

‘The grevaunce that wymmen han in beryng of their chieldren:’ Emotion and Women’s
Childbirth Rituals in Late Medieval England

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CONTENTS

Signature page	ii
Acknowledgements	iii
Contents	iv
List of Images	v
Abstract	vi
Permission Page	vii
Introduction	1
Midwifery & Birth in Medieval England	24
Medical Rituals	36
Lapidary Obstetrical Talismans	52
Oral Charms	79
Birth Girdles	102
Conclusion	125
Images	128
Bibliography	132

LIST OF IMAGES

Figure 4.1— pp. 68

Two Early Medieval Iron Ore Amulets, Probably 6th-7th Century. Cologne, Römisch-Germanisches Museum. Photograph. In Harris, Nichola E. "Loadstones Are a Girl's Best Friend: Lapidary Cures, Midwives, and Manuals of Popular Healing in Medieval and Early Modern England." In *The Sacred and the Secular in Medieval Healing: Sites, Objects, and Texts*. Compiled by Barbara S. Bowers and Linda Migl Keyser. Farnham, Surrey: Ashgate, 2016, 202.

Figure 4.2— pp. 69

Eagle Stone Amulet ca. 17th Century. Photograph. In Duffin, Christopher J. "A Survey of Birds and Fabulous Stones." *Folklore* 123, no. 2 (2012): 191.

Figure 4.3— pp. 70

A Rare Eaglestone or Aetites Amulet or Talisman Mounted in Silver. Photograph. https://www.tregeaglefineart.com/en-GB/objets-dart/a-rare-eaglestone-or-aetites-amulet-or-talisman-mounted-in-silver/prod_10198#.Y5ZB3uzMJ0Q.

Figure 4.4— pp. 77

Copy of Lodestone Believed to Have Been Used by Queen Anne. Photograph. Science Museum, London. <https://wellcomecollection.org/works/ywax8ehp>.

Figure 6.1— pp. 114

"Wellcome Collection MS 632," Wellcome Collection. In Olsan, Lea. "Wellcome MS. 632: Heavenly Protection during Childbirth in Late Medieval England." Wellcome Collection.

Figure 6.2— pp. 116

Sarah Fiddymment et al., "Girding the Loins? Direct Evidence of the Use of a Medieval English Parchment Birthing Girdle from Biomolecular Analysis," *Royal Society Open Science* 8, no. 3 (March 10, 2021): 3, <https://doi.org/10.1098/rsos.202055>.

Figure 6.3— pp. 122

"STC 14547.5." In Gwara, Joseph J., and Morse, Mary "A Birth Girdle Printed by Wynkyn de Worde." *The Library: The Transactions of the Bibliographical Society* 13, no. 1 (2012): 34.

ABSTRACT


‘The grevaunce that wymmen han in beryng of their chieldren:’ Emotion and Women’s
Childbirth Rituals in Late Medieval England

by

Patricia Marie Wardlaw

In late medieval England (ca. 1300-1500 CE), women utilized rituals during pregnancy and labor to assuage their anxieties and fears associated with childbirth. These rituals include birth girdles, medical practices, oral charms, and lapidary obstetrical talismans. The goal of the thesis is to understand this broader birth ritual tradition, aiming to demonstrate that multiple rituals were used in tandem with one another by parturient women and explore the emotional importance of rituals as anxiety-easing tools. The thesis also contextualizes these birth rituals within a rich global tradition, with a particularly strong connection to Arabic medicine developed concurrently in the Islamic world. The rituals, when positioned in a global framework, challenge the idea of medieval England as insular. The thesis utilizes a breadth of primary texts and material objects: medical texts such as the *Trotula* and the *Sickness of Women*; charms; birth girdles; and images of the stones. Prayer rolls—Takamiya MS 56, Wellcome Collection MS 632, and Wynkyn de Worde’s printed birth girdle—are found digitized or in print. Images of amulets and charms are sourced from secondary source material. This research was made possible thanks to the Ruyl Fellowship in Global History, as well as the Rhodes College Department of History.

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Date Apr 29, 2023

Introduction

“Of the grevaunce that wymmen han in beryng of theire chieldren.

Greuaunces that wymmen han in beryng of their chieldren cometh in ij [ii or two] maners, that is to say, kyndely and vnkyndely.”¹

Birth in 21st-century America is a sterile process, completed in a sterile hospital room filled with LED lights, doctors, nurses, men, and women. Right now, America is faced with crisis, division, and fear regarding birth. On June 24th, 2022, as I was researching medieval birth rituals in England ca. 1300-1500 CE, the United States Supreme Court overturned *Roe v. Wade*. The debates over women’s healthcare and obstetrics as valid medical fields, which were present in the late medieval period, still continue to this day. Birth rituals remain present in modern society: the taking of pregnancy tests, connecting the full moon with inducing labor, and more. Different cultures and regions across the globe have diverse rituals to induce labor, to determine the sex of the child, to announce the gender of the child in lavish manners, and to protect the parturient woman and the unborn child. Birth is a universal aspect of life, as everyone was born; even if you will not or cannot experience pregnancy and labor, you are a product of it. Birth creates life, yet it remains one of the riskiest and most harmful experiences for women; thus, there is a need for apotropaic rituals to ease the fears of childbirth.²

¹ Trinity College Cambridge MS R.14.52 Fol 123 v. or “*Sickness of Women*,” in Monica H. Green, and Linne R. Mooney, “The Sickness of Women,” in *Sex, Aging, and Death in a Medieval Medical Compendium: Trinity College Cambridge MS R.14.52, Its Texts, Language, and Scribe*, edited by Mary Teresa Tavormina, (Tempe (Ariz.): Arizona center for medieval and Renaissance studies, 2006), 524.

² The term apotropaic will be used throughout the thesis to discuss the birth rituals. Apotropaic is defined by the Oxford English Dictionary as “having or reputed to have the power of averting evil influence or ill luck.” See the Oxford English Dictionary for more definitions: Oxford University Press, “apotropaic, adj,”

During the late medieval period in England ca. 1300 to 1500, childbirth rituals created a fascinating liminal space in many ways: between ritual and medicine, religion and ritual, and global tradition and English tradition. Although the main time period of study is the later medieval period, the project draws upon source material from the Classical period, the early medieval period, and the Early Modern period in order to demonstrate the continued usage of the birth rituals over time as well as the lasting importance of the rituals throughout multiple periods. Understanding these liminal spaces is fundamental, as they provide insight into lived realities of medieval women and of childbirth rituals in late medieval England. The thesis analyzes apotropaic birth rituals as an emotional history in order to understand the anxieties and fears of medieval women during labor. Moreover, the thesis takes on a global framework in establishing all of the rituals in a larger context than just medieval England in order to assert and reaffirm the global nature of the medieval period. Finally, the thesis looks at multiple rituals to create a wider discourse, rather than studying one ritual individually, as the rituals come together in their use to create a larger birth ritual tradition.

Historical Context: Understanding Birth in Late Medieval England

In the late medieval period, birth remained a traumatic act for mothers: “the biggest single cause of death for women was childbirth.”³ Maternal mortality in the medieval period caused “up to 50 per cent of young female fatalities.”⁴ Birth, to this day,

Oxford English Dictionary.; For more on contemporary maternal mortality rates, see Roosa Tikkanen et al., “Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries,” Commonwealth Fund, last modified November 18, 2020.

³ Duncan Sayer and Sam D. Dickinson, “Reconsidering Obstetric Death and Female Fertility in Anglo-Saxon England,” *World Archaeology* 45, no. 2 (2013): 285.

⁴ Duncan Sayer and Sam D. Dickinson, “Reconsidering Obstetric Death and Female Fertility in Anglo-Saxon England,” *World Archaeology* 45, no. 2 (2013): 287.

remains violent, deadly, and harrowing. Childbirth, albeit a joyful experience that brought new life, also led to death. Often, mothers and infants would die in the process of childbirth due to complications and blood loss. Pregnant women dealt with the same medical complications that pregnant women face today: preeclampsia, eclampsia, ectopic pregnancy, stillbirth, miscarriage, breech position, and more. In order to understand the need for rituals stemming from the fear and anxiety felt by pregnant women, one must first understand the risks inherent in pregnancy and childbirth. The use of rituals stems from the need for a higher power to safeguard and protect such a risky yet common occurrence. All life stems from birth: pregnancy and childbirth are crucial to the functioning of society; however, the process was and is harmful to the parturient woman.⁵

Birth rituals illuminate much about women's experiences in late medieval England, as well as the early medieval and early modern periods. The rituals emphasize medieval women's perceptions about their own safety, or lack thereof, during childbirth. They were practiced to help assuage medieval women's anxiety about infant mortality and their own potential death during childbirth; thus, the rituals were often intended to secure a safe and healthy birthing process. The tradition combines the fears and anxieties of medieval women with folk medicine, ritual, religion, and obstetrical remedies. Hanawalt's article on child rearing among the lower class of medieval England argues for increased population and, thus, more pregnancies: "the presence of more children per household is consistent with demographic studies which show that marriages and births

⁵ For more on the dangers of childbirth in medieval England, see: Barbara A. Hanawalt, "Childrearing among the Lower Classes of Late Medieval England," *The Journal of Interdisciplinary History* 8, no. 1 (1977): 1–22.; Fiona Harris-Stoertz, "Pregnancy and Childbirth in Twelfth- and Thirteenth-Century French and English Law," *Journal of the History of Sexuality* 21, no. 2 (2012): 263–81.

tended to increase after a plague.”⁶ Thus, one can interpret the high mortality of both infants and mothers, as well as the increase in population, that childbirth increased after the Black Death of the mid-fourteenth century, emphasizing the importance of childbirth rituals for mothers. It is evident that the period, ca. 1300 to 1500, in medieval England was tumultuous for population, pregnancy, and childbirth, leading to anxiety and fear surrounding pregnancy and the safety of birth itself.

The context of late medieval England clarifies the use of birth rituals by parturient women. The impacts of the plague emphasize the increase in childbirth, thus the increase in death in parturient women and children during the process. In England, the veneration of female saints within the Christian faith was connected to birth rituals, where the Virgin Mary and other saints associated with childbirth were invoked through the use of birth girdles and charms. Thus, by contextualizing the period and conditions in which these women were giving birth, one can further understand and sympathize with their use of birth rituals to assuage fears and anxieties of the harrowing and violent process of birth.

Defining Terms, Debating Magic

Every scholar who participates in the conversation on medieval magic must either define magic or decide on another term they see as a better fit for their argument. I will not be employing a strict definition of magic in my thesis but instead arguing for the use of the term ritual instead. Some scholars in the field of medieval magic are focused on defining the term “magic” in regard to different practiced acts in the medieval period that are either otherworldly or occult. The entire first section of *The Routledge History of*

⁶ Hanawalt, “Childrearing among the Lower Classes of Late Medieval England”: 5.

Medieval Magic is dedicated to “Conceptualizing Magic.”⁷ Magic, especially when applied to discussions about medieval medicine, is contentious and controversial; thus, the definition is even more critical in understanding what is being discussed in the scholarship.

The term magic is inherently ambiguous and elusive to define in its aggregative nature; magic frequently acts as an umbrella term rather than a definitional term itself. Richard Keickhefer, a prominent scholar in medieval magic, emphasizes the elusive quality of defining magic: “Or perhaps we give definitions adequate to some forms of magic but not others. Or we have definitions that make sense to us but not to others around us, who, when pressed, come to the table with rather different notions.”⁸ Thus, magic is as elusive of a term as what it describes and categorizes. Magic acts as an umbrella term for many different acts and objects; it is definitional. Magic and religion in the medieval period often formed a liminal space for the layperson to practice prayers and charms. This idea can be applied to other types of magic and ritual, emphasizing that religion and magic were not as distinct as they are today.

Although magic is a contentious term in medieval scholarship, Claire Fanger emphasizes the unique perspective a medievalist has when using the term magic, compared to that of a modernist.⁹ Simply stated, “If the word [magic] was in legitimate use in premodern cultures or modern countercultures, in contemporary academia, ‘magic’

⁷ *The Routledge History of Medieval Magic* was published in 2021, emphasizing that medieval magic is a newer discourse in the larger field of medieval studies. The book was originally copyrighted in 2019.

⁸ Richard Kieckhefer, “Rethinking How to Define Magic,” in *The Routledge History of Medieval Magic*, edited by Sophie Page and Catherine Rider, (London; New York: Routledge, Taylor and Francis Group, 2021), 15.

⁹ Claire Fanger, “For Magic,” in *The Routledge History of Medieval Magic*, edited by Sophie Page and Catherine Rider, (London; New York: Routledge, Taylor and Francis Group, 2021), 26.

is treated by many as wholly off limits for use in discourses of scholarship, theory or methodology.”¹⁰ It is critical, within all studies of history, to avoid putting modern biases and terminology upon the past, as is the case with medieval magic. Interestingly, magic, during the medieval period, could be defined as a type of acquired knowledge, as seen in the Arabic *Picatrix*. The *Picatrix*, “composed in Arabic and translated into Latin in the mid-thirteenth century, an apologia for magic opens the compendium of magical writings that circulated in Latin under the title *Picatrix*, whose Arabic title, *Ghāyat al-Ḥakīm*, is usually translated *Goal of the Wise*.”¹¹ The *Picatrix* further cements the tradition of magic as a global tradition. Defining “magic” for a specific article, argument, or use skews the aggregate nature of “magic,” which is beneficially in its malleability for a wide array of studies. Thus, I do not necessarily see the benefit of over-defining such an ambiguous term for the purposes of the project.

My work uses the term “ritual” in the place of “magic” to discuss the wide array of magical or magic-like practices involved in safeguarding birth. Perhaps “magical” or “magic-like” would both be beneficial terms in the study; however, I find ritual to serve as a better aggregating term than magic. I am arguing, however, that the rituals do fall under the larger umbrella of medieval magic and should be regarded as such. Ritual still implies all of the otherworldly apotropaic qualities of magic but emphasizes the use of certain charms, textual amulets, talismans, and medical remedies for a united purpose, as well as a routine purpose. The rituals are incredibly different in quality and execution: textual amulets, medical rituals, talismans, oral charms, and more; however, they can all be defined under the umbrella of ritual in that they were routine-oriented and practiced

¹⁰ Fanger, "For Magic," 26.

¹¹ Fanger, "For Magic," 29.

during pregnancy and childbirth. Childbirth rituals were practiced during a specific period of time in a woman's life and were reserved for pregnancy and labor. Moreover, the rituals all have the intention of safeguarding either or both the mother and child during pregnancy and labor. I also prefer the use of ritual due to its palpable nature, emphasizing that it was performed and executed. Therefore, the thesis uses the term ritual in reference to the five childbirth rituals under discussion, despite their differences as types of magical practices. Ritual clarifies a holistic use, a process that further argues for the use of birth rituals in tandem with one another as a sort of birth remedy process.

The Childbirth Rituals

Four main types of childbirth rituals were practiced during the period of c. 1300 to 1500 in medieval England. The rituals include: birth girdles; lapidary obstetrical talismans; oral or performative charms, remedies, and incantations; and finally, medical rituals or remedies, as seen in *The Trotula* and other medical compendiums.¹² Birth girdles were elaborately illuminated manuscripts frequently utilized by upper-class women to wrap around their stomachs during pregnancy and during childbirth. The Royal Society of Open Science has recently scientifically proven, after scholars had previously argued for the use of birth girdles during childbirth, that the Wellcome Collection Western MS 632 has come into contact with fluids produced during childbirth.¹³ The rolls were often narrow and long to allow the parchment to be wrapped around the expectant

¹² The thesis will use the term lapidary obstetrical talismans to discuss the wide variety of stones—eagle stones, loadstones, jasper, and red coral—used by women for their supposed healing powers in regards to childbirth. Lapidary obstetrical amulets refers to lapidary obstetrical talismans that have been mounted and are worn often around the neck or as jewelry.

¹³ Fiddymment et al., "Girding the Loins?": 11. Birth girdles, in their Christian context, are referred to as prayer rolls. While all birth girdles are prayer rolls, not all prayer rolls are birth girdles.

mother.¹⁴ Prayer rolls were often created by male professional illuminators and owned by a church or monastery; pregnant women essentially had to rent the rolls for their protective practices.¹⁵ If women, or their husbands, were wealthy enough, they could commission a prayer roll to be made for them. The tradition stems from the assumption of the Virgin Mary; she dropped the Girdle of Thomas (the Virgin's Girdle, The Holy Belt, or the Sacra Cintola), to Saint Thomas. This girdle became an important relic within medieval Catholicism. The location of the Marian girdle—Prato, Italy in the Cathedral of Prato—became an important pilgrimage site for medieval women wishing to become pregnant.¹⁶ Birth girdles often contain prayers or invocations to the Virgin Mary due to her immaculate conception and connection to childbirth and motherhood.

Medical rituals or remedies are described in medical compendiums such as the *Trotula* and the *Sickness of Women*.¹⁷ Medical rituals can be any ritual that is medically prescribed. While the *Trotula* is a medical compendium composed by a woman and the *Sickness of Women* is not, both prescribe rituals in response to complications women can have both during childbirth and pregnancy. Although the rituals are not the only prescriptions for these complications, the rituals form some of the core prescriptions and depict the importance of childbirth rituals during the time, as well as the need for rituals for their apotropaic powers. Moreover, the *Sickness of Women* is a Middle-English

¹⁴ Katherine Storm Hindley, "'Yf A Woman Travell Wyth Chylde Gyrdes Thys Measure Abowte Hyr Wombe': Reconsidering the English Birth Girdle Tradition," *The Courtauld*. <https://courtauld.ac.uk/research/research-resources/publications/courtauld-books-online/continuous-page-scrolls-and-scrolling-from-papyrus-to-hypertext/9-reconsidering-the-english-birth-girdle-tradition-katherine-storm-hindley/>.

¹⁵ Hindley, "'Yf A Woman Travell Wyth Chylde Gyrdes Thys Measure Abowte Hyr Wombe.'"

¹⁶ Deirdre Pirro, "The Virgin Mary's Belt," *The Florentine*, last modified December 15, 2011, <https://www.theflorentine.net/2011/12/15/the-virgin-marys-belt/>.

¹⁷ *The Trotula* is a 13th century medical compendium coming out of Salerno in Italy, while *The Sickness of Women* is an vernacular text written in Middle English. Both texts prescribe rituals in response to complications women can have during pregnancy and childbirth.

vernacular text, emphasizing its importance to women and midwives in medieval England at the time of the study. It is significant that the *Sickness of Women* is in the vernacular as it increased accessibility amongst men and women in England at the time. Medical rituals or ritual prescription demonstrates the liminal space between obstetrical care and ritual during the time period and the validation of ritual as care for parturient women and unborn children.

Another material ritual aside from the birth girdle tradition is that of lapidary obstetrical talismans. Although stemming from a Classical and global tradition, lapidary obstetrical talismans were very much part of the medieval English childbirth ritual. Women utilized eagle stones, loadstones, jasper, and red coral, to name a few, as lapidary talismans and amulets for the childbirth process. Loadstones are stones that are hollow and contain another smaller stone inside of them. They rattle and are considered pregnant in that loadstones carry a stone inside of themselves. They were carried for their believed apotropaic qualities—warding off harm to both the parturient woman and the expectant child. Barb describes eaglestones and their importance as obstetrical amulets, “there may perhaps be an ancient pun on the word ERO, which means both ‘eagle’ and ‘pregnant,’ [...] It is not at all surprising that a stone carrying one or more small stones in a hollow within it should have been considered by primitive man as a ‘pregnant stone.’”¹⁸ Interestingly, these, too, were prescribed in the *Sickness of Women*.¹⁹ Thus, loadstones are an important part of the larger birth ritual tradition in medieval England.

¹⁸ A. A. Barb, “The Eagle-Stone,” *Journal of the Warburg and Courtauld Institutes* 13, no. 3/4 (1950): 317. <https://doi.org/10.2307/750216>.

¹⁹ “Trinity College Cambridge MS R.14.52” or *Sickness of Women* in Monica H. Green and Linne R. Mooney, “The Sickness of Women,” in *Sex, Aging, and Death in a Medieval Medical Compendium: Trinity College Cambridge MS R.14.52, Its Texts, Language, and Scribe*, edited by Mary Teresa Tavormina, (Tempe (Ariz.): Arizona center for medieval and Renaissance studies), 2006, 532.

Although the use of many of the childbirth rituals continued past the period of study and into the Early Modern period, it is important to note changes in religious structure in the 1500s. In 1539, following the period of study, King Henry VIII transformed religion in England by creating the Church of England. With the transformation in religion came the Dissolution of the Monasteries, which targeted monasteries that housed relics and objects that related to female saints. Fiddymment discusses the dissolution as an explanation for the lack of extant birth girdle manuscripts today:

Midwives deployed parchment amulets, precious stones and plant-based remedies during childbirth; the list of items that the church lent out to pregnant women is extensive. When Thomas Cromwell ordered the abbeys to be raided in 1536, in what would later come to be known as the Dissolution of the Monasteries, the raids were particularly vicious in targeting centres relating specifically to the veneration of female saints, much of which focused on childbearing and pregnancy. The list of items seized included many items to aid childbirth. One such item was St Moodwyn's staff, which was lent to women in labour, 'to leane upon, and to walk with yt, and have greate confidence in the same staff' (to lean upon, and to walk with it, and have confidence in the same staff). Others include the smoke of St Mary, or even her breast milk. However, the most oft-recited item that a monastery lent out to its parishioners was a birthing girdle.²⁰

Although the period of study is prior to the creation of the Church of England and the Dissolution of the Monasteries, it is crucial to note its impact on the sources regarding childbirth, as well as the effects of the religious switch on childbirth rituals thereafter. For example, the use of lapidary obstetrical talismans increased after the Dissolution due to the difficulty of destroying and banning the use of small, talismanic stones.²¹ The period of 1300 to 1500 allowed women in England to venerate female saints and call upon female saints and figures in times of fear, anxiety, and crisis during pregnancy and

²⁰ Sarah Fiddymment et al., "Girding the Loins? Direct Evidence of the Use of a Medieval English Parchment Birthing Girdle from Biomolecular Analysis," *Royal Society Open Science* 8, no. 3 (March 10, 2021): 2, <https://doi.org/10.1098/rsos.202055>.

²¹ Fiddymment et al., "Girding the Loins?": 4-5.

childbirth, which was later banned from practice. Thus, 1500 is a useful chronological cutoff for the study due to the religious shift in England leading to a decreased use and acceptance of many childbirth rituals in England; however, the demonstrated, continued use of the childbirth rituals despite the Dissolution illustrates the importance of childbirth rituals to pregnant women as a grounding tool.

Literature Review

The scholarship of medieval magic and gender acts as a broad base for the thesis, as well as understanding the terminology of medieval magic in scholarly discourse. Catherine Rider and Sophie Page's edited volume, *The Routledge History of Medieval Magic*, is important to gain a firm foothold and understanding in the field.²² The volume contains sections on learned magic, global magic, medicine and magic, and more, reflecting the themes of current scholarship. Catherine Rider's scholarship focuses on gendered magic. Rider's "Women, Men, and Love Magic in Late Medieval English Pastoral Manuals" helped form an understanding of gendered magic in late medieval England.²³ This scholarship informs my work by giving a clear baseline for the scholarship on medieval magic, especially establishing a precedent of how other scholars have not put contemporary biases about magic in their studies of medieval magic.²⁴ Overall, the scholarship provides an important basis for an understanding of medieval

²² Sophie Page and Catherine Rider, eds, *The Routledge History of Medieval Magic*, (London [England]: Routledge), Taylor and Francis Group, 2021.

²³ Catherine Rider, "Women, Men, and Love Magic in Late Medieval English Pastoral Manuals," *Magic, Ritual, and Witchcraft* 7, no. 2 (2012): 190-211.

²⁴ Every scholar has their own contemporary bias; however, these scholars have stressed the importance of studying medieval magic within its own context, rather than exploring medieval magic from a 21st century perspective, which is important to my study.

magic as a whole, as well as placing my work in the relevant historiographical setting of the broader works of medieval magic.

Out of all the medieval English birth rituals, birth girdles have drawn the most attention from scholars. Mary Morse has written several crucial articles on the subject.²⁵ A scientific study on the use of the Wellcome Collection Western MS 632 was published by the Royal Society of Open Science in 2021. The study confirms the use of birth girdles in labor.²⁶ Honey, milk, and other substances were found on the birth girdle; these substances are known to be used in birth rituals discussed in *The Trotula*, leading to further scholarship asserting the use of birth girdles not only prior to birth but also during birth.²⁷ Further research focused on the birth girdle tradition includes Katherine Storm Hindley's "'Yf A Woman Travell Wyth Chylde Gyrdes Thys Measure Abowte Hyr Wombe': Reconsidering the English Birth Girdle Tradition," which argues for the study of birth girdles outside of the context of ritual and birth.²⁸ The scholarship surrounding the birth girdle tradition in medieval England is a flourishing niche in medieval women's magic; however, there lacks a correlation in scholarship between birth girdles and other medieval English birth rituals.

²⁵ Joseph J. Gwara, and Mary Morse, "A Birth Girdle Printed by Wynkyn de Worde," *The Library: The Transactions of the Bibliographical Society* 13, no. 1 (2012): 33-62.; Mary Morse, "'Thys Moche More Ys Oure Lady Mary Longe': Takamiya MS 56 and the English Birth Girdle Tradition," in *Middle English Texts in Transition: A Festschrift Dedicated to Toshiyuki Takamiya on His 70th Birthday*, edited by Simon Horobin and Linne R. Mooney, NED-New edition, 199-219. (Boydell & Brewer, 2014).; Mary Morse, "Two Unpublished English Elevation Prayers in Takamiya MS 56," *Journal of the Early Book Society for the Study of Manuscripts and Printing History* 16, (2013): 269-277, 313-314.

²⁶ Fiddymment et al., "Girding the Loins?": 1.

²⁷ Fiddymment et al., "Girding the Loins?": 7, 9.; Monica Helen Green, trans, *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*, (Philadelphia: PENN, University of Pennsylvania Press, 2002), 89.

²⁸ Katherine Storm Hindley, "'Yf A Woman Travell Wyth Chylde Gyrdes Thys Measure Abowte Hyr Wombe.'"

Oral charms, remedies, and incantations have also been well-researched. The scholarship of Peter Murray Jones and Lea Olsan on birth rituals is crucial to the thesis for its more holistic understanding of rituals, as well as charms. Olsan and Jones' scholarship focuses on performative or oral charms for childbirth in medieval England. Their joint article, "Performative Rituals for Conception and Childbirth in England, 900–1500," describes rituals for childbirth outside of birth girdles.²⁹ Olsan also wrote "Latin Charms of Medieval England: Verbal Healing in a Christian Oral Tradition," which includes a childbirth charm but also emphasizes the importance of an oral tradition in medieval Christian culture.³⁰ Further, Peter Murray Jones and Lea Olsan again partnered on an article in the *Routledge History* volume about medieval magic titled "Medicine and Magic."³¹ Although not focused on rituals, Delores LaPratt's "Childbirth Prayers in Medieval and Early Modern England: 'For drede of perle that may be-falle'" discusses prayers used in medieval England for the purposes of childbirth.³² Because of the liminality in medieval England between prayer and charm, it can be argued that these prayers are also charms. I hope to explore these blurred boundaries between religion and ritual; thus, LaPratt's article is especially useful for its discussion of prayers that could also be interpreted as oral charms spoken ritually. Scholarship on rituals and charms used in medieval England in general and for the purposes of childbirth is well researched. Interestingly, there is a hole in scholarship connecting childbirth charms and prayers to

²⁹ Jones and Olsan, "Performative Rituals for Conception," 406-433.

³⁰ Lea T. Olsan, "Latin Charms of Medieval England: Verbal Healing in a Christian Oral Tradition," *Oral Tradition* 7 (1992): 116-142.

³¹ Peter Murray Jones and Lea Olsan, "Medicine and Magic," in *The Routledge History of Medieval Magic*, edited by Sophie Page and Catherine Rider, (London [England]: Routledge), Taylor and Francis Group, 2019.

³² Delores LaPratt, "Childbirth Prayers in Medieval and Early Modern England: 'For Drede of Perle That May Be-falle,'" McGill University.

the birth girdle tradition. Thus, the thesis will combine and analyze the traditions in tandem with one another.

Understanding the state of childbirth and women's obstetrical care in medieval England reveals the use and desire for childbirth rituals. The work of Barbara A. Hanawalt, Duncan Sayer, Sam D. Dickinson, and Fiona Harris-Stoertz on the social history of pregnancy and childbirth offers crucial context for childbirth rituals.³³ The scholarship forms an understanding of population growth, childbearing, death in childbirth, and pregnancy in medieval England. By analyzing the facets of pregnancy and childbirth in medieval England, the uses of childbirth rituals become increasingly evident: to assuage anxieties about death in labor, as well as infant mortality.

Monica Green's scholarship is crucial to this project, as her work elucidates the world of women's medicine and obstetrics and gynecology in medieval Europe.³⁴ Green not only published an English translation of *The Trotula* but also has written considerable scholarship on medieval women's medicine. *The Trotula*, as discussed earlier, is a critical primary source to the project, as it is a compendium of women's medicine written by a woman. Childbirth and obstetrics cannot be separated from women's medicine; thus, any rituals or folk remedies in *The Trotula* also function as ritual practices for medieval women's childbirth. Green asserts the gendering of healthcare in medieval Europe and

³³ Barbara A. Hanawalt, "Childrearing among the Lower Classes of Late Medieval England," *The Journal of Interdisciplinary History* 8, no. 1 (1977): 1–22.

Duncan Sayer and Sam D. Dickinson, "Reconsidering Obstetric Death and Female Fertility in Anglo-Saxon England," *World Archaeology* 45, no. 2 (2013): 285–97.

Fiona Harris-Stoertz, "Pregnancy and Childbirth in Twelfth- and Thirteenth-Century French and English Law," *Journal of the History of Sexuality* 21, no. 2 (2012): 263–81.

³⁴ Monica Green, "Gendering the History of Women's Healthcare," *Gender & History* 20, no. 3 (11, 2008): 487–518.; Monica Green, "Women's Medical Practice and Health Care in Medieval Europe," *Signs* 14, no. 2 (1989): 434–73.; Monica Green, *Women's Healthcare in the Medieval West: Texts and Contexts*, (Aldershot: Ashgate/Variorum, 2000).

accounts for the importance of midwives as female medical practitioners. Further, Green has written influential scholarship regarding women's medicine and healthcare in medieval Europe as a whole, providing important scholarship to the field of women's study in medical history. Green's scholarship on the subject of women's medicine is crucial to understanding the obstetrical areas of childbirth rituals, as well as the overlap between medicine and the supernatural in regard to rituals.

There is considerable research by scholars of medieval history on birth girdles, birth rituals, and oral charms. However, there are few articles that combine all rituals—physical, amuletic, and oral—into a comprehensive understanding of women's birth rituals, which is my aim for the Honors Thesis. Elizabeth D. B. Blackard's Thesis, "Delivered Without Peril: Birth Girdles and Childbirth in Late Medieval and Early Modern England," for her MA in History at the University of Nevada, touches on my topic with the inclusion of more rituals than just the girdle; however, her scholarship is still primarily focused on the girdle.³⁵

Frameworks & Methodologies

I. Emotional

Since the beginning of the 21st century, there has been a shift in the study of history towards the inclusion of emotion in studies. Joanna Lewis, in the *Journal of Interdisciplinary History*, discusses what she terms "an emotional turn in history."³⁶ The turn first became popularized in the 2010s, becoming more integrated in the larger

³⁵ Elizabeth D. B. Blackard, "Delivered without Peril Birth Girdles and Childbirth in Late Medieval and Early Modern England." Master's thesis, University of Nevada, 2020.

³⁶ Joanna Lewis, "Emotional Rescue: The Emotional Turn in the Study of History," *The Journal of Interdisciplinary History* 51, no. 1 (2020): 121.

historical discourse in the late 2010s and early 2020s. Further, Lewis argues that emotional historians have successfully argued for their place in the historical discourse and the importance of emotional history as a subfield.³⁷ A seminal work in the field of emotional history is *The History of Emotions* by Rob Boddice; this is a survey work, discussing the use of emotions to further understand historical moments and historical analysis.³⁸ For medievalists, Damien Boquet and Piroska Nagy's *Medieval Sensibilities: A History of Emotions in the Middle Ages* proves the importance of the application of emotional history to medieval history.³⁹ Both of these works, originally published in 2017 and 2018, respectively, demonstrate the importance of the use of emotion for the study of history.

In marking this “emotional turn in history,” two works provide a methodological underpinning and precedent for my thesis: *The Consumption of Justice: Emotions, Publicity, and Legal Culture in Marseille, 1264-1423* by Daniel Smail and *Passion and Order: Restraint of Grief in the Medieval Italian Communes* by Carol Lansing.⁴⁰ These two books, both published in the last 15 years, utilize legal and religious sources to discover grief in medieval communities. Although the sources may seem unusual as windows onto emotional histories, scholars have contributed to the field by utilizing unconventional sources in order to infer, glean, and prove the emotions of the people they

³⁷ Joanna Lewis, “Emotional Rescue”: 125.

³⁸ Rob Boddice, *The History of Emotions*. (Manchester: Manchester University Press, 2018).

³⁹ Damien Boquet and Piroska Nagy, *Medieval Sensibilities: A History of Emotions in the Middle Ages*, English edition, translated by Robert Shaw, (Cambridge: Polity Press, 2018).

⁴⁰ Daniel Lord Smail, *Consumption of Justice: Emotions, Publicity, and Legal Culture in Marseille, 1264–1423*, (Ithaca; London: Cornell University Press, 2013).
Carol Lansing, *Passion and Order: Restraint of Grief in the Medieval Italian Communes*, (Ithaca, NY: Cornell University Press, 2008).

study. My thesis uses prayer rolls, medical treatises, images of loadstones, charms, and more to infer the emotional state of women utilizing birth rituals.

Many scholars on medieval birth rituals have taken a detached scholarly stance. Some of the studies focus on the religious aspect of the sources, getting very deep into the linguistics of the prayers included on the prayer rolls or in the charms. Emotions are lacking from the scholarship. Why do so many studies of birth rituals neglect to discuss the experience of the women who utilized them? Many scholars studying medieval birth rituals are themselves women, perhaps avoiding including emotional history in the discourse about birth rituals due to fear of criticism of including their own emotions about their own experiences into their scholarship. Criticisms of emotional history regarding birth rituals could emphasize that the women scholars are too connected to the subject and are thus using their scholarship as a method to express their own grievances. However, it is necessary to discuss emotion when discussing birth, as it is an emotionally and physically taxing process, which is represented in the rituals themselves and by the use of these rituals.

II. Global

The birth rituals stem from a rich global tradition, with a particularly strong connection to the Arabic medical tradition that was being developed in the Islamic world concurrently. The origins of many medieval European magical traditions stem from the translation projects of Alfonso X of Castile to Constantine the African.⁴¹ A popular ritual amulet, loadstones, were a classical tradition and have been found in Cyprus, Africa, and

⁴¹ Jones and Olsan, "Performative Rituals for Conception": 406-433.

the Middle East.⁴² One cannot study women's obstetrics in the medieval period without acknowledging the contributions of Jewish women to midwifery. In 1290, the Jewish population of England was expelled, leading to a lack of direct Jewish influence on the birth rituals studied in the project. However, in a project that studies women's medical practices and obstetrics in connection to ritual, as well as their global origins, it is vital to acknowledge the contributions of Jewish women to midwifery and obstetrics.⁴³ The sator arepo, an inscribed stone found in Pompeii, also demonstrates the ancient and global origins of medieval rituals and certain supernatural beliefs.⁴⁴ These global beginnings of medieval birth rituals bolster the cross-cultural understandings of medieval English birth rituals, practices, and beliefs.⁴⁵

The global origins of the rituals cement the concept of the "Global Middle Ages," rather than the outdated idea of Europe as an isolated world during the medieval period.⁴⁶ During the aforementioned translation projects, many of the Islamic medicinal texts and discoveries were brought to the universities of Europe. These texts were often understood as a liminal space between science and ritual, ritual and medicine. Due to this limited access, medicinal texts from the Islamic world began as a form of learned magic.⁴⁷

⁴² T. G. H Drake, "The Eagle Stone, an Antique Obstetrical Amulet," *Bulletin of the History of Medicine* 8, no. 1 (1940): 128–32.

⁴³ For more on Jewish midwifery in the medieval period: Baumgarten, Elisheva. *"Ask the Midwives: A Hebrew Manual on Midwifery from Medieval Germany."* and Carlebach, Elisheva. *"Community, Authority, and Jewish Midwives in Early Modern Europe."*

⁴⁴ Jones and Olsan, "Performative Rituals for Conception": 409.

⁴⁵ For more on global medieval birth rituals see: Suzuki, Yui. "Twanging Bows and Throwing Rice: Warding Off Evil in Medieval Japanese Birth Scenes."; Liss, Hanna. "Patterns of Intensification of the Laws on Ritual Purity in Medieval Jewish Ashkenaz."; Cabré, Montserrat. "Women or Healers? Household Practices and the Categories of Health Care in Late Medieval Iberia."; and Giladi, Avner. "Liminal Craft, Exception Law: Preliminary Notes on Midwives in Medieval Islamic Writings."

⁴⁶ The Global Middle Ages is a term coined by Geraldine Heng in 2003. Geraldine Heng, *The Global Middle Ages: An Introduction*, (Cambridge: Cambridge University Press, 2021).

⁴⁷ Benedek Lang, *Unlocked Books: Manuscripts of Learned Magic in the Medieval Libraries of Central Europe*, new ed., (Pennsylvania: Penn State University Press, 2010). For more on the Global Middle Ages see *Past and Present's* special issue on the Global Middle Ages (2018).

Although the texts were often written in their original Arabic context as medicinal or scientific texts, through translation and interpretation in medieval English contexts, the texts were understood through the lens of ritual, in addition to science and medicine. The *Trotula* is an important example of translation in the medieval period. The compendium of women's health was written by a woman in southern Italy in the 12th century. The *Trotula* was known in medieval England and France, as the medical knowledge spread quickly. Translating and adapting Islamic medicine, the *Trotula* provided access to obstetrical knowledge to medieval Europe.⁴⁸ Further, childbirth rituals stem from the long history of midwifery, of which many obstetrical texts and remedies were written by Jewish women during the medieval period. Although there were few outwardly Jewish women in England at the time, their obstetrical influence remained, and the global nature of the medieval world allowed for their obstetrical knowledge to be shared in England even after the 1290 expulsion.⁴⁹ Thus, the project draws on the long history of women as healers and begins to explain the continual invalidation of women's medicine as real medicine.⁵⁰ Women were seen as objects to be studied rather than capable of their own ability to perform and study medicine, further invalidating and restricting women's access to learned medicine and science.

⁴⁸ Monica H. Green, Introduction to *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*, edited by Monica Helen Green, (Philadelphia: PENN, University of Pennsylvania Press, 2002), 2-3.

⁴⁹ Cheryl Tallan, "Doctors: Medieval." Shalvi/Hyman Encyclopedia of Jewish Women. Last modified December 31, 1999. <https://jwa.org/encyclopedia/article/doctors-medieval>.

⁵⁰ For more on the invalidation of women's medicine throughout history see Katharine Park, *Secrets of Women: gender, generation, and the origins of human dissection*, (New York: Zone Books, 2010).

III. Holistic

As discussed in the literature review, birth rituals have often been studied as unique and individual occurrences. Birth girdles have been studied as a distinct birth girdle tradition. The *Trotula* has been studied as a distinct medical compendium. Birth girdles have not been studied together as a holistic tradition employed to assuage women's anxieties and treat birthing complications. As seen in the *Trotula* and the *Sickness of Women*, multiple rituals were prescribed to treat difficulties during birth; thus, in order to fully understand medieval birth rituals, one must look at multiple rituals in tandem with one another. I call for a new method of study that analyzes the birth rituals in tandem with one another and attempts to understand how they formed a larger birthing tradition, rather than studying each tradition separately.

It is important to note which women had access to which rituals; noble women, aristocratic women, and even royal women had access to textual amulets and ornately illuminated prayer rolls which would not be available to less well-off women until Wynkyn de Worde's printed birth girdle in 1534-5.⁵¹ Charms and oral rituals were far more accessible than birth girdles which had to be rented out from churches or commissioned. Moreover, loadstones were also an accessible form of talisman and were used after the Dissolution of the Monasteries targeted and destroyed birth girdles throughout England due to their small nature which was easy to carry and hide. Moreover, the stones could blend in with other stones, making them harder to ban; stones are hard to destroy as well compared to parchment or vellum documents. Often, parturient women would not rely on one ritual, and charms would interplay with the use

⁵¹ Joseph J. Gwara, and Mary Morse, "A Birth Girdle Printed by Wynkyn de Worde," *The Library: The Transactions of the Bibliographical Society* 13, no. 1 (2012): 33.

of birth girdles. Due to the varying accessibility of the rituals as well as the multi-faceted use of the rituals, it is necessary to understand how the rituals work in use with each other, as this understanding will elucidate the experience of late medieval childbirth.

New Additions

My thesis incorporates all three of the previously outlined methodologies: it adopts the framework of understanding the global origins of birth rituals, analyzes the emotional impacts of the childbirth rituals on women, and offers a unique discourse by studying the rituals in tandem with one another. The project takes into account that birth rituals were accessible to women of varying social strata. Overall, the project assesses the convergence of ritual, women's medicine, science, and religion through the comprehensive study of multiple childbirth rituals. By placing the thesis in a global framework, a new understanding of childbirth rituals in late medieval England emerges. The goal is to understand the birthing experience of late medieval English women through an emotional history, as well as to understand the combination of rituals used and how those rituals inform the scholar about the emotions of parturient women of the period. The term "grounding tool" is used throughout the thesis in order to represent how the rituals functioned emotionally for the parturient woman; "grounding tool" will be used, definitionally speaking, to elucidate the emotional experience of the women when using the rituals and explore how the rituals calmed their anxieties and fears. Similar to therapy techniques or breathing methods, grounding refers to reconnecting to one's body and mind in order to calm the nerves. While grounding tool is not a new term or concept, I am introducing to the scholarship surrounding childbirth rituals, repurposing the term

and taking it out of its traditional therapy context. Moreover, a holistic study of the rituals portrays a new avenue of study for birth rituals and cements birth rituals as a tradition rather than just understanding birth rituals as individualized phenomena. The global framework is necessary to break down the myth of England as insular and to further contribute to increasing scholarship on the global Middle Ages, attesting to the interconnectedness of the medieval period. Thus, the study of late medieval English birth rituals elucidates not only the emotional experience of medieval women but also cements birth rituals as their own subfield and asserts the need to keep the global Middle Ages at the forefront of scholarly discourse.

Although the thesis focuses on three main goals and methodologies, it also studies two main sub-themes throughout its analysis of the four main childbirth ritual types—accessibility of rituals based upon varying socioeconomic status and the continued usage of childbirth rituals over multiple time periods to demonstrate the importance of the rituals for women. By showing that price, availability, and literacy affect the accessibility of different childbirth rituals, I clarify how the use of these rituals depends on the socioeconomic class of the parturient woman, or rather her or her husband's family. In the chapters, I aim to represent that the childbirth rituals did not just pop up in 1300 and disappear in 1500, but rather demonstrate the origins of each tradition, as well as the lasting impacts of the tradition. In demonstrating that the rituals were often practiced far into the Early Modern period, even after the Dissolution of the Monasteries and shift to Protestantism in England, the rituals still maintained relevance for parturient women, illustrating a continued solace found in the rituals by pregnant women. Moreover, in demonstrating that the rituals often came from earlier contexts and time periods, it

demonstrates that women had needed childbirth rituals prior to the period of study, showing that women have always needed something supernatural to promise protection in the perilous experience of childbirth.

While the thesis attempts to make new additions to the field, I admit that I cannot research medieval birth rituals in their entirety. The goal of the thesis is not to understand the religious impacts of the rituals, nor is it to fully understand medieval obstetrics. I will not be analyzing the birth girdles from a religious perspective, nor will I be fully analyzing the prayers and imagery included, as well as the many nuanced religious inclusions on the prayer rolls. Most importantly, that scholarship has been done by Mary Morse and others who are interested in analyzing the prayers included on the prayer rolls. Further, I am not a medical historian; thus, I will not be fully analyzing the history of English obstetrics from 1300 to 1500. The goal of the thesis is to understand medieval birth rituals in terms of new methodologies, building upon older scholarship and discourse in a new way to reorient how scholars understand birth in late medieval England from an emotional perspective, in a global framework, and in a holistic birth ritual tradition.

Midwifery & Birth in Medieval England

In order to understand the emotional impact of rituals throughout the following chapters, this chapter describes midwifery, the feminine space of the birthing chamber, childbirth, quickening and abortion, and cesarean sections. The aim of this chapter is to elucidate the experience of women in late medieval England during pregnancy, but especially during childbirth, testifying to the painful and traumatic experience of childbirth. By understanding the traumatic experience of childbirth more holistically, the need for childbirth rituals, which promised protection from the many perils discussed in this chapter, is uncovered.

Scholars such as Alaya Swann, Carmen Caballero Navas, Renate Blumenfeld-Kosinski, and Carla Spivack have published important works discussing the childbirth experience of medieval women. Alaya Swann provides valuable insight into the connections between midwifery and Christianity in late medieval England.¹ In both her dissertation and her article, Swann emphasizes the connection between midwifery and the religious tradition in England, with midwives acting as intermediaries in the birthing chamber and process. Carmen Caballero Navas discusses the Jewish midwifery tradition in medieval Europe, discussing the interreligious role played by midwives during the period.² Renate Blumenfeld-Kosinski studies the cesarean section in medieval Europe, acknowledging the global origins of the cesarean section, as well as noting that it was not

¹ Alaya Swann, "By Expresse Experiment': The Doubting Midwife Salome in Late Medieval England," *Bulletin of the History of Medicine* 89, no. 1 (2015):1–24; Alaya Swann, "Childbirth and Midwifery in the Religious Rhetoric of England, 1300-1450," PhD diss., (Arizona State University, 2014).

² Carmen Caballero Navas, "She Will Give Birth Immediately. Pregnancy and Childbirth in Medieval Hebrew Medical Texts Produced in the Mediterranean West," *Dynamis* 34, no. 2 (2014): 377-401.

a barbaric procedure that favored the life of the unborn child over the life of the mother.³ Carla Spivack's scholarship depicts medieval abortion in medieval English legal terms, dispelling popular myths about medieval abortion, as well as connecting it to contemporary American abortion debates. Such debates consistently misuse medieval law and perspectives on abortion for political agendas.⁴

The chapter further studies medieval perspectives, ideologies, and ethics regarding childbirth, abortion, when a life is considered a life, and which life—mother or child—was prioritized in the case of cesarean section. The goal of this chapter is to provide a baseline understanding of the experience of childbirth and ethics surrounding childbirth for the rest of the thesis, as well as to clarify some of the differences between modern ethics and medieval ethics.

Midwifery

Childbirth rituals stem from the long history of midwifery and women as healers. Midwives and birthing attendants acted as the main supporters of women during childbirth. Midwives have traditionally been associated with women's healthcare, as scholarship has focused on the idea that "women's health was women's business."⁵ Green asks her readers to think about how medieval people defined midwifery: were they medical practitioners who focused on women's medical care more holistically, or did they just focus on medical issues associated with reproductive organs—menstruation,

³ Renate Blumenfeld-Kosinski, "Caesarean Birth in Medical Thought," in *Not of Woman Born: Representations of Caesarean Birth in Medieval and Renaissance Culture*, (Cornell University Press, 1990), 7–47.

⁴ Carla Spivack, "To 'Bring Down the Flowers': The Cultural Context of Abortion Law in Early Modern England," *William & Mary Journal of Women and the Law* 14, no. 1 (October 2007): 107-51.

⁵ Green, "Women's Medical Practice:" 453.

pregnancy, and childbirth?⁶ Green includes a “description of the midwife's function in the thirteenth-century Latin encyclopedia of Bartholom the Englishman (which was subsequently translated into various vernacular languages)” found by scholar Michel Salvat, “one of the few scholars to have raised the question of definition [of midwives],” on the characterization of midwives:

‘A midwife [Latin, *obstetrix*; Italian, *obstetris*; Provencal, *levayritz*; Spanish, *partera*; French, *ventriere*] is woman who possesses the art of aiding a woman in birth so that [the mother] might give birth more easily and the infant might not incur any danger.... She also receives the child as it emerges from the womb.’⁷

Interestingly, this characterization from the thirteenth century genders the midwife as a woman, as well as relegates her role to assisting women in birth; thus, in the medieval period, midwives were understood as women caretakers of women in matters of birth. Bartholom’s definition provides a narrow scope of the medical practices allowed to women; however, Green asserts that midwives also served as women’s healthcare providers more broadly.⁸ Undoubtedly, however, assisting in birth through medical, spiritual, and other means was essential to the acknowledged role of the midwife.

Midwives highlight the tension between learned medicine and university-trained physicians, on the one hand, and folk medicine and generationally accrued knowledge, on the other hand, during this period. Green describes a trend of “licensing” medical professionals, which functioned to exclude women from medical practice.⁹ In England in 1421, an attempt was made to bar women from the practice of medicine.¹⁰ Green argues “that this measure was ultimately ineffectual does not diminish the fact that the desire to

⁶ Green, "Women's Medical Practice:" 454.

⁷ Green, "Women's Medical Practice:" 455-456.

⁸ Green, "Women's Medical Practice:" 455.

⁹ Green, "Women's Medical Practice:" 449.

¹⁰ Green, "Women's Medical Practice:" 449.

prohibit women's medical practice was obviously real.”¹¹ Men in the medieval period attempted to diminish women's role in the medical field through their endeavors to ban them from practicing medicine, thus, continually invalidating the role of women in medicine.

When discussing midwifery, it is crucial to acknowledge the contributions of Jewish women and midwives who wrote many obstetrical texts and remedies. Although openly Jewish women were few and far between in England during the period of study, their obstetrical influence remained, and the global nature of the medieval world allowed for their obstetrical knowledge to be shared into England even after the 1290 expulsion.¹² Many Jewish women converted to Christianity under duress; however, some continued to practice the Jewish faith in secret. For example, in Oxford, Jewish “converts,” as scholar Elisa Narin van Court puts in quotes to denote their lack of faithful conversion to Christianity, were helping Sir Thomas Bodley collect “Hebraica” in the 1500s.¹³ The Jewish population was not allowed back into England until the 1650s by Oliver Cromwell; nevertheless, the continued Jewish presence in England was visible.¹⁴ The Hebrew gynecological lexicon stems from the Latin medical tradition of the Mediterranean as well as the Arabic tradition. In many circumstances in Christian Europe, Jewish midwives attended Christian women. The Jewish midwife was defined as “*hayyah*, a term deriving from the verb ‘to live’ that alludes to their function of mediating

¹¹ Green, “Women's Medical Practice:” 449.

¹² Cheryl Tallan, “Doctors: Medieval.” Shalvi/Hyman Encyclopedia of Jewish Women. Last modified December 31, 1999. <https://jwa.org/encyclopedia/article/doctors-medieval>.

¹³ Elisa Narin van Court, “Invisible in Oxford: Medieval Jewish History in Modern England,” *Shofar* 26, no. 3 (2008): 1–20. <http://www.jstor.org/stable/42944746>.

¹⁴ Court, “Invisible in Oxford:” 7.

with life.”¹⁵ Further, the term *meyaledet*, also meaning midwife, overtly connects the midwife with birth and helping pregnant women give birth.¹⁶ The Jewish perspective on the function of the midwife or *hayyah* is evident: to help give life. Similarly, in their pursuit to give life, rituals often helped smooth the birthing process and were used to aid in the live-giving process of birth. As discussed by Navas, birth, despite religious conflict, represented a time of interreligious communication and interaction as “Jewish women attended to Christian women in labour and vice-versa.”¹⁷ Thus, the legacy of Jewish women on medieval Christian women’s birth must be acknowledged.

The Birthing Chamber

Similar to midwives typically being women, the birthing chamber acts as a unique space in medieval women’s history because it remained a non-male space for much of the period. Both the occupation of midwifery and the space of the birthing chamber were mostly non-male during the period. Physically, it is one of the few feminine spaces in the medieval period. Aside from royal births, at which male physicians were usually present as well as midwives, the birthing chamber remained a feminine space.¹⁸ Although men were increasingly allowed into the birthing chamber during the later medieval period and into the Early Modern period, the chamber remained a space that was occupied predominantly by women.¹⁹ This unusual space allowed for community and medical practice to come together in unison. Further, in the birthing chamber, women held a

¹⁵ Navas, "She Will Give Birth Immediately:" 395.

¹⁶ Navas, "She Will Give Birth Immediately:" 395.

¹⁷ Navas, "She Will Give Birth Immediately:" 399.

¹⁸ Blumenfeld-Kosinski, "Caesarean Birth in Medical Thought," 15.

¹⁹ Swann, "Childbirth and Midwifery," 8-9.

unique position of authority, for their medical prowess was rarely called into question as they understood their own medical problems more than others. The birthing chamber functioned as an important physical space for women not only for birth itself but also socially, seen in the dissemination of medical information through experiential learning and word of mouth. This chamber became a sacred, feminine space where men were not allowed to view and experience women's medical knowledge on childbirth, certain rituals, and the actual birth. In addition, it acted as one of the few non-male spaces where men were excluded and women were the sole actors in the medical situation, allowing for increased comfort during the traumatic birthing process.

Quickening & Abortion

Quickening, in medieval embryology, occurs when the unborn child becomes actualized as a soul and a life. Carla Spivack argues that, in Early Modern England and earlier,

the pre-quickening fetus, though understood to be alive, was not considered a person in any legal, cultural, or even biological sense; that this theme appears in legal texts and midwife manuals as early as Anglo-Saxon times; and that this premise was consistent with early modern views of humanity and personhood.²⁰

In order to further understand birth rituals and beliefs surrounding birth, it is critical to understand when, in the medieval English legal tradition, the child became a fully recognized life. Quickening is essential to understand medieval English legal perceptions about the beginnings of life, which is also relevant for instances of cesarean sections. In late medieval England, as displayed by the *Trotula*, the belief was that "Abortion was something to be prevented."²¹ In the eyes of medieval medical treatises, laws, and

²⁰ Spivack, "To 'Bring Down the Flowers':" 111.

²¹ Spivack, "To 'Bring Down the Flowers':" 112-113.

medical practitioners, abortion happened naturally between months seven and nine of the pregnancy, emphasizing the conflation between miscarriages and abortions, for which the *Trotula* provides an herbal remedy.²² Similar to abortion or miscarriages, cesarean sections also dealt with the loss of life during the birthing process; however, they were performed in instances when the life of the mother could not be saved.

Debates regarding the legality of abortion were present throughout medieval Europe, especially starting in the 12th century. Abortion was first deemed a criminal offense in Bologna under Roman law.²³ During this time, it was argued, via the Gratian model, that it could not be tried as a crime until the unborn child had developed bodily features such as limbs and a human form—human form in the uterus equated to an unbaptized soul.²⁴ By 1250, abortion and homicide were equated throughout medieval Europe, as long as the unborn child had developed into a human form, which was decided to be around 40 to 80 days, dependent on the gender.²⁵ Even more radically, between 1307 and 1348 in England, “royal justices concluded that babies did not possess human quality unless they had been born and were extant.”²⁶ However, Müller notes that the adoption of the formal association between abortion and homicide was slowly embraced by Germany, and was not embraced in England.²⁷ Much of the legal practice regarding abortions was focused on “miscarriage by assault.”²⁸ During the 13th and 14th centuries in England, “English common-law courts dealt with dozens of unborn children killed by

²² Spivack, "To 'Bring Down the Flowers':" 113.

²³ Wolfgang P. Müller, *The Criminalization of Abortion in the West: Its Origins in Medieval Law*, (Ithaca: Cornell University Press, 2012), 1.

²⁴ Müller, *The Criminalization of Abortion in the West*, 1.

²⁵ Müller, *The Criminalization of Abortion in the West*, 1-2.

²⁶ Müller, *The Criminalization of Abortion in the West*, 12.

²⁷ Müller, *The Criminalization of Abortion in the West*, 2.

²⁸ Müller, *The Criminalization of Abortion in the West*, 2.

external aggressors and granted women aggrieved by the violent termination of their pregnancies the right to press felony charges against perpetrators.”²⁹ Trials for the loss of the unborn child, done by someone or something outside of the mother, acted as a space for the mother to grieve and gain justice for the unborn life.

Debates emerged in the early 14th century about the ability of doctors and midwives to save the mother’s life by inducing the death of the unborn child.³⁰ However, in England, unborn fetuses were not considered living and able to have souls until birth, so it was not a crime for medical professionals to remove the fetus to save the life of the pregnant woman. Even though this ruling about the life of a fetus being official at the time of birth ended in 1348, in England, “legal historians have yet to discover accusations or indictments concerned with the slaying of infants [...] after the year 1348.”³¹ Until the publication of William Staunford’s *Les plees del corone* in 1557, abortion remained unpunished by royal justices in England.³²

Midwives, or wise-women, proved essential to the development and understanding of the use of plants for abortive measures. Müller enforces the concept of shared and generational knowledge passed down orally between women “from one generation of birth helpers to the next.”³³ Court records support and stress “that pregnancy and birth were concerns consistently entrusted to female specialists,” otherwise known as the midwife.³⁴ Thus, the oral, generational knowledge passed down between midwives and women created an informed birth practice from accumulated lay-

²⁹ Müller, *The Criminalization of Abortion in the West*, 2-3.

³⁰ Müller, *The Criminalization of Abortion in the West*, 14.

³¹ Müller, *The Criminalization of Abortion in the West*, 15.

³² Müller, *The Criminalization of Abortion in the West*, 141.

³³ Müller, *The Criminalization of Abortion in the West*, 152.

³⁴ Müller, *The Criminalization of Abortion in the West*, 153.

knowledge, which allowed women to learn which herbs and plants would best be used for abortive measures.

Cesarean Sections

The newest prequel series to HBO's *Game of Thrones*, *House of the Dragon* begins with a violent and traumatic cesarean section that is performed on Queen Aemma. The King, Viserys Targaryen, is given a choice to either spare the mother, the child, or neither of them. The male maester, or medical practitioner, performs the cesarean section, ultimately leading to Queen Aemma's violent and bloody death; she had no choice in the matter.³⁵ Pop culture depictions like this one propagate inaccurate perceptions about medieval cesarean sections. In truth, women were often prioritized over the unborn child, unlike the graphic scene in *House of the Dragon*. On cesarean sections, Renate Blumenfeld-Kosinski argues, "representing as it does violence and mutilation, [the cesarean section] epitomizes the dangers of medieval and Renaissance childbirth."³⁶ Childbirth was, and still is, understood as a dangerous and life-threatening procedure.

The cesarean section has ancient and global origins, as the earliest known cesarean section was performed in Ancient Mesopotamia.³⁷ An Indian doctor from the 8th century CE suggests the performance of a cesarean section in the case of the death of the mother and the unborn child is still moving in the womb.³⁸ The medieval Jewish philosopher Maimonides wrote about cesarean sections, leading some scholars to believe that there were successful cesarean sections performed by Jewish doctors while the

³⁵ *House of the Dragon*, Season 1, episode 1, "The Heirs of the Dragon," aired on HBO.

³⁶ Blumenfeld-Kosinski, "Caesarean Birth in Medical Thought," 21.

³⁷ Blumenfeld-Kosinski, "Caesarean Birth in Medical Thought," 21.

³⁸ Blumenfeld-Kosinski, "Caesarean Birth in Medical Thought," 22.

mother was still alive: “Maimonides (1135-1204) advised that an incision should be made in the woman's side and that she should in this way be delivered of her child.”³⁹ In a passage from the Talmud, there is further evidence for the survival of the mother after the cesarean section procedure; Blumenfeld-Kosinski cites the following passage:

From the following passage in the Nidda, an appendix to the Talmud, it has often been concluded that Jewish culture knew and practiced this operation on living women: ‘It is not necessary for women to observe the days of purification, after removal of a child through the parities of the abdomen.’⁴⁰

Thus, a rich, multicultural tradition surrounds the cesarean section procedure during the medieval period.

In the medieval European Christian tradition, cesarean sections existed in the case of the mother’s death during childbirth in order to baptize the child and save its soul.⁴¹ Most often, cesarean sections were performed in postmortem instances where there was no chance of saving the mother. The Council of Canterbury in 1236 “urged women to confess themselves before they went into labor, and midwives were instructed to prepare water for a possible emergency baptism.”⁴² The preparation of midwives to expect fatalities (emphasis on the plural) of both the mother and child present the anxieties, fear, and trauma of medieval birth and the need of birth rituals to assuage those anxieties. When a medieval woman entered the birthing chamber, aside from her rituals, there was no assurance that she or the child would make it out alive.

Similar to the decision taken by King Viserys Targaryen in *House of the Dragon*, the midwife was tasked with a crucial choice in instances of cesarean sections; Blumenfeld-Kosinski phrases the question: “should the mother ever be sacrificed for the

³⁹ Blumenfeld-Kosinski, "Caesarean Birth in Medical Thought," 22.

⁴⁰ Blumenfeld-Kosinski, "Caesarean Birth in Medical Thought," 22.

⁴¹ Blumenfeld-Kosinski, "Caesarean Birth in Medical Thought," 26.

⁴² Blumenfeld-Kosinski, "Caesarean Birth in Medical Thought," 26.

sake of her child?”⁴³ Religious dogma surrounding cesarean sections argued for the salvation of the mother rather than the sacrifice of the mother in order to save the child. Thomas Aquinas’ perspective on baptism argues that the life of the mother should not be taken even if there is a chance that the unborn child can be saved; essentially, Aquinas argues that an act of evil is not worth the birth of the child.⁴⁴ The value of the life of the mother can be seen through the use of similar rhetoric to argue against abortion to save the life of the parturient woman. In a Middle English variation and translation of the *Trotula*, midwives were encouraged to sacrifice the life of the child rather than the existing life of the mother. The *Trotula* states, “whan the woman is feble and the chylde may noght comyn out, then it is better that the chylde be slayne than the moder of the child also dye.”⁴⁵ In the case of choosing between the life of the mother and the life of the child, especially in medieval Christian thought, there was no ability to choose; the sacrifice of the mother was not permitted in order to save the life of the unborn child.

Conclusion

This chapter provides a baseline level of knowledge regarding midwifery and birth in medieval England. To understand the emotional impact of rituals, which will be analyzed in the following chapters, on women in late medieval England, it is important to first understand the importance of midwifery and how midwives functioned, to understand the sanctity of the feminine birthing chamber, to understand the ethics behind

⁴³ Blumenfeld-Kosinski, "Caesarean Birth in Medical Thought," 26.

⁴⁴ Blumenfeld-Kosinski, "Caesarean Birth in Medical Thought," 27.

⁴⁵ “Sloane MS 2463” in *Medieval Woman's Guide to Health: The First Gynecological Handbook: Middle English Text* edited and transcribed by Beryl Rowland, (Kent, OH: Kent State University Press), 1981, 35-36.

quickenings and abortion, and finally, to understand the ideologies and practices regarding cesarean sections. When the baseline for this knowledge is provided, the experience of childbirth in the late medieval period is elucidated, which provides an explanation of the trauma and perils of childbirth from which creates a demand for apotropaic childbirth rituals in order to soothe the fears.

Medical Rituals

“Suffering from period pain? This ritual will help.”

- Somedays (a natural period pain relief company)¹

As I was writing this chapter, I received the above email tagline in my inbox.

Although menstruation is not childbirth, the resonance of treating women’s reproductive pain with a ritual rings true from the late Middle Ages to the 21st century. Medical birth rituals present a continuity in history. It is very easy to feel disconnected from history, especially from history that happened almost 500 years ago; however, subtle reminders in our pop culture, media, vernacular, and habits remind us that modern women, with regards to birthing anxieties, differ little from medieval women. Medieval women, although they had access to different forms of medicine, were still navigating the pain and trauma of birth and menstruation in their own ways. To this day, the method of medical rituals in order to soothe pain and anxiety remains relevant, as seen by the email I received on Thursday, September 22, 2022 at 11:43 AM CST.

The project draws on the long history of women as healers and begins to explain the continual invalidation of women’s medicine as real medicine.² Katharine Park’s *Secrets of Women: Gender, Generation, and the Origins of Human Dissection* provides crucial scholarship and explanation of the controverting of women’s medicine and women as medical practitioners. Katharine Park argues that male medical professionals, during the period, did not view women’s medicine as real medicine. According to men in

¹ Somedays is a natural period company based in Vancouver, British Columbia. Interestingly, they sell a Belly Band, which should be paired with their Belly Jelly to wrap around the abdomen when experiencing abdominal cramps during menstruation, which is markedly similar to the birth girdle tradition. To learn more or visit their website see: <https://getsomedays.com/products/belly-band>.

² For more on the invalidation of women’s medicine throughout history see Katharine Park, *Secrets of Women: gender, generation, and the origins of human dissection*, (New York: Zone Books, 2010).

the medieval period, women were seen as objects to be studied, rather than capable of their own ability to perform and study medicine, further destabilizing and restricting women's access to learned medicine and science. Park further emphasizes the differences between learned medical practice and "lay knowledge [or] experience-based practice."³ Throughout medieval women's medical practices, the opposition between learned medicine and lay medical practices recurred and was used to undermine the success and effectiveness of these practices, which included birth rituals. The categorization of medical rituals compared to other childbirth rituals used in the late medieval period is distinguished based upon the inclusion of the rituals in obstetrical, medical treatises specifically. With the inclusion of childbirth rituals in medical treatises, the rituals form a new category of ritual in that they blur the lines between medicine and ritual as they are categorized as both, demonstrating the liminality between learned medicine and lay practice, especially in relation to women's medicine. My chapter offers an overview of the scholarship on women's medical history and midwifery, analyze the *Trotula* and the *Sickness of Women* (two medical treatises), and reframe the scholarship within a global framework through the lens of emotional history, placing medical remedies in the wider context of ritual.

Literature Review

Medieval women's medicine is a newer field in the study of history, with there being more limited scholarship until the 1980s, which increased presumably after second-

³ Park, *Secrets of Women*, 81.

wave feminist movements.⁴ The shift to a focus on women follows wider transformations within medieval history to study women from a revisionist perspective, as the scholarship had primarily emphasized men or exceptional women. Thus far, medical and gynecological treatises have typically been studied with regard to their effect on women's medicine and the medical tradition, rather than in the context of a more broad, social history and the effect on women in the period.

Monica Green's work is dominant in the ever-growing, but relatively small niche of medieval women's medical history.⁵ Green takes a markedly feminist perspective in dispelling the myth that "women's medicine was women's business," proving that there were licensed women medical practitioners throughout Europe, as well as vouching for the treatment, by midwives, of non-reproductive issues and even remedies geared towards men in the *Trotula*. By providing a fuller perspective on women's medicine, Green displays the lived realities of women's medical practices in Medieval Europe. In a collaborative article with Green, Linne Mooney's work on the *Sickness of Women* provides critical insight into English medical treatises in the vernacular, as well as their prescribed rituals.⁶ The work of these two scholars independently and in their joint article

⁴ An example of earlier scholarship can be found in Wilfrid Bonser, *The Medical Background of Anglo-Saxon England: A Study in History, Psychology, and Folklore*, Publications of the Wellcome Historical Medical Library, New Ser, 3, (London: Wellcome Historical Medical Library, 1963).

⁵ Monica H. Green, "Gendering the History of Women's Healthcare," *Gender & History* 20, no. 3 (11, 2008): 487-518; Monica H. Green, "Women's Medical Practice and Health Care in Medieval Europe," *Signs* 14, no. 2 (1989): 434-73; Monica H. Green, *Women's Healthcare in the Medieval West: Texts and Contexts*, (Aldershot: Ashgate/Variorum, 2000); Monica H. Green, Introduction to *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*, edited by Monica Helen Green, (Philadelphia: PENN, University of Pennsylvania Press, 2002), 1-63.

⁶ Monica H. Green, and Linne R. Mooney, "The Sickness of Women." In *Sex, Aging, and Death in a Medieval Medical Compendium: Trinity College Cambridge MS R.14.52, Its Texts, Language, and Scribe*, edited by Mary Teresa Tavormina, (Tempe (Ariz.): Arizona center for medieval and Renaissance studies, 2006), 455-568.

demonstrates the importance of medical treatises and rituals to medieval, parturient women.

Previously, most scholarship on women's medicine has not included medical rituals as an aspect of the birth ritual tradition because the rituals included in the medical treatises have not previously been defined as rituals. However, I argue that medical rituals form a distinct category of birth rituals, through their inclusion in medical treatises, their inherent prescription as a cure for many ailments during the childbirth process, and due to their use by midwives, birthing attendants, and pregnant women during childbirth. Moreover, while medieval gynecology and obstetrics have been studied, the apotropaic aspect has often been lacking from the discourse. When understanding the apotropaic aspect of the medical treatises, one understands more fully the emotions of medieval women during birth. By situating the medical rituals in a global context, it dispels the notion that medieval England was insular and disconnected from the rest of the medieval world. Previous scholarship has tended to be detached from the emotional aspect of the experience of the medieval woman; however, I intend to explore the emotions, fears, and anxieties of these women through understanding their need and usage of apotropaic medical rituals in the case of childbirth. The *Trotula* is a wonderful example of a medical treatise including medical rituals, as it prescribes rituals for childbirth throughout the medical compendium.

The Trotula

The *Trotula*, a women's medical compendium, was compiled by Trota of Salerno.⁷ Trota has been a divisive historical figure due to the lack of historical evidence for both her gender and her existence.⁸ The compendium was written in Latin, leading to its widespread circulation and, thus, popularity throughout medieval Europe. By the 15th century, the *Trotula* was available in not just Latin but also in the local vernacular, increasing the scope of the medical compendium.⁹ To demonstrate the popularity of the *Trotula*, there are 126 extant manuscripts in Latin alone, and scholars assume that the number does not reflect the whole amount of copies of the *Trotula* circulating in medieval Europe.¹⁰ The *Trotula* is composed of three separate texts: *On the Conditions of Women*, *On Treatments for Women*, and *On Women's Cosmetics*. The second text is the one directly attributed to Trota, a woman from Salerno who was a known healer in the city. Although the text has a fraught and debatable authorship, it is important to note that many believed that a woman wrote and compiled the *Trotula*. Green writes, "There is no single author and no single text. There is, consequently, no single (or simple) story to be told of 'Trotula;'" however, perhaps, the story to be told is the belief that a woman wrote such an impactful and widespread medical compendium of women's medicine in medieval Europe.¹¹ The *Trotula* marks a pivotal shift in women's medicine, no matter the author.

⁷ Salerno is a city in Southern Italy, which had Muslims and Christians living side by side and was also frequented by Muslim merchants. Green asserts that Trotula was originally the title of the work and not the name of the author. Monica H. Green, Preface to *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*, edited and translated by Monica H. Green, (Philadelphia: University of Pennsylvania Press), 2002, xi.

⁸ Green, Preface to *The Trotula*, xi.

⁹ Green, Preface to *The Trotula*, xi.

¹⁰ Green, Introduction to *The Trotula*, 51.

¹¹ Green, Introduction to *The Trotula*, 2.

The compendium is a curation of three medical texts, one or more of Arabic origins, demonstrating the global nature of women's medicine and medical ritual during the time period.¹² The twelfth century in Salerno proved to be a critical time period for translation projects of Arabic medical texts into Latin: "the Salernitan enterprise that was to make this new Arabic medicine truly functional in the West by fusing it with the older Latin texts and traditional empirical practices."¹³ In a monastery in Monte Cassino northwest of Salerno, translation projects from Arabic into Latin occurred between 1070-1090.¹⁴ Green also notes the importance of the translation projects of Alfonso X in creating a wealth of Arabic medical and scientific knowledge accessible to learned Europeans.¹⁵

Prior to the *Trotula*, there were two main camps of gynecological thought present in Western Europe. Soranus and Hippocrates formed the two main and differing ideas about women's medicine. As argued by Soranus, intercourse, menstruation, pregnancy, and other typical women's bodily functions caused harm to the woman; whereas, Hippocrates asserted that the same three aspects were necessary for the health of women.¹⁶ These two Greco-Roman medical camps informed European beliefs about medieval women's healthcare. Copies of medical texts were found at monasteries, which Green reminds "were male houses,"¹⁷ emphasizing the gatekeeping of women's medicine from women themselves in medieval Europe. A later tradition was the Galenic tradition

¹² Most notably, the *Book on the Conditions of Women* has the most Arabic influence out of all of the books in the *Trotula*.

¹³ Green, Introduction to *The Trotula*, 2.

¹⁴ Green, Introduction to *The Trotula*, 2.

¹⁵ Green, Introduction to *The Trotula*, 2.

¹⁶ "Soranus of Ephesus, a Greek physician from Asia Minor who practiced in Rome in the late first and early second century CE." Green, Introduction to *The Trotula*, 16.

¹⁷ Green, Introduction to *The Trotula*, 16.

of gynecology, informed by the medical writings of Galen of Pergamon (ca. 130-ca. 215 CE).¹⁸ His writings were transferred into the Arabic world through the spread of Islam in Asia Minor in the 7th century.¹⁹ Green emphasizes that in “Galenic gynecology, as in Hippocratic gynecology before it, the basic physiological process unique to the female body was menstruation [which...] was a necessary purgation, needed to keep the whole female organism healthy.”²⁰ Thus, the Arabic and Greco-Roman medical traditions worked in tandem with one another and continued to form the other as women’s medicine continued to develop in the ancient period and into the medieval period.²¹

In *Conditions of Women*, the section of the *Trotula* that focuses on women’s birth, pregnancy, and other issues, rituals and charms are present stemming from the tradition of the sator arepo.²² The sator arepo, an inscribed stone found in Pompeii, also accounts for origins of medieval rituals and certain supernatural beliefs.²³ Green argues, “some of these obstetrical remedies derive from the *Viaticum*, though many of the rest reflect traditional practices, some of them ritual, some strictly herbal. Notably, while an ancient pagan charm is included here, there is no Christian element whatsoever.”²⁴ Thus, the *Trotula* blurs the boundaries between medicine and ritual, reflecting the liminality in medieval Europe between medicine and ritual practices in terms of women’s gynecological practices.

¹⁸ Green, Introduction to *The Trotula*, 18.

¹⁹ Green, Introduction to *The Trotula*, 18.

²⁰ Green, Introduction to *The Trotula*, 19.

²¹ Green, Introduction to *The Trotula*, 35.

²² Green, Introduction to *The Trotula*, 35.

²³ Peter Murray Jones and Lea T. Olsan, "Performative Rituals for Conception and Childbirth in England, 900–1500," *Bulletin of the History of Medicine* 89, no. 3 (2015): 427. doi:10.1353/bhm.2015.0076.

²⁴ The *Viaticum* is the eucharist given to those near death. Green, Introduction to *The Trotula*, 35.

While the *Trotula* does not solely focus on birthing rituals, “On the Difficulty of Birth” in the *Book on the Conditions of Women*, includes birthing rituals. In other sections of the *Trotula*, remedies are included for other illnesses and maladies—for lice in pubic regions, a recipe for ointment for sunburn, a remedy for stench of the mouth, and a remedy for warts to name a few.²⁵ Thus, women’s medicine is not solely relegated to birth, pregnancy, and menstruation. However, birth is a focus of the *Trotula*. The following are some of the medical rituals included in “On the Difficulty of Birth:”

[91] Treatment. [...] Let sneezing be provoked with powder of frankincense placed in the nostrils. [...]

[92] And those men who assist her ought not look her in the face, because women are accustomed to be shamed by that during and after birth.

[...]

[95] Or let summer savory be ground and tied upon the belly, and the fetus will come out whether it is alive or dead.

[...]

[98] Or let these names be written on cheese or butter: “+ sa. e. op. ab. z. po. c. zy. e. pe. pa. pu. c. ac. sator arepo tenet os pera rotas,” and let them be given to eat.²⁶

[99] Or let butter be taken with honey and wine and let it be given to drink.

[...]

[102] Likewise, let the woman be girded with a snake’s skin from which the snake has emerged.

[103] Or let the root of gourd be tied to her loins, and let it be taken away as soon as the fetus exits, lest the womb come out after the egress of the child.²⁷

The medical rituals above reference the sator arepo, as well as the tradition of girdling.

The birth girdle tradition includes the use of a prayer roll, made of parchment or vellum, which is wrapped around the stomach of the expectant woman. The birth girdle includes prayers, or charms, invoking the Virgin Mary and other figures associated with birth and

²⁵ *The Trotula: An English Translation of the Medieval Compendium of Women's Medicine*, edited and translated by Monica Green, (Philadelphia: University of Pennsylvania Press), 2002, 98, 99, 101, 104.

²⁶ In Green’s notes, she states that the string of letters was left by a legacy of editors who believed the string of nonsensical letters to be part of the charm of the sator arepo and its magical properties. *The Trotula*, 195.

²⁷ *The Trotula*, 80.

pregnancy. Although the *Trotula* does not directly mention birth girdles or the birth girdle tradition, it alludes to girdling for birth and pregnancy as a legitimate medical practice followed in medieval Europe at the time. Rituals 95, 102, and 103 refer to three different versions of tying something around the loins or abdomen of the pregnant woman. Like a talisman or textual amulet, ritual 98 describes carving a charm from the sator arepo into cheese or butter and physically consuming it, emphasizing the physicality of the ritual, just as with girdling. It is important to note that the rituals specifically for birth are more ritualistic than medical in nature. The inscription of butter or cheese is specifically talismanic, as well as the consumption of the inscribed foodstuffs as a ritual action.²⁸ The act of girding the loins or abdominal region is another physical act with ritualistic origins, similar to the birth girdle tradition. The *Trotula* depicts the blurred boundaries between medicine and ritual through its inclusion of medical rituals in connection with childbirth remedies.

The trauma of medieval birth is relayed through the remedies included in the *Trotula* for post-birth medical crises or ailments of the mother. Sections include:

On the Dangerous Things Happening to Women Giving Birth; On Extracting the Dead Fetus; On Excessive Flow of Blood After Birth; On Pain of the Womb after Birth; On Those Giving Birth with Difficulty; On Prolapse of the Vagina of Women; On Pain of the Breasts; On Swelling of the Vagina; [For Pain of the Womb]; On Pain of the Womb; On Rupture of the Genitals after Birth; [For Pain of the Vagina after Birth].²⁹

This long list of post-birth medical ailments raises questions about the fear and anxieties experienced by medieval women surrounding birth and pregnancy. It is clear from the many remedies and treatments in the *Trotula* that birth was no easy process for medieval women, just as it is not an easy process for women in the 21st century. Birth, no matter

²⁸ *The Trotula*, 80.

²⁹ *The Trotula*, 92, 90, 103, 104, 105, 107, 110.

how joyful, is a traumatic, dangerous, and harmful process for the expectant mother. The *Trotula* depicts the physical harm of birth through the remedies. “On the Dangerous Things Happening to Women Giving Birth” discusses the tearing of the vagina to the anus, as well as what to do when the womb falls out of the mother.³⁰ The use of the word “dangerous” in the title of the section further elucidates the known danger and peril of the birthing experience, and hints at the anxieties experienced by women who went through such a dangerous process.³¹ Similar to surgically stitching up the ripped vagina today, they would “sew the rupture between the anus and the vagina in three or four places with a silk thread.”³² The remedies themselves depict the lived experiences of medieval women and the trauma experienced during birth.

The physical struggle of parturient women is also echoed in “On Suffocation of the Womb.” This section states, “sometimes the woman is contracted so that the head is joined to the knees, and she lacks vision, and she looses [*sic*] the function of the voice, the nose is distorted, the lips are contracted and she grits her teeth, and the chest is elevated upward beyond what is normal.”³³ Suffocation of the womb or “wandering of the womb” comes from Classical and Arabic beliefs that the womb could move about the body towards the lungs. The belief stems from the Arabic medical tradition as well from Galen’s gynecological treatises, as well as stemming from Hippocrates’ notion of the “wandering womb.”³⁴ This visceral depiction of the pain experienced by pregnant women

³⁰ *The Trotula*, 93.

³¹ *The Trotula*, 93.

³² *The Trotula*, 93.

³³ *The Trotula*, 71.

³⁴ Green, Introduction to *The Trotula*, 26.

accounts for the accompanying worries, anxieties, and fears felt by the same women.

Birth, much like it is today, was an uncertain and physically damaging process.

Rituals must have appealed to both midwives and expectant mothers due to their ability to calm and soothe anxieties regarding the birthing process. The belief in the rituals as valid medical practice is demonstrated through their inclusion in the *Trotula*. The rituals assuage the anxieties of pregnancy and childbirth because they offer, if the ritual is completed, protection of both the mother and the child, which medicine and midwives cannot offer and promise alone. Even though the practice of rituals did not always lead to the perfect birth with no medical conditions after the birth, it was still crucial for these women to believe that the rituals could promise safety from the violent process of birth that often led to suffering. Thus, rituals presumably offer something that the midwives could not; a promise of protection, safety, and security, all of which calmed the pregnant women and eased their anxieties during the tumultuous nine-month period.

The *Trotula*, no matter its dubious authorship, was an important medical compendium for medieval women, as it disseminated medical information throughout the medieval West, and into medieval England. The compendium includes ancient Greco-Roman medical influence, as well as Arabic medical influence, acting as a cross-cultural medical guide. Although it has yet to be proven that Trota was in fact a woman, it is still critical to understand that it was believed that Trota authored the *Trotula*, emphasizing the value placed on a new medical literature of women's medicine written by women. The medical rituals and remedies given by the *Trotula* depict the lived birthing experience of medieval women, as well as the trauma of birth through the extreme nature of some of the treatments and medical ailments for which treatments were necessary.

Even more importantly, the medical rituals in the *Trotula* highlight the emotional reassurance that could be provided to parturient women who followed the rituals that promised to ensure their safety.

The Sickness of Women: An English Vernacular Gynecological Text

Sickness of Women, similar to the *Trotula*, is another important gynecological text for the women of late medieval England; however, this text is significant because it was written in the vernacular, leading to increased dissemination of the text amongst the women of medieval England, especially lay people.³⁵ Green and Mooney assert the audience of the text: "The intended audience, it is implied, is women."³⁶ *Sickness of Women* is located within a larger medical text, Trinity R.14.52, fols 107r-135v. It is a Middle English translation of a Latin compendium written by Gilbertus Anglicus in the 1200s. Gilbertus studied the medical tradition in Salerno and Montpellier, an interesting connection to the *Trotula*'s origins.³⁷ The compendium was composed ca. 1240, and arguments for its widespread adoption can be seen through its 27 extant manuscripts and its reproduction through the pecia system, as well as the Middle English tradition in the 15th century.³⁸ The text makes note of the "severity of women's diseases."³⁹ Thus, the author recognizes the significance of birth as a traumatic and harmful event, validating the anxieties of medieval women surrounding birth. The author further emphasizes the

³⁵ Women's literacy will be more fully addressed in the Oral Charms chapter, see page 86.

³⁶ Green and Mooney, "The Sickness of Women," 455.

³⁷ Green and Mooney, "The Sickness of Women," 455-456.

³⁸ The pecia system was utilized throughout the 13th century and onwards until the invention of the printing press as a means of mass production in medieval Europe. Approved versions of texts were given to scribes to copy en masse. Green and Mooney, "The Sickness of Women," 456.

³⁹ Green and Mooney, "The Sickness of Women," 466.

use of the text “to be used by women directly so that they can help themselves and other women.”⁴⁰ The author recognizes the female community of birth and midwifery, noting that the text is for women to help each other.

Seen in *Sickness of Women* is the prescription of ritual, particularly birth girdles. Once again, medicine and ritual blur boundaries in women’s gynecological practice. What differentiates this ritual from other references to birth girdles is that the *Sickness of Women* actively prescribed and encouraged girding the womb, whereas birth girdles could be used at the discretion of the woman. Fols 126v-127v prescribed the girding of the loins of the pregnant woman:

Tokens whan a womman shal be delivered of chield bien grete stirynges and moevynges in hir wombe, and otherwhile al the wombe moevith vp to the stomac, and makith a womman to have grete wil to cast; [...] and lete [fol. 127v] guyrden hir with a guyrdel of an hertis skynnel and if she swoune lete put swete smellyng thynges at her nose and lete frote þe soolis of hir feete and the pawmes of hir handis with keene bitynge thynges, as with vynegre and salt.⁴¹

Like the *Trotula* prescribing girdling of the loins, here another example of the prescription of ritual is seen in a medical compendium. Again, the boundaries are blurred between medicine and ritual. For women’s birth in medieval England, medicine did not suffice to assuage the anxieties of pregnancy—rituals were an equal necessity of the birthing process. As described, the birth girdle was prescribed for a child that was moving up the stomach, similar to the idea of the wandering womb and suffocation of the womb. Although aromatics, vinegar, and salt were prescribed if she fainted or swooned from pain to awaken the woman, the girdle was prescribed as the main solution, demonstrating

⁴⁰ Green and Mooney, “The Sickness of Women,” 466.

⁴¹ “Trinity College Cambridge MS R.14.52” or *Sickness of Women* in Monica H. Green and Linne R. Mooney, “The Sickness of Women,” in *Sex, Aging, and Death in a Medieval Medical Compendium: Trinity College Cambridge MS R.14.52, Its Texts, Language, and Scribe*, edited by Mary Teresa Tavormina, (Tempe (Ariz.): Arizona center for medieval and Renaissance studies), 2006, 532.

a steadfast belief in the healing and apotropaic powers of the birth girdle—the ritual acts almost as a medical solution.

In addition, the *Sickness of Women* prescribes stones as a talisman-like remedy to help women deliver their child. Ritual prescription is taken even further in *Sickness of Women* with the inclusion of a tradition similar to that of lapidary obstetrical talismans.

The compendium states,

A precious stone that hight isopus hath a grete vertu to help wymmen that thei were delivered of chield. Also don [yeven] a womman that hath a ded chield in hir wombe the mylke of a bicche medled with hony and make a plaster of wormode and bynde it to hir lift hippe; also wommans mylke and oile toguyder idrunke makith a womman to be delivered of chielde.⁴²

This precious stone is like the lapidary obstetrical talisman tradition, as Green and Looney indicate in the notes of the chapter. Similar to loadstones or aetites, jasper was also used as a talismanic stone to help a woman in labor deliver the child.⁴³ The stone ostensibly serves no clear medical purpose. Its healing power was based purely upon ritual and belief. The stone is not placed on the stomach or ingested; therefore, it can be determined that the stone is serving a purely ritual purpose. Thus, we see a conglomerate of birth rituals in a medical treatise, depicting that the boundaries were, in fact, blurred between medicine and ritual in medieval women's gynecological tradition.

Similar to the emotional gleanings from the *Trotula*, from the rituals included in the *Sickness of Women*, the suffering of women during childbirth is evident. Suffering of women during childbirth may be seen in both physical suffering throughout the painful process as well as emotional suffering from the potential loss of the child, other physical ailments caused by labor and pregnancy, and the potential death of the mother

⁴² "Trinity College Cambridge MS R.14.52," 532.

⁴³ Green and Mooney, "The Sickness of Women," 563.

themselves. During birth, the expectant mother was overcome with emotions: excitement about the impending child, fear of death (both of the child and themselves), and apprehension regarding the ease of labor. The experience of birth was filled with struggle, physical violence for the mother, suffering, dread, concern, and distress. During the process, the mother's life was on the line the whole pregnancy, but especially during labor. The rituals appeal to medieval women, as they offer extra protection against a known process that often led to death, loss, and physical repercussions. The rituals, birth girdles, and jasper referenced in the *Sickness of Women* provided comfort, assuaged anxieties, and soothed. Midwives and pregnant women believed in the rituals because of the overwhelming risk of childbirth during the period. When fear and anxieties are present, hope and belief in a higher power often help to calm those anxieties. The use of apotropaic rituals in gynecological treatises demonstrates the need for higher powers to intervene in the dangerous process but also the promise that if a parturient woman does an action, says words, or carries a stone to ward off peril, it will soothe the expectant mother.

Conclusion

In the late medieval period, medicine and ritual were at a crossroads, where both were considered valid forms of gynecological remedies. The prescription of both medicine and medical rituals in tandem fashioned a gynecological tradition practiced by women for women, which worked to assuage anxieties of the traumatic birthing process. To understand the need for rituals in medical practice, one must fully grasp the anxiety-inducing nature of the birthing process for medieval women in England. The gynecological treatises and medical compendiums give a glimpse into the physical harm

caused to a woman by the process of labor. *Sickness of Women* describes bearing children as a “grevance.”⁴⁴ Childbirth is by no means described as an easy process. As understood by the sheer number of difficulties that can occur after childbirth, the *Trotula* provides remedies for a numerous amount of them. Medical treatises alone, even if the sources do not outwardly acknowledge the emotional effect of birth, argue for women’s overt fear and the risk of the birthing process through their many different remedies to cure the difficulties of birth.

The emotional need for medical birth rituals is revealed when understanding and analyzing two medical treatises—the *Trotula* and the *Sickness of Women*—through the framework of midwifery, quickening, and cesarean sections, the emotional need for medical birth rituals. Medieval women relied on apotropaic forces bigger than those of the midwife and those in the birthing chamber to safeguard their own lives, but also the lives of their unborn child during the birthing process. Emotion is displayed most evidently by the rituals; if birth were not a tragic, joyful, harrowing event for the expectant mother, the need for textual amulets, talismans, charms, and medical remedies would not exist. Thus, medical rituals display the blurred boundaries between medicine and ritual during the late English medieval period.

⁴⁴ “Trinity College Cambridge MS R.14.52,” 524.

Lapidary Obstetrical Talismans

On the Regimen for a Woman Giving Birth

[...]

[118] Likewise, it should be noted that there are certain physical remedies whose power is obscure to us, which are helpful when done by midwives. Therefore, let the patient hold a magnet [loadstone] in her right hand and it helps.¹

During the late medieval period in England, pregnant women used lapidary talismans and amulets as grounding and calming tools during the childbirth process. The stones were first associated with childbirth during the Classical period in both lapidaries and encyclopedias, one of the most influential being Pliny the Elder's *Naturalis historia* [*Natural History*], which includes two books on stones. Women utilized eagle stones, loadstones, jasper, and red coral, to name a few, as lapidary talismans and amulets for the childbirth process. The apotropaic qualities of the stones were remarked upon by intellectuals from the 4th century BCE through the 17th century CE, demonstrating a long-lasting tradition of stones being used as a birth ritual in many different contexts. The incredible endurance of lapidary talismans is reflected by a similar endurance of women practicing rituals to assuage their anxieties during the childbirth process: "The custom of wearing or holding an amulet during pregnancy and childbirth is probably as ancient as the need for comfort and reassurance."² There is an undeniable connection between lapidary amulets and emotional reassurance during childbirth. The remarkable physical,

¹ *Trotula*, 105-107. The magnet referred to in the *Trotula* is a loadstone (or lodestone) which has natural magnetic properties, perhaps leading to its ritual use and belief in its apotropaic powers. The *Trotula* emphasizes the unique and unexplainable quality of the lapidary talisman, categorizing it as magical in a medieval medical treatise. Typically, loadstones were held or tied to the left arm; the *Trotula* deviates from this tradition.

² Thomas R. Forbes, "Chalcedony and Childbirth: Precious and Semi-Precious Stones as Obstetrical Amulets," *Yale Journal of Biology and Medicine* 35, no. 5 (April 1963): 390.

natural, and geological qualities of the stones endowed them with an association with the supernatural or the unknown. Eagle Stones are identified by a rattling inside, which led scholars and laypeople to believe the stones themselves were pregnant. Loadstones were magnetic, which created the belief that the stones could use their magnetic abilities to draw the child out of the womb with ease. The stones performed beyond their natural properties or medical duties by acting as talismanic objects, used as birth rituals by women for centuries. Moreover, the stones grounded and calmed women due to their tangible nature as a ritual that could be held, felt, and ritually touched. Lapidary obstetrical talismans further acted as a ritual in that they were often tied to the woman or even mounted into amulets, demonstrating their believed importance and precious nature. Wearing of lapidary talismans, either by tying to various parts of the body or around the neck in an amulet, transforms stones into ritual objects through the act of wearing them.

This chapter uses a variety of sources to discuss the importance of lapidary obstetrical talismans and amulets to medieval English women, and women throughout history, as they provided emotional support and, supposedly, possessed supernatural abilities to protect the woman and child. Sources include lapidaries from both the classical and medieval periods, an early modern midwifery guide, two medieval medical treatises: the *Trotula* and the *Sickness of Women*, images of lapidary amulets, and early modern jewel inventories. Through these sources, the chapter discusses the established tradition surrounding the powers of the stones, their classical origins and global provenance, and the emotional impact of the stones on parturient women as a grounding tool.

Joan Evans published two books in 1922 and 1933, both of which are invaluable to the study of medieval lapidaries and “*Magical Jewels*.”³ Evans is crucial to the study, as she has written upwards of 300 pages on lapidaries. In addition, Evans has included and translated medieval English lapidaries from Latin to English and published the manuscripts in an accessible book.⁴ Similar to Evans, C.N. Bromehead established himself as an expert on eagle stones and is cited in almost every succeeding piece of scholarship.⁵ His work offers more of a survey, giving a definitional understanding of eagle stones, as well as understanding their uses and origins. Thomas R. Forbes, a scientist, provides an interdisciplinary approach and perspective to the study.⁶ Forbes includes an emotional perspective to lapidary talismans, arguing that they calm, reassure, and ground pregnant women during the childbirth process. In addition, he argues that lapidary amulets and talismans fall under the category of ritual rather than solely medical, which is an important claim considering his medical background and the journal in which his article was published.

Scholarship on lapidary talismans has slowed since the early to mid-20th century and almost seems to be neglected, apart from some newer scholarship within the last 15 years. Nichola E. Harris in 2009 and 2016 published her PhD dissertation on lapidaries and an article on loadstones, respectively.⁷ However, she strictly argues that lapidaries

³ Joan Evans and Mary S. Serjeantson, *English Mediaeval Lapidaries*, Early English Text Society, Original Series: No. 190. 1960, reprint, Pub. for the Early English Text Society by H. Milford, (Oxford University Press, 1933).; Joan Evans, *Magical Jewels of the Middle Ages and the Renaissance, Particularly in England*, Reprint of 1922 Original Edition, (New York: Dover Publications, 1976).

⁴ Although the lapidaries were published in England, they were often written in Latin.

⁵ C. N. Bromehead, "Aetites or the Eagle-stone," *Antiquity* 21, no. 81 (1947): 16-22.

⁶ Thomas R. Forbes, "Chalcedony and Childbirth: Precious and Semi-Precious Stones as Obstetrical Amulets," *Yale Journal of Biology and Medicine* 35, no. 5 (April 1963): 390-401.

⁷ Nichola E. Harris, "Loadstones Are a Girl's Best Friend: Lapidary Cures, Midwives, and Manuals of Popular Healing in Medieval and Early Modern England," in *The Sacred and the Secular in Medieval Healing: Sites, Objects, and Texts*, compiled by Barbara S. Bowers and Linda Migl Keyser, (Farnham,

and stones were used in the medieval and early modern period medicinally, disagrees with Pliny the Elder's argument, and reaffirms some of the scholarship of Joan Evans—that people in the medieval and early modern periods viewed the stones as possessing supernatural qualities beyond those which are found in nature. Harris makes a distinction between medical and ritual, categorizing the stones as mostly medical; however, I argue that the stones are strictly ritual in nature, Harris is one of the most recent scholars to publish repeatedly on lapidaries in the medieval period, and her work is invaluable and detailed.

Outside of Harris' work, the majority of scholarship on lapidary talismans from the early 20th century, creating an opening for new scholarship which utilizes modern methodologies. The majority of scholarship regarding lapidary talismans neglects to study it from the perspective of gendered analysis, allowing for new scholarship on the subject to provide new perspective and analyses on the subject. In addition, there is a lack of scholarship connecting lapidary talismans with childbirth in general, whereas, most of the scholarship is centered on the remedies discussed in lapidaries and briefly mention childbirth. Nichola E. Harris represents a departure from the older, more outdated scholarship, but still leaves a lot of room for new scholarship, especially as Harris does not analyze loadstones specifically as childbirth rituals, nor does she focus on an emotional analysis throughout her study.

This chapter understands how medieval women believed lapidary obstetrical talismans functioned as birth rituals, how medieval women utilized the stones, and the

Surrey: Ashgate, 2016), 182-218.; Nichola E. Harris, "The Idea of Lapidary Medicine: Its Circulation and Practical Applications in Medieval and Early Modern England: 1000-1750" (PhD diss., Rutgers University, 2009), 53.

emotional importance of the stones to pregnant women. The chapter analyzes the established “folk-lore” or lapidary obstetrical talisman tradition through lapidaries both from the classical and medieval periods, demonstrating the continuity of the ritual.⁸ The chapter explores the utilization of stones by medieval women in their ritual context during pregnancy and labor. It establishes ownership of the stones by medieval women, thereby indicating their significance to medieval women in medical treatises and midwifery guides. Finally, the chapter understands how the stones affected medieval women emotionally, acting as an emotionally calming ritual throughout childbirth.

Classical Beginnings & Establishing Tradition

The lapidary tradition of the late medieval period stems from earlier origins in the Classical period. Stones are first connected to childbirth during this period through lapidaries, or treatises written on the uses and virtues of stones. Pliny the Elder’s (c. 23-79 CE) encyclopedia *Naturalis historia* [*Natural History*] discusses stones, metals, and gemstones in books XXXVII and XXXVIII. The earliest lapidary to mention the eagle-stone is Theophrastus’ (c. 371-287 BCE) *De lapidibus* [*On stones*] ca. 315 BCE. Theophrastus discusses the eaglestone as a supernatural object but does not yet link the stone with childbirth. Another important classical lapidary is Dioscorides’ (c. 40-90 CE) *De materia medica* [*On medical material*] in book V. Damigeron’s (c. 2nd century CE) *De virtutibus lapidum* [*On the virtues of stones*] connects the eagle-stone to birth and argues for tying it to the body, emphasizing the amuletic tradition as well. All four of

⁸ Bromehead, “Aetites or the Eagle-stone,”: 18.

these early lapidaries act to cement the tradition or “folk-lore” of eagle-stones, loadstones, and other miscellaneous stones as birthing amulets.⁹

Theophrastus was the earliest known intellectual to write about eagle-stones. He wrote, “The stone that attracts iron is the most remarkable and conspicuous example. This also is rare and occurs in few places. This stone too should be listed as having a similar power.”¹⁰ He described the stone as “rare” and having “power.” These two descriptors begin the eagle-stone’s narrative within encyclopedias, medical treatises, midwifery guides, and, most frequently, lapidaries.¹¹ Theophrastus is aware of the eagle-stone’s ability, and is perhaps enraptured by its unusual magnetic ability, which later authors often comment on. The stones can also be referred to as *magnes* due to their magnetic ability.

Pliny the Elder’s *Naturalis historia* provides a solid background of multiple stones and their association with birth. Pliny writes on the origins and locations of eagle-stones:

XXXIX. *Eagle stones* have acquired a reputation owing to the associations aroused by the term. As I have already stated in Book X, they are found in eagles’ nests. It is said that they are found in pairs, a male and a female, and that without them the eagles in question cannot produce young: hence there is only a pair of stones. There are four kinds of *eagle stones*. One kind found in Africa is small and soft, and carries inside it, as though in a womb, a pleasing white clay. The stone itself is liable to crumble and is considered to be female, while a kind that occurs in Arabia and is hard, coloured like an oak gall or else reddish in appearance and containing a hard stone in its hollow centre, is regarded as male. A third kind found in Cyprus is similar in colour to those of Africa, but is larger and elongated, the shape of all other kinds being spherical. It carries inside it an agreeable kind of sand and small nodules, while the stone itself is soft enough to be crumbled merely with one’s fingers. The fourth kind, known as the *Taphiusa*, a district that lies to the right as one sails from Leucas from Ithaca. It is found as a

⁹ Bromehead, “Aetites or the Eagle-stone,” 18.

¹⁰ Theophrastus, *On Stones: Introduction, Greek Text, English Translation, and Commentary*, translated by Earle R. Caley and John F C Richards, (Columbus, OH: Ohio State University, 1956), 61.

¹¹ Theophrastus, *On Stones*, 61.

white, round stone in streams. In its hollow centre is a stone known as the '*callimus*,' but no trace of earthly matter. Eagle-stones, wrapped in the skins of animals that have been sacrificed, are worn as amulets by women or four-footed creatures during pregnancy so as to prevent a miscarriage. They must not be removed except at the moment of delivery: otherwise, there will be a prolapse of the uterus. On the other hand, if they were not removed during delivery no birth would take place.¹²

In this statement about the eagle-stone, Pliny writes in a factual tone about the properties of the stone; the credibility of his statements is propped up in nature by their inclusion in his comprehensive encyclopedia. Although Pliny would have been taken with a grain of salt in the Classical period, his work would have been viewed as somewhat authoritative. He discusses the origins of eagle-stones and where to locate them—Africa, Arabia, Cyprus, and Taphiusa. Further, he genders the stones; harder and darker stones are classified as male, while lighter and softer stones are classified as female. As it was believed, the stones had to be found in male and female pairs in eagles' nests. Aetites, the formal name of the eagle-stone, can attribute its name to “the colour of the white-tailed eagle.”¹³ Therefore, the eagle and gender are intrinsically linked to the childbirth ritual and lapidary amulet tradition.

Pliny deliberately associates the eagle-stone with birth, noting its apotropaic qualities. The magnetic nature of the stone is believed to help draw the unborn child out of the womb. Further, Pliny is the first written referent to the amuletic lapidary tradition by stating that the parturient should wear the eagle-stone as an amulet. Pliny seems antagonistic towards the Magi, Zoroastrian priests, and their superfluous and supernatural beliefs. In the beginning of book XXXVIII, he writes, “I shall incidentally confute the

¹² Pliny, *Natural History*, Volume 10: Book XXXVI, translated by H. Rackham, Loeb Classical Library 330, (Cambridge, MA: Harvard University Press, 1938), 121.

¹³ Pliny, *Natural History*, Volume 10: Book XXXVII, 317.

abominable falsehoods of the Magi since in very many of their statements about gems they have gone far beyond providing an alluring substitute for medical science into the realms of the supernatural.”¹⁴ Pliny’s Magi refer to “to the old Persian word *magu* (or *magush*), a term which was used to refer to a religious official or ‘priest.’”¹⁵ However, Pliny supports the idea of ritual by doing what he scorns; in his statement about eagle-stones, he in the very nature of stating that the stone can draw out an unborn child and should be worn as an amulet which “provid[es] an alluring substitute for medical science [which falls] into the realms of the supernatural.”¹⁶ In the section about the *sandaistros* stone, Pliny argues, “they are regarded by astrologers as ritual objects,” which establishes Pliny’s belief that stones can act as apotropaic ritual objects despite his objections to the Magi’s claims.¹⁷ Pliny firmly begins the tradition of using eagle-stones as amulets and talismans to safely and painlessly birth a child.

Apart from the eagle-stone, Pliny draws connections between other stones and birth. He states, “There are many more stones that are even more magical.”¹⁸ Thus, the otherworldly, talismanic, apotropaic qualities of stones are evident in Pliny’s perspective. Like the eagle-stone, other stones are described as having prophylactic effects regarding labor and pregnancy. Pliny remarks on the abilities of malachite, cystitis, and paenis and their connections to childbirth and protection. On malachite, Pliny writes, “*Malachite* is an opaque stone of a rather deep green shade and owes its name to its colour, which is

¹⁴ Pliny, *Natural History*, Volume 10: Book XXXVII, 205. For more on “Who Were Pliny’s Magi?,” see Sarah Sophia Dykstra, “Portentous Fantasies Pliny’s Representation of the Magi in the *Historia Naturalis*,” (Masters Thesis, The University of British Columbia, 2007), 16-52.

¹⁵ Dykstra, “Portentous Fantasies,” 16.

¹⁶ Pliny, *Natural History*, Volume 10: Book XXXVII, 205.

¹⁷ Pliny, *Natural History*, Volume 10: Book XXXVII, 245.

¹⁸ Pliny, *Natural History*, Volume 10: Book XXXVII, 321.

that of the mallow. It is warmly recommended because it makes an accurate impression as a signet, protects children, and has a natural property that is a prophylactic against danger.”¹⁹ Although this stone does not directly deal with childbirth, it protects children, which can be applied to the birthing process or right after birth when the newly born child is most vulnerable. On cytitis, “‘*Cytitis*,’ or ‘*pregnant stone*,’ which is found in the neighborhood of Coptos, is white and seems to be pregnant with another stone, the presence of which is in fact perceived by a rattling sound.”²⁰ Similar to the eagle-stone, which is believed to have a rattling stone, another example of a pregnant stone is portrayed. On paenis, “The ‘*paenis*,’ or ‘*Apollo stone*,’ otherwise known as ‘*gaeanis*,’ the ‘*earth stone*,’ is said to become pregnant and to give birth to another stone, and so is thought to relieve labour pains. Its birthplace is in Macedonia, near the tomb of Tiresias and its appearance is that of ice.”²¹ Like the eagle-stone and the cytitis, the paenis stone is described as pregnant; however, this stone is directly associated with relieving the known pains of childbirth, specifically labor. Thus, the eagle-stone is one of the more popular lapidary talismans for birth, but not the only.

Dioscorides affirms Pliny the Elder’s assessment of the virtues of the eagle-stone. Dioscorides writes, “Aetites stone when shaken sends out a sound as if it were pregnant with another stone. It prevents miscarriage when the wombs are slippery, tied around the left arm. At the time of delivery take it from the arm and tie it around the thigh and she shall bring forth without pain.”²² Dioscorides asserts that the pregnant woman should

¹⁹ Pliny, *Natural History*, Volume 10: Book XXXVII, 257.

²⁰ Pliny, *Natural History*, Volume 10: Book XXXVII, 289.

²¹ Pliny, *Natural History*, Volume 10: Book XXXVII, 311.

²² Dioscorides, *De Materia Medica*, in Nichola E. Harris, "Loadstones Are a Girl's Best Friend: Lapidary Cures, Midwives, and Manuals of Popular Healing in Medieval and Early Modern England," in *The Sacred*

wear the stone as an amulet, tied around the left arm and, later, the thigh. The *Trotula* will later state that the stone should be tied to the right arm, but most literature on the eagle-stone asserts that it should be tied to the left arm.²³

Unlike Dioscorides, Damigeron does not mention tying the stone to the thigh; however, many similarities between Pliny and Dioscorides's works can be found in *De virtutibus lapidum*. Damigeron states the virtue of the eagle stone: "It is useful to pregnant women, for if tied 'round the left arm it does not allow the woman to abort. However, it is very useful to a speedy delivery. For if, when a woman is in danger it is ground up and brought and placed on her loins, she will be freed of her child immediately."²⁴ Damigeron is the first to mention grinding the stone up and placing it on the stomach of the parturient woman to hasten the labor process. Through Damigeron's lapidary, it is evident that the stone was believed to possess apotropaic qualities outside of those which are natural; the stone can heal and aid outside of a natural ability.

During the Classical period, the works of Theophrastus, Pliny the Elder, and Dioscorides firmly established the tradition and use of lapidary amulets and talismans for pregnancy and labor. The tradition of lapidary amulets for childbirth continued into the 18th century in England and throughout Europe. Such a long-lasting tradition illustrates the importance and continued impact of the lapidary rituals. During the classical period, lapidary talismans were associated with birth in lapidaries. This demonstrates that

and the Secular in Medieval Healing: Sites, Objects, and Texts, compiled by Barbara S. Bowers and Linda Migl Keyser, (Farnham, Surrey: Ashgate, 2016), 189.

²³ *Trotula*, 105-107.

²⁴ Damigeron, *De virtutibus lapidum: The Virtues of Stones*, trans. Patricia P. Tahlil, ed. Joel Radcliffe (Seattle: Ars Obscura, 1989), in Nichola E. Harris, "Loadstones Are a Girl's Best Friend: Lapidary Cures, Midwives, and Manuals of Popular Healing in Medieval and Early Modern England," in *The Sacred and the Secular in Medieval Healing: Sites, Objects, and Texts*, compiled by Barbara S. Bowers and Linda Migl Keyser, (Farnham, Surrey: Ashgate, 2016), 192.

pregnant women experienced a similar emotional and physical struggle during pregnancy and childbirth, leading to the creation of rituals to ground and soothe the pregnant woman. The discussion of these in lapidaries and encyclopedias shows the need for birth rituals in the classical period; the continued use of the rituals in the medieval period into the early modern period shows the utility of lapidary amulets for midwives and parturient women. Lapidary obstetrical talismans were compelling because of their abundant and common nature and relatively affordable cost, further lending themselves to a successive existence as a ritual. The classic pedigree of lapidary obstetrical talismans, alongside their established and longstanding use as a childbirth ritual, allowed for their continued and almost 2,000 year use.

Medieval Uses

During the medieval period, lapidary talismans maintained their relevance as apotropaic birth rituals. During the classical period, fewer lapidaries were written than in the medieval period, yet they had great impact. After the classical period, “There are no extant new lapidaries from the period between the seventh and eleventh centuries, and medieval authors reference none.”²⁵ After Marbode of Rennes’ lapidary, there was an influx of lapidaries written and published during the post-11th century medieval period. Isidore of Seville composed a lapidary before the pause during the early 7th century, which is still categorized as a medieval lapidary. There is no answer for what accounts for the pause in lapidaries between the mid-7th century through the 11th century; however, it is important to note that the use of lapidary talismans as birth rituals did not stop during this pause, just new literature on the topic paused.

²⁵ Harris, "The Idea of Lapidary Medicine," 72.

After the pause in lapidary literature, there was a burst of new lapidaries in the post-11th century medieval period, all of which discuss lapidary obstetrical talismans and amulets. Some of the most important lapidaries of the medieval period include: Isidore of Seville's *De lapidibus et metallis* [On stones and metals], Marbode of Rennes' *Liber lapidum seu de gemmis* [A book about stones and gems], Arnold of Saxony's *De finibus rerum naturalium* [On the limits of natural things], Bartholomaeus Anglicus' *De proprietatibus rerum* [On the properties of things], and Albertus Magnus' *Mineralia* [Minerals].²⁶ These lapidaries strongly further the use of stones as a birth ritual in medieval Europe.

Marbode of Rennes' *Liber lapidum seu de gemmis* is one of the most influential medieval lapidaries. The lapidary is written in verse, allowing for an increased transmission due to its ability to be remembered and transmitted orally. On lapidary obstetrical talismans and amulets, Marbode melodically writes,

Shut in the pregnant stone another lies,
Hence pregnant women its protection prize;
With this gem duly round her left arm tied,
Need no mischance affright the teeming bride.²⁷

Marbode emphasizes the importance and value of the stone to pregnant women,

emphasizing that they "prize" it as an object as well as value its powers.²⁸ Women prized

lapidary obstetrical talismans and amulets because of the emotional comfort they

²⁶ Isidore of Seville's *De lapidibus et metallis* was written in the 7th century, before the gap in lapidaries; however, it is still an important lapidary from the medieval period.

²⁷ Marbode of Rennes, *De lapidibus: Considered as a Medical treatise with Text, Commentary, and C.W. King's Translation, Together with Text and Translation of Marbode's Minor Works on Stones*, edited by John M Riddle, (Wiesbaden : Franz Steiner Verlag, 1977), in Nichola E. Harris, "Loadstones Are a Girl's Best Friend: Lapidary Cures, Midwives, and Manuals of Popular Healing in Medieval and Early Modern England," in *The Sacred and the Secular in Medieval Healing: Sites, Objects, and Texts*, compiled by Barbara S. Bowers and Linda Migl Keyser, (Farnham, Surrey: Ashgate, 2016), 195.

²⁸ Marbode of Rennes, *De lapidibus*, 195.

provided them during the childbirth process, as well as for the supposed supernatural abilities the stones possessed.

Mineralia is reminiscent of Pliny the Elder's *Naturalis historia*, as it goes in depth on where to find the eagle stone, as well as its uses and virtues. On the eagle stone, Magnus claims,

Take the stone which is called Echites, and it is called to some Aquileus, because the Eagles put these in their Nests. It is of purple colour, and it is found nigh the banks of the Ocean Sea, and sometimes in Persia, and it containeth always another stone in it, which soundeth in it when it is named. It is said of antient Philosophers, that this stone hanged upon the left shoulder, gathered love between the Husband and the Wife. It is profitable to women great with Child, it letteth untimely birth, it mittigateth the peril of making afraid, and it is said to be good for them that have the falling sickness.²⁹

Here, the stone should be hung on the left shoulder. Magnus writes that the stone “mittigateth the peril of making afraid” for pregnant women.³⁰ Thus, the virtue of the stone that deserves to be remarked upon other than where to find it or its color is its ability to assuage anxieties of the pregnant medieval woman. Moreover, Magnus validates the danger of childbirth by denoting that it is perilous, while many other lapidaries neglect to include the dangers and trauma of childbirth. By associating anxiety and physical vulnerability with childbirth, Magnus associates a need for the calming and apotropaic lapidary obstetrical talisman.

A concurrent lapidary birth ritual tradition existed in 13th century Iberia. In J. Horace Nunemaker's “Obstetrical and Genito-Urinary Remedies of Thirteenth-Century Spain,” he includes source material which proves the use of lapidary talismans in

²⁹ Albertus Magnus, *The Secrets of Albertus Magnus of the Vertues of Herbs, Stones, and Certain Beasts: Whereunto is Newly Added, a Short Discourse of the Seven Planets, Governing the Nativities of Children: Also a Book of the Same Author, of the Marvellous Things of the World and of Certain Things, Caused of Certain Beasts* [Liber aggregationis. English. De mirabilibus mundi. English.], (London: 1681), 23-24.

³⁰ Albertus Magnus, *The Secrets of Albertus Magnus*, 23-24.

medieval Iberia to safeguard pregnancy and labor.³¹ Nunemaker excerpts Alfonso X's *Lapidarios*, or the "Alfonsine Lapidaries."³² In *fol. 114-bc*, "geza (*calcedonia*)" or a chalcedony, which is a type of silica stone, is described as being wrapped in the hair of a pregnant woman, drawing the child out of the womb, and helping the pregnant woman.³³ Although the geza is not tied to the arm or thigh, it is similarly tied and placed on the body as an amulet. The belief in medieval Iberia followed the belief of classical and medieval lapidaries that a stone could provide healing properties to a pregnant, laboring woman.

The medieval medical treatises discussed in the last chapter also include lapidary talismans and amulets as treatments and medical rituals for childbirth. Both the *Trotula* and the *Sickness of Women* include two lapidary talismans as birth rituals. The *Sickness of Women* is a medical treatise published in England and written in Middle English, and therefore offers specific insight into English practices and tradition. *Sickness of Women* prescribes,

A precious stone that hight isopus hath a grete vertu to help wymmen that thei were delivered of chield. Also don [yeven] a womman that hath a ded chield in hir wombe the mylke of a bicche medled with hony and make a plaster of wormode and bynde it to hir lift hippe; also wommans mylke and oile togyuder idrunke makith a womman to be delivered of chielde.³⁴

Here, the ritual is intended to help a woman deliver a child that died in the womb—a severe childbirth complication. The stone described here is a variety of jasper. Unlike other lapidaries, *Sickness of Women* calls for the stone to be tied to the hip rather than the

³¹ J. Horace Nunemaker, "Obstetrical and Genito-Urinary Remedies of Thirteenth-Century Spain," *Bulletin of the History of Medicine* 15, no. 2 (1944): 162.

³² Nunemaker, "Obstetrical and Genito-Urinary Remedies," 163.

³³ Alfonso X, *Lapidarios*, *fol. 114-bc*, in J. Horace Nunemaker, "Obstetrical and Genito-Urinary Remedies of Thirteenth-Century Spain," *Bulletin of the History of Medicine* 15, no. 2 (1944): 163.

³⁴ "Trinity College Cambridge MS R.14.52," 532.

arm or thigh but maintains the norm that it should be tied to the left side. Not only is jasper prescribed here, but also milk, honey, and oil, making the stone part of a larger childbirth ritual and remedy. Jasper, as characterized by the *Sickness of Women*, is “precious” and has a “grete vertu [great virtue],” directly associating the stone with apotropaic qualities and emphasizing its abilities, and thus its value to the parturient woman. The stone carries a significant emotional valence for the parturient mother, as it promises to deliver her of child, even in the worst of scenarios.

Another jasper birth talisman is included in St. Hildegard of Bingen’s

Subtilitates. St. Hildegard writes:

And when the woman bears her child, from that hour when she conceives it until she delivers, through all the days of her childbed, let her have a jasper in her hand, so that the evil spirits of the air can do so much the less harm to the child meanwhile, because the tongue of the ancient serpent extends itself to the sweat of the infant emerging from the mother's womb, and he lies in wait for both mother and infant at that time.³⁵

St. Hildegard claims that jasper in the hand of the parturient woman throughout the pregnancy will ward off malignant spirits. Her claim of the apotropaic powers of jasper to ward off evil spirits inherently validates the supernatural abilities of lapidary talismans. Here, jasper acts beyond natural abilities by warding off evil spirits and protecting both the mother and child. Jasper acts as another lapidary obstetrical talisman, providing emotional and physical support for pregnant women by protecting them and their child throughout the dangers of labor.

Like the *Sickness of Women*, the *Trotula*, in “*On the Regimen for a Woman Giving Birth*,” prescribes stones and coral for a woman in labor. The two medical

³⁵ St. Hildegard of Bingen, *Subtilitates*, in Thomas R. Forbes, “Chalcedony and Childbirth: Precious and Semi-Precious Stones as Obstetrical Amulets,” *Yale Journal of Biology and Medicine* 35, no. 5 (April 1963): 390-401.

treatises, in prescribing lapidary obstetrical talismans and amulets, emphasize the believed efficacy of the stones and the believed apotropaic powers of the stones. The *Trotula* prescribes,

[118] Likewise, it should be noted that there are certain physical remedies whose power is obscure to us, which are helpful when done by midwives. Therefore, let the patient hold a magnet in her right hand and it helps.

[...]

[120] Coral suspended from the neck is good.³⁶

The *Trotula* ascribes an obscure power to the loadstone, emphasizing the non-natural and supernatural attributes of the loadstone in medieval beliefs. The *Trotula* describes placing the loadstone in the pregnant woman's right hand instead of left, deviating from tradition. Forbes discusses the debates regarding the correct hand in tradition lapidary, stating, "Similar counsel was given by Petrus Hispanus and John of Gadesden in the thirteenth century, by Guainerius in the fifteenth, and by a long series of sixteenth, seventeenth, and even eighteenth century authorities, but there seems to have been disagreement as to whether the lodestone should be held in the right or left hand."³⁷ It may be relevant here to note that the *Trotula* was at least possibly a text authored by a woman, but the reasons for the differences between which side to hold lapidary obstetrical talismans and which body part to tie them onto seem to be wholly unknown.³⁸ Thus, the *Trotula*'s advice on the ritual is not negated by the advice to hold the stone in the right hand rather than the left hand. No matter the hand that the stone is held in, the lapidary obstetrical talisman has the same virtue: protecting the pregnant woman from dangers encountered during childbirth.

³⁶ *Trotula*, 105-107.

³⁷ Forbes, "Chalcedony and Childbirth": 395.

³⁸ There is little to no scholarship, that I could find, discussing the reasons for the differing placement of the stones—right side versus left side and arm versus hip, etc. This would be an interesting project for further research in the future.

The importance of tying lapidary talismans to arms, thighs, and hips has been established throughout the lapidary birth ritual tradition; thus, amulets—worn lapidary obstetrical talismans—are crucial as ritual objects in childbirth. Eagle stone and loadstone amulets are seen from the 7th century to the 17th century.³⁹ Amulets demonstrate that the stones were worn and viewed as precious objects, as some of the amulets were mounted in silver. The amuletic display of loadstones and eagle stones implicates them as devotional, ritual objects for childbirth.

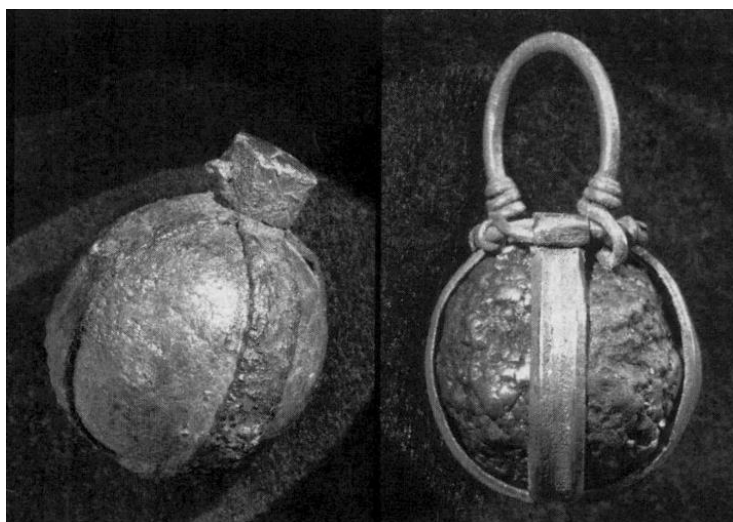


FIGURE 4.1⁴⁰

Iron ore (Figure 4.1) amulets from ca. 500s to 600s CE are categorized as loadstone amulets. These are some of the earliest amulets of lapidary obstetrical talismans that are available to be viewed. There were possibly earlier amulets that either no longer exist or

³⁹ Because of the dark brown color of eagle stones, Bromehead issues a plea for people who may have eagle stones in their personal collection, as family heirlooms, or may have discarded them, as he states that they resemble oak galls. Thus, there may not be many existing eagle stone and loadstone amulets because, especially eagle stones, do not look as beautiful as a typical gemstone and may not have been kept. See Bromehead, "Aetites or the Eagle-stone:" 21.

⁴⁰ Two Early Medieval Iron Ore Amulets, Probably 6th-7th Century, (Cologne, Römisch-Germanisches Museum), Photograph, in Nichola E. Harris, "Loadstones Are a Girl's Best Friend: Lapidary Cures, Midwives, and Manuals of Popular Healing in Medieval and Early Modern England," in *The Sacred and the Secular in Medieval Healing: Sites, Objects, and Texts*, compiled by Barbara S. Bowers and Linda Migl Keyser, (Farnham, Surrey: Ashgate, 2016), 202.

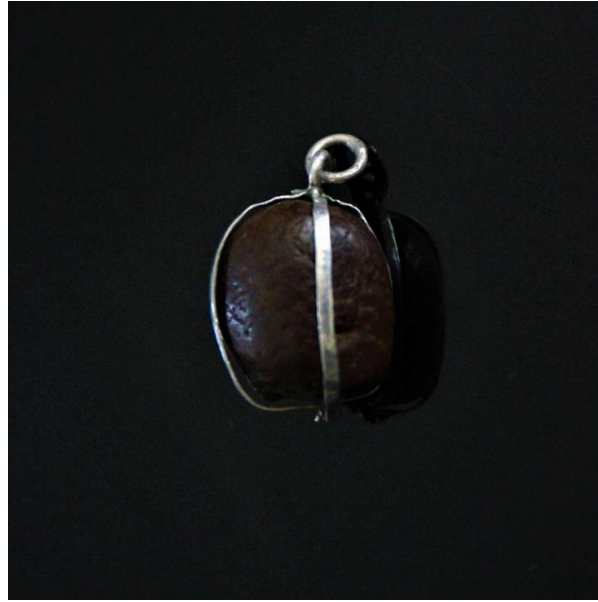
were never given to museums or collections. However, these early medieval amulets demonstrate that lapidary obstetrical talismans were prized and worn by women, so much so that they were mounted in silver and worn most likely on a cord or chain.



FIGURE 4.2⁴¹

Another amulet is an eagle stone amulet from the 17th century from the Bavarian and Austrian collection by W. L. Hildburgh (Figure 4.2). The collection was later given to the Wellcome Collection. Similarly, this amulet includes an intricate mounting in silver, most likely reflective of the stone's value to the owner. As the lapidaries and medical treatises claim it should be tied and worn, the mounting allowed for the owner to wear the amulet for ritual purposes.

⁴¹ Eagle Stone Amulet ca. 17th Century, Photograph, in Christopher J. Duffin, "A Survey of Birds and Fabulous Stones," *Folklore* 123, no. 2 (2012): 191.

FIGURE 4.3⁴²

Finally, the third amulet is an eagle stone amulet (Figure 4.3) and was sold by an auctioneer to a private collector in the United Kingdom. It was sold from a collection in Norfolk to a collection in Oxfordshire and the auction website notes that it is of Northern European origins, potentially English origins, making Figure 3 the only potential example of a mounted English eaglestone. The dimensions of the amulet are as follows: 2.8 cm tall and 2.1 cm wide.⁴³ Therefore, if other stones followed similar sizing, they were very small and easy to carry and wear for medieval women. The practice of mounting emphasizes the preciousness of the lapidary obstetrical amulet, perhaps a way of beautifying the ritual, demonstrating the perceived importance, and keeping the stone close to the parturient woman's heart and body. Moreover, the amulets are often made of

⁴² *A Rare Eaglestone or Aetites Amulet or Talisman Mounted in Silver*, Photograph. https://www.tregeaglefineart.com/en-GB/objets-dart/a-rare-eaglestone-or-aetites-amulet-or-talisman-mounted-in-silver/prod_10198#.Y5ZB3uzMJ0Q.

⁴³ *A Rare Eaglestone or Aetites Amulet or Talisman Mounted in Silver*, Photograph. https://www.tregeaglefineart.com/en-GB/objets-dart/a-rare-eaglestone-or-aetites-amulet-or-talisman-mounted-in-silver/prod_10198#.Y5ZB3uzMJ0Q.

precious materials, similar to the choice to make ritual objects such as chalices or pyxes out of precious materials in churches. The amuletic tradition of mounting and wearing lapidary obstetrical talismans stems from lapidaries and medical treatises instructing women to tie or wear stones around their necks, shoulders, arms, and thighs as a physical reminder of the stone's powers.

Perhaps most importantly, the stones were accessible to a wider range of women than other birth rituals; for example, the birth girdle was restricted to those who could afford to rent it from local churches or commission one of the intricately illuminated prayer rolls themselves. Lapidary talismans were the everywoman's birth ritual in medieval England. Harris' "Loadstones are a Girl's Best Friend: Lapidary Cures, Midwives, and Manuals of Popular Healing in Medieval and Early Modern England" includes an inventory from the wholesaler Estwick and Coningsby which directly supplied a London apothecary between the years of 1661-1675.⁴⁴ Harris writes,

The 1675 inventory lists the shop containing six eagle-stones at the price of 1s apiece, confirming Nicholas Culpeper's assertion still found in his 1675 edition of *A Directory for Midwives* that such items were commonly available in London shops. If his original assertion made in the 1651 edition was accurate, that statement combined with the contents of this shop demonstrate that eagle-stones were commonly available in London for at least a quarter of a century. This same inventory lists the quantity of loadstones on hand as one quarter of a hundredweight (or 25 pounds in modern reckoning), worth a sum total of £1. [...] The fact that the amount of stones on hand is calculated in weight rather than individual pieces suggests that they were too small and numerous (and likely too cheap) to make it worth the while of the shop's owner to keep track of each stone. [...] The prices listed in the Estwick and Coningsby inventories demonstrate that a piece of loadstone or an eagle-stone were within the financial means of a skilled laborer during this period, particularly as a medical investment could be used on multiple occasions and shared among a group of women.⁴⁵

⁴⁴ Harris, "Loadstones Are a Girl's Best Friend," 216.

⁴⁵ Harris, "Loadstones Are a Girl's Best Friend," 216-217.

Harris notes that the stones could be shared and passed along, emphasizing the long tradition of communal and generational care between women. Although this inventory is from the early modern period, it can be assumed that eagle-stones and loadstones were similarly accessible and affordable in late medieval England due to their continued popularity and use in the early modern period. Similarly, there is evidence of medieval women owning eagle stones, specifically the wife of the Earl of Hereford of Herefordshire, England. The couple owned three eagle stones in 1322.⁴⁶ Lapidaries discuss the prevalence of loadstones and eagle stones as natural materials, often citing where to find them in nature; thus, it does not appear that loadstones nor eagle stones were a scarce resource for medieval women. The affordability and accessibility of loadstones and eagle stones as a lapidary birth ritual allowed medieval English women of varying social strata to access birth rituals and soothe themselves during the tumultuous birth process.

Lapidary talismans and amulets possessed a physical, tangible, and earthly aspect that differentiated them from other rituals, specifically oral charms. Although birth girdles and textual amulets of the oral charm tradition have physical aspects as well, the lapidary obstetrical talisman tradition is solely physical, and uniquely natural, sourced from the earth. Loadstones and eagle stones, along with other stones, would be tied to the body or worn as an amulet as a physical reminder of the ritual and apotropaic powers of the stone. The stones were relatively small and easy to carry; they could be ground up and made into a paste. Lapidary talismans were diverse in their use and application to the parturient woman. It was not hard to access the stones; as discussed earlier, they were

⁴⁶ Bromehead, "Aetites or the Eagle-stone": 21.

available to a wider population of early modern and, by inference, medieval women; this accessibility created a ritual that was easy to practice. In addition, the ritual combines a physical devotion element, as women would carry, wear, tie, or touch the stone; the stones had a physical presence.

Women used and relied upon lapidary talismans and amulets as birth rituals because they believed in their apotropaic powers. For medieval women, the talismans and amulets functioned to ease the birth process. The lapidary talismans and amulets stem from a long-established tradition, further validating their powers; the lapidary talismans and amulets were first introduced in the 4th century BCE and their powers were reinforced throughout the classical and medieval periods through lapidaries and medical treatises. Classical and medieval lapidaries established a folk-lore and tradition around the otherworldly powers of the stones, cementing their supernatural powers into the common psyche and bolstering their use.⁴⁷ Drawing back to the introduction, “the custom of wearing or holding an amulet during pregnancy and childbirth is probably as ancient as the need for comfort and reassurance.”⁴⁸ Women have always sought tools to ground and assuage themselves during childbirth; lapidary obstetrical talismans and amulets filled that need. The stones were valued for their apotropaic values: “Its [eagle stone] value lay essentially in its supposed talismanic virtues for human beings, the most important being that it prevented miscarriage and, in due time, procured easy delivery for women.”⁴⁹ If medieval English women did not believe in the virtue of lapidary obstetrical talismans and amulets, then the tradition would have died out rather than lasted until the

⁴⁷ Bromehead, "Aetites or the Eagle-stone": 18.

⁴⁸ Forbes, "Chalcedony and Childbirth": 390.

⁴⁹ Bromehead, "Aetites or the Eagle-stone": 19.

17th century. The stones provided emotional support for women during childbirth and labor; lapidary obstetrical talismans and amulets promised ease of labor and safety of both the child and woman, all of which were the most uncertain and ambiguous during the childbirth process.

Early Modern Continuities

The Dissolution of the Monasteries came after King Henry VIII created the Church of England in 1539. The Dissolution of the Monasteries specifically targeted and destroyed relics and objects related to female saints and housed in monasteries. Many objects were burnt and destroyed, including vellum prayer rolls.⁵⁰ Female saints were associated directly with Catholicism, and thus, relics related to them had to be destroyed for the new, Protestant Church of England. However, stones were harder to destroy and seize during this tumultuous time. Loadstones remained and increased in use after the Dissolution due to the difficulty of finding and disposing of them.⁵¹ Moreover, loadstones were not as overtly connected to the Catholic tradition as prayer rolls were, allowing for their continued use into the early modern period in England.

The early modern period established a more overt connection between midwifery and the use of lapidary talismans through the publication of Nicholas Culpeper's *Directory for Midwives*. *A Directory for Midwives* was an English text, published in London, and authored by Nicholas Culpeper, an Englishman educated at the University of Cambridge. Culpeper discusses the virtues of stones extensively, demonstrating the lasting impact of stones from the 4th century BCE to the 17th century CE, as the first

⁵⁰ Fiddymment, et al., "Girding the Loins?": 3.

⁵¹ Fiddymment et al., "Girding the Loins?": 4-5.

version of *A Directory for Midwives* was published in 1651. Culpeper states, “Let her hold a Loadstone in her hand, or tie it to her navel, or wear an Eagle stone under her arm-pits, or Coral, Jaspar, Smaragds, Diamonds,” asserting that multiple stones were used as lapidary talismans for childbirth during this time.⁵² In addition to lapidary talismans, Culpeper cites birth girdles as another birth ritual with merit in helping the parturient woman: “Also neesing provoke the birth and Amulets, As a Snakes skin about her middle, the Aeglestone bound to her thigh.”⁵³ Culpeper mentions loadstones, eagle stones, other stones, and the birth girdle as important birth rituals for the midwife, but he primarily focuses on aetites or eagle stones.

Culpeper repeatedly discusses eagle stones' merits and uses throughout the manual. In bringing up lapidary talismans at least seven times throughout *A Directory for Midwives*, Culpeper situates them as an important childbirth ritual of the period. Culpeper states, “Stone Aetites held near the privities, draws away the child, for its Magnetik virtue is such, that it draws the Child any way as readily as the Loadstone draws iron. To wise women I have spoken enough.”⁵⁴ By invoking wise women, or midwives, at the end of his matter-of-fact statement, Culpeper asserts the agreed-upon knowledge—that midwives acknowledge the importance of lapidary talismans for childbirth. Culpeper asserts that the stone should be hung from the neck as a necklace or amulet by the pregnant woman: “This Stone being hung about the neck of a Woman with Child, so that it tough the Skin, preserves her Child in her Body, till the due time of her delivery come;

⁵² Nicholas Culpeper, 1616-1654, *A Directory for Midwives Or a Guide for Women in their Conception. Bearing; and Suckling their Children*, (London: 1671), 174-175.

⁵³ Culpeper, 1616-1654, *A Directory for Midwives*, 179.

⁵⁴ Nicholas Culpeper, 1616-1654, *A Directory for Midwives*, 165.

experience shal prove my words to be very true.”⁵⁵ The magnetic nature of the loadstone is emphasized “both Child and Womb follow it as readily as Iron Does the Loadstone or Loadstone the North-Star.”⁵⁶ In the classical period, the unexplained and fantastical magnetic nature of the loadstone attributes to the intrigue and belief that the stone could attract the child out of the womb, just as the stone could attract iron; this belief continued from the classical period to the medieval period and into the early modern period as depicted by Culpeper’s belief.

Two famous English Annes were known lapidary talisman users. Both Anne Boleyn and Queen Anne used lapidary talismans during childbirth. Anne Boleyn was known to use a loadstone despite the Dissolution of the Monasteries, further asserting their non-Catholic connection as well as their availability as a ritual after the Dissolution: “No less a personage than Anne Boleyn wore one [eagle stone] on her left wrist, and there is every indication that her husband, Henry VIII, saw to it that she had the best and most up-to-date care.”⁵⁷ Queen Anne (r. 1702-1714 CE) had a loadstone (Figure 4.4), which is held in the Wellcome Collection.

⁵⁵ Nicholas Culpeper, 1616-1654, *A Directory for Midwives*, 152.

⁵⁶ Nicholas Culpeper, 1616-1654, *A Directory for Midwives*, 170.

⁵⁷ Beatrice Gottlieb, *The Family in the Western World From the Black Death to the Industrial Age*, (New York: Oxford University Press, 1993), 126.



FIGURE 4.4 ⁵⁸

The use of lapidary talismans for childbirth by two prominent queens of England emphasizes the importance of the ritual in English culture, as well as a demonstrated need for childbirth rituals for women, which transcends time and social strata.

Conclusion

The lapidary obstetrical talisman in relation to childbirth is unique as one of the longest-lasting childbirth rituals—approximately 2000 years. The stones provided women comfort. Further, the physical reminder of the amulets, tied to the arm or thigh, functioned as a tangible reminder for women of the apotropaic powers of the stone. As stated earlier, the stones were accessible to a wider swath of women, perhaps increasing both their use and popularity and women's reliance on them as a birth ritual. Lapidary obstetrical talismans and amulets provided comfort and reassurance to women for

⁵⁸ *Copy of Lodestone Believed to Have Been Used by Queen Anne*, Photograph, (Science Museum, London). <https://wellcomecollection.org/works/ywax8ehp>.

centuries through their promise to thwart peril, evil, and danger and mitigate women's fears. The stones offered a solution and solace to the birthing process by grounding and calming anxious pregnant women.

Oral Charms, Remedies, & Incantations

Oral charms, remedies, and incantations provide a more accessible birth ritual format than lapidary obstetrical amulets, medical rituals, and birth girdles. Their oral and spoken nature led to greater transmission during the medieval period, as they could be passed down orally from woman to woman no matter the socioeconomic class; even non-literate women could have charms, remedies, and incantations read aloud to them or could have them memorized through generational knowledge. Moreover, the charms granted women in the medieval period a greater sense of autonomy, as they were the actors, often speaking the charms, whereas other rituals were done unto them or required the help of men. The tradition of oral charms did not begin in late medieval England, as *The Trotula* includes a charm from the sator arepo, drawing upon a much earlier charm from an inscribed stone found in Pompeii.¹ Charms did not require purchase and were thus accessible to a greater breadth of women of varying social statuses. Charms were often spread between women, especially in the feminine space of the birthing chamber. Old English metrical charms required the parturient woman to recite the charm, giving her autonomy, as she brought the charm from words to powerful ritual. Yet, in the later medieval period, charms shifted in how they were performed and recited. Charms still maintained their oral nature; however, they shifted from a mainly oral tradition to a greater emphasis on also being written and bound to the parturient woman as a textual amulet. The charm would still often be recited by the pregnant woman or one of her non-male attendants, separating men from the reading of childbirth charms and maintaining women's authority. However, women lost the autonomy gained from performing the

¹ Jones and Olsan, "Performative Rituals," 409; Green, *Trotula*, 100.

charm themselves without any male interference, as often a man would write the charm down, which would then become the amulet. Charms acted as a potent emotional tool for parturient women, as the charm was spoken aloud, often repeated, and even bound to the woman's body, acting as a frequent reminder of the apotropaic and protective abilities of the childbirth charm once spoken into existence.

Medieval charms occupy a liminal space between ritual and prayer. Jones and Olsan emphasize this liminality: "medieval charms as a genre are frequently indistinguishable from prayers, blessings, or exorcisms within Christian tradition."² The charms demonstrate this fluidity by often including invocations to Christian religious figures such as Jesus and the Virgin Mary. Charm and prayer emphasize the oral component; they are spoken aloud, hoping to receive intervention from a higher power. Speaking the lines of either the prayer or charm gives them power and makes them actualized; essentially, they are called into power. Thus, many charms and prayers include repetitions and patterns throughout to make it easier for the speaker to remember and recite either or both. Similar to the liminality between prayer and charm, "there was a blurred line between Christian miracle and magic."³ Thus, ritual and religion frequently intertwined with one another and were used in tandem, especially in the case of childbirth, as the more help and divine intervention, the better it was for the pregnant woman.

This chapter uses several oral charms and textual amulets to discuss the importance of oral charms to medieval English women, as they provided emotional

² Jones and Olsan, "Performative Rituals," 410

³ Rosanne Hebing, "The Textual Tradition of Heavenly Letter Charms in Anglo-Saxon Manuscripts," *Amsterdamer Beiträge Zur Älteren Germanistik* 69, no. 1 (2012): 204.

support and claimed apotropaic abilities to protect the woman and child. Sources include the Old English metrical charms and later medieval charms sourced from herbal remedies, medical treatises, and prayer rolls. Through the study and analysis of these oral charms, the thesis discusses the tradition of oral charms, the changing autonomy of women who practice oral charms, and the emotional effect of the charms on parturient women as a grounding tool. I analyze oral charms, remedies, and incantations using their modern English translations, to understand how reciting them and the text of the charm provided emotional relief for women in labor.

Scholarship on Old English metrical charms asserts the importance of orality to the charms and the significance of the parturient woman reciting the charm. L.M.C. Weston's "Women's Medicine, Women's Magic: The Old English Metrical Childbirth Charms," published in 1995, remains one of the seminal works in the field of study in regard to Old English childbirth charms.⁴ Weston analyzes the charms from a clear gendered perspective, emphasizing the importance of orality and the recitation to the parturient woman. But, Weston leaves room for future scholarship.⁵

Scholarship regarding late medieval English birth charms is most notably informed by the work of Peter Murray Jones and Lea T. Olsan, published in 2015.⁶ Jones and Olsan specifically research rituals and charms for childbirth in England during the period of study. Their scholarship is relatively recent and is therefore focused on gender

⁴ L. M. C. Weston, "Women's Medicine, Women's Magic: The Old English Metrical Childbirth Charms," *Modern Philology* 92, no. 3 (1995): 279-293.

⁵ I would like to thank Professor Lori Ann Garner for telling me about the following scholars in order to get more background on Old English charms: Debby Banham, Ciaran Arthur, Leslie K. Arnovick, and of course, Professor Garner's newest book, *Hybrid healing: Old English Remedies and Medical Texts*.

⁶ Peter Murray Jones and Lea T. Olsan, "Performative Rituals for Conception and Childbirth in England, 900–1500," *Bulletin of the History of Medicine* 89, no. 3 (2015): 406-433.

and the impact of the charms on women; however, they reiterate the liminality between charms and prayers throughout their essay. In addition to Jones and Olsan, Katherine Storm Hindley's research on "The Materiality of Manuscript Charms in Late-Medieval England: Ink and Writing Surface" describes the importance of the material to the efficacy of the charm.⁷ While Hindley's piece does not solely focus on childbirth charms, her sections on childbirth charms depict the importance of binding the charm to the parturient woman, as well as demonstrate the breadth of other charms circulating in late medieval England.

This chapter explains how medieval women used charms as birth rituals, how charms were recited and practiced in various ways, and the emotional importance of the charms to pregnant women. I analyze the emotional importance of charms during the Old English and late medieval periods, commenting on the continuity of the ritual. The chapter discusses the accessibility of charms to medieval women, as well as the differences between the emphasis on orality in Old English compared to the slow shift in preference towards textual amulets in the later medieval period, ultimately leading to a tradition of textual amulets on which charms are written, which will eventually coincide with the birth girdle tradition. Overall, oral charms, remedies, and incantations acted as an accessible and potent ritual within the greater childbirth ritual tradition in late medieval England, granting women the ability to speak into existence their own salvation and protection.

⁷ Katherine Storm Hindley, "The Materiality of Manuscript Charms in Late-Medieval England: Ink and Writing Surface," *Journal of the Early Book Society*, no. 23 (January 2020): 81-100.

Old English Metrical Charms

While the tradition of childbirth charms is certainly not isolated to England, the Old English metrical charms, incantations, and remedies demonstrate the beginnings of the childbirth charm tradition in England and the earlier charms utilized by women in England prior to the main period of study. The *Lacnunga*, the *Herbarium*, Bald's *Leechbooks*, and remedies found in marginalia mostly comprise the known corpus of Old English metrical charms. Old English metrical charms, incantations, and remedies form the basis of later medieval childbirth charms in England; however, "these charms [were] seen to be a source of empowerment for the childbearing woman and the female community to which she belonged."⁸ A common feature of the Old English metrical charms is both alliteration and repetition, emphasizing the orality of the charms, while later medieval charms lose the emphasis on meter and spoken form, although they are still recited.⁹ Most notable to the Old English metrical charms is that the parturient woman performed and recited the charm herself; the performance of the charm not only healed, but also gave autonomy to the performer—the pregnant woman.

The first childbirth charm from the *Lacnunga* requires three separate acts for the ritual to be completed.¹⁰ The first charm includes repetition of both word and action, especially repeating the number three throughout; there are three separate oral components. The oral components also often include repetitions of three in their formulaic designs. The woman is required to step over the grave of a deceased man three

⁸ LaPratt, "Childbirth Prayers," 74.

⁹ It is important to note that alliteration is a major feature of Old English verse in general, but can also be seen throughout the Old English metrical charms as a characteristic.

¹⁰ L. M. C. Weston, "Women's Medicine, Women's Magic: The Old English Metrical Childbirth Charms," *Modern Philology* 92, no. 3 (1995): 288.

times as she repeats the first part of the first charm.¹¹ The woman states the first part of the charm:

Se wífman, se hire cild áféðan ne mæg, gange tó gewitenes mannes birgenne and
stæppe þonne þríwa ofer þá byrgenne and cweþe þonne þríwa þás word:

þis mé tó bóte	þære láþan lætbyrde,
þis mé tó bóte	þære swæran swærbyrde,
þis mé tó bóte	þære láðan lambyrde.

[Let that woman who cannot nourish her child walk to the grave of a departed person and then step three times over the burial, and then say these words three times:

This my remedy for a hateful slow birth,
this my remedy for heavy difficult birth,
this my remedy for hateful imperfect birth.]¹²

Weston clarifies the importance of the grave in the ritual: “The grave marks a boundary between the living and the living, this human world and the other: the woman bearing a not-yet-living child embodies a similar boundary within herself.”¹³ After repeating this first part of the charm and stepping over the grave, the woman then says aloud the second part of the charm, while stepping over her husband—a dichotomy and balance to the first part, as he is a living man.¹⁴

And þonne þæt wíf séo mid bearne and héo tó hyre hláforde on reste gá, þonne cweþe héo:

Up ic gonge,	ofer þé stæppe
mid cwican cilde,	nalæs mid cwellendum,
mid fulborenum,	nalæs mid fægan.

[And when that woman is with child and she goes to bed beside her husband, then she should say:

Up I go, step over you

¹¹ Weston, "Women's Medicine, Women's Magic," 288.

¹² “Harley MS 585 or ‘Lacnunga,’ British Library,” in Weston, "Women's Medicine, Women's Magic," 288.

¹³ Weston, "Women's Medicine, Women's Magic," 289.

¹⁴ Weston, "Women's Medicine, Women's Magic," 288.

with a living child, not a dead one,
with a full-born one, not a doomed one.]¹⁵

While the grave marked a boundary between life and death in the first part of the ritual, now the woman acts as a boundary, holding the child in an intermediary zone between life and death, acting as the passage between the two.¹⁶ To close the ritual, she states the third and final part of the charm:

Críste, ic sǣde, þis gecýþed!

[by Christ, I have said, this is manifested!]¹⁷

Importantly, the mother is the actor in this charm, a tradition from which later medieval charms will depart. Weston emphasizes that “through her charm the mother has bespoken herself potent and fertile; her words have made her womb a site of transformation, of the nonliving becoming living, the inchoate taking form.”¹⁸ Moreover, the charms acknowledge the strenuous and perilous nature of childbirth for the mother, especially in the first incantation, where the mother states, “This my remedy for a hateful slow birth, this my remedy for heavy difficult birth, this my remedy for hateful imperfect birth.”¹⁹ The first incantation of the first charm repeats harsh and extreme words such as “hateful,” “difficult,” “imperfect,” and “slow.”²⁰ The charm alone recognizes the harsh realities of childbirth; instead of ignoring these realities, the parturient woman validates her own concerns and tribulations of the childbirth process, acknowledging both her fears and

¹⁵ “Harley MS 585 or ‘Lacnunga,’ British Library,” in Weston, “Women's Medicine, Women's Magic,” 289.

¹⁶ Weston, “Women's Medicine, Women's Magic,” 289.

¹⁷ “Harley MS 585 or ‘Lacnunga,’ British Library,” in Weston, “Women's Medicine, Women's Magic,” 289.

¹⁸ Weston, “Women's Medicine, Women's Magic,” 289.

¹⁹ “Harley MS 585 or ‘Lacnunga,’ British Library,” in Weston, “Women's Medicine, Women's Magic,” 288.

²⁰ “Harley MS 585 or ‘Lacnunga,’ British Library,” in Weston, “Women's Medicine, Women's Magic,” 288.

anxieties, as well as the harsh realities of childbirth. She gains control over the uncontrollable in that she is the actor, speaking the charm, warding off evil, protecting both herself and her unborn child. She is the protector, even acting in a maternal role.

The second metrical childbirth charm in the *Lacnunga* helps grieving mothers who had a stillbirth, an issue that resonates today. The charm is spoken as follows:

Se wífmon, se hyre bearn áféðan ne mæge, genime héo sylf hyre ágenes cildes
gebyrgenne dæl, wrý æfter þonne on blace wulle and bebiçge tó cépemannum and
cweþe þonne:

Ic hit bebiçge, gé hit bebiçgan,
þás sweartan wulle and þysse sorge corn.

[Let that woman who cannot nourish her child take in person part of her own
child's grave, then wrap it in black wool, and sell it to merchants, and then say:

I sell it, you buy it,
this black wool and this sorrow's seed.]²¹

The emotional impact of this charm is unique in that it deals with grief rather than hope or fear; the charm is catered towards women who have already dealt with the loss they feared throughout their pregnancy, that of the child. Weston states, “The instructions thus underscore the woman's agency and personal power.”²² The charm also incorporates community, as the merchant must purchase the grieving woman's black wool and sorrow, in the form of dirt, from her, thus relieving her from the sorrow, allowing her to be freed from her burden and thus attempt childbirth once more.

The final Old English Metrical Charm regarding childbirth focuses on helping the mother struggling with breastfeeding and nourishing her child. Once again, the woman is empowered by this charm, even though she feels powerless and struggles to nourish her

²¹ “Harley MS 585 or ‘Lacnunga,’ British Library,” in Weston, “Women's Medicine, Women's Magic,” 290.

²² Weston, “Women's Medicine, Women's Magic,” 289.

child. The charm allows her to take milk and associate it with another life-giving liquid—water. The woman recites the following:

Se wífman, se ne mæge bearn áfédan, nime þonne ánes bléos cú meoluc on hyre handæ and gesúpe þonne mid hyre múpe and gange þonne tó yrnendum wætere and spíwe þær in þá meolc and hlade þonne mid þære ylcan hand þæs wæteres múð fulne and forswelge. Cwepe þonne þás word:

gehwér férde ic mé þone mæran magapihtan,

mid þysse mæran metepihtan;

þonne ic mé wille habban and hám gán.

Þonne héo tó þán bróce gá, þonne ne beséo héo, nó ne eft þonne héo þanan gá, and þonne gá héo in óþer hús óþer héo út oféode and þær gebyrge métes.

[Let that woman who cannot nourish her child then take the milk of a cow of one colour in her hands and then drink it with her mouth, and then walk to running water, and spit the milk into it, and then ladle a mouthful of that water with that same hand, and swallow it all. She should then say these words:

Everywhere I carried with me the famous strong

son, with this famous strong meat,

then I want to possess myself and go home.

Then she must walk to that brook when no-one can see her, nor [see her] when she returns from there, and then she must go into another house than the one she departed from and bury the food there.]²³

Weston argues, “by sipping the milk she feeds herself as she wishes to feed her child, and by transferring the milk to the water she physically enacts the desire that milk will flow as abundantly as the stream.”²⁴ The most important line of the charm is “I want to possess myself,” which emphasizes that the woman who recites the charm is reclaiming

²³ “Harley MS 585 or ‘Lacnunga,’ British Library,” in Weston, “Women's Medicine, Women's Magic,” 291.

²⁴ Weston, “Women's Medicine, Women's Magic,” 290.

autonomy over her own body and breast milk production.²⁵ The charm allows her to take charge of her physicality through oral recitation.

The power and autonomy of the parturient woman is emphasized throughout the nature of the Old English metrical charms themselves. Old English metrical charms allow women to be the actors while also emphasizing recitation and orality. The pregnant woman is not being healed, but she heals herself through the recitation of the charm. The act of orally reciting the charm by the pregnant woman allows for a certain amount of autonomy, especially during pregnancy, where autonomy may feel limited. During pregnancy, women no longer just are themselves, but also have another being inside, and they may experience unexpected and uncontrollable difficulties with childbirth. As Weston states, “She takes responsibility for her own healing; she speaks words no one else can speak for her.”²⁶ Thus, the ability to be in control for the pregnant woman byway of the Old English metrical charms establishes autonomy over a body which lacks autonomy, thus giving power to the parturient woman.

Late Medieval Charms

Late medieval charms represent both a change and continuity from the early medieval, Old English metrical charms; they rely more on an intermediary than being performed solely by the parturient woman. They are more religious in nature, further blurring the boundary between prayer and charm. While the Old English metrical charms give parturient women much authority and autonomy, later medieval charms were often

²⁵ “Harley MS 585 or ‘Lacnunga,’ British Library,” in Weston, “Women's Medicine, Women's Magic,” 291.

²⁶ Weston, “Women's Medicine, Women's Magic,” 291.

spoken or recited by a priest or other figure. Enforcing the reliance on a priest or outside figure, the charms most often used in the medieval period for childbirth usually invoked figures related to the Christian faith such as the Virgin Mary, God, Pope Leo, Saints, Angels, and other figures important to Christianity. The charms or prayers are important because they gain their efficacy when spoken; their power stems from their orality. Even in manuscripts in the vernacular, childbirth charms especially were often written in Latin, associating Latin with power.²⁷ The slow switch from Old English—vernacular—to Latin which significantly restricted the number of women who could fully understand later medieval childbirth charms compared to the early medieval, Old English metrical charms.²⁸ Perhaps, women's agency and authority were tied to charms being practiced in the vernacular, and the Norman Conquest and the transition to the practice of charms in Latin restricted access to women's ability to practice charms, thus limiting their authority. If a woman was able to read in Old French or Middle English, they would be able to read aloud and sound out the Latin despite not being able to perfectly understand it; the charm or incantation would still have direct power, but the meaning may vary depending on the woman or reader of the charm text. However, women could still practice charms in Latin, just in different ways, often having them read aloud to them or perhaps even reciting them in a callback format.

Although later medieval charms are not the same charms as the earlier medieval Old English metrical charms, there is no direct evidence showing that they just disappeared from use, especially being passed down orally and generationally between

²⁷ Delores LaPratt, "Childbirth Prayers in Medieval and Early Modern England: 'For drede of perle that may be-falle,'" (Master's thesis, McGill University), 74.

²⁸ There are charm, remedy, and incantation texts from the early medieval period in Latin; however, here I describe the bigger trends.

women. However, one can also not assume that their use continued into the later medieval period. Moreover, the Old English metrical charms demonstrate an earlier English oral charm tradition aimed at easing childbirth fears in parturient women; thus, a need for childbirth rituals is demonstrated through the early presence of childbirth charms in England pre-Norman Conquest. The transition period of the Norman Conquest during the 11th and 12th centuries is important to the study of charms. With the introduction of French high culture, the Old English metrical charms seemed to wane in popularity in favor of more explicitly religious, Christian-based, Latin charms. Therefore, the Norman Conquest led to a slow and eventual shift in the types of childbirth charms being used in medieval England.²⁹

When discussing charms, especially later medieval charms, that are seen in manuscripts which instruct the charm to be written down to create a textual amulet, it is imperative to understand access and women's literacy. Although the charms were often written on mallow leaves, virgin wax, or other materials to create amulets, they were also read aloud. Male practitioners or religious officials could have written down the charms and then the charms could have been recited by the parturient woman or her non-male attendants, relegating the oral aspect of the charm to the woman.³⁰ Despite this, it is still important to understand who could access charms in manuscripts. In Monica Green's Chapter, "The Possibilities of Literacy and the Limits of Reading: Women and the Gendering of Medical Literacy," she describes the limits of women's ability to read

²⁹ For more on the importance of the 11th century, see Debby Banham, "A Millennium in Medicine? New Medical Texts and Ideas in England in the Eleventh Century," in *Anglo-Saxons: Studies Presented to Cyril Roy Hart*, edited by Simon Keynes and Alfred P. Smyth, (Dublin: Four Courts, 2006), 230-42.; Debby Banham, "England Joins the Medical Mainstream: New Texts in Eleventh-Century Manuscripts," in *Anglo-Saxon England and the Continent*, edited by Hans Sauer, Joanna Story, and Gaby Waxenberger, (Tempe, AZ: Arizona Center for Medieval and Renaissance Studies, 2011), 341-50.

³⁰ Jones and Olsan, "Performative Rituals," 419.

medical treatises; however, this applies to charms, as many are found in medical treatises and religious documents, which are both often written in Latin.³¹ Green notices “rising levels of female literacy and book ownership from the thirteenth century on.”³² Green continues to argue, “if women are literate, so this logic goes, then it is unproblematic to assume that medicine—and especially texts having to do with women's particular conditions—would have readily figured into their reading.”³³ However, it is critical to understand the spread of oral knowledge. It is unknown whether and how frequent these charms were passed down generationally as a type of oral knowledge, either from mother to child, from midwife to patient, or from woman to woman. Perhaps, if charms were commonly spread between women, especially within the non-male space of the birthing chamber, then charms would act as an accessible birth ritual, being spread by women for women, acting as an oral tradition.

There are many different ways to interact with charms which render them effective; for example, charms may be recited, written down, and tied to the pregnant woman, or even written down on foodstuffs and consumed.³⁴ Hindley breaks down the importance of how each charm is used: “the instructions that detail how a practitioner should make and use each charm permit us to study the materiality of such texts and to consider how aspects of their physical construction might have contributed to their perceived power.”³⁵ For example, when the charm is to be ingested by the parturient

³¹ Monica Green, *Women's Healthcare in the Medieval West: Texts and Contexts*, (Aldershot: Ashgate/Variation, 2000), 1-76.

³² Green, *Women's Healthcare in the Medieval West*, 1.

³³ Green, *Women's Healthcare in the Medieval West*, 4.

³⁴ Katherine Storm Hindley, "The Materiality of Manuscript Charms in Late-Medieval England: Ink and Writing Surface," *Journal of the Early Book Society*, no. 23 (January 2020): 81.

³⁵ Hindley, "The Materiality of Manuscript Charms," 82.

woman, as in the *Trotula*, it is written on butter. It is uncertain who exactly writes the charm on the butter; however, it can be assumed that perhaps a literate midwife or attendant wrote the charm, or a literate man wrote the charm on butter, but was not allowed into the birthing chamber.³⁶ Hindley connects the butter to the breast milk that the mother will soon create, but also acknowledges that the item must be edible since the woman must eat it for the charm to work.³⁷ When charms are directed to be bound to the skin of the parturient woman, they “specify three different writing surfaces. The first is mallow leaves[...]. The second writing surface is parchment. The third is a single example in which the words are to be written on virgin wax[...].”³⁸ Thus, both the charm and the material it is written upon are equally important in late medieval England.

The charm text of MS Junius 85 demonstrates the shift to a majority of charms being written in Latin, the illustrates loss of autonomy for women in practicing charms, and acts as a typical identifier for other childbirth charms of the later medieval period. MS Junius 85 is a mid-11th century manuscript from England which includes seven sermons. The following childbirth charm can be found in the manuscript. MS Junius 85 is the “earliest known occurrence in England of the sequence of holy mothers,” also referred to as a peperit charm.³⁹ Jones and Olsan emphasize that the charm includes four elements which are key to identifying medieval childbirth charms:

(1) the sequence of mothers; (2) an adjuration to the infant (“ut exeas”) and exorcism; (3) the account of Lazarus’s resurrection according to John with its climactic words, “Lazarus, come forth!”; and (4) directions for making an amulet to be tied to the right foot of the woman.⁴⁰

³⁶ Jones and Olsan, “Performative Rituals,” 419

³⁷ Hindley, “The Materiality of Manuscript Charms,” 86.

³⁸ Hindley, “The Materiality of Manuscript Charms,” 86.

³⁹ Jones and Olsan. “Performative Rituals”: 415.

⁴⁰ Jones and Olsan. “Performative Rituals”: 415.

Thus, MS Junius 85 acts as a formula and basis for identifying other medieval childbirth charms. Interestingly, MS Junius 85, calls for a physical aspect of the charm similar to lapidary obstetrical amulets requiring to be tied to both the left and right arms and thighs. Moreover, the birth girdle tradition requires the prayer roll to be wrapped around the womb of the parturient woman in order for the girdle to be efficacious. Therefore, the charm emphasizes the physical aspect of birth rituals, perhaps acting as a grounding tool; when the charm, stone, or girdle are tied to the parturient woman, it is a constant and connected reminder of the apotropaic effects of the ritual. The charm is as follows:

Maria uirgo peperit Christum
 Elizabet sterilis peperit Johannem Baptistam.
 Adiuro te infans si es masculus aut femina per patrem et filium et spiritum
 sanctum
 ut exeas et recedas ultra ei non noceas neque insipientiam illi facias amen.
 Videns Dominus flentes sorores Lazari ad monumentum lacrimatus est
 coram iudeis et clamabat
 Lazare, ueni foras
 et prodiit ligatis manibus et pedibus qui fuerat quatruiduanus mortuus
 Writ ðis on wexe ðe næfre ne com to nanen wyrce and bind under hire swiðran
 fot.

[The Virgin Mary gave birth to Christ
 Sterile Elizabeth gave birth to John the Baptist
 I adjure you, infant, whether you are male or female,
 through the Father and Son and Holy spirit that you go out and depart
 in addition may you [demon] not harm this one [the mother?]
 nor cause that one [the child] to be senseless amen.
 The Lord, seeing Lazarus's sisters weeping, shed tears at the tomb
 in the presence of the Jews and shouted:
 "Lazarus come out" And he came out, with his hands and feet bound,
 he who had been four days dead. Write this on virgin wax
 and bind on her right foot.]⁴¹

Unlike the Old English metrical charms, it is evident that the parturient woman is not speaking the charm, nor tying the virgin wax to her own foot; she is no longer the actor. Weston argues, "even as the charm grants the power of the priest's male world, it

⁴¹ "MS Junius 85" in Peter Murray Jones and Lea T. Olsan. "Performative Rituals": 415-416.

reinforces his exclusion from the female realm; he enters the birth chamber only through the proxy of the talisman.”⁴² Emphasizing the importance of the 11th century as a transition period for charms, MS Junius 85 straddles the lines between Old English charm and a later medieval charm, as it is clear that the charm would have had lasting use throughout the medieval period, proving to be a deviation from earlier charms.

“Arderne’s Charm,” similar to MS Junius 85, depicts the textual amulet tradition noteworthy of the later medieval tradition. The following charm comes from John Arderne’s *Liber receptorum medicinalium* [Book containing medicine] (1307- ca.1380), who was considered one of the first surgeons in England, and is known broadly as “Arderne’s Charm.”⁴³ The charm was originally written in Latin, but was translated into Middle English multiple times, increasing its accessibility due to its availability in the vernacular.⁴⁴ The manuscript in which the charm was written is from around the 15th century. The following is “Arderne’s Charm:”

Ut mulier paret cito infantem que diu laborat. ligetur istud carmen infra genua mulieris parturientis cum oratione dominica & salutacionem beate virginis + Sicut vere credimus quod verbum + caro + factum est. + et quod maria virgo deum peperit infantem deum verum & hominem. Sic & tu ancilla maria intercedente & domino magistro Jesu christo iubente feliciter. parias prolem quam in utero habes. Quando christus natus est nullum dolorem eius mater passa est. Denuo christus deus & homo nascitur. + infans te vocat christus + exi + exi + christus vincit + christus regnat + christus imperat + christus te ab omni malo defendat amen. + michael + gabriel + raphael + venite in adiutorium ei.

[To make a woman deliver a child quickly after a long labor. Bind this charm below the knee of the woman in labor while saying the Lord’s Prayer and the Ave Maria. + Just as we believe that the word + is made + flesh + and that the Virgin Mary bore the infant Jesus as both true God and man, so with Mary interceding and our Lord Jesus Christ bidding, may you successfully give birth to the child you bear in your womb. When Christ was born his mother suffered no pain. Once more Christ is born as both God and man + Christ calls you child + come out +

⁴² Weston, "Women's Medicine, Women's Magic," 292.

⁴³ Jones and Olsan. "Performative Rituals": 420.

⁴⁴ Jones and Olsan. "Performative Rituals": 420.

come out + Christ conquers + Christ rules + Christ is lord + may Christ defend you from every evil amen + Michael + Gabriel + Raphael + come to his aid.]⁴⁵ The charm emphasizes that an amulet must be bound below the knee of the woman, but also, for the charm to be successful, it must be recited in addition to being bound to the woman. The orality is still crucial to the charm's success. Again, "peperit" is mentioned in the charm, identifying it, as seen in MS Junius 85, as a childbirth charm.⁴⁶ The charm invokes many heavenly figures in the Christian faith such as the Virgin Mary, Jesus, Michael, Gabriel, and Raphael.⁴⁷ "Arderne's Charm" is longer than most typical childbirth charms; however, it incorporates more religious dogma than is typical. The goal of the charm is to invoke the aid of as many figures as possible, appealing to higher powers, demonstrating that John Arderne, although a surgeon, understood the importance of apotropaic rituals, especially in the instance of a life-threatening medical situation such as childbirth, validating the emotional fears of women.

The charm text of Takamiya MS 46 demonstrates the increasing shift in autonomy which occurs in the later medieval period.⁴⁸ The charm intends to aid women who are struggling during labor. Interestingly, compared to the Old English charms from the *Lacnunga* where the woman must recite the charms, the woman is not even supposed to know that the charm has been done unto her. The manuscript was created in the first quarter of the 15th century in South Lincolnshire, England. Increasingly, as the medieval

⁴⁵ "MS Dd. V. 53, fol 107r-v or 'Aderne's Charm,'" Cambridge University Library, in Jones and Olsan "Performative Rituals": 421.

⁴⁶ "MS Dd. V. 53, fol 107r-v or 'Aderne's Charm,'" Cambridge University Library, in Jones and Olsan "Performative Rituals": 421.

⁴⁷ "MS Dd. V. 53, fol 107r-v or 'Aderne's Charm,'" Cambridge University Library, in Jones and Olsan "Performative Rituals": 421.

⁴⁸ Takamiya MS 46, a manuscript that gives herbal remedies in Middle English prose and verse, includes a childbirth charm.

period went onwards, women lost the original power and autonomy given to them by the Old English metrical charms.

Ad feminam que non potest parere. Ad feminam que non potest parere scribe
nomen eius in tribus foliis malue 7 ea nesciente in sinum eius mitte mox vero ut
enixa fuerit tolle

[For a woman who cannot give birth. For a woman who cannot give birth, write
her name on three mallow leaves, and without her knowing, put them in her lap.
However, remove them as soon as she has given birth].⁴⁹

Seen in the Takamiya MS 46 childbirth charm, mallow leaves are only used in charms
associated with childbirth, whereas laurel leaves are solely used to combat insomnia.⁵⁰

The charm lacks the oral nature, but rather seems to be more of a textual amulet, where
the charm is written down and tied or attached to the parturient woman. Interestingly, the
name of the woman is what is written down on the mallow leaves, illustrating that the
power of the charm is derived from the woman and her individuality—she is herself by
way of her name. Although she is not performing the charm on herself, she is the actor in
a less obvious way, as her name may act as the healing component. On the other hand,
her name itself may not heal, but may identify who the ritual is aimed towards—who
needs the healing. The charm is ambiguous in determining if it gives the parturient
mother direct power or if it gives another, higher power, the ability to heal the expectant
mother. Either way, the charm places emphasis on the individuality of the parturient
woman, emphasizing her, through her name and identity, in the ritual.

Jones and Olsan discuss the rationale for writing charms on amulets in the later
medieval period, accounting for the change from the Old English tradition. “One reason,”

⁴⁹ “Takamiya MS 46, fol. 38r, New Haven, Beinecke Rare Book & Manuscript Library,” in Katherine Storm Hindley, “The Materiality of Manuscript Charms in Late-Medieval England: Ink and Writing Surface,” *Journal of the Early Book Society*, no.23 (January 2020): 95.

⁵⁰ Hindley, “The Materiality of Manuscript Charms,” 84.

they state, that the charm, “may have been meant to be written on an amulet, rather than spoken, may have been that a male religious or medical authority could write it and give it to the female or females who were attending during the actual delivery, who would attach it.”⁵¹ The parturient woman could still be afforded the opportunity to orally recite the charm herself or by her non-male attendants. Olsan and Jones emphasize that, “as an amulet, this long form [written and attached charm] is distantly related to prayer rolls employed as birth girdles.”⁵² Thus, a transition occurs in the later medieval period which de-emphasizes the importance of the orality charms, opting for a preference of textual amulets, bound to the parturient woman’s body; it is uncertain who specifically would read them aloud, as recitation was still important to their perceived power and efficacy. However, a tradition emerged in the late medieval period where the charm gained more power and potency from being physically attached to the woman, perhaps replacing the Old English woman’s physical recitation of the earlier metrical charms.

Interestingly, the following charm is written down in a Protestant context rather than a Catholic context in England, demonstrating the continued relevance of childbirth charms in England despite the Dissolution of the Monasteries. The charm, from the 17th century found in the diary of Samuel Pepys, now located in the Pepys Library at Magdalene College at Cambridge University, also helps a woman deliver her child with ease. Samuel Pepys was a famous diarist and a naval administrator for the British Royal Navy. The charm included in his diary, Pepys MS 1661, is,

To make a womman to be delyuered of child write in virgine wex þese namys 7
 put hem in here bosume 7 anon she shal be delyuered. Maria peperit sine dolore.
 christus natus christus passus. christus te vocat ut nascaris

⁵¹ Jones and Olsan, "Performative Rituals," 419

⁵² Jones and Olsan, "Performative Rituals," 419

[To make a woman to be delivered of child write in virgin wax these names put them in her bosom and she shall be delivered. Maria gave birth without pain. Christ born, Christ suffered. Christ calls you to be born].⁵³

Similar to MS Junius 85, the charm calls for virgin wax as the charm's delivery method

to the parturient mother. The charm legitimizes the pain of childbirth, thus affirming the woman's physical and emotional suffering. The goal of the charm is to help the woman deliver the child and to deliver the child "without pain" just like the Virgin Mary.⁵⁴

Another similarity to MS Junius 85, this charm includes "peperit" identifying it as a childbirth charm.⁵⁵ The ongoing use of childbirth charms depicts the importance of the charms to parturient women, as they provided comfort and emotional reprieve, no matter the religious context or time period.

Childbirth charms remained relevant in their use despite the period; they also remained relevant in their use, but transitioned to a more textual context, often seen on prayer rolls and textual amulets. Charlemagne's Charm specifically can be seen in two birth girdles—Takamiya MS 56 and Wellcome Collection MS 632.⁵⁶ However the charm in question derives from the tradition of Heavenly Letters.⁵⁷ Charlemagne's Charm is referred to as both Charlemagne's Prayer or Charm. Mary Morse notes the two different instances of the charm seen in the two birth girdles.

On the Wellcome 632 dorse, another childbirth protection linked to the Charlemagne charm specifies: "And yf a woman travell wyth chylde gyrdes thys mesure abowte hyr wombe and she shall be safe delyvyrd wythowte pallelle." The

⁵³ "Pepys MS 1661, Cambridge, Magdalene College," in Hindley, "The Materiality of Manuscript Charms," 95.

⁵⁴ "Pepys MS 1661, Cambridge, Magdalene College," in Hindley, "The Materiality of Manuscript Charms," 95.

⁵⁵ "Pepys MS 1661, Cambridge, Magdalene College," in Hindley, "The Materiality of Manuscript Charms," 95.

⁵⁶ "Wellcome Collection MS 632," Wellcome Collection, & "Takamiya MS 56," Beinecke Rare Book and Manuscript Library, in Morse, "'Thys Moche More Ys Oure Lady Mary Longe'," 202.

⁵⁷ For more on the tradition of Heavenly Letters, see Rosanne Hebing, "The Textual Tradition of Heavenly Letter Charms in Anglo-Saxon Manuscripts," *Amsterdamer Beiträge Zur Älteren Germanistik* 69, no. 1 (2012): 203–222.

similar passage in Takamiya 56 reads: “And a woma(n) that ys quyck wythe chylde [girde] hyr wythe thys mesure and she shall be safe fro all man(er) of p(er)illis.”⁵⁸

Both instances emphasize the perilous nature of childbirth, validating the parturient woman’s anxiety surrounding the experience. Moreover, the charms on the girdle specifically state that if the charm is practiced, the woman shall be made safe from perils of childbirth. The promise of safety from the language of the charm may not guarantee the parturient woman actual safety during childbirth, but safety of mind that she has performed the ritual of the Charlemagne Charm and has been promised protection from the act. The Charlemagne charm was “used to protect home and property, to facilitate childbirth and to acquire invulnerability.[...] It should be noted that the Prière de Charlemagne was not yet known in Anglo-Saxon times, though it becomes a popular verbal charm in later medieval England.”⁵⁹ Charlemagne’s charm offers divine protection for anyone who dons the birth girdle; more specifically, the charm offers women protection from childbirth dangers and assures that the child will live after labor.⁶⁰ The origins of the charm are as follows:

Charlemagne’s prayer originates from a divine letter that Pope Leo delivered to Charlemagne before a battle – the same Pope Leo referenced in the legend on Wellcome 632. This letter was itself based on the apocryphal Heavenly Letter sent from Christ to King Agbar of Mesopotamia; per these birth girdles, the letter’s history changed so that it was given to Charlemagne, either by an angel or Pope Leo III.⁶¹

Charlemagne’s charm truly emphasizes the changing landscape between orality and textuality in the later medieval period with regard to charms. Although Charlemagne’s

⁵⁸ “Wellcome Collection MS 632,” Wellcome Collection, & “Takamiya MS 56,” Beinecke Rare Book and Manuscript Library, in Morse, “Thys Moche More Ys Oure Lady Mary Longe,” 202.

⁵⁹ Rosanne Hebing, “The Textual Tradition of Heavenly Letter Charms in Anglo-Saxon Manuscripts,” *Amsterdamer Beiträge Zur Älteren Germanistik* 69, no. 1 (2012): 211–212.

⁶⁰ Blackard, “Delivered without Peril,” 34.

⁶¹ Blackard, “Delivered without Peril,” 34.

Charm is a charm, it also acts as a prayer, and is most often seen written on birth girdle manuscripts, clearly indicating that a prayer roll is a birth girdle.

The distinction between prayers, oral charms, and textual amulets is quite dim, as textual amulets include charm-like aspects of orality, often directing the user to recite the prayers or charms written on the manuscript. The text does not have apotropaic powers unless the text is read aloud orally. Birth Girdles especially occupy this liminal space, as the girdles contain many written prayers and charms, yet are a material object, which also gain apotropaic power from being wrapped or girded around the parturient mother's womb. Thus, the birth girdle occupies two categories: both prayer roll and oral charm, or as Don Skemer categorizes them "textual amulets."⁶² The next chapter will analyze birth girdles as their own distinct ritual; however, it is important to acknowledge the overlaps between oral and written charms on birth girdles, which seemed to become more frequent in use and production during the later medieval period.

Conclusion

Charms offered medieval women a spoken form of emotional guidance and assurance during childbirth's physical and emotional suffering. The Old English metrical charms granted women more autonomy than later medieval childbirth charms, as the Old English charms were required to be recited by the parturient woman, allowing her to reclaim autonomy, especially in the case of the stillbirth charm, which is one of the few rituals in the entire study that has acknowledged and dealt with grief in regards to childbirth. Oral charms present a more accessible ritual, as they could be passed down

⁶² Don C. Skemer, *Binding Words: Textual Amulets in The Middle Ages* (University Park, PA: Pennsylvania State University Press, 2006), 235.

orally between women. Later medieval charms demonstrate the liminality between charm and prayer, ritual and religion during the medieval period, as many of the charms appeal to religious figures. Compared to the Old English metrical charms, the charms in the late medieval period demonstrate a slow shift towards a tradition of textual amulets, or writing down the charm and binding it to the pregnant woman. Although a man would often create the amulet, either the pregnant woman or one of her non-male attendants would recite the charm, still emphasizing the gender barriers and the feminine space of the birthing chamber. Charms offered emotional assurance to parturient women, because they invoked religious figures and higher powers, often allowed women to take an active role by saying the charm themselves, or even provided a physical reminder of the efficacy of the charm as it was bound to their bodies.

Birth Girdles

Parturient women, during the late medieval period and into the early modern period in England, utilized birth girdles to both ground and calm themselves during the childbirth process.¹ The girdles acted as intermediaries between the parturient woman and the divine, as the birth girdles included invocations in both prayers and charms. Unlike other rituals, the birth girdle was wrapped around the parturient woman's womb, acting as a physical protector and a constant reminder, grounding the woman and easing her anxieties during pregnancy and labor. The endurance of birth girdles is extraordinary despite them being banned and destroyed during the Dissolution of the Monasteries; the lasting use of birth girdles marks the continued ability of parturient women to ease their anxieties during the peril of pregnancy. Birth girdles offered emotional and divine reassurance to the pregnant wearer.

This chapter uses birth girdles to understand the importance of emotional reassurance through divine and supernatural intervention and physical girdling for women in the late medieval period in England. Sources for the chapter include birth girdles themselves, specifically Wellcome Collection MS 632, Takamiya 56, and STC 14547.5.² In addition, the chapter references two medieval medical treatises: the *Trotula* and the *Sickness of Women*. These sources will be used to discuss the birth girdle tradition and the emotional reassurance the girdles gave to the women who used and wore

¹ Birth girdles are not a solely English tradition. Girdles were used in France and the Netherlands as well. See Don C. Skemer, *Binding Words: Textual Amulets in The Middle Ages*, (University Park, PA: Pennsylvania State University Press, 2006), 235-278.

² "Wellcome Collection MS 632," Wellcome Collection, <https://wellcomecollection.org/works/mwzww2m7>.; "Prayer Roll in Middle English and Latin, Takamiya MS 56," ca. 1435-1450, <https://collections.library.yale.edu/catalog/10269867>.; "STC 14547.5," ca. 1534/5 CE, (Fleet Street Press by Wynkyn de Worde) in Joseph J. Gwara and Mary Morse., "A Birth Girdle Printed by Wynkyn de Worde," *The Library: The Transactions of the Bibliographical Society* 13, no. 1 (2012): 33-62. muse.jhu.edu/article/469481.

them. In addition, the sources will be used to understand what differentiates a birth girdle from a prayer roll. Finally, I analyze birth girdles by how they occupy a liminal space of both textual amulet and oral charm as well as both a religious and magical object.

Although there is extensive scholarship surrounding birth girdles, especially that of Mary Morse, it focuses primarily on the religious aspects of the rolls, rather than the emotional or ritual aspects. Mary Morse has published several crucial articles, two on Takamiya MS 56 and one on STC 14547.5, between 2012 and 2014.³ Lea Olsan has also extensively studied Wellcome MS 632 and is considered an expert in the study of birth girdles, inspiring the scientific study on Wellcome MS 632.⁴ The discourse regarding birth girdles is still open and evolving. Exciting new scientific discoveries were published recently in March of 2021, proving that cervical fluid was located on Wellcome MS 632.⁵ This new scientific information emphasizes the interdisciplinary nature of the study, as well as calls for increased interdisciplinary study in future historical work.

Katharine Storm Hindley published an extensive study on prayer rolls and birth girdles, arguing for them to be considered for other uses aside from just birth girdles.⁶

³ Mary Morse, "Two Unpublished English Elevation Prayers in Takamiya MS 56," *Journal of the Early Book Society for the Study of Manuscripts and Printing History* 16, (2013): 269-277, 313-314.; Mary Morse, "'Thys Moche More Ys Oure Lady Mary Longe': Takamiya MS 56 and the English Birth Girdle Tradition," in *Middle English Texts in Transition: A Festschrift Dedicated to Toshiyuki Takamiya on His 70th Birthday*, edited by Simon Horobin and Linne R. Mooney, New edition., (Boydell & Brewer, 2014) 199–219.; Joseph J. Gwara and Mary Morse, "A Birth Girdle Printed by Wynkyn de Worde," *The Library: The Transactions of the Bibliographical Society* 13, no. 1 (2012): 33-62.

⁴ Lea Olsan, "Wellcome MS. 632: Heavenly Protection during Childbirth in Late Medieval England," Wellcome Collection, <https://wayback.archive-it.org/16107/20210313055430/http://blog.wellcomelibrary.org/2015/10/wellcome-ms-632-heavenly-protection-during-childbirth-in-late-medieval-england/>.

⁵ Sarah Fiddymet et al., "Girding the Loins? Direct Evidence of the Use of a Medieval English Parchment Birthing Girdle from Biomolecular Analysis," *Royal Society Open Science* 8, no. 3 (March 10, 2021), <https://doi.org/10.1098/rsos.202055>.

⁶ Katherine Storm Hindley, "'Yf A Woman Travell Wyth Chylde Gyrdes Thys Mesure Abowte Hyr Wombe': Reconsidering the English Birth Girdle Tradition," *The Courtauld*, <https://courtauld.ac.uk/research/research-resources/publications/courtauld-books-online/continuous-page->

Hindley believes that their current designation as birth girdles minimizes the use of the girdles in medieval contexts; however, her study and attention to detail in analyzing birth girdles and other relics is undeniably valuable to the study. Elizabeth D. B. Blackard's 2020 Master's thesis looks into birth girdles and their uses from both a social and cultural lens, which is a departure from previous scholarship which primarily focuses on religious analysis or analyzing the "amuletic tradition" of the girdles.⁷ Thus, within the last two decades, most scholarship regarding birth girdles is relatively recent. However, it lacks the layer of studying birth girdles from an emotional aspect, understanding why medieval women used them and how they worked as calming tools for medieval women. Although Blackard focuses on the social and cultural history of birth girdles, this chapter will analyze the emotional history of birth girdles, expanding upon previous scholarship.

This chapter understands how medieval women believed birth girdles functioned as birth rituals, how medieval women wore and practiced devotion towards the girdles, and the emotional importance of the birth girdles to pregnant women. The chapter analyzes what classifies birth girdles, how birth girdles were used as devotional and apotropaic objects, and the emotional effect of birth girdles on medieval women in England. The chapter explores how medieval women used birth girdles in their ritual context during pregnancy and labor. In addition, I analyze the later commercialization and increased availability of birth girdles to medieval women, further proving their importance to medieval women and continued relevance in the early modern period.

scrolls-and-scrolling-from-papyrus-to-hypertext/9-reconsidering-the-english-birth-girdle-tradition-katherine-storm-hindley/.

⁷ Elizabeth D. B. Blackard, "Delivered without Peril Birth Girdles and Childbirth in Late Medieval and Early Modern England" (master's thesis, University of Nevada, 2020).; Blackard, "Delivered without Peril," ii.

Finally, the chapter explores how birth girdles aided medieval women emotionally throughout the childbirth process, acting as a calming ritual.

Defining Rolls: Prayer Roll Versus Birth Girdle

To study birth girdles is to study prayer rolls in medieval English devotional culture. Out of all of the birth rituals I have studied, birth girdles demonstrate the closest association with Christianity and religion, as they are technically Catholic devotional objects. Prayer rolls, long and thin pieces of elaborately illuminated vellum or parchment, provided the religious practitioner protection from certain harms; while birth girdles, specialized prayer rolls, protected women during labor and the pregnancy.⁸ Not all birth girdles or prayer rolls were made of vellum, they could also have been made from “silk, iron, parchment, or snake or deer skin.”⁹ Similar to the devotion of saints’ relics, prayer rolls were believed to act as protective devices, as well as healing objects. Birth girdles are a subset of prayer rolls, as they offer protection to women during childbirth. The girdles were wrapped around the abdomen of the expectant mother.

The format of the prayer roll lends itself to the use of the birth girdle, as the shape and size were perfect for wrapping around the pregnant woman’s stomach. Birth girdles, and thus prayer rolls, contained prayers in Latin, some with prayers in Middle English as well. Prayer rolls were often created by male professional illuminators and owned by a church or monastery; pregnant women essentially had to rent the rolls for their protective

⁸ Katherine Storm Hindley, "'Yf A Woman Travell Wyth Chylde Gyrdes Thys Mesure Abowte Hyr Wombe': Reconsidering the English Birth Girdle Tradition," *The Courtauld*. <https://courtauld.ac.uk/research/research-resources/publications/courtauld-books-online/continuous-page-scrolls-and-scrolling-from-papyrus-to-hypertext/9-reconsidering-the-english-birth-girdle-tradition-katherine-storm-hindley/>.

⁹ Fiddymment et al., "Girding the Loins?": 3.

practices, although very wealthy lay people could commission birth girdles.¹⁰ Both men and women could use prayer rolls, while birth girdles were used by women during their pregnancy and labor.¹¹ Prayer rolls could be used for any variety of reasons, specifically warding off harm or evil. The birth girdle tradition was situated firmly within the Catholic tradition in late medieval England; however, they stem from classical and ancient amuletic traditions of birth amulets and originate within a pagan context.¹²

Although prayer rolls are firmly rooted in a Christian context, not all Church officials approved of the birth girdle tradition. Church officials, throughout the medieval period and into the Early Modern period, had anxieties and fears about laypeople's "reliance on supposedly powerful objects instead of a reliance on faith and God's omnipotence."¹³ However, Saint Thomas Aquinas vouched for the use of relics and girdles as long as they came from a Christian context and were being used out of devotion to the Christian faith, demonstrating the evident liminal space between ritual and prayer, religion and magic, in the late medieval period.

Defining characteristics such as certain charms, imagery, and invocations further differentiate birth girdles from prayer rolls. Most notably, birth girdles include prayers and direct references to the Virgin Mary, whose connection to childbirth is undeniable. In the medieval period, the story of Mary giving birth to Jesus transformed from solely an immaculate conception to also including an immaculate and pain-free labor.¹⁴ Moreover,

¹⁰ Hindley, "Yf A Woman Travell Wyth Chylde Gyrdes Thys Measure Abowte Hyr Wombe."

¹¹ Blackard, "Delivered without Peril," 4.

¹² For more on Ancient Egyptian fertility and childbirth rituals, see Elizabeth T. Koen, "Women in Ancient Egypt: The Religious Experiences of the Non-royal Woman," Master's thesis, University of Stellenbosch, (2008).

¹³ Blackard, "Delivered without Peril," 29.

¹⁴ Blackard, "Delivered without Peril," 46.

the Virgin was typically prayed to as an intercessor between humans and the divine, making her even more appealing to parturient women due to her humanity and lived experience of pregnancy and childbirth. The birth girdle tradition may have even started with the Virgin Mary herself; “of all the relics and images of the Virgin imbued with the power to quicken the womb, the most efficacious was the sash she had worn round her waist.”¹⁵ In Christian belief, it was understood that the Virgin dropped her girdle to Saint Thomas the Apostle at the time of her assumption into Heaven. The Golden Legend writes of this account ca. 1260 CE, so the Virgin’s Girdle would have been known in Christian tradition during the period of study.¹⁶ From the 15th century onwards, the relic has been housed in Florence at the Prato Cathedral.¹⁷ Similarly, Westminster Abbey also housed a relic of the Virgin’s Girdle.¹⁸ The Virgin’s Girdle “became a venerated saint’s relic and was believed to not only act as a conduit of Mary, but as an item that facilitated childbirth and cured infertility.”¹⁹ Blackard argues that all of these characteristics of the Virgin Mary, especially that she “offered hope and salvation from Eve’s curse, which according to scripture, made childbirth a painful and dangerous experience for women,” led to her increased invocations on birth girdles.²⁰

Similar to the Virgin Mary, her mother, Saint Anne, was also invoked in childbirth prayers, especially those included on birth girdles. It was believed that Saint Anne “suffered from infertility and was miraculously granted a daughter as a result of her

¹⁵ Marina Warner, *Alone of All Her Sex: The Myth and the Cult of the Virgin Mary* (London: Vintage, 1983), 278.

¹⁶ "The Virgin's Girdle: A Little-Known Relic of Mary," UCatholic, <https://ucatholic.com/blog/the-virgins-girdle-a-little-known-relic-of-mary/>.

¹⁷ "The Virgin's Girdle," UCatholic.

¹⁸ Gwara and Morse, "A Birth Girdle," 33.

¹⁹ Blackard, "Delivered without Peril," 46.

²⁰ Blackard, "Delivered without Peril," 46.

faith.”²¹ Medieval women hoped to attain the same seamless childbirth experience through prayers and devotion to Saint Anne. Saint Julitta and her son Saint Quiricus were also important figures to the birth girdle tradition; however, the tradition of Saints Julitta and Quiricus did not originate in England, but rather in Byzantium and traveled back to England with returning crusaders.²² Interestingly, Saint Margaret of Antioch, the English patron saint of childbirth, was included less than Julitta and Quiricus on birth girdles.²³ Morse describes a childbirth cult in England surrounding Saints Julitta and Quiricus specifically; the childbirth cult is noted to have “increased in popularity in England during the mid-fourteenth century, according to various dedication sites in Cornwall, Somerset, Gloucestershire, and Devon. Morse connects the rise of the cult to the experiences of Anglo-Norman or Angevin crusaders who returned to England after learning of the saints.”²⁴ Along with these saints, birth girdles typically have a Charlemagne’s charm on them as well, often blurring the boundary between oral charm, textual amulet, and prayer roll.²⁵ Parturient women sought out divine intervention from woman saints and figures that either had miraculous or easy childbirths due to their fears surrounding the dangers of childbirth. Because of the painless childbirth of these saints, parturient women found solace in the potentiality of their own births being as seamless as the saints they invoked through both prayer and charm on the birth girdles.

²¹ Blackard, "Delivered without Peril," 47.

²² Blackard, "Delivered without Peril," 43.

²³ Blackard, "Delivered without Peril," 43.

²⁴ Blackard, "Delivered without Peril," 45. For more on the English Childbirth Cult, see Mary Morse, "Alongside St Margaret : The Childbirth Cult of Saints Quiricus and Julitta in Late Medieval English Manuscripts," *Manuscripts and Printed Books in Europe 1350 - 1550*, edited. by Emma Cayley and Susan Powell (2013) 187-206.

²⁵ Blackard, "Delivered without Peril," 34.

Birth Girdles and the Obstetrical Tradition

Despite limited knowledge on the popularity of the birth girdle tradition among women in late medieval England, it is understood that these objects held great importance for women during the period. Blackard mentions that there is “evidence that some midwives carried prayer rolls in their kits[...]. Birth girdles were but one of a variety of charms, remedies, or objects that could be used to facilitate an easier birth.”²⁶ Although there are limited records detailing whether women used birth girdles or not and, if so, how often, there is a recorded use of a woman using a birth girdle in labor:

A letter in the Public Record Office of London describes the birth of a son to Elizabeth, Countess of Hereford, in 1304. Two monks from Westminster were gifted 40 shillings for bringing Saint Mary’s girdle to the event. The girdle may have performed its primary function in preserving the life of both mother and infant until purification and baptism, but the infant boy passed away a month later, emphasizing the risk of infant mortality even among the upper classes.²⁷ Seen here, a noblewoman rented a birth girdle from Westminster Abbey. However, the girdle failed to deliver on its promise to protect the child from childbirth perils. Although birth girdles promise protection from death and illness during childbirth, what is important to understand from this scene is that a woman used the birth girdle in labor in the hopes that it would protect her and her child and perform its apotropaic abilities. The hope that the birth girdle would protect superseded its actual ability to protect. The risk of infant and mother deaths in childbirth necessitates the counterbalance of the childbirth ritual. In addition, this record demonstrates that wealthy women could rent birth girdles from monasteries. Still, the girdles were often not accessible to a broader swath of women until birth girdles were printed in the beginning of the early modern period.

²⁶ Blackard, "Delivered without Peril," 55.

²⁷ Blackard, "Delivered without Peril," 56.

In medical treatises such as the *Trotula* and the *Sickness of Women*, girdling was prescribed to parturient women to ease the pains and difficulties of childbirth. In the *Sickness of Women*, a medical text written in the 1400s in middle English prescribes, “and lete guyrden hir with a guyrdel of an hertis skynne’ (and let her be girded with a girdle of hart’s [deer] skin).”²⁸ Similarly, the *Trotula* suggests girdling with the skin of a snake, perhaps calling back to a tradition of girdling far older than the prayer rolls discussed in this chapter. The *Trotula* states in the section “On the Difficulty of Birth: [102] Likewise, let the woman be girded with a snake’s skin from which the snake has emerged.”²⁹ These medical treatises acknowledge the healing, protective, and apotropaic powers of relics and birth girdles.

Analyzing Sources: Extant Birth Girdles

As stated earlier, the Dissolution of the Monasteries led to a notable decrease in extant birth girdles; however, approximately eight extant birth girdles remain for study. Known birth girdles include: Takamiya MS 56, Wellcome Collection MS 632, Beinecke MS 410, British Library MS 88929, British Library MS T.11, Glazier MS 39, British Library MS 43.A 14, and STC 14547.5.³⁰ For the purposes of this chapter, I focus on Wellcome Collection MS 632, Takamiya 56, and STC 14547.5; they are the three prayer rolls most agreed upon to be birth girdles, lending themselves to the argument, as I will not be proving their use as birth girdles, rather studying their emotional affect as birth

²⁸ *The Sickness of Women* in Linne Mooney and Monica Green (eds), *Sex, Aging, & Death in a Medieval Medical Compendium* (ed. MT Tavormina), 2006, 532.

²⁹ *The Trotula*, 80.

³⁰ Mary Morse, “Two Unpublished English Elevation Prayers in Takamiya MS 56,” *Journal of the Early Book Society for the Study of Manuscripts and Printing History* 16, (2013): 269.

girdles.³¹ Wellcome Collection MS 632 has the most obvious signs of use; however, when studied together, all three form a fuller picture of the diversity of girdles available to parturient women, as well as the different ritual and veneration practices.

I. Wellcome Collection MS 632

Wellcome Collection MS 632 is perhaps one of the most interesting birth girdles for the study, as it has been confirmed to have been used during labor, which asserts the importance of childbirth rituals to pregnant women during the medieval period. Wellcome Collection MS 632 is of English origin, c. 1500. The unique characteristic of MS 632 is “that it has obvious signs of actual use as a birth girdle.”³² The vellum prayer roll measures approximately 322 cm long, or twice the height of the Virgin Mary, and is 10 cm wide.³³ Wellcome Collection MS 632 not only contains physical signs of use such as the illuminations on the manuscript being heavily worn, presumably from devotional activities such as rubbing, kissing, and touching, but also, MS 632 presents actual signs of wear during labor.³⁴ A team of British scientists spearheaded a study inspired by Lea Olsan’s question:

Were they [birth girdles] damaged during repeated use in the events surrounding labour and delivery, when the roll, according to its instructions, was laid over the womb of the woman to ease the delivery? There are a few reddish marks that

³¹ Lea Olsan, "Wellcome MS. 632: Heavenly Protection during Childbirth in Late Medieval England," Wellcome Collection.; Mary Morse, "Two Unpublished English Elevation Prayers in Takamiya MS 56" *Journal of the Early Book Society for the Study of Manuscripts and Printing History* 16, (2013): 269-277, 313-314.; Mary Morse, "Thys Moche More Ys Oure Lady Mary Longe': Takamiya MS 56 and the English Birth Girdle Tradition," In *Middle English Texts in Transition: A Festschrift Dedicated to Toshiyuki Takamiya on His 70th Birthday*, edited by Simon Horobin and Linne R. Mooney, NED-New edition., 199–219, (Boydell & Brewer, 2014).; Joseph J. Gwara and Mary Morse, "A Birth Girdle Printed by Wynkyn de Worde," *The Library: The Transactions of the Bibliographical Society* 13, no. 1(2012): 33-62.

³² Fiddymment et al., "Girding the Loins?": 3.

³³ Blackard, "Delivered without," 12.; Morse, "Thys Moche More Ys Oure Lady Mary Longe'," 204.

³⁴ Fiddymment et al., "Girding the Loins?": 3.

could be blood stains where the roll is very worn, but laboratory work will be required to make certain.³⁵

Thus, the team accepted the challenge presented by Olsan and tested the birth girdle for many organic proteins. MS 632 was found to be made out of sheepskin, which “is much thinner than calfskin, lending itself to make documents that need to be folded or manipulated, such as in the case of the birth girdle.”³⁶ Thus, the material chosen for the birth girdle allowed for ease of wrapping around the parturient woman’s womb.

Moreover, the scientists detected

A total of 55 human proteins [...] These proteins were then compared to the proteome from cervico-vaginal fluid (CVF) published by Muytjens et al. A higher number of proteins from the birth roll samples are detected in CVF than from any other of the sample groups. This can provide a further plausible indication that the roll was indeed actively used during childbirth.[...] If indeed the roll was used in this way, it would be logical to expect to find traces of bodily fluids and medical remedies present on the roll.³⁷

Thus, the scientific experiment concluded that Olsan’s hypothesis of the use of MS 632 in labor was correct.

Moreover, the findings of milk, honey, cereals, egg yolk, and legumes on the birth girdle demonstrate further ritual use and demonstrate that medieval women followed and practiced multiple birth rituals simultaneously. For example, egg yolks are mentioned in both the *Trotula* and the *Sickness of Women* as medical rituals. Respectively, egg yolks were prescribed as a diet regimen to avoid birthing difficulties, while egg yolks were used to promote conception.³⁸ Similarly, eggs were prescribed to heal the womb after birth in the *Sickness of Women*.

³⁵ Lea Olsan, "Wellcome MS. 632: Heavenly Protection during Childbirth in Late Medieval England," Wellcome Collection.

³⁶ Fiddymment et al., "Girding the Loins?": 7.

³⁷ Fiddymment et al., "Girding the Loins?": 10-11.

³⁸ Fiddymment et al., "Girding the Loins?": 9.

For the woo after the birth: take yolkis of eyren soden in water and grounde cera & oleo & succo archimesie et cimino powdred and make an emplaster bfore and behynde and anon the penaunce shal cease.³⁹

For “Excessive Heat of the Womb” the Trotula prescribes,

[64] It happens sometimes that the womb is distempered in hotness, so that great burning and heat is felt there. Treat it in this way. Take one scruple of juice of opium poppy, one scruple of goose fat, four scruples each of wax and honey, one ounce of oil, the whites of two eggs, and the milk of a woman. Let these be mixed together and inserted by means of a pessary.⁴⁰

Wellcome Collection MS 632 depicts a multi-ritual practice for parturient women—

pregnant and laboring women combined multiple rituals, seeking the ultimate protection during the dangers of childbirth.

Along with the scientific discovery proving the use of Wellcome Collection MS 632 during birth, the roll contains textual signs that it was used as a birth girdle. Wellcome Collection MS 632 follows a distinct textual pattern created by the illuminator: “amuletic benefits in [written] red, then prayers [written] in black, followed by the amuletic image itself.”⁴¹ Since the girdle differentiates charms from prayers, the roll emphasizes its duality and liminality between religion and ritual, charm and prayer. The birth girdle emphasizes that charms can stand equal to prayers on a religious roll, which bolsters the importance of charms for medieval women. On the back, or dorse, of the roll it states, “And yf a woman travell wyth chylde gyrdes thys mesure abowte hyr wombe and she shall be delyvyrs wythowte pallelle and the chylde shall have crystendome and the mother puryfycatyon.”⁴² According to Mary Morse, the prayer included on the dorse

³⁹ “Trinity College Cambridge MS R.14.52,” fol. 120r, 514.

⁴⁰ *The Trotula*, 89.

⁴¹ Hindley, “Yf A Woman Travell Wyth Chylde Gyrdes Thys Measure Abowte Hyr Wombe,” 169.

⁴² “Wellcome Collection MS 632,” Wellcome Collection in Fiddymment et al., “Girding the Loins?": 3. In modern English, “[And if a woman travailing with child girds this measure about her womb, she shall be delivered safely without peril and the child shall be christened and the mother purified].” Fiddymment et al., “Girding the Loins?": 3.

of the scroll is “another childbirth protection linked to the Charlemagne charm.”⁴³

Moreover, the roll contains imagery that is associated with birth girdles. “Successful childbirth is one of the specific forms of protection promised through the Side Wound”, of which MS 632 contains an elaborately illuminated side wound which is also heavily rubbed away.⁴⁴

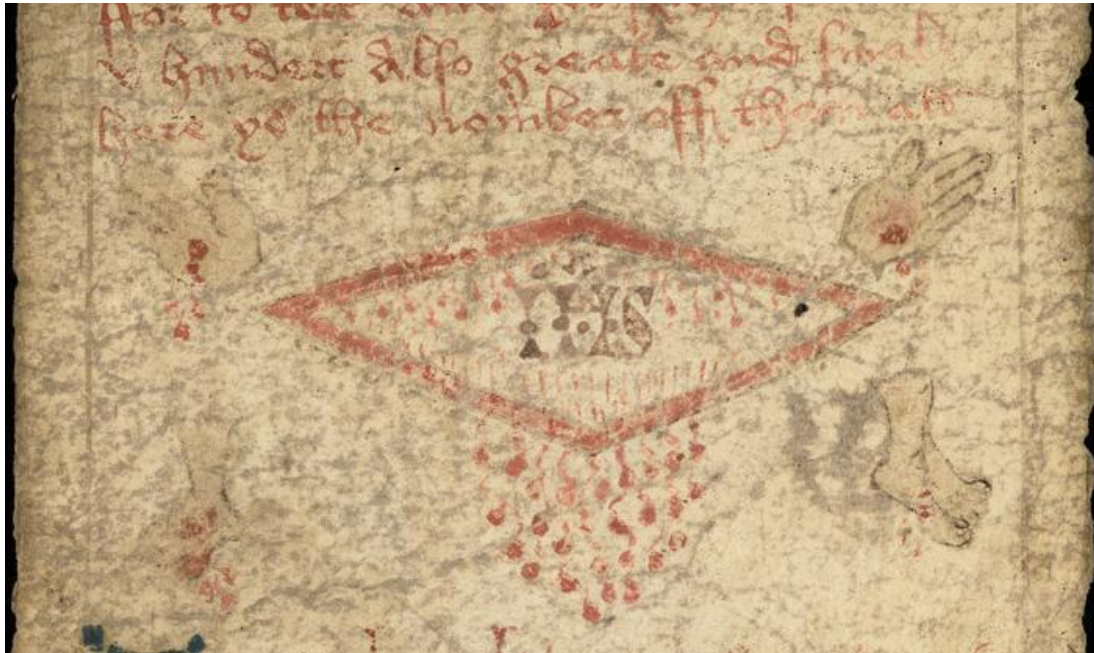


FIGURE 6.1⁴⁵

Similarly, MS 632 invokes Saints Quiricus and Julitta with the following prayer and calling for the parturient woman “to place the image of the cross upon her womb to assure the protection of both mother and child.”⁴⁶ The birth girdle states, “yf a woman travail [wyth?] chylde lay thys crosse on hyr wombe and she shall be safe delyuerd

⁴³ Morse, “Thys Moche More Ys Oure Lady Mary Longe,” 202.

⁴⁴ Skemer, *Binding Words*, 263. See figure 6.1.

⁴⁵ “Wellcome Collection MS 632,” Wellcome Collection in Lea Olsan, “Wellcome MS. 632: Heavenly Protection during Childbirth in Late Medieval England,” Wellcome Collection.

⁴⁶ Morse, “Thys Moche More Ys Oure Lady Mary Longe,” 202.

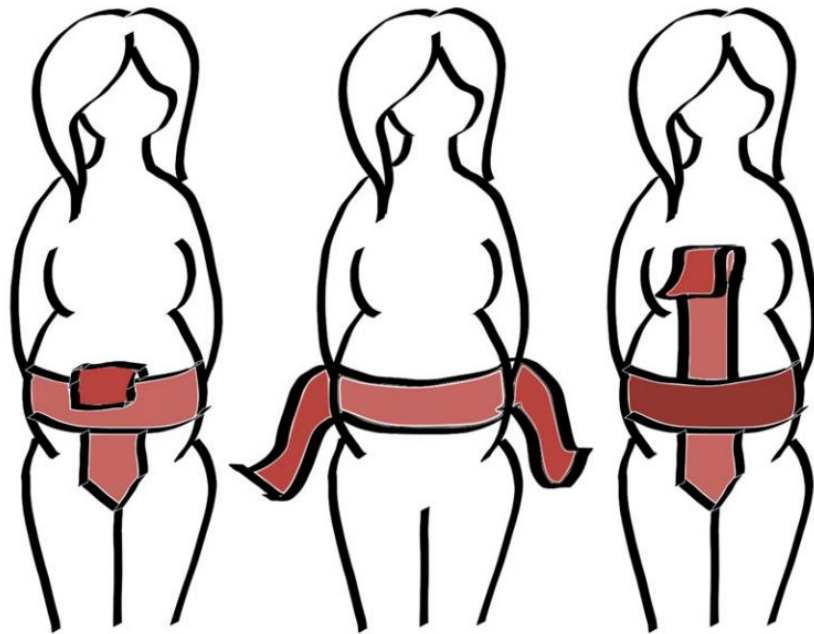
wythoute perell.”⁴⁷ Saints Quiricus and Julitta are firmly associated with childbirth within the English tradition, but the Wellcome MS 632 also lists other figures associated with childbirth, but it does not include a prayer to them. The figures are Saint Anne, Saint Margaret, Saint Katherine, Saint Dorothy, and Saint Barbara.⁴⁸

Crucially, Wellcome Collection MS 632, demonstrates that prayer rolls and birth girdles specifically were in fact used by parturient women during labor due to the presence of cervical fluid on the manuscript. For laboring women, the roll not only protected them spiritually and emotionally, but also physically bound and protected them through the girdling process. Moreover, birth girdles provided another devotional aspect through the act of rubbing, touching, and kissing the elaborately illuminated images. MS 632 was “talismanic, with ritual functions that incorporated religious devotion and magic. [...W]omen and men appealed to divine and supernatural forces for assistance in the face of ill health or danger. Devotional objects, such as relics or statues of saints, were venerated and touched in order to harness their beneficial power.”⁴⁹ The women were offered protection through both girdling and ritual devotion to the sacred object itself. The images on the manuscript were deemed to be sacred or possess spiritual powers, embodied by the emphasis on the images compared to the words on the rolls. Nonetheless, the text, prayers, and charms on the birth girdles acted as a supernatural and religious intercessor between pregnant women and higher powers; as they ritually recited the prayers or charms, they would be granted safe childbirth. Women could bind the rolls around their bodies and the womb in many ways, as depicted in Figure 6.2.

⁴⁷ "Wellcome Collection MS 632," Wellcome Collection, in Morse, "'Thys Moche More Ys Oure Lady Mary Longe'," 202.

⁴⁸ Morse, "'Thys Moche More Ys Oure Lady Mary Longe'," 202.

⁴⁹ Fiddymment et al., "Girding the Loins?": 3.

FIGURE 6.2⁵⁰

Thus, it is evident that Wellcome Collection MS 632 acted as a ritual devotion object prior to childbirth but also during labor for parturient women. The object promised women who recited the prayers and wore the girdle safe childbirth, and that promise assuaged women's anxieties through ritual practice.

II. *Takamiya MS 56*

Similar to Wellcome Collection MS 632, Takamiya MS 56 presents another example of a typical, English birth girdle. Takamiya MS 56 is a 173 cm long and 8 cm wide vellum roll containing two English prayers and Latin text throughout the illuminated roll. The birth girdle was made ca. 1435-1450 near Tewkesbury Abbey in England.⁵¹ The length of the girdle is specified to be the height of the Virgin Mary—"Thys moche more ys oure lady Mary {longe}"—drawing upon Christian numerology

⁵⁰ Fiddymment et al., "Girding the Loins?": 3.

⁵¹ Morse, "Two Unpublished English Elevation Prayers in Takamiya MS 56": 269.

and its apotropaic and supernatural elements.⁵² Unlike other birth girdles, Takamiya MS 56 is the only birth girdle to specifically unroll in length to the exact, supposed, height of the Virgin Mary, while the Wellcome MS 632 girdle doubles the height measurement of the Virgin, perhaps for better girding abilities.⁵³ The roll contains two English Elevation prayers and Latin text throughout the rest of the birth girdle; Takamiya MS 56 depicts the cross, the side wound, and instruments of the passion.⁵⁴ Morse asserts that the scribe or commissioner's inclusion of both Latin and English prayers and charms on the birth girdle suggests its use as a devotional aid as well as an apotropaic object before and during childbirth.⁵⁵

On the back of the roll, it states, "And a woma[n] that ys quick wythe chylde {girde} hir wythe thys mesure and she shall be safe fro[m] all man[ner] of p[e]rllis," designating the roll as a birth girdle.⁵⁶ The birth girdle itself claims that it possesses the physical ability to protect any parturient woman from "all manner of perils."⁵⁷ This claim coming from the divine object itself lent itself to the credibility of the birth girdle. Moreover, there was no one to blame—midwife, attendant, mother, etc.—if it failed to live up to its promises; the roll was faulty not the mother nor the midwife, adding a layer of protection for both mothers and midwives. Midwives were human, and thus, could not make claims to fully protect the parturient woman and her child from any danger and ensure the life of the child after birth, yet, the birth girdle could. Therefore, birth girdles, such as Takamiya MS 56, were relied upon by medieval women to assuage their

⁵² "Takamiya MS 56" in Morse, "Two Unpublished English Elevation Prayers in Takamiya MS 56": 269.

⁵³ Morse, "'Thys Moche More Ys Oure Lady Mary Longe'," 204.

⁵⁴ Morse, "Two Unpublished English Elevation Prayers in Takamiya MS 56": 269.

⁵⁵ Morse, "Two Unpublished English Elevation Prayers in Takamiya MS 56": 270.

⁵⁶ "Takamiya MS 56" in Morse, "Two Unpublished English Elevation Prayers in Takamiya MS 56": 269.

⁵⁷ "Takamiya MS 56" in Morse, "Two Unpublished English Elevation Prayers in Takamiya MS 56": 269.

anxieties, acting as calming tools. The physical aspect of girdling acted as both a grounding ritual, but also a physical reminder of their promised protection and the protection granted to the wearer. The written aspect of the abilities of the birth girdle could have also appealed to women, as it could have been incanted, recited, and prayed, adding another devotional aspect to further secure the safety of both the mother and child during and after labor.

Similar to notions of literacy discussed last chapter, women's literacy effects the parturient woman's ability to interact with birth girdles themselves; more likely than not, the parturient woman would either need a literate midwife, her husband, or another literate male to read the charms inscribed onto the girdle. Despite many women not being literate, the birth girdles with written prayers and charms still remained valuable to the parturient woman through the promised protection of both mother and child. Moreover, the birth girdle literally protected the womb from harm while the parturient woman wore it, acting as a barrier between mother and child and the rest of the world and potential harm.

III. STC 14547.5

In 1534/5 CE, a birth girdle was printed, demonstrating a shift to the commercialization and rising accessibility of birth girdles in England.⁵⁸ The girdle is printed on one side.⁵⁹ Joseph J. Gwara and Morse deem that "STC 14547.5 is the only surviving example of an English printed birth girdle."⁶⁰ Printed by Fleet Street Press of Wynkyn de Worde, Gwara and Morse characterize the girdle as the "heir to the

⁵⁸ Joseph J. Gwara and Mary Morse, "A Birth Girdle Printed by Wynkyn de Worde," *The Library: The Transactions of the Bibliographical Society* 13, no. 1 (2012): 33.

⁵⁹ Gwara and Morse, "A Birth Girdle," 33.

⁶⁰ Gwara and Morse, "A Birth Girdle," 33.

manuscript birth girdle tradition,” carrying on medieval birth girdle traditions into the early modern period.⁶¹ Maintaining its position as heir, STC 14547.5 keeps many of the visual and textual elements that characterize birth girdles—see Figure 6.3. STC 14547.5 contains “vernacular prayer invoking SS Quiricus and Julitta and the empty Tau cross. At the same time, however, the printed roll adds a considerable amount of Latin material unattested in the other English rotuli.”⁶² Most notably defining the roll as a birth girdle, the girdle states, “yf a woman at her trauayle of chylde haue it on her.”⁶³ Further, the roll includes Charlemagne’s charm.⁶⁴ Although STC 14547.5 could have been used by both men and women, women most likely utilized it as a birth girdle, and “the paper strip was placed on the womb of a woman in labour, held over her by someone assisting in the birth, or used as a guide for requesting divine aid during different stages of pregnancy.”⁶⁵

STC 14547.5 was available to a wider swath of women in the early modern period. This increased availability led to increased accessibility to ritual practices of girdling. “Early Tudor printers satisfied a mass market demand for textual amulets during times of crisis,” displaying that birth girdles and rituals were utilized by women in the medieval period and onwards to soothe anxieties and aid during crisis periods such as childbirth.⁶⁶ It is believed that STC 14547.5 was not the only girdle printed of its kind and was printed en-masse for commercial sale.⁶⁷ “The production of this smaller girdle does indicate that there was a commercialization of amulets and charms, including

⁶¹ Gwara and Morse, “A Birth Girdle,” 39.

⁶² Gwara and Morse, “A Birth Girdle,” 39.

⁶³ “STC 14547.5” in Morse, “Thys Moche More Ys Oure Lady Mary Longe,” 203.

⁶⁴ Gwara and Morse, “A Birth Girdle,” 56.

⁶⁵ Gwara and Morse, “A Birth Girdle,” 56.

⁶⁶ Gwara and Morse, “A Birth Girdle,” 35.

⁶⁷ Blackard, “Delivered without Peril,” 21-22.

charms for childbirth;” commercialization of birth girdles indicates a steady demand of birth girdles from women, demonstrating how parturient women relied on birth girdles and their apotropaic abilities to ease their anxieties and fears during childbirth.⁶⁸ Birth girdle manuscripts housed in monasteries were perhaps seen as more precious and effective than the later printed birth girdles. However, printed birth girdles allowed more women access to an apotropaic, grounding childbirth ritual.

The commercialization of birth girdles decreased Church control over the ritual, as previously, monasteries controlled who they lent out the girdles to, effectively allowing Church officials, most often men, supervision and authority over the childbirth ritual. Even with the Dissolution of the Monasteries, birth girdle use continued despite their destruction in many monasteries, perhaps leading to smaller, less precious, printed, personal birth girdles such as STC 14547.5. Birth girdle use, despite the Dissolution, continued “into the reign of Edward VI.”⁶⁹ In 1538, Bishop Nicholas Shaxton of Salisbury reprimanded the continued use of birth girdles by midwives.⁷⁰ Thus, midwives and pregnant women continued discreetly using birth girdles in the case of pregnancy and childbirth, demonstrating the lasting influence of the birth girdle tradition, as well as the importance of the ritual for the healing and protective abilities it provides to parturient women.

The emotional and healing aspects of early modern printed birth girdles are undeniable, as demonstrated by the commercialization, increased demand, and continued use despite the Dissolution. Morse and Gwara state that the printed girdle contained a sort

⁶⁸ Blackard, "Delivered without Peril," 21-22.

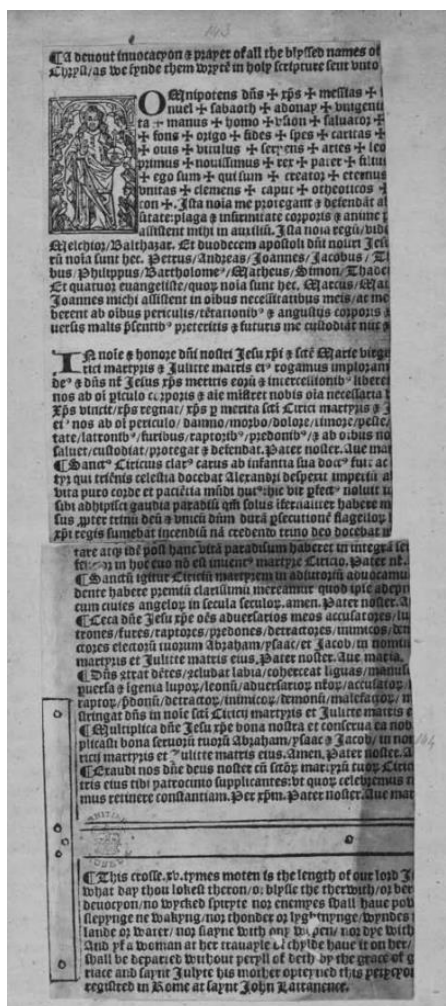
⁶⁹ Morse, "'Thys Moche More Ys Oure Lady Mary Longe'," 201.

⁷⁰ Morse, "'Thys Moche More Ys Oure Lady Mary Longe'," 201.

of “‘white magic’ [...] rooted in a holy performance, a familiar ritual — making the sign of the cross — in which gesture necessarily complements the spoken word.”⁷¹ Moreover, because the printed girdle was smaller, it could be used in other devotional ways than just girdling: “[...] this specific printed amulet would have been moved around the body of the laboring woman, according to the prayers on the roll that reference various body parts — ears, eyes, mouth, and so on. These ritual gestures were likely easier to perform due to the girdle’s smaller size.”⁷² Early modern women could use this prayer roll to ease their fears regarding the perilous and deadly event of labor. Commercializing birth girdles reflected the importance of the tradition to women and the continued perils of childbirth, which were assuaged by appealing to a higher power through ritual.

⁷¹ Gwara and Morse, "A Birth Girdle," 46.

⁷² Blackard, "Delivered without Peril," 21-22.

FIGURE 6.3⁷³

Conclusion

The three girdles have obvious similarities, with Takamiya MS 56 and Wellcome MS 632 being the most similar of the three. STC 14547.5 stands out with its marked differences, as it is the successor to the manuscript tradition of Takamiya MS 56 and Wellcome MS 632. Wellcome MS 632 stands out among the birth girdles with its proven use during birth, along with its demonstrated presence of other substances, honey and

⁷³ "STC 14547.5" in Joseph J. Gwara, and Mary Morse, "A Birth Girdle Printed by Wynkyn de Worde," *The Library: The Transactions of the Bibliographical Society* 13, no. 1 (2012): 34.

milk, found in birth rituals. Moreover, Wellcome MS 632 is visible worn from veneration—rubbing, touching, kissing. The roll illustrates a clear devotional practice and establishes that birth girdles were worn during labor in order to protect the parturient mother. While less is known about Takamiya MS 56 in terms of use, it contains many signs of its designation as a birth girdle with Charlemagne’s charm, invocations to the Virgin Mary, and the height of the roll corresponding with the height of the Virgin Mary.⁷⁴ STC 14547.5 demonstrates the shift from manuscript to print in the later medieval period, but also an increase in demand for the childbirth ritual, as they were produced, printed, and sold on a much larger scale than monasteries could produce. Increasing accessibility is displayed through the printed birth girdle, STC 14547.5. While Wellcome MS 632 and Takamiya MS 56 depict birth girdles more typical of the beginning of the late medieval period, STC 14547.5 depicts birth girdles which were more typical of the latter portion of the late medieval period and into the Early Modern period, yet all birth girdles demonstrate the want for women to protect themselves and their wombs from physical harm.

By analyzing the three examples of birth girdles—Wellcome MS 632, Takamiya MS 56, and STC 14547.5—it is evident that the childbirth ritual lasted past the late medieval period into the early modern period, despite attempts to ban the use of birth girdles during the Dissolution of the Monasteries. Moreover, the emotional significance of the ritual is understood through its lasting importance and later commercialization and the increased availability of the birth girdle ritual. The birth girdles emphasize the peril of childbirth and therefore assure the wearers, parturient women, of safe childbirth for both

⁷⁴ Wellcome Collection MS 632 contains Charlemagne’s Charm as well.

the mother and child, easing their anxieties and fears. The girdles straddle the boundary between textual amulet and charm, as well as between charm and prayer; “There is therefore, enough overlap between textual amulets and charms that birth girdles could be categorized as both.”⁷⁵ Use of birth girdles is most evident with Wellcome MS 632, which proves most useful for this study, as it has marked signs of wear through devotional rubbing, kissing, touching, along with scientific discovery of cervical fluid and foodstuffs prescribed in medical compendiums. Therefore, birth girdles act as a soothing ritual for medieval women during the tumultuous process of childbirth because they appeal to higher powers, include physical devotional aspects, and physically protect and guard the womb through girding.

⁷⁵ Morse, "Thys Moche More Ys Oure Lady Mary Longe'," 219.; Blackard, "Delivered without Peril," 26-27.

Conclusion

Researching and writing this thesis from January 2022 through April 2023 felt like an especially poignant time to be working on a project about childbirth and women's anxieties due to the political moment surrounding childbirth, abortion, abortion medication, and women's healthcare in America. My hope is that contemporary women can find solace in knowing that medieval women had the same anxieties about childbirth. My work and interests in history fall in displaying the continuities over periods of time rather than analyzing the changes; thus, the thesis demonstrates that women feared and continue to have fear surrounding the once and still perilous experience of childbirth. Rituals were used to assuage those anxieties during the process, and women today still have their own rituals for the dangerous and deadly childbirth process. Further, I hope that this project allows readers to reflect on the situation in America today, emphasizing the relevance of my work.

Although not the entire goal of the thesis, it was still my intention to revise the idea that the medieval period was dark, barbaric, and backwards, especially in its conventions surrounding childbirth. In the chapter on "Midwifery & Birth in Medieval England," I discuss the procedures surrounding cesarean sections and the legal status of the unborn fetus, which is more progressive than many laws in 21st America regarding the legal status of an unborn fetus; I hope this causes my readers to pause and reflect, as they present stark contrasts from many laws in 21st century America, as well as media depictions of birth practices in the medieval period. When truly studying history, the myth of the dark, barbaric, backwards medieval period is dispelled.

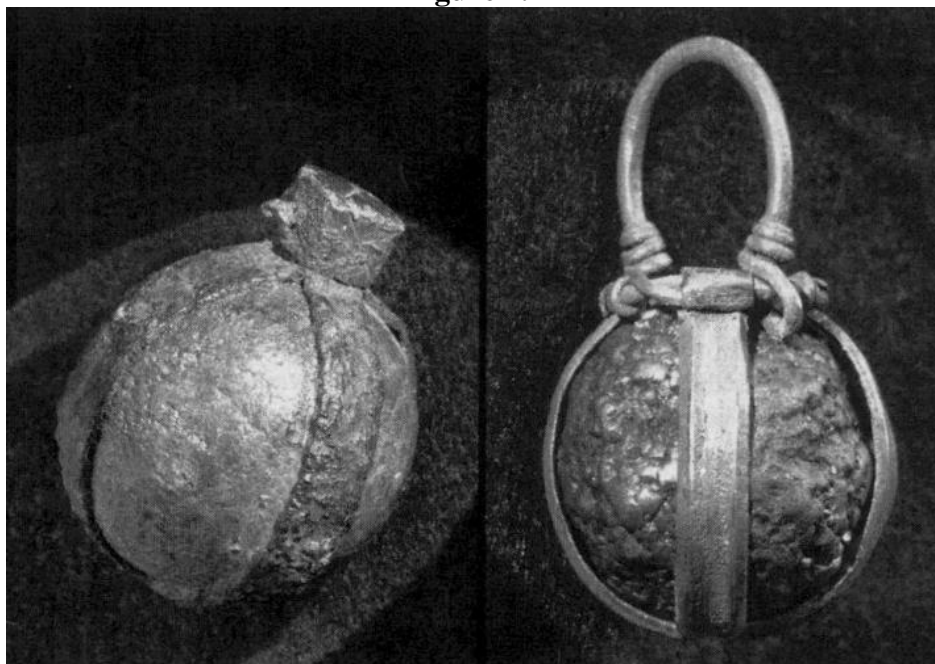
Throughout my thesis, I have developed a cohesive understanding of the childbirth ritual tradition. The study of each childbirth ritual on its own, chapter by chapter, and through a study of them together in the greater context of the thesis, has demonstrated a larger childbirth ritual tradition in late medieval England. Moreover, the thesis depicts the fluidity of rituals in practice, analyzing the breadth of rituals available to parturient women during the period. Although it cannot be proven, it can be presumed that parturient women in late medieval women did not practice just one of these rituals, as evidenced by the milk and honey remains on Wellcome Collection MS 632, demonstrating the use of multiple rituals simultaneously.¹ For the pregnant and laboring woman, it seems that it was most likely that the woman would pick whichever rituals appealed most and were most accessible to her socioeconomic status. Thus, a late medieval English childbirth ritual tradition emerged, composed of multiple childbirth rituals; these rituals used in tandem with one another created a tool kit for midwives, birthing attendants, and parturient women.

Parturient women used apotropaic childbirth rituals to offset the emotional turmoil of the frightening and physically harmful childbirth experience, as they offered emotional support and the promise of protection. The thesis has demonstrated the global origins of childbirth rituals, the emotional impact of childbirth rituals on parturient women, and the importance of a holistic study of childbirth rituals rather than studying them in isolation. Altogether, these chapters demonstrate the diversity of experience within each ritual as well as the multiplicity of rituals in practice. Each ritual, as described, could be practiced in various ways and each woman could practice various

¹ Fiddymment et al., "Girding the Loins?": 7-9.

childbirth rituals. The thesis aims to provide new scholarship to the study of childbirth rituals by studying the rituals together. In contrast, a majority of previous scholarship has studied the childbirth rituals in isolation, not arguing for the larger childbirth ritual tradition in late medieval England. When the larger childbirth ritual tradition is understood through analyzing the rituals together, then the options available to parturient women are clarified; moreover, it is also understood that women may have used multiple, if not all rituals, during pregnancy and labor to combat the perils of childbirth as well as emotionally heal their own fears and anxieties throughout the process.

IMAGES

Figure 4.1**Figure 4.2****Figure 4.3**

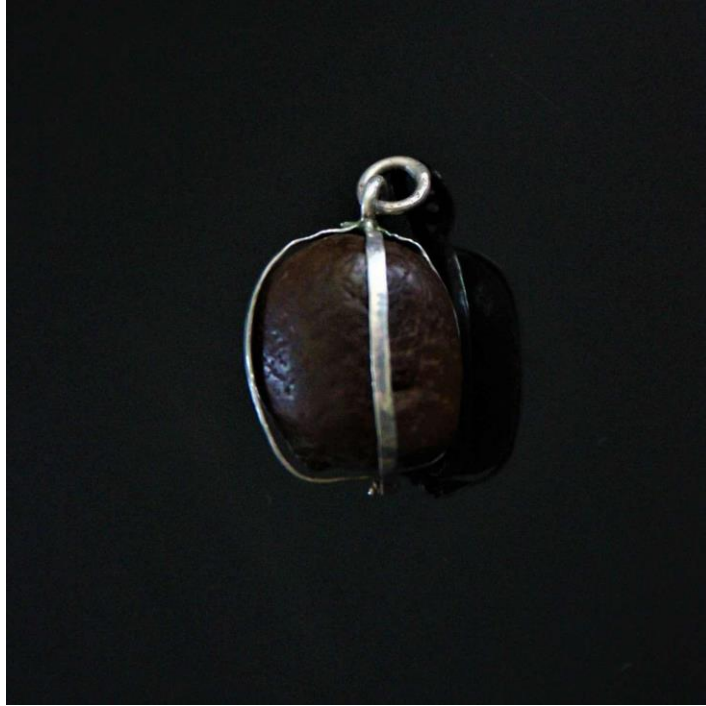


Figure 4.4



Figure 6.1

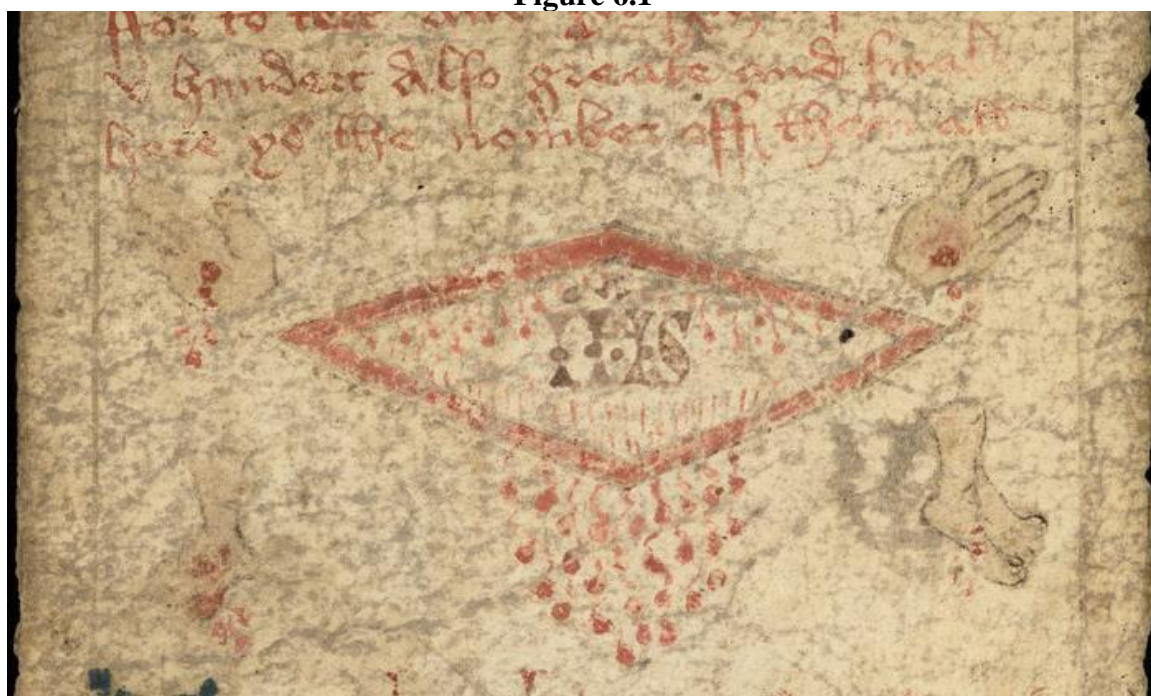


Figure 6.2

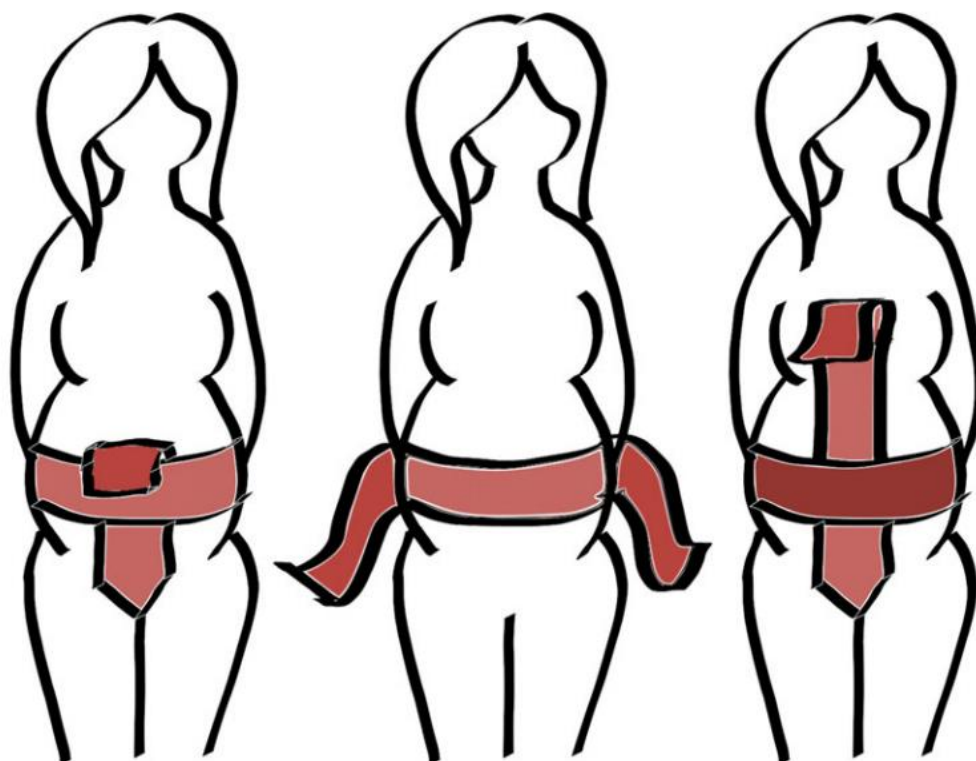
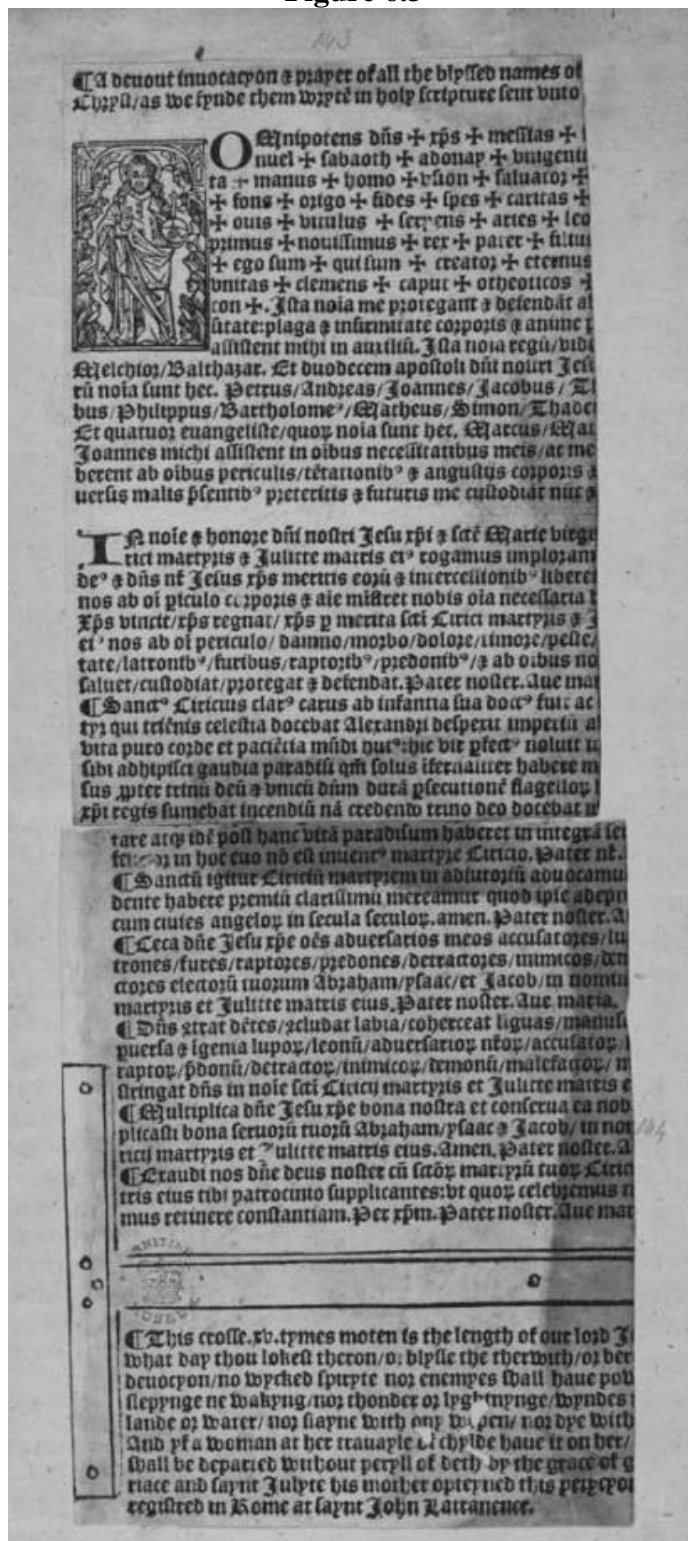


Figure 6.3



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