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0521483786 - Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture

Joan Cadden

Excerpt

[More information](#)

INTRODUCTION

When we pronounce the phrase “the facts of life,” we are aware of being rhetorically coy, of using a euphemism to avoid even such Latinate and therefore cool locutions as “sexual intercourse,” not to speak of blunter terms. Yet there is another, less visible but no less significant rhetorical strategy contained in the naive expression: the aura of neutrality and objectivity that glows around the word “facts” obscures at least part of the agenda. When parents begin an earnest talk with their child, “When a man and a woman love each other very much . . .” the prescriptive messages they are conveying about heterosexuality and monogamy are not far beneath the surface. Woody Allen dressed up as “Sperm No. 2” in *Everything You Always Wanted to Know about Sex* reminds us of the courage, fortitude, and adventurousness our culture expects of male gametes.¹ Nor is it only our colloquial accounts which offer glimpses of the society behind the science: even fairly specialized and technical treatments convey cultural assumptions.² A 1961 endocrinological text, for example, reports a hypothesis about the relationship of a specific hormone to libido, based on the “fact” that although males without testes exhibit decreased libido, females without ovaries do not. The author acknowledges that “definitive reports on eroticism in treated hypogonadal females are lacking in the literature.” Furthermore, we learn that in one relevant study libido has been measured by “end organ sensitivity.”³ The studies and therefore the proposed explanations have focused on male sexual response and have been extended to females by

1 Woody Allen (director), *Everything You Always Wanted to Know about Sex, but Were Afraid to Ask* (United Artists, 1972).

2 For a wealth of examples, see Laurel Richardson Walum, *The Dynamics of Sex and Gender: A Sociological Perspective* (Chicago: Rand McNally College Publishing, 1977), pp. 70–87; and Winifred W. Doane and Barbara K. Abbott, *Pocketbook Profiles: (Sexism Satirized:) Quotes from the Biological Literature* (n.p.: Society for Developmental Biology, 1976).

3 John W. Money, “Sex Hormones and Other Variables in Human Eroticism,” in William C. Young, ed., *Sex and Internal Secretions*, 3d ed. (Baltimore: Williams and Wilkins, 1961), vol. 2, pp. 1390–1.

Cambridge University Press

0521483786 - Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture

Joan Cadden

Excerpt

[More information](#)

2 *Introduction*

extrapolation or analogy. This practice and the anatomical isolation of eroticism suggest something about our culture's conceptualization of sexuality and its models of male and female.

If modern science, with its ideals of objectivity and value neutrality and with its linguistic and professional isolation from other kinds of knowledge, bears the stamp of its times, can medieval science fail to do so? This study explores medieval answers to just such questions as "Where do babies come from?" and "Are men's and women's sexual pleasure similar?" and gleans from them insights into medieval gender constructs – into what were understood to be the distinguishing characteristics of women and men, femininity and masculinity. Although there were clear distinctions in the Middle Ages between natural philosophy and moral philosophy, between the study of health and the study of salvation, these were not domains of incommensurable discourse, and they often shared both methods and meanings. The very term "natural philosophy," as distinguished from the modern term "science," suggests that the investigation of natural phenomena was part of a network of systematic knowledge, not an isolated endeavor. The theoretical dimensions of medieval medicine also had a place in that network, and the more practical dimensions were shaped as well by the interests and expectations of patients. Thus when medieval authors explained sterility or explicated the ancient tenet that males are warmer than females, they left clues from which we may extract some insight into the social and cultural meanings of "female" and "male." The assumption on which this book is founded is that medieval natural philosophical theories and medical notions about reproduction and about sexual impulses, actions, and experiences will intersect at many points with ideas about such matters as the social roles of women and men, the purpose of marriage, and the road to salvation – in short, that scientific ideas about sex differences in the later Middle Ages participated in the broader culture's assumptions about gender.

Both the content and the dynamics of this participation were multivalent, thus revealing the extent to which medical and scientific learning operated within the medieval power structures and, at the same time, the variety and intricacy of the interactions. Medieval society in western Europe was not homogeneous: it was peasant and noble; north and south; rural and urban; Christian, heretic, and Jew. Furthermore, in the period from the late eleventh through the fourteenth century, with which this study is concerned, it underwent enormous economic, social, and cultural changes. There is no coherent set of concepts that can be said to constitute the medieval gender framework. Similarly, the vast and evolving body of knowledge which constituted medieval medicine and natural philosophy – the repository of much of what we would call "science" – did not offer a single model of the sexes, much less one which could be said to shape or to be derived from a clear system of gender roles. Not only did medicine and natural philosophy

Cambridge University Press

0521483786 - Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture

Joan Cadden

Excerpt

[More information](#)*Introduction*

3

draw ideas from a variety of differing sources, but medical authors and natural philosophers applied their ideas in a wide range of contexts, not all of which could be encompassed under a single theory. The research presented here shows that just as we would be betraying the evidence if we took Eve to be the paradigm of women in the Middle Ages, so we would be unjustified in representing the Aristotelian opposition between male and female natures as the scientific model of sex difference. Indeed, we would be doing only a little better if we asserted that medieval concepts of women were contained within the conflict between the idea of Eve and the idea of the Virgin Mary or that concepts of sex were contained within the conflict between Aristotelian duality and a Galenic system of sex parallels. This analysis differs from that of Thomas Laqueur, whose recent work argues that before the eighteenth century male and female were in various ways regarded as manifestations of a unified substratum. Though there is much evidence in the present study that fits his “one sex” model, medieval views on the status of the uterus and the opinions of medieval physiognomists about male and female traits suggest evidence of other models not reducible to Laqueur’s.⁴

The interactions of concepts in medicine or natural philosophy with other facets of medieval society and culture are likewise not reducible to a formula, whether of impact or complicity or conflict. On many points and in many contexts the relationship has elements of both congruence and tension. Christian doctrine and medical opinion might agree, for example, that sexual intercourse was a good thing for married couples, but that very real agreement cannot mask their disagreement about why it was or their consequent disagreement about satisfying the sexual appetites of unmarried persons. Nor did medicine and natural philosophy always agree with each other, especially in cases in which practical remedies were called for, as in the treatment of sterility. Although it is tempting to ask whether the role of medicine and natural philosophy in medieval gender constructs was good or bad for women, the question, if answerable at all, cannot be answered by the evidence assembled here. Ways of looking at reproduction that assigned women a certain level of responsibility at once accorded them the dignity of activity in a positive outcome and the burden of blame in a negative one. In a more subtle sense, the participation of medical and natural philosophical opinion about sex differences in the culture of the later Middle Ages reflects on the character of medieval society. On the one hand, the recovery of ancient wisdom, the resurgence of medical learning, the elaboration of scholarly methods, as well as such specific developments as a heightened interest in the subject of sexual pleasure and the personal tone of some discussions of sterility, all suggest why the centuries with which this book is concerned are

4 Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge: Harvard University Press, 1990).

Cambridge University Press

0521483786 - Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture

Joan Cadden

Excerpt

[More information](#)4 *Introduction*

traditionally crowned in textbooks with such labels as “renaissance,” “spring,” and “summer.” On the other hand, the period from the twelfth through the fourteenth century (which I shall be referring to as the “later Middle Ages,” since the term “late Middle Ages” usually excludes the twelfth century) has been suspect too. According to some recent scholarship, European culture and society became increasingly inflexible, intolerant, and closed, due in part to some of the very developments previously celebrated – reason, reform, institutionalization. The Crusades, the codification of laws, the rise of the universities, the suppression of heresies, the increased persecution of Jews, and the end of the reclamation of new lands have all been cited as manifestations of the new dogmatic, authoritarian, intolerant spirit.⁵ Attitudes toward women and sexuality were not exempt from the trend: ecclesiastical policy on contraception and abortion formed and hardened; and homosexual inclinations and acts came under fire.⁶ The persistence with which medical writers and natural philosophers applied the terminology of sex difference, particularly in situations or cases, such as sodomy, which did not fit the binary structure of sex distinctions, suggests that knowledge about nature was one element in the enforcement of narrower norms. The diversity of medical and natural philosophical opinion can weigh in favor of both perspectives on the period: neither dogma nor dogmatism is visible in discussions relating to sex difference, yet the very variety of concepts gave medicine and philosophy a flexible and consequently powerful set of tools with which to approach any project.

This book is, among other things, about diversity, eclecticism, and alternatives, and its approach mirrors the habits of medieval natural philosophers and medical writers in gleaning questions, information, and methods from many kinds of sources. Some of the authors cited were prominent and influential, like the natural philosopher and theologian Albertus Magnus and the medical professor Bernard of Gordon, whose prominent careers as teachers and scholars are attested in their writings (many of which have been edited and printed) and in the modern scholarly attention they have commanded. Others are anonymous or forgotten, unprinted and unstudied. Some of the works on which this study is based are comprehensive; some

5 Friedrich Heer, *The Medieval World: Europe, 1100–1350*, trans. Janet Sondheimer (Cleveland: World, 1962); R. I. Moore, *The Formation of a Persecuting Society: Power and Deviance in Western Europe, 950–1250* (Oxford: Basil Blackwell, 1987); Jeremy Cohen, “Scholarship and Intolerance in the Medieval Academy: The Study and Evaluation of Judaism in European Christendom,” *American Historical Review* 91 (1986): 592–613; and idem, *The Friars and the Jews: The Evolution of Medieval Anti-Judaism* (Ithaca: Cornell University Press, 1982).

6 John T. Noonan, Jr., *Contraception: A History of Its Treatment by the Catholic Theologians and Canonists* (Cambridge: Belnap Press, Harvard University Press, 1965); John Boswell, *Christianity, Social Tolerance, and Homosexuality: Gay People in Western Europe from the Beginning of the Christian Era to the Fourteenth Century* (Chicago: University of Chicago Press, 1980), esp. pt. IV.

Cambridge University Press

0521483786 - Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture

Joan Cadden

Excerpt

[More information](#)*Introduction*

5

are original; many are fragmentary and derivative. These less impressive, less well documented, and less examined sources are harder to place in precise contexts and harder to interpret, but they make up a significant proportion of the works on natural philosophy and medicine that have come down to us from the Middle Ages.

Most of the sources examined are in Latin and were thus the products of a small learned elite largely dominated by men. They are not masquerading here as evidence of popular medicine. Yet the Latin traditions were not as closed and narrow as their origins and status might seem to imply. Many of the Latin texts themselves were neither sophisticated nor elaborate. They often contained bits of medical lore gleaned from a variety of sources and assembled in a form – for example, a small format – that suggests they were carried around and used by practitioners, who need have had no contact with university medical faculties. Such a text could therefore be translated into concrete acts by the practitioner, who performed an examination or prescribed a diet according to its precepts, and who was at the same time familiar with the expectations and practices of the patient’s family. In addition, learned male authors sometimes mentioned women as their informants. They reported variously what midwives, Frenchwomen, Saracen women, and prostitutes said or did. Not all of these references are reliable – some may be made up to achieve one effect or another – but they suggest the likelihood that the ideas and practices of the individuals and groups outside a small elite could have made their way into the writings of the educated. Finally, the many layers and varieties of health care practice were not without opportunities for mutual contact. The country woman who practiced herbal healing in addition to her agricultural and household duties was not likely to meet up with a professor of medicine from an urban university. Nevertheless, the herbalist might supply an apothecary in a nearby town who worked with practitioners who, though they might not themselves know Latin, were anxious to acquire knowledge and prestige by attending a physician called in from the city to treat or advise a member of the local elite.⁷ Not all those who rose in the educational system were of exalted birth, not all readers and writers of Latin had institutional ties with the Church, and not all experts were men. Both Latin and vernacular texts refer to the apparently renowned medical practitioners known as “the women of Salerno” and to a celebrated expert called

⁷ Ernest Wickersheimer, *Dictionnaire biographique des médecins en France au Moyen Age*, 2 vols. (Paris: Droz, 1936); and Danielle Jacquart, *Le milieu médical en France du XII^e au XV^e siècle: En annexe 2^e supplément au Dictionnaire d’Ernest Wickersheimer*, Centre de recherches d’histoire et de philologie de la IV^e section de l’Ecole pratique des hautes études V, Hautes études médiévales et modernes 46 (Geneva: Droz, 1981). Wickersheimer illustrates and Jacquart analyzes the diversity of types of health care practice. Jacquart examines practitioners’ education and their contacts with humble patients. She also demonstrates that a decreasing proportion of practitioners were attached to great patrons during this period, leaving more to seek a broader clientele.

Cambridge University Press

0521483786 - Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture

Joan Cadden

Excerpt

[More information](#)6 *Introduction*

“Trotula.”⁸ Hildegard of Bingen, whose anthropological, physiological, and medical ideas figure significantly in this study, was by no means typical, but neither was she entirely alone. Scholars are just beginning to evaluate the character and extent of women’s learning and practice in these areas.⁹ Thus, though largely limited by the Latin language and by the urban environment, ideas contained in works of medicine and even of natural philosophy were not entirely inaccessible or impermeable, and were by no means monolithic.

The diversity of sources makes the project of investigating the meanings of sex difference more complicated but also more significant. The concepts “female” and “male” come into play at a variety of levels in a variety of contexts. “What are the male and female roles in reproduction?” “Which sex enjoys intercourse more?” “How can you distinguish a male embryo from a female?” “How can you have a son?” “What features distinguish the female body from the male?” “What dispositions and behaviors distinguish a male from a female?” Although medieval authors did not investigate the general subject of sex difference directly, they did pose questions such as these and, in the course of answering them, generated fields of understanding. Not only were they interested in addressing topics that reflected on the distinction between female and male, but they also abstracted and extended those distinctions in their applications of the terms “masculine” and “feminine” to many parts of nature: leopards are feminine, lions are masculine; the planet Mars is masculine, the planet Saturn is feminine; the mandrake plant comes in feminine and masculine forms. Indeed, this way of dividing the world sometimes entailed the designation of “masculine woman” or “feminine man.” These extensions, along with the conviction that disposition and mores are based in female and male nature in the same way as beards and wombs, are part of the process by which, from a modern point of view, the medieval world – physical, social, spiritual – becomes gendered. From the medieval point of view, however, it would make no sense to draw a line between the application of sex-distinguishing terms to sexually reproducing animals and their application to the trait of generosity or the job of spinning wool.

In whatever contexts they appear, ideas of this sort are always, at some important level, about women and men, and thus this book belongs to the tradition of feminist scholarship, which began with literary historians’ studies of the depiction of medieval women and evolved under the influence of social and cultural history to incorporate consideration of ways in which images, language, and doctrine inhered in and represented women’s experiences and perceptions. The history of medicine is an especially promising

8 John Benton, “Trotula, Women’s Problems, and the Professionalization of Medicine in the Middle Ages,” *Bulletin of the History of Medicine* 59 (1985): 30–53, illustrates some of the processes and problems involved in the transmission of knowledge.

9 See Monica H. Green, “Women’s Medical Practice and Health Care in Medieval Europe,” *Signs* 14 (1989): 434–73.

Cambridge University Press

0521483786 - Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture

Joan Cadden

Excerpt

[More information](#)*Introduction*

7

lude for such work, since it encompasses a body of articulated knowledge and a well identified (if not always easily accessible) domain of practice with women as both subjects and objects. Monica Green's work, including her study of the transmission of gynecological ideas, is a paradigm of the way in which traditional methods of intellectual history and philological analysis can be reoriented by a feminist approach, yielding, for example, such previously unattended subjects as the conceptual relationship between women's health and their reproductive function.¹⁰ The present study is not about women, but it does point up the numerous contexts in which medieval authors made a special issue of women or of femininity, as in their discussions of menstruation or sexual appetite or the Creation.

In order to explain and to establish the significance of the sense of the feminine and the masculine conveyed by medical and scientific sources, the book suggests specific relationships and interactions among medicine, natural philosophy, Christian theology and doctrine, secular social concerns, and other dimensions of the medieval world. It therefore draws upon a wide range of recent scholarship on women, sexuality, gender, and family¹¹ to remedy the narrowness of more traditional works on the history of embryology and gynecology.¹² The goals of this study differ considerably from works on related subjects, such as the history of sexuality. Michel Foucault, for example, a pioneer in the field, is not interested in sex differences; indeed, his *History of Sexuality* is almost entirely a history of male sexuality. His work is significant for its formulation of sexuality as an object of historical investigation. The history of sexuality has influenced the present work, which includes extensive consideration of medieval texts on the subject of sexual pleasure. However, like the words "science" and "gender," the word "sexuality" (and also the words "homosexuality" and even "orgasm") occurs infrequently here, in order to avoid any implication that those concepts were or correspond to medieval intellectual categories. Medieval authors spoke frequently about such subjects as sexual contact between members of the same sex (which they sometimes named or included under the heading of "sodomy"), nocturnal emissions by men and women, and whether prostitutes experienced pleasure in intercourse. They even talked about libido and "the flesh." We can learn something about the complexity, fragmentation, and difference of what we call "sexuality" in the Middle Ages when we

10 Monica H. Green, "The Transmission of Ancient Theories of Female Physiology and Disease through the Early Middle Ages" (Ph.D. diss., Princeton University, 1985).

11 E.g., Caroline W. Bynum, *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (Berkeley and Los Angeles: University of California Press, 1987); and James A. Brundage, *Law, Sex, and Christian Society in Medieval Europe* (Chicago: University of Chicago Press, 1987).

12 E.g., Joseph Needham, *A History of Embryology*, 2d ed., rev. with Arthur Hughes; *History, Philosophy and Sociology of Science* (Cambridge: Cambridge University Press, 1959; reprint, New York: Arno, 1975); Paul Diepgen, *Frau und Frauheilkunde in der Kultur des Mittelalters* (Stuttgart: Georg Thieme, 1963).

Cambridge University Press

0521483786 - Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture

Joan Cadden

Excerpt

[More information](#)8 *Introduction*

refrain from lending coherence to this multiplicity by our use of unifying terminology. From the late eleventh century on, medieval Latin writers employed the terms “masculinity” and “femininity,” indicating the properties of being male or female, and it is concepts such as these and their relation to one another, referred to as “sex difference,” that this book sets out to identify and interpret.¹³

Foucault used the Middle Ages mainly as a foil, highlighting his characterization of Greek attitudes toward pleasure by contrasting them with later Christian attitudes, which he saw as legalistic, negative, and narrowly tied to procreation.¹⁴ This view contains no acknowledgment of the medieval medical opinion that intercourse could promote health or of scholastic interest in nonreproductive sexual behavior.¹⁵ Danielle Jacquart and Claude Thomasset's *Sexuality and Medicine in the Middle Ages* is far more sensitive to the variety of forces at work and to the ambivalence and tensions which infused medieval attitudes and opinions. For example, it lays out some of the interplay between the impulse to regulate and the desire to explain. Besides containing an excellent summary of medieval medical ideas about the anatomy and physiology of human sexuality, about sexual hygiene and the erotic, about varieties of sexual expression, and about disorders associated with sexual activities, this work, which is based on some of the same sources as the present study, explores the relationship of medical views to other aspects of the culture, such as the influence of Arabic traditions and the formulation of ideas of courtly love. Because the authors' goals lie elsewhere, they do not systematically apply their materials to the question of differences between males and females, nor do they address the topics of reproduction or sex determination, except as related to the central subject of sexuality. Taking medicine as their protagonist, Jacquart and Thomasset tend to see medical and philosophical ideas as more distinct than the present study does and to picture medicine as a liberating force, in contrast to natural philosophy and theology.¹⁶ Their work, which, like this one, concentrates on the period from the late eleventh through the fourteenth century, and Monica Green's, which deals with the transmission of ancient gynecological ideas to the Latin West in the earlier Middle Ages,¹⁷ convey the continuity and malleability of medieval medical learning.

13 Constantinus Africanus, *Liber de coitu: El tratado de andrología de Constantino el Africano*, ed. and trans. Enrique Montero Cartelle, Monografías de la Universidad de Santiago de Compostela 77 (Santiago de Compostela: Universidad de Santiago, 1983), ch. 7, p. 106.

14 Michel Foucault, *The Use of Pleasure*, trans. Robert Hurley, vol. 2 of *The History of Sexuality* (New York: Random House, 1985), e.g., pp. 138–9.

15 Monica Green reviews the literature concerned with medieval women in “Female Sexuality in the Medieval West,” *Trends in History* 4 (1990): 127–58.

16 Danielle Jacquart and Claude Thomasset, *Sexuality and Medicine in the Middle Ages*, trans. Matthew Adamson (Princeton: Princeton University Press, 1988). The translation contains material and an index not included in the 1985 French edition.

17 Green, “Transmission.”

Cambridge University Press

0521483786 - Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture

Joan Cadden

Excerpt

[More information](#)*Introduction*

9

The goals of this book are both vertical and horizontal. On the one hand, it aims at understanding the origins and evolution of medieval notions about sex differences over a period of several centuries during which changes occurred both in the ideas themselves and in the ways they were learned, organized, and used. This goal is addressed by a chronological approach in the first part of the book. On the other hand, it aims at integrating scientific and medical notions with each other and with elements of the larger context, such as secular ideas about marriage and religious ideas about the flesh. This goal is addressed by a thematic approach in the second part of the book.

Part I deals with the evolution of medieval medical and natural philosophical ideas about sex difference, starting with the ancient sources which influenced the Middle Ages at various stages and culminating with university discussions of the thirteenth and fourteenth centuries. It focuses closely on the contents of concepts about sex difference, taking into account only the immediate environment – the genres of writing and the settings in which they were expressed. This development itself is not simple or linear. First of all, the questions and emphases shift: at first, characterizations of female and male were elaborated in the context of their roles in reproduction; later that context was joined (not replaced) by a set of questions about their experience of sexual pleasure and its function. Second, the ways in which scholars accommodated differences of opinion and new authoritative sources changed, though in general the effect was an accumulation rather than a succession of ideas and methods. Finally, although medicine and natural philosophy shared many principles and practices, they did not always deal with issues in the same way or agree substantively.

Part II scrutinizes the learned ideas which had evolved and accumulated, in order to bring together those elements of the discussions about reproduction, about the formation of female and male children, and about the natures and functions of sexual pleasures which suggest what was womanly and what was manly, what pertained to the feminine and what pertained to the masculine. It does this, first, by looking directly at the way in which texts characterize the male and the female – both what the two sexes are and how they got to be that way – and, second, by seeing how men and women figure in discussions of two concrete and practical problems – how to overcome infertility and how to handle situations in which sexual abstinence is expected. In these chapters the varieties and ambiguities within medicine and natural philosophy interact with other aspects of medieval society, such as ecclesiastical interest in regulating sexual behavior and the preference of the laity for sons over daughters. What emerges is not a grand synthetic scheme that captures the medieval concept of gender but rather a cluster of gender-related notions, sometimes competing, sometimes mutually reinforcing; sometimes permissive, sometimes constraining; sometimes con-

Cambridge University Press

0521483786 - Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture

Joan Cadden

Excerpt

[More information](#)

10 *Introduction*

sistent, sometimes ad hoc. The plot of this account, therefore, does not consist in the discovery of the essence of medieval views on sex difference and the logic of their relation to a gender system; instead it consists in the unfolding of relations among various distinct but overlapping sets of theories, values, and interests. Thus, if it is, in one sense, a contribution to our understanding of medieval perspectives on the meanings of femaleness and maleness, it is, in another sense, a case study of the ways in which scientific and medical ideas developed in specifically medieval settings (in monasteries and medical faculties, in compilations and commentaries) and also of the ways in which those ideas, institutions, and genres of writing made up a part of a larger culture.