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<http://www.tandfonline.com/doi/abs/10.1080/09612025.2011.567056#.UkmTr2xwYdU> DOI: 10.1080/09612025.2011.567056

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'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.

In 1583 Philip Barrough, a medical writer licensed to practice surgery by the University of Cambridge in 1559, published his medical text *The Method of Phisick*.¹ Within the 1590 edition, while discussing barrenness, Barrough commented that 'It is caused of the womans part, or of the mans part' suggesting that, for him at least, barrenness was both a male and female disorder.² Interestingly this discussion followed a section in which Barrough had suggested that genital members suffering from 'sluggish impotencie and weaknesse' were usually to be found in men.³ From just this one medical text, therefore, it can be seen that the early modern understanding of sexual dysfunction was inconsistent when it came to the issue of gender. This article will explore some of the gendered issues surrounding the diagnosis and treatment of sexual dysfunction. It will be proposed that there was a general trend across the period towards a separated and gender-specific terminology of these disorders. This was in accordance with the broader shift in medical paradigms towards a two-sex theory of anatomy. Yet this terminological trend did not form a continuous progression, nor was it consistent. Moreover, it will be argued that the development of a gendered terminology did not impact significantly upon the treatment of sexual dysfunction. Rather the applied aspect of generative knowledge continued to operate on the principles of the one-sex model and the rudiments of humoral theory. To achieve this, the article will firstly address the development of the terminology of sexual incapacity across the period. Secondly the article will explore the role of gender in diagnosing sexual dysfunction; and finally it will highlight the un-gendered nature of aphrodisiac substances and compound remedies used to treat these disorders.

The sources utilised for this research can predominantly be categorised as vernacular printed medical texts. These outlined the conventions and debates of medical theory circulating amongst medical practitioners and provided informative instructions for the treatment of numerous illnesses. Their use here is predicated on the assumption that printed works reflected, and informed, domestic and popular medical practice in the period. As Patrick Wallis has highlighted in his work on apothecaries and medicine consumption in early modern London, ‘treatments, be they self-imposed or directed by friends, family or regular or irregular practitioners, frequently drew on domestic resources such as everyday foodstuffs or herbs that were freely available either wild or in the garden.’⁴ As well as drawing on domestic resources, similar to those seen in manuscript receipt collections, Wallis also emphasises the indistinct nature of the boundary between professional and popular medicine. He notes that ‘Medical practitioners might themselves make use of remedies based on domestic recourses rather than arcane or exotic ingredients’ and that ‘there was nothing to prevent laymen using the entire range of learned, commercially produced medicines under their own direction.’⁵ In addition to the apparently fluid nature of medical provision which blended elite knowledge with popular tradition, this article also follows the supposition that ‘the greater part of primary care ... is thought to have been administered within a domestic setting.’⁶ Consequently, as Elaine Leong has suggested, the information digested by readers of printed works was put into practice within the home as part of kitchen physic.⁷ To underscore the presence of this shared body of knowledge examples from domestic receipt books have also been referenced where appropriate.

The medical texts examined here date from the period between 1550 and 1780. Thus they provide a generous overview of the shifts and developments in early modern reproductive understanding. Within these sources it is clear that across the period many terms were used interchangeably to define sexual dysfunction, such as: sterility, barrenness, impotency, unfruitful, insufficient and imbecility. However, there was a shift in direction across the period which made gender a more central aspect in understanding these disorders.⁸ As will be shown, this shift created a general tendency for separating sexual disorders along gender-specific lines. However, this trend was not entirely clear-cut and regular.

At the start of the period, medical texts discussed a variety of sexual disorders, in both men and women, under the term barrenness. In addition to Barrough's text, Jakob Rueff's *The Expert Midwife* of 1554 explained that 'We say, that sterility or barrenness ... is not onely a disability and unaptnesse of bringing forth children in women: but in men also ... of ingendering and sending forth fruitful seede.'⁹ For Rueff, barrenness was a term which designated a complete inability to conceive children, whether this came from a deficiency in the man's ability to eject seed or in the woman's ability to carry a child to term. Through Rueff's work, which went through many subsequent editions up to 1670, this idea continued to carry weight into the seventeenth century. Nevertheless, barrenness, as a term, did incorporate a measure of gender bias. As with many other areas of early modern thought, medical understanding was interlaced with theological ideas. Consequently the profoundly gendered understanding of barrenness presented in the Bible was, to some extent, absorbed into generative medical knowledge. In the Old Testament barrenness was used exclusively to discuss the state of the land or the condition of a woman's womb. In Genesis chapter 11:29 Abram's wife Sarah was described as 'barren; [for] she *had* no child'.¹⁰ And similarly in Genesis 29 Jacob's preference for Rachel over Leah caused Rachel to be made barren.¹¹ The same terminology was repeated in biblical cautions about God's power to affect the Earth; in Psalm 107 it was said that 'He turneth ... A fruitful land into barrenness, for the wickedness of them that dwell therein.'¹² This excerpt is particularly illuminating of the way in which biblical language passed into the medical literature, as 'fruitful' was commonly used to designate fertility and sexual health. This suggests, therefore, that while barrenness could be used medically to designate male sexual incapacity it also had an implicit cultural understanding, derived from theology, which associated barrenness with women and their reproductive organs.

The development of a distinction between different forms of infertility for the men and women across the period suggests that, perhaps, gender was not a crucial element in understanding sexual incapacity at the start of the period. This can be linked closely to the anatomical understanding of the body. In the early modern period the dominant paradigm for explaining the sexed body, the 'one-sex' model, conflated the male and female form into two versions of the same anatomy.¹³ Men's hotter bodies allowed the genitalia to protrude outside of the body, while women's colder, imperfect, bodies

retained the generative organs inside to preserve their vital heat. This effectively made the female genitalia an inverted form of the male. This understanding had an impact upon the perception of barrenness and impotence: they could have the same causes and be the same disorders because they occurred in analogous bodies. Although there were gender-specific causes for barrenness and impotence, many explanations for these disorders centred upon the humoral principles, which were closely bound to ideas of the one-sex body. The humoral medical framework stated that the body was a balance of the four humours, blood, phlegm, yellow bile and black bile. Within this understanding the loss of sexual desire and the ability to conceive was caused by a loss of vital heat and an imbalance in moisture. If the womb became too cold it could not support a conception; similarly a dry womb would consume the moisture of the seed, and a moist womb would allow the seed and resulting conception to slide out. Equally, if a man's body was too cold the seed he produced would lack the vital heat necessary to spark a conception, too dry or moist and the vital heat would be consumed. Moreover, the seed would be the wrong consistency to be cast deep into the womb. Coldness could also cause a loss of desire, or frigidity in both men and women. Finally it was widely acknowledged that partners could be humorally incompatible with one another. Often in these cases the couple would separate and enter into fertile relationships with new spouses. As a result, it may not have been necessary to understand which gender-specific disorder was preventing a couple from conceiving. Treatment could progress on the basis of general humoral theory using aphrodisiac substances to enhance the heat and fertility of both the male and female bodies.

Yet the one sex model was not the only available anatomical framework through which to view the body. Many early modern medical authors also discussed the male and female forms as inherently different and separate. This two-sex model, according to Laqueur, gradually gained dominance across the period.¹⁴ In his work *Making Sex* Laqueur argues that by the 1800s men and women's bodies were no longer equivalent; instead 'writers of all sorts were determined to base what they insisted were fundamental differences between the male and female sexes, and thus between men and women, on discoverable biological distinctions.'¹⁵ As Karen Harvey has noted, while this theory and interpretation has been incorporated into a variety of historians' work, it has never been without qualification or modification.¹⁶ Many

historians would argue that Laqueur's chronology was slightly misguided and that the shift towards this new mode of understanding occurred across both the sixteenth and seventeenth centuries.¹⁷ Mary Fissell in particular has suggested that in vernacular medical texts 'the stress on bodily difference existed much earlier than Laqueur allows.'¹⁸ The suggestion that these changes were occurring across the early modern period provides an explanatory framework for the shifts which will be identified in this investigation. If the generative organs of men and women were no longer analogous then the existing medical discussions of barrenness might have lost their applicability and relevance. A new label was now required for male sexual incapacity which increasingly had to be viewed as a singular disorder occurring in a specifically male body. Barrenness had traditionally and implicitly encompassed female connotations and so it was the problems of the male body that needed investigation, explanation and discussion. Thus, as the period developed, there was a greater need to identify and label the generative dysfunctions of the male body and discuss them separately from barrenness in women.

However, the transition towards a gender-specific terminology and understanding of infertility was neither consistent nor linear. The connection between barrenness and the womb became more pronounced as the period progressed. Accordingly, a clearer gender distinction appeared in the terminology and diagnosis of sexual dysfunction. In the seventeenth century Nicholas Culpeper wrote in his *Directory for Midwives* (1651) that 'A cold and dry Womb is commonly barren.'¹⁹ While Robert Barret in his *Companion for Midwives* (1699) described how 'tis a duty Incumbent upon us to advance the fertility of the womb as much as possible, and assist `em in the removal of the Impediments that block it up, and condemn it to an empty Barrenness.'²⁰ Nevertheless, while these sources appear to have firmly associated barrenness with the female body, and so obscured the understanding that men could be barren, this can still be challenged. The progression towards two separate, gendered, forms of sexual dysfunction was not cohesive or straightforward. In her work of 1671, derived from Culpeper, Jane Sharp epitomised the confusion surrounding this term stating that, the stones, or testicles, of both sexes were used to make seed fruitful and that if the stones of either partner were out of sorts 'they must needs be barren and unfruitful.'²¹ Moreover, the works addressed here were predominantly midwifery texts and, as such, would have been more focused upon the female body and the womb.

Nonetheless, evidence for a shift towards a gender-specific terminology of barrenness can also be found in more generalised medical texts, such as Felix Platter's 1662 *A Golden Practice of Physick*; in which the author stated that barrenness was a disorder found in women 'of an age to conceive' who 'hath her courses naturally, and hath use of a Man, and conceiveth not.'²²

The developing gender distinction in this area was also enhanced by the gradual adoption of the term impotence to designate male sexual incapacity from the seventeenth century onwards. As has been stated earlier, Barrough believed that 'sluggish impotencie[s]' were more likely to occur in men.²³ A further example can be found in the *Mercurius Compitalitiuus* of Theophile Bonet.²⁴ The *Mercurius* was published late in the century, 1684, highlighting the slow pace of the transition to a gender-specific understanding of infertility. However, Bonet's text does illuminate the specificity with which impotence was attributed to men, and consequently the growing separation of the male generative organs from the female. He related, twice with small variations, the story of a man who 'came to *Spaw* to get a Remedy for his Impotency'.²⁵ Furthermore, in his chapter discussing '*Leachery and Impotency*' he wrote almost exclusively of male problems, such as thin seed and premature ejaculation; the man in the anecdote had suffered from both of these deficiencies and his seed was described as 'waterish and very like whey'.²⁶ Moreover, these anecdotes imply that with the development of separate terminology there was also a shift in perception. Earlier in the period it was predominantly women who were blamed for a couple's inability to conceive. However, in this text men were explicitly discussed and labelled as sexually impaired suggesting that it had, perhaps, become more acceptable to designate and define men as infertile.

The inclination to discuss and label men's deficiencies separately continued to develop in the eighteenth century. Nicholas Venette's *Conjugal Love Revealed*, a late seventeenth-century text reproduced in English in 1703, which subsequently went through many editions, did not hesitate to apply the term impotence specifically to men. Venette wrote that he would discuss the causes of 'the Impotency of Man' and that one man was so well cured that his wife 'never complained of the Impotency of her Husband'.²⁷ Later in the *Ladies Physical Directory* (1739) male sexual dysfunction was discussed separately from barrenness in women under the title 'Of

*Impotency, Infertility and Seminal Weakness in Men.*²⁸ Similarly in John Ball's *The Female Physician* (1770) a strong gender distinction can be identified. He wrote, 'that many women are unjustly deemed barren, that are not so: for the reason why a woman doth not conceive and bear children, is very often owing to a defect in the man: either from a natural inability or impotency in him, or an acquired one.'²⁹ In these sources a clear tendency is displayed for attributing impotence to men and barrenness to women. Consequently, it can be argued that there was a shift towards gender-specific terminology for sexual dysfunction across the early modern period and especially into the eighteenth century.

This again corresponds to recent interpretations of the increasing dominance of the two-sex model. Gowing argues in her analysis of the theory that, 'a good deal more continuity' in the understanding of female bodies existed, than Laqueur's framework acknowledges.³⁰ Indeed this continuity may help to explain further why it was the male body which was separated, labelled and examined at this time rather than a re-interpretation of the female body. Similarly this continuity may explain the persistent use, by medical authors, of 'barrenness' as an un-gendered term. The confusion surrounding these terms and the slow progression towards a gender specific terminology perhaps reflected how, as Gowing suggests, Renaissance culture was 'a world of flexible sex [with] no secure corporeal basis for gender roles.'³¹ The beginning of this shift towards a two-sex body created a descriptive void surrounding male sexual dysfunction, however, the continuities in understanding and persistence of previous knowledge meant that this gap was not necessarily filled with any urgency; older forms of understanding were still accepted, adopted and utilised throughout the period.

Despite the inconsistent manner in which gender-specific terminology was adopted across the early modern period, it is clear that early modern medical writers could be concerned about gender. They were often eager to place the blame for childlessness upon one partner or the other. Impotence constituted grounds for the annulment of a marriage making it important that the relevant party was identified. It was also necessary to establish blame in order for treatment could commence. Across the period medical texts included experiments to discover where the fault lay in cases of sterility. In the 1552 edition of Thomas Raynalde's *The Byrth of Mankynd* it was

suggested that a woman receives the fume of an odoriferous perfume, such as muske or amber, under her body.³² If the smell travelled up through her body to the nose then she was fertile, if not then the defect was in her body.³³ Approximately one hundred years later, *The Woman's Councillor* explained that to discover the cause of infertility you should 'Sprinkle the Urines of the man and of the woman upon a lettice leave, and that which dries away first is unfruitful.'³⁴ Here, unlike the first experiment, the test examines the sexual capabilities of both sexes, again demonstrating a developing sense of gender in this area of medicine. These examples support the assertion that gender distinction played a greater role in diagnosing sexual dysfunction later in the period. This process of designation may also have functioned to advocate the belief that the male body was perfect. Culpeper made it clear in his work that 'barrenness is oftener from a fault in the woman than the man.'³⁵ Additionally in the eighteenth century Venette concurred that barrenness proceeded 'sooner from the Wife than Husband'.³⁶ Therefore, these tests may have allowed for the blame to be more readily attributed to women. This later example also shows that, even though a terminology to describe male infertility had developed, infertility was still perceived as a predominantly female disorder; which thus served to emphasise the imperfection of the female reproductive organs and the subordination of women in a patriarchal society.

For those unfortunate enough to find themselves without children during the early modern period, there were several courses of action that could be taken, ranging from seeking the advice of a physician to preparing remedies in the home and eating a stimulating diet. In assessing these various medications it can be seen that while gender-specific terminology may have developed across the period, treatment for sexual disorders continued to rely upon older ideas that upheld the one-sex model. Compound recipes for these problems were often filled with aphrodisiacs. These raised the heat of the body and provided nourishment, in accordance with humoral theory, and also functioned through the doctrine of signatures, in which effects were indicated by the sexual nature of the animal or plant from which substances were taken. Aphrodisiacs were defined and understood through the older ideas of the humoral and one-sex body thus they negated the need for gender-specific remedies because they could be given indiscriminately to both men and women. In addition to the aid of physicians or the use of stimulating diet, those suffering from barrenness or

impotence could purchase one of the many sexual stimulants sold by a host of both legitimate and dubious medical practitioners. From the sources examined here it appears that the sale of medications was more common during the eighteenth century, although this could simply reflect the increasing number of available newspaper publications which often contained advertisements of this nature. The earlier, extensive, trade in medications by irregular practitioners and quacks has not left similar records but certainly provided a widespread context for the sale of these types of remedies. Roy Porter in *Health for Sale* suggested that in Georgian society quacks offered to ‘restore the old and jooled to the peak of sexual energy, excitement, and bloom’.³⁷ Although, his discussion is of a later period it is plausible that these sales were part of a traditional selection of quack medicines. Similarly Louise Hill Curth has demonstrated that medical products were frequently advertised in English Almanacs between 1640 and 1700, while aphrodisiacs do not appear in this particular research, her work does demonstrate the varied way in which patients and sufferers could acquire remedies and treatments for a range of illnesses, before the eighteenth century.³⁸

John Marten, a contentious and allegedly salacious medical author, offered one such remedy in his *Gonosologium Novum* (1709). He described it as follows,

But what I have found to exceed all things in that kind, and which has beyond expectation, helpt the most feeble Men that way, is my *Grand Aphrodisiack* or *Generative Drops* which inwardly, and ... outwardly, both increases *Seed* and provokes to *Venery* , so that the greater, more lasting and substantial *Erection* and *Titillation* is occasioned ... , as if no such imbecility had before been; and serves for the same purpose for Women as well as Men, not giving a bare stimulation or flatulent *Erection* and *Desire* as most *Provocatives* do ... but a substantial *Desire* and *Ability*.³⁹

It is clear in this source that the remedy helps both men and women to feel desire, perform sexually and conceive children. This description is interesting as it predominantly discusses male problems and yet strives to underline the applicability of the remedy to female disorders. From the description a ‘more lasting and substantial erection’ it would appear that the remedy performed a specific action upon the male body. Yet, it still provokes desire and titillation in women, which in the one-sex theory of reproductive anatomy would straighten and align the vagina in an

erection that matched the shape of the male member. Moreover, as the remedy explicitly provokes venery it is likely that it worked upon the humoral balance, by raising the heat and moisture levels of the generative organs. Hence, it could act universally. Marten's text consequently suggests that treating sexual dysfunction was not gender-specific and that the one-sex model of the body had persisted as a functional, applicable paradigm into the eighteenth century.

Similar remedies could also be purchased through the newspapers. The *British Journal* and the *Daily Post*, among others, advertised the *Prolifick Elixir* an aphrodisiac remedy which claimed to be,

A Medicine of inestimable Worth for the Cure of BARRENNESS in Women, and IMBECILITY in Men, and that by promoting the cheerful Curricule of the Blood and Juices, raising all the Fluids from their languid depressed State to one more florid and sparkling ... encreasing the animal Spirits, restoring a juvenile Bloom and evidently replenishing ... the whole Habit with a generous Warmth and balmy Moisture, and thereby en vigorating it to such a Degree as not to be imagined ... powerfully strengthens all the animal Faculties and generative Powers in both Sexes.⁴⁰

This advert effectively highlights the way in which sexual problems were treated in both sexes using the basic humoral understanding. This cure raised the natural heat of the body, making it more prone to desire and more suited to sparking and retaining a conception. It also supplied the body with 'balmy moisture' to improve the consistency of seed, in both sexes, and make the womb a hospitable environment for conceiving.⁴¹ Interestingly this source shows that this method of treatment was used even where gender-specific terminology has been employed to outline the disorders. Thus, it is clear that the supplier of this medicine, and possibly potential clients, believed that sexual dysfunction could be treated without recourse to gender. It did not matter whether the disorder was to be found in the male or the female body because both could be cured using the same principles.

These remedies were being sold: making them available to both men and women would have increased the potential range of customers for the product. Moreover, because these were products to be bought from a specific medical practitioner there was no indication of the ingredients used within them. These would be kept secret

making the purveyor of the remedy a unique source of help. Conversely, it has been suggested by Brown that this secrecy encouraged regular physicians to label these medications as nothing more than quackery.⁴² Yet, Brown also proposes that this did not prevent the public from purchasing patent and proprietary medicines.⁴³ While it is possible that adverts for aphrodisiacs, such as this one, were simply reprinted to fill the remaining spaces in the newspaper, it is also worth considering the desperation that some people may have experienced in their attempts to conceive a child.⁴⁴ The emotional nature and social implications of childlessness may have encouraged infertile couples to purchase and try any number of dubious remedies. However, not knowing of what these remedies consisted makes it difficult to understand exactly how they were thought to affect the body, or whether or not they created different effects in the male and female body. It may have been that the remedy encompassed elements for the treatment of male and female disorders that worked in isolation depending upon who took the remedy. Nonetheless, these remedies clearly demonstrate that during the eighteenth century it was possible to advertise and sell remedies for sexual dysfunction that had no explicit gender-specific action. This once more emphasises the continued strength of the one-sex model outside of medical literature in the public mind.

Buying remedies from a medical practitioner, however, was not the only option available to those suffering from these problems. A substantial number of medical texts available across the period offered recipes to cure impotence and barrenness that could be produced in the home. Similarly recipes were transcribed from printed works, authored and shared amongst women and recorded in manuscript recipe book collections.⁴⁵ These remedies complicate the issue of gender in the treatment of sexual dysfunction as often some distinction is made as to whether they should be given to a man or a woman. Nevertheless, as will be shown in the following section, numerous ingredients used in these remedies were applicable to both male and female bodies. Moreover, like those in the newspaper adverts, remedies can also be found that do not specify who the recipient should be, and were thus likely to have been used to treat both men and women. Although many medical writers throughout the sixteenth, seventeenth and eighteenth centuries, such as Jakob Rueff, John Saddler and Nicholas Culpeper, listed many remedies which related solely to the enhancement of the womb and its ability to bear children, these can be balanced out by the presence of numerous

recipes which suggest generic treatments.⁴⁶ Alessandro Massaria wrote in 1657 that ‘having sufficiently spoken of the causes of barrenness in man and woman, we shall ... lay down such remedies, as may naturally serve to prefer generation, and hinder accidental barrenness in either’.⁴⁷ Subsequently he listed many recipes of a generic nature, for instance, a confection profitable against barrenness which included ingredients such as ‘Pistacia, Pingles, Eringos ... Saffron ... Galingale, Mace ... confected Ginger ... Musk and Amber’.⁴⁸ Similarly in the mid-eighteenth-century Peter Shaw listed the treatments for male and female sterility in one section of his *New Practice of Physick*.⁴⁹ These treatments are listed in abbreviated form but some sense of the ingredients can be gathered. The first remedy contained satyrion, eringo, cinnamon, angelica, cantharides and cardamom amongst others which were all ingredients which primarily heated the body.⁵⁰ In these instances the medical authors were willing to recommend recipes which could be used to treat men and women; and which worked by following the humoral idea of raising the heat of the generative organs. Nevertheless, it should be noted that because Massaria was using the term barrenness to describe men and women he would not necessarily have needed to offer two forms of medication, only one cure that worked in analogous bodies. Yet, it is still striking that identical remedies are proposed. The heat scale of the humoral model would have suggested that treatments were necessarily different in measure because of the disparities between men’s and women’s constitutions. Furthermore, as will be seen in the following recipes designated for women the ingredients listed above were used in both generic and specific remedies. It is the commonality of these ingredients, aphrodisiacs which affected both male and female bodies, that undermines the role of gender in treating infertility. Although there is not enough space in this article to outline fully all aphrodisiacs and the ways in which they affected the body, by looking at a few key examples found in these remedies it should be possible to gain an insight into the role of gender in their use.

The first clear type of aphrodisiac that can be identified within infertility recipes are heating herbs. These plants created a sensation of warmth within the body and were commonly prescribed in remedies designated specifically for women. Culpeper’s *Directory for Midwives* suggested that for barrenness in women medicines of occult quality were best; such as, ‘*Rocket-seed ... Ivory shavings, Cinnamon, Nutmeg, [and] Musk*’ taken in wine⁵¹ He further suggested a confection made from ‘*sweet Almonds,*

*Pistachaes, Pine-Nuts, Hazel-Nuts ... Citron peels, Ginger, Cloves Cinnamon ... [and] Rocket-seed.*⁵² Furthermore, Jane Sharp's *The Midwives Book* similarly suggested that if a woman wished to conceive she should 'eat *Eringo* root ... [and] a scruple of *Galingal* in white wine every morning.'⁵³ While these remedies effectively demonstrate the presence of gender-specific remedies in early modern England, they also underline the use of aphrodisiacs. As has been noted previously it was possible to treat both men and women for sexual dysfunction by increasing their natural heat through aphrodisiacs. The lack of gender distinction in these ingredients was further elucidated by the way in which these ingredients were described in herbals and pharmacopoeias. In both Culpeper's *English Physician Enlarged* and the *Pharmacopoeia Londinensis* eringo was described as hot and venereal; thus, it was able to breed seed, increase procreative spirit and stir up lust.⁵⁴ In this case it is the heating quality of the plant that is central to its actions upon the genitalia. However, no distinction is made between its effects upon male and female bodies. Non-gendered descriptions were also used for other herbs discussed here. Galingale and Satyrion were both described in the *Pharmacopoeia* as able to provoke lust through their hot nature.⁵⁵ Likewise, rocket-seed was thought to 'by its heat procureth lust.'⁵⁶ Each of these examples emphasises how recipes for women often contained generic aphrodisiacs which would have effectively increased the fertility and sexual performance of the generative organs in both sexes.

Many of the ingredients listed above were also designed to increase the amount of seed in the body. This not only made the body more apt for conception but also enhanced desire and increased the pleasure felt by the body as the touch of seed was sexually stimulating to the genitalia. For many medical authors and physicians of the early modern period, both men and women produced seed which mingled in the womb during intercourse to cause conception. Both bodies contained the same generative organs and elements, therefore, it was clear that women must produce seed in the same way that men did. The only distinction between the two seeds was that male seed was hotter and more potent, while female seed was weaker and contributed less to the production of the child. The reproductive body concocted seed out of nourishment found in the blood. Therefore, foods which were easily digested, provided good nourishment and increased the amount of blood in the body increased the amount of seed.⁵⁷ Again, when seed provokers were discussed in herbals and other

texts they were not usually attributed to one gender. *Aristotle's Masterpiece* stated in 1684 that 'such as are subject to Barrenness should eat such Meats only, as tend to render them fruitful; and among such things are ... all Meats of good juice, that nourish well ... of which faculty are all hot moist Meats' including pigeons and sparrows.⁵⁸ Furthermore, Felix Platter suggested that to remedy 'a defect or want of copulation' meats that nourished and caused much blood were highly recommended and in this category he included the brains and stones of sparrows and foxes, pine-nuts, pistaches, and chestnuts.⁵⁹ All of these are ingredients used in the recipes previously discussed which do not seem to have a gender-specific action upon the body. In the case of the sparrow and the fox these ingredients also functioned through their associations with lust and eroticism.⁶⁰ The description given by *Aristotle's Masterpiece* once again highlighted the relevance of heat to the sexual body and so emphasises the dominant role of the humoral system in these treatments throughout the early modern period.

Aphrodisiacs were often not only effective because they provided the body with good nutrition, many were also aphrodisiacs by signature. The doctrine of signatures outlined that substances acted as aphrodisiacs by reflecting the sexual nature of the animal from which they were taken; or, in the case of plants were endowed with sexual prowess by their phallic nature. In Culpeper's *Directory for Midwives* a recipe for women is suggested that includes 'The matrix of a Hare, a Bores-Stones, and the Yard of a Stag ... Nutmeg, Cinnamon, Cloves, Musk [and] Amber taken in wine.'⁶¹ Similarly, in Jane Sharp's *The Midwives Book*, it is recommended that a woman 'take a dram of Fox, or Boars Stones in sheeps Milk, or a dram of Bulls Pisle; eat the brains of sparrows and pidgeons and the flesh too if you please.'⁶² These recipes unmistakably demonstrate the role of aphrodisiacs by signatures in the enhancement of sexual ability. The matrix of the Hare was normally found in remedies specific to the womb and as such provides a substantial example for the active role of gender in remedies for sexual disorders. However, the other aphrodisiacs could be used for both men and women alike. In the *Pharmacopoeia Londinensis* the author wrote, without allusion to gender, that 'The Yard of a Stag...stirs up lust exceedingly'.⁶³ Correspondingly, Jakob Rueff's *The Expert Midwife*; included animal genitalia, such as 'the stones of a Bull, [or] of a lecherous Goat', in recipes to help increase male and female desire.⁶⁴ Stones were the testicles of the animal. Likewise, of the plants listed

in previous recipes Quincy stated that '[Satyrion] has been judged from its *signature* to be a great Provoker to *Venery*.'⁶⁵ Its tuberous and erect fleshy stem gave it a distinctly phallic appearance. As the penis and testicles are part of, and phallic plants reflected, the male genitalia it would perhaps be expected that these would function solely to increase the generative virtue of men. Yet it is clear from the sources that these ingredients were frequently used for both sexes. This again illustrates the continued strength of the one sex model in this area of medicine. It also highlights the way in which recipes for sexual dysfunction were not gender-specific.

The use of aphrodisiacs which functioned through the doctrine of signatures to treat both partners can also be identified in domestic receipt books. Although most domestic recipe collections focused on the treatment of the female body, Jane Jackson recorded several remedies that were applicable to both sexes. She recorded two ointments for external application that were designed to aid women's conception by affecting the male organs. The first required the patient to 'Take the braine of a crane and medle it with ganders grease and fox grease and keepe it in a vessel of silver or of gould and at what time thou wold have knowledge annoynt therewith they yard and shee shall conceive.'⁶⁶ While the second recipe instructed, 'Take juice of satrion that is Cocks pintle and annoynt thy yard and the womans privitie alsoe and strain above powder made of the matrix of a hare and then deale with her, and shee shall conceive.'⁶⁷ Both these recipes contain aphrodisiacs by signature which would have increased a man's sexual potency and prowess.⁶⁸ Yet the presence of women in these recipes, the fact that they are to be given to both partners and that they are to make the woman conceive, supports the assertion made earlier that for many there was a gender bias towards blaming women for a couple's barrenness. Likewise, the continual reference to the enhancement of the woman's ability to bear children may have concealed a deficiency on the man's part; he could participate in a treatment for his wife without having to acknowledge the remedy's effects upon his own body. That the same recipe was thought to affect both partners simultaneously emphasises an acceptance of the one-sex model of the body in domestic practice into the mid-seventeenth century.

One final category of aphrodisiacs included in these recipes was flatulent foods. Early modern medical texts often discussed the role of 'windy meats' in provoking lust.

This is also one area in which, perhaps, a clear gendered divide in the treatment of infertility can be identified. In the recipes discussed above pine nuts, pistachios and hazel nuts are all mentioned. These belonged to a specific group of foods, beans and peas, known as ‘windy meats’ which were considered to be flatulent aphrodisiacs.⁶⁹ Many medical authors discussed the value of these windy foods. It was often explained that an erection was caused by blood, imagination, muscles, pressure, seed and wind inflating the penis.⁷⁰ According to Helkiah Crook in *Mikrokosmographia* (1651) the erect penis was ‘a gut filled with winde, presently swelling and growing hard.’⁷¹ In this respect, flatulent aphrodisiacs were a category of remedies which only applied to men, as they facilitated an erection rather than stimulating the entire generative system. This gendered perspective was clearly illustrated in Philip Barrough’s *Method of Phisick*. He recommended that for those who had suffered a loss of carnal copulation ‘windie meates are good for him, as be chiche peason, beanes, scallions, leekes, the roote and seed of parsnips, pine nuttes, sweet almonds...and other such like.’⁷² Although this recommendation was not specifically addressed to men, Barrough’s suggestion that peas and beans ‘are good for him’ clearly suggests where he perceived the benefits of these foods lay. Additionally, Barrough explicitly argued that ‘windinesse ingendered in the wombe, doth let the fertilitie of conception, & causeth barrenesse’ thus suggesting that wind was not simply innocuous to women’s sexual health, but rather damaging and dangerous.⁷³ ‘While this would seem to suggest that at least one area of aphrodisiac-based treatments for infertility was explicitly regulated by the role of gender these foods are clearly listed in the recipes discussed above, thus suggesting that windy meats were, in fact, prescribed indiscriminately as treatments for both sexes. Again this would imply that medical treatment relied upon the basic humoral elements without regard to gender differences. Moreover, as the period progressed, and the understanding of the action of the penis developed, the role of windy meats as aphrodisiacs was challenged. Theophile Bonet argued in 1684 that ‘It is commonly reported of Aphrodisiacks that *Flatus* or wind is necessary to Venery ... yet they ought not to be reckoned among Aphrodisiacks.’⁷⁴ He believed that it only appeared that the penis became inflated but that this could happen by accident without a windy force.⁷⁵ Therefore, it may be that the questionable nature of the role these foods played in stimulating the generative organs meant that they could be applied to both the sexes, in the hope that they would achieve the desired affects, stimulate pleasure and

encourage conception. Nonetheless, the clear presence of this category of aphrodisiacs in compound remedies for women's barrenness reinforces the argument that treatment for infertility during this period did not incorporate a strong gendered element and so continued to follow the one-sex humoral theory, even when the aphrodisiacs themselves were discussed in gender-specific terms.

Flatulent foods were also utilised in domestic medicine to treat generative dysfunction in women. Their use in this context emphasises the way in which medical practice reflected medical theory and the retention of the one sex-model of the body. In her 1688 recipe collection Lady Cantile recommended a 'Wallnutt Water', made by distilling walnuts for several weeks, for the stimulation of the generative system.⁷⁶ The annotation with the recipe stated that it 'maketh a woman conceive with Child if she use it moderately.'⁷⁷ The application of windy meats, which the dominant medical consensus argued could actually cause harm to the female reproductive organs, reflected the way in which this category of foods were presented in early modern herbals. Herbals served as reference works for treating illness in a domestic setting. They allowed medical practitioners to research the virtues of a plant or identify the plant required to treat a specific disorder. However, these texts did not always provide in depth information or present the types of debate seen in more comprehensive medical texts. In consulting these texts female manuscript authors may have utilised herbs with attributes that were not suitable for female remedies. Although many provocatives were described as windy, it was not made clear by the authors that they were not a suitable treatment for female barrenness and loss of desire. The 1595 edition of Thomas Elyot's *Castell of Health*, a medical text that listed food properties in the manner of a herbal, included a substantial list of meats that were 'inflating or windie'; these he wrote were 'Beanes, Lupines, Cicer, Mille, Cucumbers ... All juyce of hearbs, Figs drie, Rapes, Nauewes raw ... Milke, Hony not well clarified, Must.'⁷⁸ While in the seventeenth century Gerard's *Herball* described how dogs stones were full of 'much superfluous windinesse, and therefore being drunke ... stirreth up fleshly lust.'⁷⁹ From these descriptions it is clear that flatulent foods were being recommended for use as aphrodisiacs universally without a clear gender distinction. Taken together these two genres demonstrate that provokers of venery, even those considered to be harmful to women's generative potential, could be employed to stimulate conception in both men and women.

As was noted in the discussion of gendered terminology, these developments towards a gender specific understanding of infertility were not universally adopted in a radical transformation of knowledge. The shifts were subtle, inconsistent and occurred across both the seventeenth and eighteenth centuries. Consequently, the nature of this development may explain why treatment in this area, the practical applied aspect of generative theory, did not undergo concurrent and equivalent changes. The understanding presented in both elite and vernacular medical texts was unsure and subject to change. This potentially created a context which allowed for the continuation of prior practices; something that would have been accepted in the culture of medical writing where many authors across the period adapted and plagiarised previous published works. Medical writers could have continued to re-use and advise older remedies based on the longstanding humoral tradition. Furthermore, it is clear from examining shifts in generative understanding in early modern medical literature, such as this one, that new developments and understandings did not immediately supersede their predecessors. Instead knowledge was incorporated into the existing frameworks and theories, supplementing and augmenting understanding. In this situation new ideas took a substantial amount of time to filter into popular medical texts and the understanding of the wider populous. As Harvey explains, it is not accurate to expect that ‘change in one genre led to simultaneous and comparable changes in others.’⁸⁰ Thus it is plausible that those purchasing and looking for remedies would have accepted and preferred recipes which functioned within the framework they knew and understood - the humoral system.

This article has attempted to outline the role of gender in the understanding, diagnosis and treatment of sexual dysfunction. In the first section it was argued that across the early modern period a gender-specific terminology of sexual disorders was developing. However, this trend did not occur as a continuous progression and was not consistent. Nevertheless, this development suggests that in line with a gradual shift towards a two-sex model, which separated male anatomy from the female, in the seventeenth and eighteenth centuries gender became important in the understanding and labelling of generative dysfunction. Furthermore, it has shown that gender had a role to play in the diagnosis of sexual dysfunction. Although, with the introduction of the term ‘impotence’ it became more acceptable to label a man as sexually incapable,

the dominant paradigm of the period was to blame women if a couple experienced childlessness. The examination of treatments shows that despite the development of new terminology, older ideas based upon the one-sex body and the humoral theory of medicine persisted late into the eighteenth century. This was potentially made possible by the slow pace of the transition to a two-sex body in both elite medical understanding and wider, applied, medical knowledge. The sale of *Prolifix Elixirs* and *Grand Aphrodisiacks* has provided evidence of the continued dominance of the both the humoral and one-sex model in the public mind. Furthermore, it was possible to buy and make at home remedies for sexual disorders which could be given to both men and women. Recipes of this kind as well as those which were gender-specific contained, and worked through, the action of aphrodisiacs. Throughout the period aphrodisiacs were defined by the humoral medical framework and shaped by the one-sex model of generation. They raised the natural heat of the generative system, provided moisture and increased the amount of seed in the body. In this way their effects were generic: they worked on both the sexes equally. Finally, and perhaps most strikingly, aphrodisiacs by signature and flatulent aphrodisiacs which often reflected the sexual prowess of the male genitalia or acted specifically upon the male generative organs could also be given to both men and women as a cure. The non-specific nature of these ingredients, and their subsequent compound remedies, demonstrates that across the period, and in most cases, the treatment of sexual dysfunction was not gender-specific, and continued to be based upon the one-sex model, the humoral framework and the doctrine of signatures.

¹ Information on first publication and personal background taken from the Oxford Dictionary of National Biography Online 'Philip Barrow' article, <http://www.oxforddnb.com>, accessed on 05/11/08.

² Philip Barrough (1590) *The Method of Phisick, Containing The Causes, Signs and Cures of Inward Diseases in Mans Bodie from the Head to the Foote ...* (London: Richard Field, dwelling in the Blackefriers by Lud-gate), p. 201.

³ Ibid, p. 182.

⁴ Patrick Wallis (2006) Apothecaries and the Consumption and Retailing of Medicines in Early Modern London, in Louise Hill Curth (ed.) *From Physick to Pharmacology, Five Hundred Years of British Drug Retailing* (Aldershot: Ashgate), p. 15.

⁵ Ibid, p.16.

⁶ Louise Hill Curth (2002), The Commercialisation of Medicine in the Popular Press: English Almanacs 1640- 1700, *Seventeenth Century*, 17(1), pp. 48-69 at p. 49.

⁷ Elaine Leong (2008), Making Medicines in the Early Modern Household, *Bulletin of the History of Medicine*, 82 (1), pp. 145- 68.

⁸ This may have been related to the rise of the man-midwife in this period; however, it is outside of the scope of this article to examine the effects of this trend. The increased competition between midwives and their male counterparts encouraged the study of the female generative anatomy and so may have fostered a greater degree of encouraged greater gender distinction and differentiation in understanding sexual and generative dysfunction. For further information on the conflict of male anatomical knowledge and female experience see; Jean Donnison (1977) *Midwives and Medical Men, A History of Inter-Professional Rivalries and Women's Rights* (London: Schocken).

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- ⁹ Jakob Rüff (1637) *The Expert Midwife, Or An Excellent and Most Necessary Treatise of the Generation and Birth of Man ...* (London: E. G[riffin] for S. B[urton]), pp. 11-12. Following irregular pagination at p.192. (first published in 1554)
- ¹⁰ Robert Carroll and Stephen Prickett (eds) (1998) *The Bible; Authorized King James Version with Apocrypha* (Oxford: Oxford University Press), p. 12.
- ¹¹ Ibid, p. 35. In this version Sarah is written as Sarai.
- ¹² Ibid, p. 701.
- ¹³ Thomas Laqueur (1992) *Making Sex Body and Gender from the Greeks to Freud* (London: Harvard University Press), p. 25. Use of the term one sex model.
- ¹⁴ Ibid, pp. 5-6.
- ¹⁵ Ibid, p. 5.
- ¹⁶ Karen Harvey (2004) *Reading Sex in the Eighteenth Century* (Cambridge: Cambridge University Press).
- ¹⁷ For a discussion of the incorporation of Laqueur's work and its critiques see Ibid. See also Michael Stolberg (2003) A Woman Down to Her Bones, The Anatomy of Sexual Difference in the Sixteenth and Early Seventeenth Centuries, *Isis*, 94, pp. 274- 299.
- ¹⁸ Mary Fissell (1995) Gender and Generation: Representing Reproduction in Early Modern England, *Gender and History*, 7(3), pp. 433-456. Cited in Karen Harvey, *Reading Sex*, p. 79.
- ¹⁹ Nicholas Culpeper (1676) *Culpeper's Directory for Midwives: Or, A Guide for Women ...* (London: George Sawbridge, at the sign of the Bible on Ludgate-Hill), p. 22. Originally published in 1651.
- ²⁰ Robert Barret (1699) *A Companion for Midwives, Child-Bearing Women, and Nurses Directing them how to Perform their Respective Offices ...* (London: Tho. Ax, at the Blue Ball in Duck-Lane), p. 59.
- ²¹ Mrs Jane Sharp (1671) *The Midwives Book Or the Whole Art of Midwifery Discovered. Directing Childbearing Women how to behave themselves in their Conception, Breeding, Bearing and Nursing of Children ...* (London: Simon Miller, at the Star at the West End of St. Pauls), p. 60.
- ²² Felix Platter (1662) *A Golden Practice of Physick in Five Books and Three Tomes ...* (London: Peter Cole, printer and book-seller, at the sign of the Printing-press in Cornhill, near the Royal Exchange), p. 173. However, Platter does proceed to acknowledge that one cause of barrenness may be a deficiency in the quality of a man's seed.
- ²³ Philip Barrough, *The Method of Phisick*, p. 182.

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- ²⁴ Theophile Bonet (1684) *Mercurius Compitalitius: Or, A Guide to the Practical Physitian ...* (London: Thomas Flesher). (The British Library holds a copy from 1682, although it is not clear whether this is the first edition).
- ²⁵ Ibid, pp. 256, 546.
- ²⁶ Ibid, pp. 545-546, 256.
- ²⁷ Nicholas Venette (1720) *Conjugal Love Reveal'd: In the Nightly Pleasures of the Marriage BED, and the Advantages of that Happy STATE. In an ESSAY Concerning Humane Generation ...* (London: Tho. Hinton, at the White-Horse in Water-Lane, Black-Fryars), pp. 58, 55.
- ²⁸ Anon. (1739) *The Ladies Physical Directory: Or, A Treatise of all the Weaknesses, Indispositions, and Diseases Peculiar to the Female Sex ...* (London: Nonesuch press), p. 60.
- ²⁹ John Ball (1770) *The Female Physician: Or, Every Woman Her Own Doctress. Wherein is Summarily Comprised, All that is Necessary to be Known in the Cure of Several Diseases to which the Fair Sex are Liable ...* (London: L. Davis, near Gray's-Inn-Gate, Holborn), p. 71.
- ³⁰ Laura Gowing (2003) *Common Bodies, Women, Touch and Power in Seventeenth-Century England* (New Haven and London: Yale University Press), p. 3.
- ³¹ Ibid, p. 3.
- ³² Thomas Raynalde (1552) *The Byrth of Mankynd, Otherwyse named the Womans Boke. Newly Set Forth, Corrected and Augmented ...* (London: T. Ray[nald]).
- ³³ Ibid.
- ³⁴ Alessandro Massaria (1657) *De Morbis Foemineis; The Womans Councillor: Or the Feminine Physitian, Modestly Treating such Occult Accidents, and Secret Diseases, as are Incident to that Sex ...* (London: John Streater), p. 119. Similarly Nicholas Culpeper and Jane Sharp related an experiment to test fertility of both partners based upon urine.
- ³⁵ Culpeper, *A Directory for Midwives*, p. 135.
- ³⁶ Nicholas Venette, *Conjugal Love Reveal'd*, p. 41.
- ³⁷ Roy Porter (1989) *Health for Sale, Quackery in England 1660-1850* (Manchester: Manchester University Press), p 147.
- ³⁸ Louise Hill Curth, *The Commercialisation of Medicine in the Popular Press*. For more information on the medical marketplace and trade in medications see Mark S.R. Jenner & Patrick Wallis (eds)

(2007) *Medicine and the Market in England and Its Colonies, c.1450 –c.1850* (Basingstoke: Palgrave Macmillan).

³⁹ John Marten (1709) *Gonosologium Novum: Or, A New System of all the Secret Infirmities and Diseases, Natural, Accidental and Venereal in Men and Women ...* (London: N. Crouch in the Poultry, S. Crouch, in Cornhil, J. Knapton, and M. Atkins in St. Paul's Church-Yard, A. Collins at the Black Boy in Fleet-Street P. Varenne at Seneca's Head in the Strand, C. King, Westminster-Hall), pp. 49-50.

⁴⁰ *The British Journal* (London, Saturday 24th October 1724, Issue cx), p. 4.

⁴¹ *Ibid*, p. 4.

⁴² P.S. Brown (1975) The Venders [sic] of Medicines Advertised in Eighteenth Century Bath Newspapers, *Medical History*, 19(1), pp. 352-369.

⁴³ *Ibid*.

⁴⁴ Following an earlier presentation of a version of this paper, I am grateful to Dr. Jonathan Barry for highlighting that adverts were sometimes re-published to fill a newspaper's advertising section.

⁴⁵ British Library Ms Add 579944: Lady Cantile Culinary and Medical Recipes, 1688. Lady Cantile acknowledged that her knowledge of treating the king's evil had come from Nicholas Culpeper's works.

⁴⁶ Jakob Rueff, *The Expert Midwife*, pp.29-48 deal with various remedies to rectify humoral imbalances of the womb; John Saddler (1636) *The Sick Woman's Private Looking Glasse ...* (London : Printed by Anne Griffin, for Philemon Stephens, and Christopher Meridith, at the Golden Lion in S. Pauls Church-yard), pp. 112-122 also exclusively looked at treating the womb, although this is to be expected in a work aimed predominantly at women; Nicholas Culpeper, *The Directory for Midwives*, pp. 22-30 detailed remedies for various deficiencies of the womb which resulted in barrenness. Yet in Culpeper's work remedies are also suggested which are described as being for women and yet may have been used to treat men.

⁴⁷ Alessandro Massaria, *De Morbis Foemineis*, p. 118.

⁴⁸ *Ibid*, p. 124-125.

⁴⁹ Peter Shaw (1753) *A New Method of Physic: Wherein the Various Diseases Incident to the Human Body are Described* (London: printed for T. and T. Longman, in Pater-Noster Row).

⁵⁰ *Ibid*.

⁵¹ Nicholas Culpeper, *The Directory for Midwives*, p. 137.

⁵² Ibid, p. 137.

⁵³ Mrs Jane Sharp, *The Midwives Book*, pp. 180-181.

⁵⁴ Nicholas Culpeper (2007) *Culpeper's Complete Herbal* (London: Wordsworth Editions), and Nicholas Culpeper(1655) *Pharmacopoeia Londinensis: Or, The London Dispensatory Further Adorned by the Studies and Collections of the Fellows, Now Living of the Said College ... Sixth Edition* (London: Peter Cole in Leaden-Hall).

⁵⁵ Ibid.

⁵⁶ Ibid, p. 26.

⁵⁷ These substances were closely linked to seed strengtheners. Often the boundary between the two is unclear as the same descriptive tropes were used for both. Thus, these substances could also be employed to treat men whose seed was too thin or waterish, by improving its humoral consistency. Similarly heating herbs could also be used to alter the constitution of the seed.

⁵⁸ Anon. (1684) *Aristotle's Masterpiece* (London: J. How.), p. 11.

⁵⁹ Felix Platter, *A Golden Practice of Physick*, p. 170.

⁶⁰ Sarah Toulalan (2007) *Imagining Sex: Pornography and Bodies in Seventeenth-Century England* (Oxford: Oxford University Press).

⁶¹ Nicholas Culpeper, *The Directory for Midwives*, p. 137.

⁶² Mrs Jane Sharp, *The Midwives Book*, pp. 180-181.

⁶³ Nicholas Culpeper, *Pharmacopoeia Londinensis*, p. 46.

⁶⁴ Jakob Rueff, *The Expert Midwife*, p. 57. Following irregular pagination.

⁶⁵ John Quincy (1730) *Pharmacopoeia Officianalis and Extemporanea: Or, A Complete English Dispensatory, in Four Parts...The Eight Edition Much Enlarged and Corrected* (London: J. Osborn and T. Longman, at the Ship in Pater-Noster-Row), p. 82.

⁶⁶ London Wellcome Library, M.S. 373: Jane Jackson, *A Very Short and Compendious Method of Phisicke and Chirurgery*, fols. 73^v, 74^r

⁶⁷ Ibid, fol. 74^r

⁶⁸ Later in the period Margaret Baker recorded a remedy for barrenness which could have been based upon the doctrine of signatures. She recorded a 'cocke broth for to stranthen a woman for consepsione'. London British Library, M.S. Sloane 2485: *Cookery and Medical Receipts of Margaret Barker 1672*, fol. 48^r.

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- ⁶⁹ Audrey Eccles (1982) *Obstetrics and Gynaecology in Tudor and Stuart England* (London: Croom Helm), p. 36
- ⁷⁰ Ibid.
- ⁷¹ Helkiah Crooke (1651) *Mikrokosmographia A Description of the Body of Man: Together with the Controversies and Figures Thereto Belonging, Collected and Translated out of all the Best Authors of Anatomy, Especially out of Casper Bauhinus and Andréas Laurentius* (London: R.C.), p. 157.
- ⁷² Philip Barrough, *The Method of Phisick*, p. 182.
- ⁷³ Ibid, p. 203.
- ⁷⁴ Theophile Bonet, *Mercurius Compitalitius*, p. 694.
- ⁷⁵ Ibid.
- ⁷⁶ London British Library Ms Additional 579944: Lady Cantile Culinary and Medical Recipes, 1688, fol. 138^r.
- ⁷⁷ Ibid, fol. 138^r.
- ⁷⁸ Thomas Elyot (1595) *The Castell of Health, Corrected and in Some Places Augmented by the First Author Thereof* (London: The Widdow Orwin), p. 21.
- ⁷⁹ John Gerard (1633) *The Heball or Generall Historie of Plantes ...* (London: Adam Islip Ioice Norton and Richard Whitakers), p. 207. Gerard also include a similar description for Great Chervil or Myrrh which ‘hath a certaine windinesse, be meanes whereof it procureth lust.’ Ibid, p. 1039.
- ⁸⁰ Karen Harvey, *Reading Sex*, p. 8.