551.a.32 [190], BL 551.a.32 [193], BL 551.a.32 [199], BL 551.a.32 [204], BL 551.a.32 [214], BL 551.a.32 [230].

⁸³BL C.112.f.9. [45], BL C.112.f.9. [66], BL 551.a.32 [162], BL 551.a.32 [200], BL 551.a.32 [224].

⁸⁴BL 551.a.32 [231] verso.

⁸⁵BL C.112.f.9. [63].

⁸⁶BL C.112.f.9. [25] Other advertisements for Saffold's pill did not include this: 552.a.32. [91], [97], [110], [129], 131.

⁸⁷551.a.32 [156].

The presence of men as potential patients and consumers in medical advertisements increased in the eighteenth century as patent drugs and medicines were offered for sale in the daily and weekly newspapers of the capital.⁸⁸ Many medicines advertised in this way were designed to cure a range of related ailments, and aphrodisiacs/infertility treatments were a particularly popular genre. These advertisements aimed to reach a broad urban and rural audience of men and women; they were sometimes reproduced in the newspapers because they acted as agents for the sale of such drugs, although it is not always clear how popular any particular medicine was.⁸⁹ However, the commonness and repetition of infertility treatment advertisements does suggest some measure of popularity and success. Many of these drugs declared that they treated both men and women like the 'PROLIFICK ELIXIR' which claimed to cure barrenness in women and male impotence and imbecility, a term often used to describe male reproductive problems. The author argued that the elixir 'powerfully strengthen[ed] all the animal Faculties and generative Powers in both Sexes'.⁹⁰ Although the label used here was impotence, the language used in this description made it clear that it was the man's childless state that was to be rectified: in addition to helping women who had been deemed incurably barren, the remedy was for the

Numbers of Gentlemen, who, by fast living, or otherwise, had rendered themselves incapable of Procreation, have soon been enabled by it to propagate their Species; inso-much, that very many illustrious Families, who, for want of Children, were almost inconsolable, are now blest with happy Issue, and are (under Providence) indebted to this Great Medicine for their Heirs.⁹¹

Moreover, the very name of the drug invoked fertility; throughout the seventeenth and eighteenth century the word prolific was associated with being fertile.⁹² In some versions of this advertisement the male generative problems were listed first in the title implying that men were not simply included as an afterthought.⁹³ By looking beyond the word 'impotence' in these advertisements it becomes apparent that medical practitioners and others who sold patent medicines marketed their cures at infertile men. Other adverts similarly addressed infertile men explicitly: Dr Cecil's Powerful Restoratives were intended to help 'impotency, or infertility, in either sex, whether the complaint arises from excessive drinking, inordinate venery, violent purging for venereal injuries, or a defect in nature'.⁹⁴ Conversely, some authors, like their seventeenth-century counterparts, described infertility without explicitly referencing either gender: the 'RESTORATIVE CORDIAL DROPS discovered by Dr. BECKET' were ascribed with the ability to remove sterility and barrenness 'The Truth of it's having this wonderful Effect, is confirmed by the recent Informations the Author

⁸⁸Jeremy Black, *The English Press in the Eighteenth Century* (London, 1987), 53.

⁸⁹*Ibid.*

⁹⁰This advertisement appears regularly throughout the early eighteenth century: *British Journal* 1722, London, England, Saturday October 24, 1724, issue cx; *Daily Journal* London, England, Tuesday, 15 February 1737, issue 5922. It was more common for the term impotence to be used to describe men's reproductive problems in the later part of the early modern period:

Evans, 'It is caused of the womans part or of the mans part'.

⁹¹*Daily Journal* London, England, Tuesday, 15 February 1737, issue 5922.

⁹²*The Oxford English Dictionary Online*, <www.oed.com>, accessed 5 March 2013.

⁹³*General Advertiser* (1744) London, England, Wednesday, 17 January 1750; Issue 5068.

⁹⁴*Gazetteer and New Daily Advertiser* London, England, Saturday, 28 August 1779; Issue 15 770.

daily receives'.⁹⁵ Even when describing the letters Dr Becket had received in praise of this medicine the suggestion was not made that these were exclusively or even predominantly written by female patients. The sex of the patients is simply left undisclosed.

Like the medical writers whose treatises addressed the causes of male infertility, medical practitioners and others who offered medicines for sale throughout the seventeenth and eighteenth centuries accepted the reality of male infertility and expected that the readers of handbills and newspapers would also recognise that men could need medical attention for this problem. Even though men appeared rarely in these advertisements, those who did include this particular problem evidently felt that doing so could produce paying customers. They accordingly offered drugs that would restore and reinvigorate the male reproductive organs making them potent, prolific, and fertile.

Fertility, Medicine and Surgical Practice

Although the advertisements described above indicate that patients potentially sought treatments for male infertility, they do not provide any detail about the patient/practitioner relationship or the ways in which treatment for these disorders and diseases was undertaken. Childlessness was distressing both socially and medically for patients, and it would appear that medical practitioners were also anxious that a range of diseases and medical conditions could lead to male infertility. External bodily afflictions, those not caused by internal humoral imbalance and disease, were commonly treated by surgeons, many of whom produced treatises that outlined the nature, symptoms, causes and cures of certain diseases and advertised their own abilities as a practitioner. It may be that one of the reasons why male infertility has been relatively neglected by scholars is that it was discussed and treated by surgeons rather than by physicians. Although physicians may have downplayed the possibility for male infertility to occur as a result of humoral imbalance, fertility was a concern for surgeons dealing with genital trauma and physical disorders of the reproductive organs. Furthermore, several surgeons highlighted their skill in preserving male reproductive capabilities as a way of asserting the efficacy of their own practice, suggesting that it was indeed important to both patients and medical practitioners.

Within these treatises, and a few medical texts, surgeons included observations and case histories of their patients, including those who had received treatment for ailments that affected the reproductive organs. Observations were a relatively common feature of surgical treatises, either copied from previous authors or recording the surgeon's own practice.⁹⁶ They are not unproblematic as sources, particularly as several of the treatises discussed here were originally produced on the continent and describe non-English cases of treatment. Nonetheless, these treatises grew out of a shared European medical culture facilitated by the publication of texts in the medical lingua franca, Latin. Their reproduction in England demonstrated that translators and publishers believed they would find an audience and would be intelligible to those practising medicine in the English setting.⁹⁷

⁹⁵*Public Advertiser* London, England, Wednesday, 7 August 1765; Issue 9599.

⁹⁶For a discussion of the value of surgical observations see; Michael McVaugh, 'Richard Wiseman and the Medical Practitioners of Restoration London', *Journal*

of the History of Medicine and Allied Sciences, 2007, 62, 125–40.

⁹⁷Henri-François le Dran, *Observations in Surgery: Containing One Hundred and Fifteen Different Cases* (London, 1739), vi.

One or two medical treatises included some case histories. Isbrand van Diemerbroeck's treatise, *The Anatomy of Human Bodies*, described the form and operation of the testicles. In doing so he claimed that 'Men and brute Animals, having lost their Stones, become altogether barren and unfit for Generation; and that they never recover new Seed'.⁹⁸ To support this assertion he included several anecdotes. Predominantly these aimed to demonstrate that if a man without visible testicles produced children, then the testicles were merely hidden, not damaged or altogether absent: 'I my self, not many years ago, knew a Man in *Upper Holland*, that had more Children than Money, that had no Stones hanging down in his Cods'.⁹⁹ Diemerbroeck further included case histories that focused on the ability to reproduce in the event of a hernia. He wrote that

Captain *Couper*, becoming bursten, by reason of a violent fall from his Horse, and not being to be cur'd but by the taking away of one Stone, had afterwards by his Wife several Children of both Sexes. The same Accident happen'd to *Bernard Z.* who when a young Man, had one Stone taken from him by reason of his being bursten; who therefore was wont to brag that he could got more Children with one Stone, than others could get with two: For he was very much addicted to Venerie, and had a great number of Children by five Wives, and several Illegitimates.¹⁰⁰

Although he was using these observations to describe the form and function of the testicles, it is evident that Diemerbroeck was concerned that hernias, and plausibly other testicular disorders, could cause a man to lose his ability to produce offspring. Unlike surgical writers however, this did not appear to be part of a strategy to enhance or advertise his reputation for healing particular disorders. He only suggested to the reader that he was adept at identifying whether or not a patient's reproductive organs were present or absent.

Surgical treatises often described the reproductive organs and distempers that afflicted men. And, like Diemerbroeck, these works expressed concern that diseases of and damage to the testicles would lead to male infertility. Ambrose Paré's surgical treatise remained influential throughout the early modern period and included a separate chapter on barrenness in men, where the many forms of infertility and impotence that could affect the male body were discussed. Paré explained the potential for male seed to be humourally imbalanced or to be insufficient in quantity to cause a conception.¹⁰¹ Paré then departed from the discussions found in medical treatises and considered the effects that injury, surgery and surgical complications might have on men's ability to reproduce. He described how 'Many become barren after they have beene cut for the stone' and those who 'have their testicles cut off, or else compressed or contused by violence, cannot beget children'.¹⁰² Outside of this chapter, Paré continued to emphasise the importance of the male reproductive organs and urged surgeons to take great care when dealing with wounds in the groin, yard or testicles: 'But for the wounds of the Testicles, and genitall parts, because they are necessary instruments for the preserving the *species* by generation,

⁹⁸Diemerbroeck, *The Anatomy of Human Bodies*, 148.

See also; Theodore Turquet de Mayerne, *Medicinal Councils or Advices* (London, 1677), 78.

⁹⁹*Ibid.*

¹⁰⁰*Ibid.*

¹⁰¹Paré, *The Workes of the Famous Chirurgeon*, 931.

¹⁰²*Ibid.*

or a succession of individualls, and to keepe all things quiet at home, therefore the Chirurgion ought to be very diligent and carefull for their preservation.'¹⁰³ In this treatise it was accepted that male fertility was important for continuing the species, satisfying wives, maintaining household order and domestic harmony; yet it was also accepted that fertility was precarious and at risk from a range of external dangers. The ability of men to have sex and bear children needed to be considered and protected during surgical operations. Not all surgical treatises agreed that this was a matter of concern, however. Alexander Read, a surgeon and anatomist, argued that because wounds of this nature were not deadly and men could evidently live if their testicles were removed, it was unnecessary to examine their treatment in any detail.¹⁰⁴ In Read's text the potential infertility of a patient was a secondary consideration to the maintenance of life.

Despite Read's reticence, it was generally outlined that hernia treatments were delicate operations that had the potential to damage male fertility. In order to alleviate these concerns, several surgical treatises emphasised the ability of the surgeon to preserve or restore their patient's reproductive abilities. Hernias in the early modern period were categorised into distinct sorts, depending upon which part of the bowel descended through the peritoneum and to where, either the groin or the testicles. Testicular swellings caused by water, wind and varicose veins were also classed as hernias. For hernias where material had descended into or gathered in the testicles surgical treatises often advocated making an incision in the scrotum. This facilitated the manipulation of material back to its place of origin or allowed watery and windy humours to be expressed. Although this procedure was believed, overall, to be beneficial to the patient it was thought to be dangerous if conducted by a poor surgeon who did not have the requisite knowledge or experience to conduct the operation safely.

The late sixteenth-century treatise of Peter Lowe, a surgeon who worked in France and Glasgow, explained the hazardous position a patient was in if both testicles became herniated and required surgery: 'Sometime being healed in the one side, it falleth on the other side, for the curation whereof, doe the like [remove the testicle], yet it is very incommodious, for after, the partie is disabled to ingender, and the hayre of the beard becommeth thin and falleth, for the which cause and divers, I am of the opinion with the learned, not to attempt this operation, but rather to use a trusse'.¹⁰⁵ Here Lowe was clear that, even though this surgery might be required, a competent surgeon with the requisite learning and knowledge would not immediately jeopardise their patient's fertility by removing the testicles. A later, seventeenth-century, edition of Lowe's treatise was not so lenient and vociferously decried the actions of surgeons who rashly endangered men's reproductive organs:

In this disease there is great abuses committed by a number of un-skillfull ignorant people, voyde of all good conscience and feare of God, who for every simple kinde of rupture, makes incision and cuts away the production of the Periton and Stone: if the dissent be on both sides, they cut off both the stones, which randers [sic] a man sterile, and causeth the haire of the beard to fall.¹⁰⁶

¹⁰³*Ibid.*, 399; See also Le Dran, *Observations in Surgery*, 253.

¹⁰⁴Read, *Chirurgorum Comes*, 405.

¹⁰⁵Peter Lowe, *The Whole Course of Chirurgerie* (London, 1597), Sig. Q'.

¹⁰⁶Peter Lowe, *A Discourse of the Whole Art of Chyrurgerie* (London, 1634), 249.

In this version of his text cutting away the testicles in order to cure a hernia became a far clearer means of differentiating between good and bad surgeons; men's retention of their fertility thus became a sign of the quality, knowledge and efficacy of their surgeon.

This theme is also evident in seventeenth-century works. The English translation of Joseph De la Charrier treatise warned that 'There are several Practitioners, who wou'd that at the same time the Testicle be cut off; but this method is not approved of, because it contributes not to the cure of the *Hernia*, but rather, as Experience demonstrate, prolongs the Operation, makes the Patient suffer without necessity, and deprives him of the proper means of Propagation'.¹⁰⁷ Charrier, like Lowe, suggested to his readers that any surgeon who performed the operation in this way was not knowledgeable about the treatments they were offering. Popular medical treatises like those attributed posthumously to Nicholas Culpeper also highlighted that there were 'good' surgeons who were learned and knowledgeable about hernia surgeries and 'bad' surgeons who just cut into the body without due consideration. In *The Chirurgeon's Guide: Or the Errors of Some unskilful Practitioners in Chirurgery* (1677) the author argued that the sixth problem with surgery was that those called 'Runners' or 'Cutters for the Stone and Ruptures' 'under this cure of cutting the *Hernies*, they do miserably take away the Stone'.¹⁰⁸ Although the author was more concerned about the possibly fatal nature of this surgery, he also lamented that some children had their testicles removed before puberty, damaging their fertility before it had fully developed.¹⁰⁹ This criticism was aimed primarily at the surgeons who carried out these operations, but was similarly levelled at parents who did not seek adequate advice from a qualified surgeon before allowing their children to be gelded.¹¹⁰ Implicitly this text suggested that learned surgeons would possess the skill to adequately assess and treat hernias without risking the loss of a young boy's reproductive organs. It painted a damning picture of those who operated poorly in this manner announcing that 'we know by woful experience what harm they have done both by the murdering cruelly, and also lameness, and continual pain'.¹¹¹ Although fertility was not explicitly invoked here, it is plausible that readers innately connected the lameness he described to the organs that were being affected by the surgery.¹¹² This discussion implied that there were parents who did not show adequate concern for their child's fecundity. Nonetheless, the rhetoric of the passage expected that the majority of readers would be dismayed by casual removal of male fertility at a young age. Again, then, the maintenance of the testicles and thus fertility was considered to be a vital aspect of hernia surgery.

Eighteenth-century surgeons shared these concerns about hernia operations. The treatise *Chirurgia Curiosa* by Matthius Gottfried Purmann also drew a distinction between good and bad surgeons by highlighting which 'type' of surgeon would leave the testicles intact:

The Ancients formerly and *Quacks* at this very Day, never Cut a Rupture but they bring away the *Testicle* also which lies on the side where the Rupture is; which being a Cruel

¹⁰⁷De la Charrier, *A Treatise of Chirurgical Operations*, 84–5.

¹⁰⁸Nicholas Culpeper, *The Chirurgeon's Guide: Or the Errors of Some unskilful Practitioners in Chirurgery* (London, 1677), 205. Bound into a copy of Nicholas Culpeper, *Culpeper's School of Physick: Or the Experimental Practice of the Whole Art* (London, 1678).

¹⁰⁹*Ibid.*, 205–6.

¹¹⁰*Ibid.*

¹¹¹*Ibid.*, 206.

¹¹²The OED states that lameness could mean imperfection and defective; *The Oxford English Dictionary Online* <www.oed.com> s.v. 'Lameness', accessed 22 March 2013.

and Barbarous Operation that seldom has a good Issue, I shall say nothing further of it; but proceed to the Method ... which is performed without the loss of a Testicle.¹¹³

Although, again, Purmann did not explicitly mention fertility, the ubiquitous knowledge that the testicles were fundamental for fertility would have encouraged readers to accept that good surgeons maintained their patient's fertility. Purmann reiterated the same sentiments when discussing hernias created by carnosity (fleshiness): 'Some Operators that are unwilling to take so much pains, make short work with it, and cut away the Testicle at once ... but if the Testicle and Spermatick Vessels are sound, 'tis a barbarous Practice, and the Operator ought to be reckon'd among the *Castrators* or *Guelders* and not among Chirurgions'.¹¹⁴ Purmann thus pushed this trope further; no longer were those who removed testicles considered to be surgeons, but instead were constructed as a clear other. It was against these ideas that Purmann espoused the faultlessness of his own practice, demonstrating that when a butcher had sought his advice he was able to establish that the testicles were sound and leave them intact.¹¹⁵ It was not only treatment by incision that some eighteenth-century surgeons feared would lead to infertility: John Marten worried that when treating inflamed hernias 'too many practice by Tradition, and that when they have gone round of all they either have read of, or seen us'd ineffectually, are at a stand what to do'.¹¹⁶ These surgeons Marten chided would use the wrong medications and inappropriately truss and bandage their patients, whereupon 'mischiefs do ensue, such as Infertility, &c. for ever irrecoverable'.¹¹⁷ Again it was feared that mismanaged hernia treatment by inexperienced surgeons who lacked the requisite knowledge would lead to permanent infertility.

In these cases surgical treatises constructed the idea of the good and the bad hernia surgeon around the ability to maintain a male patient's fertility. In addition to these descriptions of hernia surgery, it is evident that several surgeons expected that readers and potential clients would seek out surgeons who could preserve their reproductive abilities when faced with a range of sexual health problems. In these treatises they therefore underlined their own ability to do just that and furthered their reputation based upon their ability to preserve or restore male fertility. For example, J. Sparrow's translation of the eighteenth-century French treatise *Observations in Surgery* included several anecdotes of male patients with sexual health problems. In the section describing scirrhus tumours of the testicles the author explained that 'the Author of Nature having created it [the testicle] for the Propagation of the Species, it ought to be preserved if possible'.¹¹⁸ This statement was the first made about the treatment of this disorder and so framed the rest of the discussion and set up criteria for 'good' surgical practice. The author then noted his own adherence to this ideal: in the accompanying anecdote Le Dran was careful to observe how much of the testicle was calloused and to discover that a portion of it was 'sound', and thus 'undertook to preserve it'.¹¹⁹

¹¹³Matthius Gottfried Purmann, *Chirurgia Curiosa: Or, the Newest and Most Curious Observations and Operations* (London, 1706), 160.

¹¹⁴*Ibid.*, 165.

¹¹⁵*Ibid.*, 166.

¹¹⁶Marten, *Gonosologium Novum*, 29. Marten also blamed the infertility and impotence of a patient

with scirrhus tumours of both testicles on the poor management and treatment of his surgeon, 31.

¹¹⁷*Ibid.*, 29.

¹¹⁸Le Dran, *Observations in Surgery*, 253.

¹¹⁹*Ibid.*, 254.

Other authors were more definite about their patients' reproductive abilities, recording that they went on to have many children. This implies that both surgeons and the readers of these texts believed that maintaining fertility in cases such as this was an important aspect of the treatment. Richard Wiseman, a royalist surgeon in the civil war, included many observations from his own practice in his *Severall Chirurgical Treatises*. He explained in one such observation about gonorrhoea that a newly married wife had been infected by her husband, but that he undertook their cure through appropriate purging and astringents.¹²⁰ He concluded by stating that 'They have both enjoyed their healths [sic] well since, and have Children.'¹²¹ Comments such as this are rare in Wiseman's treatise, particularly in the section dealing with venereal disease; however, in very few other cases does Wiseman suggest the man is married and should be producing children. In this case it would be expected that the new husband and wife would produce children before too long, and so the restoration/maintenance of fertility may have been much more important. Moreover, by finishing on this note Wiseman indicated that this was the indicator by which the patient's recovery was measured.

Wiseman's treatise was not the only one to include comments of this nature. The English translation of La Vauguion's *Chirurgical Operations*, also documented the restored fertility of a patient with a hydrocele (watery hernia). The observation credited to Fabricius Hildanus, an eminent German surgeon, described a 40-year-old 'attackt [sic] with a *Hydrops Ascites*, which discharged it self so largely on the *Scrotum*, that it mortified, and the Slough coming away let the Testicles bare. The great efflux of Waters cured the Person of his Dropsie, and Nature reinvested the Testicles with a Callous cover, which served instead of the *Scrotum* to them, and the Patient after his Recovery had several Children.'¹²² Although this was a story of natural recovery, the narrative may have reminded readers that the loss of fertility was not an inevitable part of testicular diseases/disorders. In addition La Vauguion included other observations where the ability of surgery to maintain or restore fertility was central. Several of these appear to focus on restoring the ability to have intercourse, and indeed this may have been a part of the cure, yet the language used in the treatise focused on the production of children, not the ability to have sex. Again the observation was recited from Hildanus, in this case curing paraphymosis (a disorder of the ligaments attaching the glans to the foreskin which prevented erection). Here the patient went through an extensive treatment regime that meant 'The Swelling of the Yard abated soon, the Patient was cured, and had several Children after.'¹²³ Even though La Vauguion's observations were recitations of Hildanus's cures, it is likely that he was asserting his own abilities by demonstrating the lineage of learning to which he belonged. By drawing upon Hildanus he was able to show that he also knew how to cure testicular traumas without damaging fertility.

Eighteenth-century treatises, in addition to Sparrow's, claimed the efficacy of cures by referencing fertility. Nicolas Venette in *Conjugal Love Reveald* argued that one method of curing phymosis was preferred over others because it meant that upon recovery the

¹²⁰Richard Wiseman, *Severall Chirurgicall Treatises* (London, 1676), 63 (in an appendix on the Lues Venerea).

¹²¹*Ibid.*, 63.

¹²²de la Vauguion, *A Compleat Body of Chirurgical Operations*, 35–6. See also; Barthélemy Saviard,

Observations in Surgery: Being a Collection of One Hundred and Twenty Eight Different Remarks (London, 1740), 62.

¹²³de la Vauguion, *A Compleat Body of Chirurgical Operations*, 55–6.

patient was better disposed to get children.¹²⁴ In *Gonosologium Novum* John Marten also followed this trope. He commenced his discussion of diseases and disorders of the male reproductive organs by explaining that these problems ‘frequently rendred [men] uncapable of Generating, and even of Copulating’.¹²⁵ Again, Marten set up the prominence of infertility and barrenness in the discussion of men’s sexual health problems. He followed this by noting that he had treated a married couple whose genitalia were ill suited to one another primarily because of the man’s overly large penis.¹²⁶ Marten cured the couple with some cork padding that facilitated intercourse; significantly, though, the treatment was proved to be effective because the wife ‘conceiv’d and had several Children, tho’ before had been marry’d four Years, and never conceiv’d in all that time’.¹²⁷ As in each of the previous cases, the production of children proved the patient’s recovery and the abilities of the surgeon.

Conclusion

As John Tanner’s discussion at the very start of this article suggests, women in the early modern period were not automatically or inevitably blamed for a couple’s childlessness. The assertion that this was the case suggests that scholars working on this issue have, until recently, been influenced by the nature of the sources; women, often marginalised or invisible from the historical record, were the central focus of medical discussions about infertility. Men were marginalised in infertility discourses because of early modern society’s patriarchal, misogynistic and gendered assumptions about the nature of female bodies and the numerous pathologies associated with them. Nonetheless, men were not absent or excluded from these discussions, but rather appeared in a variety of medical genres as a patient and consumer of infertility drugs.

Infertile men in early modern England were a potentially problematic group. The household was a central feature of early modern society and a site where manhood was both contested and achieved.¹²⁸ This was primarily done, according to Katie Barclay, through sexual relations that allowed power to be negotiated and brought the wife under the man’s control.¹²⁹ Without children, men could not prove their virility, could be considered lacking as a heads of household, and could be excluded from achieving patriarchal manhood. The role of sex in this framework has usually been explored in relation to the impotent husband unable to gratify his wife, but infertile men were also unable to gratify their wives and bestow upon them children that helped to establish their own reputation in the community. Manliness at this time was also demonstrated through self-control/self-mastery and physical strength.¹³⁰ This has rightly been interpreted, in relation to sexuality and reproduction, in terms of regulating lust and avoiding debauchery. However, the infertile male body also posed a problem for self-control, because these men had to deal with a disordered body that disrupted and disordered their claims to manhood. It may be that purchasing

¹²⁴Venette, *Conjugal Love*, 54.

¹²⁵Marten, *Gonosologium Novum*, 13.

¹²⁶*Ibid.*, 16.

¹²⁷*Ibid.*

¹²⁸Alexandra Shepard, ‘From Anxious Patriarchs to Refined Gentlemen? Manhood in Britain, circa

1500–1700’, *Journal of British Studies*, 2005, 44, 281–95, 282–3.

¹²⁹Katie Barclay, *Love, Intimacy and Power: Marriage and Patriarchy in Scotland, 1650–1850* (Manchester: Manchester University Press, 2011), 54.

¹³⁰Foyster, ‘Male Honour, Social Control and Wife Beating’, 215.

remedies and medical assistance to deal with this problem was just one way in which these men sought to regain control over their bodies. This perhaps became easier in the eighteenth century with the proliferation of patent drugs that could be purchased and consumed without exposure of an infertile body to medical practitioners and others; although the patriarch as the exemplar of manliness had also faded by the later seventeenth century, which perhaps made it less necessary to assert vigorous potency and fertility.

The potential for the infertile male body to limit the achievement of manliness and manhood should not be overstated. Jennie Jordan, Joanne Bailey, and Berry and Foyster have all shown that men could adopt many aspects of manliness in order to construct and assert their masculine identity; men who could not father children could use philanthropy, spirituality, and social paternity to display manliness.¹³¹ Nonetheless, the presence of male infertility in these medical discourses should encourage scholars to focus not only on the impotent man in discussions of masculinity, manhood and manliness, but to remember the infertile man who might be able to have sex but lacked potency, vigour, and fertility. Moreover, this discussion contributes to the new approach to studying early-modern childlessness advocated by Berry and Foyster. Excluding male infertility from this narrative does not accurately reflect the ways in which pre-modern men and women understood or experienced childlessness. Although attitudes towards male infertility are more difficult to access in the extant sources, it is apparent that early modern society knew that men could and did become infertile and that this required medical consideration and intervention.

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¹³¹Jordan 'To Make a Man', 257; Berry and Foyster 'Childless Men', 183; Joanne Bailey, 'Masculinity and Fatherhood in England c. 1760–1830', in John Arnold and Sean Brady, eds, *What is Masculinity?*

Historical Dynamics from Antiquity to the Contemporary World (Basingstoke: Palgrave Macmillan, 2011), 167–86, 168.