

Sex, medicine and the Tudors

Lesley Smith

Background

For many years, social historians were inclined to dismiss studying the private lives of medieval and Tudor women, believing there was too little information available from the medical practitioners of the day compounded by the extreme levels of illiteracy amongst women who were unable to record their own experiences. There were also assumptions that modesty would prevent much information being passed in any form. In fact, lots of assumptions were absolutely wrong.

After 26 years of studying Tudor women, with the last six being particularly focused on sexuality, contraception and experiences of pregnancy and childbirth, I am constantly surprised about how much information actually exists. Detailed first-hand documents frequently show bright, practical middle-class women with new ideas, carrying out tasks relating to medicine that one might think were only in the licence of men. Contraception seems to have been widely known about and practised, along with some fine midwifery standards. Many women enjoyed fulfilling sex lives and an understanding of herbal medicine that would defeat most of us today.

Elizabethan medicine

All mainstream Elizabethan medicine was based on the Ancients, particularly Hippocrates and Galen. Medical training was very theoretical. University life for the doctor at the top of his profession would involve most tutorials being given in Greek or Latin. Humanists were encouraged to speak only ancient tongues in debate and, indeed, general conversation.

The humours of the body were thought to be the absolute understanding of how the body worked in conjunction with the stars and the will of God. Individuals were believed to be, by nature, a combination of wet or dry, hot or cold, and that there were outward and physical signs for a medical practitioner to observe in the person to aid in diagnoses and treatment. Balance of the humours was everything. The body was thought to be made up of four main fluxes: blood, black bile, yellow bile and phlegm. An imbalance could lead to illness and individuals had a propensity to particular weaknesses and strengths according to their birth charts. The soul and condition of the person's conscience was also a major factor in healing.

The Ancients, birth charts, observation and God. It really was the 'it doesn't pay to offend anybody' school of thinking. There is no doubt sorcery (not to be confused with alchemy) and the whiff of magic played a part too, although this tended to be a homegrown variety of healing – or sheer desperation!

Women had a few major tasks in life, which included marrying very well and to be seen to be doing so. Also to bear children, preferable boys – and survive. Finally, not to fall out with God, or any living or dead person who played a vital role in terms of intercession.

The person most commonly consulted for medical advice was the woman of the house, particularly as university-trained doctors were so expensive and thus only for the rich. Barber-surgeons were lower down the social scale and were called in for minor surgery and bloodletting. Medical practitioners were sometimes licensed, whilst midwives were licensed by the Bishops. The Royal College of Physicians opened in 1518 and Company of Barber Surgeons was formed in 1540.

One of the greatest of all physicians was a female gynaecologist named Trotula, who worked in one of the great centres of medical learning in Europe, Salerno, in the 11th or 12th century. She wrote (in Latin) a series of articles to help women who might be too modest to visit their physician about private matters. These articles were also read widely by doctors and physicians; Chaucer's doctor refers to this unique work. It is surprising that such a powerful and influential gynaecologist from nearly 1000 years ago was a woman.

Conception: let it be a boy!

There were many recommended methods to conceive a child and particularly that most desirable of commodities: a boy child. The Galenic and Aristotelean view were that all parts of the male body furnish material for the sperm and that veins carry the seminal fluid from the brain to the testes. Modern women might be inclined to agree with this idea!

It was generally agreed that women had seed, which they must emit in orgasm for conception. Therefore, the clitoris would play an important role in helping conceive the next generation. There was, in fact, a commonly held belief that a woman would never conceive through rape – a view which persisted into the 1800s – and one which must have been extremely bitter for a woman who had conceived after rape, for she would be accused of being pleased by the act and therefore must have consented.

Appreciating that the humours of the body must be kept in good balance when about the business of attempting to conceive a boy, heat played a major part in protecting the humours and ensuring comfort. It was recommended that both parties wear a hat. Nothing else, just a hat, and illustrations show it should be tied under the chin to stop the hat dropping off. Texts warn the man must not be drunk and the couple should look earnestly into each other's eyes.

The medieval church did not permit copulation on Sundays, Wednesdays, Fridays or any church feast or during Advent and Lent. Intercourse was also prohibited during pregnancy and immediately after childbirth, all of which must have made husbands rather desperate to get a hat on – or spend angels (high-value coins) at one of the local brothels (which, incidentally, were licensed by the Bishops of Winchester).

The late medieval and Tudors recognised that the moon pulled the tides and equally recognised that a woman having a 'moon flux' played a vital role in her body being able to accept a man's seed. There is evidence of some times when it was believed a woman conceived when actually menstruating, like a dog, although this attempt at understanding clearly proved fruitless on the facts. With all those forbidden days and fears it seems they might hardly get a proverbial look-in on the marriage bed.

This all shows clearly what pains society was prepared to go to reach the optimum moment for insemination. The stars were helpful in some rather obvious ways, for example, May

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HISTORY OF CONTRACEPTION



Figure 1 Mary Queen of Scots was captive at Tutbury Castle on a number of occasions from 1569. Here, Lesley Smith, Castle Curator, plays the part of the tragic queen, in full authentic costume. This performance enthralls visitors to Tutbury Castle from all over the world.

and June were considered good months to conceive under the Zodiac sign of Gemini. The scales, rather than twins, suggested the ovaries. Combine this with a man born under the twitching tail sign of Scorpio and hopes were high.

Wives lit candles at midnight, and cast flowers or urinated in fields after dashing three times around its perimeter. Intercourse should be by preference with the man on top, for it was believed if the woman sat astride then the sperm might not be able to reach inside the womb. There were also grave concerns that intercourse from more unusual angles might result in the child being damaged. This was a time when people also believed that if a spider frightened a pregnant woman then the child might be born black and hairy. This should not be such a surprise for a time when unicorns were widely believed to exist!

The second Tudor monarch, Henry VIII, swept away the Pope and married six women, but believed in transubstantiation and the full Catholic power of sacrament and intercession. Elizabeth, the last Tudor monarch, was the true Renaissance Prince. Although thinking and challenging new ideas were encouraged, there was a long way to go before they could even begin to understand conception and childbirth.

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Future articles

This article has attempted to give some background information; future articles will address specific issues. Readers interested in finding out more for themselves should consult some of the publications listed in the Bibliography, which the author has found to be invaluable in researching this fascinating area of medicine.

The next article in this series will deal with contraception, and give details of a medical experiment carried out with the help of a gynaecologist. Be prepared to be very surprised!

Bibliography

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- 2 Markham, Gervase. *The English Housewife 1568-1637*. Best, Michael R (ed.) (translated from primary source). Montreal and Kingston, Canada: McGill-Queen's University Press, 1986. A contemporary piece written to advise housewives on topics ranging from home medicine to cooking to brewing. Renaissance woman's handbook.
- 3 *Banc's Herbal*. Period housewife's version of Good Housekeeping.
- 4 Gerard, John. *Gerard's Herbal*. Woodward, Marcus (ed.). London, UK: Studio Editions, 1985. A fashionable book as Gerard (Elizabethan Physician 1545-1611 or 1612? and Master of the Barber Surgeons' Company) was Herbalist to James I. A contemporary piece. Vital handbook for women of the period for a number of reasons, including medical.
- 5 *The Lisle Letters* (primary source). St Clare Byrne, Muriel (ed.). Harmondsworth, UK: Penguin Books, 1985. An intimate, immediate and wholly fascinating picture of a family in the reign of Henry VIII. Nearly 2000 superbly edited letters yielded a treasure trove of social, cultural and historical facts about a glittering and treacherous era.
- 6 Haynes, Alan. *Sex in Elizabethan England*. Stroud, UK: Sutton Publishing Ltd, 1997. Well researched, provides an unusual slant on some of the sexual issues.

About the Author

Lesley Smith is an Elizabethan historian, currently studying for the degree of MPhil in the History of Medicine at Birmingham University Medical School. She has appeared in 12 television programmes including Tony Robinson's *The Worst Jobs in History*, and is currently working on an eight-part 1-hour major series on the *Private Lives of Women*.

Lesley is well known as a public speaker and regularly startles her audiences when appearing in full Elizabethan costume and the dead-white authentic make-up of the 1580s (Figure 1). Lesley's humorous and powerful delivery is encouraging many health professionals to find out more about the root of their profession.

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The editorial team would like to thank the individual panel members listed below who kindly contributed to the Clinical Conundrum section of the Journal in 2005.

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