

The Wandering Womb: A Cultural History of Outrageous Beliefs About Women

Lana Thompson 1999

Forward

By Vern Bollough

Throughout much of history, and even to some extent today, definitions about women's place and role in society and in the family have been made by men. It is the attempt of women to define for themselves what they can and should be and do that is the cornerstone of modern feminism. Women-men have historically felt-were somehow radically different from themselves. They not only lacked a penis (which somehow made them inferior), but they also gave birth through a rather mysterious process that took place in their bodies. The female power to give birth was both worshiped by men and used as a justification to keep them under control. Males-who often stood in awe of the whole process of pregnancy-also tried to explain it, and some of the explanations made by men are the subject of this book.

Many ancient writers believed that the womb or uterus had a life of its own, and a hystera (the Greek term) wanted and needed to be filled (Le., pregnant). In fact, if a woman was not regularly pregnant, she would suffer from hysteria, a catch-all category for somatic symptoms stimulating almost any kind of physical disease or mental condition. Hysteria was therefore something that only females suffered from-not males, who were of course vastly superior in all respects. To make matters worse, women not only gave birth, they also menstruated, another mysterious process that was not fully explained until the third decade of this century (1930s).

Physicians, in general, knew little about women, and so much of their care throughout Western history fell to the midwife. Unfortunately, midwives were not particularly well-educated (women as a whole were not), and so in cases of crisis pregnancy or a general family illness, physicians or surgeons could then intervene. Due to various moral proscriptions, however, physicians were not permitted to examine women as thoroughly as they could their male patients. This began to change with the appearance of male midwives, the forerunner of modern obstetricians, who gained a foothold in the birthing industry through the invention of the forceps in the seventeenth century, an instrument which made difficult births somewhat easier. The real turning point, however, was the development of anesthesia in the last half of the nineteenth century, since control of anesthesia was in the hands of the physician. The result was the medicalization of child birth and, in countries like the United States, the elimination of midwifery as a profession. Once medicine became dominant and the birthing process moved into the hospitals, the midwives found themselves being pushed out since they could not get hospital appointments.

Still, medical students were taught very little about female anatomy or the problems of delivery until the twentieth century. Indeed, even as late as the last half of the nineteenth century, a professor at the University of Buffalo who had his students examine a pregnant woman came in for public condemnation. By the twentieth century, the obstetrician had become dominant and what some would call the Age of Heroic Obstetrics developed. Some prominent physicians even regarded pregnancy as a pathological condition that required all kinds of intervention. The nursing of babies was discouraged by most obstetricians, and women who did so were often looked down upon until the 1950s.

In today's world, we can look back in wonder at many of the ideas concerning women in the past, and Lana Thompson, in this illustrated and light-hearted (but scholarly) overview, does just that. In the process, she helps us to understand why feminism as a movement was so important, and how scientific assumptions have often been shaped by social prejudices that are very difficult to overcome.

Introduction

The uterus of the woman on the bed contracted according to its cellular intelligence. Without command the vertical muscles squeezed downward. The woman moaned. The sound rose slowly in the thick bed. The downward rippling of the vertical muscles jammed to a halt against the horizontal muscles at the bag's narrow neck. The uterus was wide, its neck was narrow, the horizontal muscles strove outward now to make the circle wider. At this time, in the timelessness of the cell, the contractions of the uterus were occurring at three-minute intervals When the first tentative contractions splayed in her pelvis, the will of the uterus barely fingered the threshold of pain. -The Cry and the Covenant, Morton Thompson

Any book that attempts, however briefly, to chronicle the history of outrageous beliefs about women must first at least touch on the question of why those beliefs came into being. How did we develop the social codes that govern the relations between women and men? Creation myths, those metaphoric or symbolic stories that explain how people account for their existence, codify their social relationships, and establish order, are found in every culture. They provide us with important clues about the people who wrote or told them.

Many cultures pattern their gender relationships on a social structure that is attributed in turn to their particular supernatural hierarchy of human and non-human deities.¹ In Western cultures, the Bible serves as the model for that structure. It tells the story of a male God who created a male and female primal pair in rank order: first Adam, later Eve. The couple was given instructions about their small world, with a peculiar restriction. They were not to eat the fruit of a certain tree, the tree of the knowledge of good and evil. If they did, their Creator told them, they would "surely die." And so Adam and Eve lived in harmony with this injunction until a snake convinced Eve that she would surely not die if she ate of the forbidden tree. So Eve "saw that the tree was good for food, and that it was pleasant to the eyes, and a tree to be desired to make one wise, [and] she took the fruit thereof, and did eat, and gave also unto her husband with her."² But the male God soon learned that the couple knew about nakedness (which was somehow connected to the concept of good and evil) and inquired, "Who told thee that thou wast naked?" Adam replied, "The woman whom thou gavest to be with me, she gave me of the tree, and I did eat."³ Thus, the man was able to shirk responsibility for his act and blame the woman for his choices and actions. Then God told Eve, "I will greatly multiply thy sorrow and thy conception; in sorrow thou shalt bring forth children ... and thy husband ... he shall rule over thee"⁴ (see Figure 1).



Albrecht Dürer (1471–1528). *Adam and Eve*. Engraving. Location not indicated. Courtesy: FOTO Marburg/Art Resource, New York.

Figure 1. The Primal Pair in the Garden of Eden. Our culture's perception of women is based on the Judeo-Christian creation myth, which teaches that woman is not only inferior to man in body and mind, but that she is the source of all his frustrations and temptations. To dispel such notions, one must do more than count ribs.

In this engraving by Albrecht Dürer, Eve is shown tempting Adam with fruit from the tree of knowledge. According to the creation myth, this fruit was forbidden because it would make mortals like gods. Although Adam chose to partake, Eve was blamed for his behavior. As a result of her "seduction," the two were driven from paradise by an angry God.

The blame assigned to Eve for tempting Adam with forbidden fruit lies at the core of many assumptions about women's psychological nature. Medical decisions, especially ones related to childbirth, reproduction, and sexuality, have been shaded by this prejudice throughout the ages. Indeed, when anesthetics were first introduced in medicine, the biblical proscription "All women must bring forth children in sorrow" was one reason used to deny them to women in labor.



Albrecht Dürer (1471–1528). *Melencolia I*, 1514. Location not indicated. Courtesy: FOTO Marburg/Art Resource, New York.

Figure 2. The Humoral Theory. During the time of Hippocrates, the humoral theory explained the etiology of disease. The body, like the universe, was thought to be composed of four elements: earth, air, water, and fire. Galen used these terms to characterize personality, associating each one to a particular temperament or "humor." *Phlegmatic, sanguine, choleric, and melancholic* were the four personality types. If there was an imbalance in a humor, it caused disease and it was up to the healer to correct the deficiency or excess.

Since women, by nature, had a predominance of water in their bodies, their personalities were normally phlegmatic. When disease struck a woman, it usually robbed her of her phlegmatic properties, wetness and cold. If she was cursed with too much black bile, she became melancholic. The woman in Albrecht Dürer's *Melencolia I* evidently had a predominance of black bile.

Since that biblical time, women have suffered the consequences of these religious teachings and assumptions that have labeled their bodies as incomplete, inferior, and imperfect. As a corollary, women have been perceived as having less intelligence, a flawed mental structure, and no capacity for logical thought. One important result of this cultural assumption is that women's health care and participation in the medical system has been subordinate to, and different from, that of men's.

Biologically, the creation myth specified that it was the male rib which became the template for woman's entire body: "And Adam said, This is now bone of my bones and flesh of my flesh: she shall be called Woman, because she was taken out of Man."⁵ Socially, however, it has been the muscular and soft tissue of the uterus, not the osseous tissue and cartilage, which have defined woman, her morality, personality, emotional makeup, and mental capacity. Yet other ideas about women, steeped in ancient humoral theory, remain under cover, disguised as science or unexamined in the wake of changing worldviews. (see Figure 2)

In cultures that did not or do not share our creation myth, there is sorrow surrounding menstruation. In fact, many had rituals designed around rites of passage with regard to menarche (the first occurrence of menstruation), and each subsequent menstrual cycle. Certain Eskimo cultures tattooed girls on the chin to indicate they had experienced their first period, a mark of marriageability. According to Robert Spencer, "a menstruating woman was not allowed in the main chamber of the house ... and women giving birth had to be secluded [because] they were offensive to the game, driving them away."⁶ These cultural practices, though not as severe as in other Native American cultures, reflected the belief that "menstrual blood and postnatal flow were defiling and dangerous."⁷ The Hupa of northwestern California required a girl to be isolated for ten days at the onset of visible signs of puberty because she was "considered unclean and her glance contaminating She was prohibited from eating meat or fresh fish and allowed to drink only warm water."⁸ The Micmac in Nova Scotia built a lodge away from the main wigwam to house "women who had given birth and menstruating women," who were also "expected to eat from their own dishes."⁹ They believed as well that "game would be offended if they came into contact, however it happened, with menstrual blood."¹⁰

All cultures create rules for their members with regard to work, play, speech, word usage, attire, social distance, body postures, gaze, and touch, as well as boundaries that limit where they can walk, run, eat, play sports, or

worship. These rules are so woven into the fabric of a culture that most people do not question their logic. To a sophisticated audience, it may appear humorous that preliterate people held beliefs about pollution with regard to women's uterine functions. But before we criticize their ignorance, let's take a look at our own culture. A Miqwah was recently unveiled in Boca Raton, Florida. This structure, built in an upwardly mobile, thoroughly modern community at a cost of more than two million dollars, is intended for the use of Jewish women who wish to ritually purify themselves after menstruation, and who pay big bucks for the privilege.¹¹

Returning to the Old World will provide us with a fascinating history that links the pathology of both physical and mental diseases in women with the uterus. In ancient Egypt, a wandering womb was described in medical documents known as the Kahun and Smith papyri. Presumably the most ancient medical document, the Kahun (or Lahun, Illahun, or Kahoun) papyrus was almost exclusively dedicated to the issues of women's health care and the problems of the uterus, though it also addressed veterinary medicine. It was discovered near Cairo in 1889 by a British archeologist, Flinders Petrie, and reconstructed by Egyptologist F. L. Griffith. There were thirty-four sections to it. According to Dr. Clifford Snyder's *The Virtual Hospital*, the Kahun papyrus discussed such items as a falling womb, dysmenorrhea, and a wandering womb. (If not satisfied by sex or impregnation, the uterus was believed to leave its deep-seated place in the pelvis and search for that certain something somewhere else.) Some of the medicaments it advised were "incense, herbs, beer, goat's milk, and olive oil, vaginal fumigations, and other repulsive substances."¹² The Kahun papyrus dates approximately 2100-1900 B.C.E. and predates the Smith papyrus by two hundred years.

The Edwin Smith papyrus (circa 1700 B.C.E.) states that if a woman suffered in her abdomen, was unable to menstruate, or had trouble in the upper part of her vulva, she had an obstruction of the blood. The treatment prescribed was composed in part of one-sixteenth part wax, one-eighth part grease, and one-eighth part sweet beer, to be cooked and drunk for four days. (This leaves many unanswered questions. For example, of what was the remaining eleven-sixteenths of the formula composed? And how much was the patient supposed to drink?) The Smith papyrus also instructs the physician to mix an ointment of oil, tepnenet, eyepaint, and sweet frankincense, and to anoint the organ with this mixture very frequently.¹³ Both the Kahun and Smith papyri are believed to have been copied from earlier works.

Etymologically, the Greek word for "womb" (*hysteros*) meant "latter, lower," but its feminine form (*hysteria*) "came to be applied specifically to the lower part of a woman's anatomy."¹⁴ Since the wandering of the womb was believed to cause disease in women, "hysteria" became a catch-all term for a variety of female illnesses and behaviors. Even a great scholar like Hippocrates was unable to keep from getting confused. He used his excellent clinical description of epilepsy synonymously with hysteria, though he "maintained the uterine origin [of hysteria] and strictly excluded it from the category of mental disease"¹⁵ (Figure 3). Since then, many more great minds have shared in the confusion with regard to women, hysteria, and normality. Even Sigmund Freud, the founder of modern psychology, "elaborated melancholia or pathological mourning, as a form of hysteria."¹⁶

A peculiar contradiction developed because, although the sexually unsatisfied uterus was diagnosed as the reason for women's health problems, the recognition or expression of sexuality was viewed as an abnormal attribute in women. In fact, at various times in history, to be sexual was to put oneself in the precarious position of being diagnosed as a witch or as having consort with the devil (Figure 4).

The bodies of suspect women were scrupulously searched for special anatomical parts called "witches' tits." These appendages, not always obvious to initial scrutiny, were "proof" that sexual congress with the devil could be achieved (see Figure 5). They were described by the various "experts" of the days as "divers strange marks, at which (as some of them have confessed) the Devil sucks their blood,"¹⁷ and as "a preternatural excrescence of flesh between the pudendum and anus, much like to teats, and not usual in women."¹⁸ Searching for these evil marks, as well as torturing confessions out of women and then punishing them for their witchcraft, were all energetic functions of the church, which used medical examinations to confirm its diagnosis.



Two Groups of Epileptics Going to the Left, on page 130, in a book by H. Arthur Klein entitled *Graphic Worlds of Peter Bruegel the Elder*, 1963 Dover Publications, Inc. LC #63-17907.

Figure 3. Hysteria Has Many Names and Faces. Uterine hysteria was known by many names. One, *chorea lasciva*, was diagnosed by the German-Swiss alchemist and physician Philippus Paracelsus; it manifested itself in a dancing mania, a "dance which we find in whores and others who are not whores." Paracelsus wrote, "We have also to speak about the womb changed into an unfavorable one, which ... results in a contraction of the uterus and takes away all reason. If the womb neither feels, nor has the proper substance, then it is cold. This causes ... a sharp acid in the uterus. The contraction ... and spasm also force the other limbs into spasms and tetanus, for they become contaminated by the womb also. If such contraction takes place in the veins of the whole body, vapor and smoke come out of the womb to the organs around it. And it touches the heart."

In this illustration by Peter Bruegel, women afflicted by uterine hysteria are restrained by men who will throw them into the water to cure their symptoms. (Cold water is a popular treatment for uncontrollable women, no matter in what century they present symptoms.) Their enlarged abdomens are the result of "sour uterine vapors," a cause of hysteria. The vapors remained a cause of illness in women for approximately four hundred more years. Paracelsus lived from 1493 to 1541. He did not subscribe to the humoral theory and based his treatments on specific remedies. Peter Bruegel (1530-1569) attempted to illustrate *chorea lasciva* or hysteria, but it wasn't until 1642 that his drawings were found, then engraved by Hendrick Hondius.



From Ulfirig Molitor's *Von den Unholden und Hexen*, Constance, 1489. Courtesy of Dover Pictorial Archive Series.

Figure 4. Requirements for a Witch. A witch must have a female body. She must have a skin tag hidden in a secret place where the devil can suck on her. She must be sexually insatiable and weak in character. If these qualities are present, she is qualified to be a witch and liable to be seduced by the devil. As Sibylle Harksen observes in *Women in the Middle Ages*, the belief in witches and witchcraft would ultimately account "for as many victims as the persecution of heretics ... although the Church at first did not give credence to" these notions.

From Henry Gray,
Anatomy of the Human Body, 22nd ed.
(Philadelphia and New
York: Lea & Febiger,
1930).

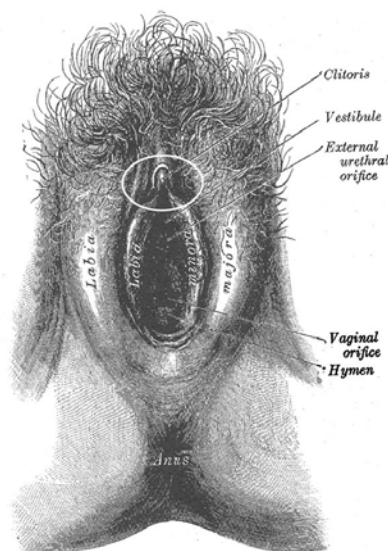


Figure 5. A Witch's Tit. Two of the foremost witch-hunters of the fifteenth century were Jacob Sprenger and Heinrich Kramer, who described their discovery of the witch's tit as follows: "We find, on her secret parts, growing within the lip of the same, a loose piece of skin and when pulled it is near an inch long [and] somewhat in form of the finger of a glove flattened." (Quoted by Paul Boyar and Stephen Nissenbaum in their book *Salem Possessed: The Social Origins of Witchcraft*.)

The English equivalents of Sprenger and Kramer were the Witch Finder General, Matthew Hopkins, and his assistant, John Sterne. According to Richard Deacon in his book *Matthew Hopkins: Witch Finder General*, the pair executed eighteen witches at Bury St. Edmunds because they "were found by the searchers to have teats or dugs which their imps used to suck." Most of these supernumerary teats were located in the labia majora. More often than not what was alleged to

have been a 'Devil's mark' was no more than a well-developed and swollen clitoris."

At a witch trial in 1593, according to Barbara G. Walker in *The Womens Encyclopedia of Myths and Secrets*, the investigating jailer, a married man, apparently discovered a clitoris for the first time. Barbara Rosen, in her book *Witchcraft*, quotes a contemporary account "After the execution was ended ... and three persons were thoroughly dead, the jailer stripped off their clothes and, being naked, he found upon the body of the old woman Alice Samuel a little lump of flesh, in manner sticking out as if it had been a teat to the length of half an inch; which both he and his wife perceiving, at the first sight thereof meant not to disclose because it was adjoining to so secret a place which was not decent to be seen. Yet in the end, not willing to conceal so strange a matter, and decently covering that privy place a little above which it grew, they made open show thereof."

As society vigorously pursued women in search of their hidden fleshy skin tags, by the sixteenth and seventeenth centuries a tremendous paradigm shift had taken place. Care of the uterus had previously and traditionally been exclusively in the sphere of women, midwives who attended births. No formal gynecology existed, even though a few late Renaissance documents were produced, such as *Thresor des remdes secrets pour les maladies des femmes* (Treasury of Secret Remedies for Women's Diseases). Another expert of the day, Arnaud de Villeneuve, explained his *Practica* when he wrote, "With the help of God I shall here concern myself with matters having to do with women, and since women are most of the time vicious animals, I shall in due course consider the bite of venomous animals."¹⁹ Because female health problems were perceived as frightening, and pregnancy as pathologic, the doctors who had begun to practice obstetrics wanted to control the suffering and the changes they perceived as the disturbed physiology of pregnancy. There was a certain irony to this: As Evelyne Berriot-Salvadore has observed, "In this respect medical discourse appears to have been at odds with Christian morality which condemned women to give birth in pain."²⁰ But as men gained permission to treat women's obstetrical conditions, women's skills to do the same were correspondingly devalued. Midwifery, a family tradition handed down from mother to daughter through many generations, became the subject of troublesome restrictions. One example is provided by historian Merry Wiesner in the judgment handed down against a German medical practitioner in 1598 by the Memmingen City Council: "Elizabeth Heyssin is to be allowed to treat external wounds and sores in the same manner that she has been doing up till now, but only on women and children when they request it of her ... her daughter, though, is to be totally forbidden from practicing any kind of medicine."²¹ As European societies pushed to marginalize folk knowledge, professional training grew. By 1560, a formal program in midwifery was established in Paris which required the approval of licensed physicians and midwives for licensure.

Still, if a man were present in the lying-in room, he was usually the husband of the woman in labor.

Interestingly, at one point the Bible was used to oppose male entry into the midwifery profession. Jane Sharp, an English midwife who wrote *The Compleat Midwife's Companion*, contested man's place in the delivery room because female midwives were sanctioned by the Bible whereas male midwives were not. Both the College of Surgeons and the College of Physicians had different reasons for not wanting men to be midwives, but there were also physicians who argued against women upgrading their status with formal education. According to Lois Magner, "Dr. Samuel Merriman, Physician to Middlesex Hospital, argued that women were totally unable to master scientific knowledge or use medical instruments."

Opponents of male midwifery countered by raising the issue of corrupted female virtue. The preservation of modesty was an important consideration; how could any self-respecting husband allow another male to know his wife in such an intimate way? According to Philip Thicknesse, "One argument was that a woman handled by the man-midwife became polluted [and] more likely to admit other men to similar familiarities."²³ Despite all the controversy, males gained access, though guarded, to control of the fecund uterus. Because moral obstacles had historically prohibited males from the birthing room, sometimes a male doctor had to crawl into the room on all fours, unseen by the laboring women. (In a few cases, men even disguised themselves as women.) The most significant change, however, is attributed to the use of obstetrical forceps, developed over a period between 1600 and 1728 by Peter Chamberlen the Elder and his heirs, all practicing male midwives. The technology of forceps use would have a powerful effect on how the uterus was controlled after the eighteenth century.

Throughout the eighteenth century, hysteria still hovered in the body parts of virgins, wives, and widows. More than a vestige of humoral theory was apparent in the work of R. James, MD., who informed physicians that if their female patients were "full of blood and moisture and have not borne children," the cure, like in ancient times, was "to be expected from marriage. Reason, Experience and the Authorities of the greatest Physicians, concur in pronouncing Matrimony highly beneficial in removing hysteric Disorders."²⁴

By the nineteenth century, the transition from midwives to doctors was almost complete, although "the proper Victorian lady was expected to prefer death to a discussion of gynecological problems with a male physician."²⁵ Unfortunately, the clinical experience that enabled doctors to learn more about the uterus dealt a tragic blow to those who dared to trust them. Puerperal fever, an iatrogenic disease, would infect and kill hundreds of women in the eighteenth and nineteenth centuries. Even after the avenues of infection had been identified, women still suffered because men didn't want to wash their hands.

By the nineteenth century, hysteria had moved from the uterus to the brain; and although no one still believed that the uterus could travel toward the head, the shift from somatic to psychologic etiology did not free women from the control of the male medical establishment. Now, an "unstable" woman could be incarcerated in an institution or labeled "melancholic," "insane," or "nymphomaniac" if she did not fulfill her husband's or society's expectations. Moreover, female behavior could be attributed to uterine proclivities. Doctors were able to aid troubled husbands who were uninformed about female sexuality. Surgical procedures such as clitoridectomy and ovariectomy were touted as cures for unnatural female behavior. These operations did silence or subdue many an unruly female, sometimes with a thank you from the patient.

As if punishment for menstruation, sexual desire, and pregnancy were not enough, the pejorative and even hostile attitudes toward women as a result of their uterine ownership has limited female participation in the mainstream of life's nonbiological creativity. Education, particularly university education, was difficult to obtain for most women until the twentieth century. The nineteenth-century stories of three women attempting to obtain their doctorates in medicine—Marie Zakrzewska, Harriot Hunt, and Elizabeth Blackwell—demonstrate a persistent struggle to succeed and magnify the women's health issues of the time in their fight to be legitimized as physicians. During the twentieth century, a full-fledged war over control of the uterus has erupted in such issues as compulsory caesarean sections, sterilization of the "unfit," medicalization of childbirth, wholesale hysterectomy, illegal abortion, and surrogate motherhood. Ironically, the uterus-whose possession historically has caused women to be labeled as inferior, invalid, and insane became the fertile ground for contemporary political tugs of war.

Although science has progressed in understanding uterine anatomy (as well as the egalitarian statistical distribution of intelligence and the limitations of sex hormones on personality), all too many women are still kept subject to unexamined cultural survivals. My goal in this book is to exhume the origins of those ideas, carefully arrange them on the dissection table, inject them with humor, and prosect them under a new light.

ENDNOTES

1. Peggy Sanday, *Female Power and Male Dominance: The Origins of Sexual Inequality* (New York: Cambridge University Press, 1981), p. 16.
2. Genesis 3:6.
3. Genesis 3:11.
4. Genesis 3:16.
5. Genesis 2:23.
6. Robert Spencer et al., *The Native Americans: Ethnology and Backgrounds of the North American Indians* (New York: Harper and Row, 1977), p. 89.
7. *Ibid.*, p. 211.
8. *Ibid.*, p. 371.
9. *Ibid.*
10. *Ibid.*
11. "Synagogue Building Bath," Fort Lauderdale *Sun Sentinel* (December 23, 1993); "Temple Briefs-Dedication," Fort Lauderdale *Sun Sentinel* (November 25, 1994).
12. Clifford Snyder, *The Virtual Hospital* (Internet document: 1995). <http://vh.radiology.uiowa.edu/Provi.textbooks/SnyderMedHx/020Pa%yrihtml>.
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14. Jane Mills, *Womanwords: A Dictionary of Words About Women* (New York: Henry Holt and Company), 1989, p. 123.
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16. Mary Burgan, *Illness, Gender, and Writing* (Baltimore: Johns Hopkins University Press, 1994), p. 90.
17. Quoted in Michael Macdonald, *Witchcraft and Hysteria in Elizabethan London: Edward Jorden and the Mary Glover Case* (New York: Tavistock/Routledge, 1991), p. 28.
18. Quoted in Paul Boyar and Stephen Nissenbaum, *Salem Possessed: The Social Origins of Witchcraft* (Cambridge: Harvard University Press, 1974), p. 13.
19. Quoted in Evelyne Berriot-Salvadore, "The Discourse of Medicine and Science." In Georges Duby and Michelle Perrot, eds., *A History of Women in the West, Volume 3: Renaissance and Enlightenment Paradoxes* (Cambridge: Belknap Press, 1993), p. 350.
20. Berriot-Salvadore, p. 379.
21. Quoted in Margaret L. King, *Women of the Renaissance* (Chicago: University of Chicago Press, 1991), p. 46.
22. Lois Magner, *A History of Medicine* (New York: Marcel Dekker, Inc., 1992), p. 273.
23. Quoted in Jean Donnison, *Midwives and Medical Men* (London: Heinemann, 1977), p. 30.
24. Quoted in Vivien Jones, ed., *Women in the Eighteenth Century* (London: Routledge, 1990), p. 86.
25. Magner, p. 274.

Chapter 1: Ancient Themes

Hysteria. The origin of this quintessential "female problem" may date back as far as circa 2000 B.C.E., after an observant Egyptian midwife palpated a prolapsed uterus and declared, "It's a fallen womb." Logically, if the uterus could unhinge and fall out of the pelvis, it could go up as well-or anywhere. As it did, the movement of this organ could cause a variety of illnesses in women, according to an ancient work known as the Kahun papyrus. This wandering womb, in its search for satisfaction, slammed into the liver, punched the stomach, and crushed the spleen, causing pain. The uterus also compressed the lungs, stifled the breath, and caused suffocation. While the afflicted woman gasped for air, her associates scrambled in all directions to search for some herbs to burn, fanning the fumes toward her head or feet. Asphyxia was one symptom of hysteria, and its treatment was limited to aromatherapy.

The Ebers papyrus, a medical document similar to the Kahun and Smith papyri, had specialized information only for the treatment of women's ailments. As Ilza Veith reports, one therapy for a uterus that would not hold still was for the patient to "sit on a roll of cloth that had been moistened with the dregs of an infusion of pine sawdust." Noxious drinks were also prescribed: "A ... potion composed of tar from the wood of a ship and the dregs of beer, was supposed, by its evil taste, to induce the descent of the uterus." Wandering wombs were treated from both ends. Ancient Egyptian healers burned substances above and below the pelvis. The smoke near the head was intentionally malodorous; this would repel the uterus, sending it downward. Then a bowl of aromatic substances would be placed on the ground under the woman's spread legs. These pleasing and fragrant vapors were supposed to lure the uterus downward (Figure 6). An alternate therapy was dried excrement of men placed on frankincense. Certain writers insisted that the definitive treatment had to include a male component; if the uterus was unhappy because it had not received enough male substance, only something masculine would cure it. If conception was desired, a plaintive call to the supernatural was made to Thoth, who allegedly had magical powers of healing (Figure 7).



Figure 6. One Treatment for a Wandering Womb. When the womb wandered toward the head, noxious-smelling substances were burned near the nose to repel the uterus. Then fragrant and pleasing fumes of aromatic substances were directed toward the vulva. This would assist to lure the uterus down into the pelvis, where it belonged. This figure shows a medieval image of the Egyptian practice. Private collection.



Figure 7. Thoth. The Egyptians believed that medical lore originated with the gods, particularly Thoth, the god of healing who took the earthly form of an ibis. In many belief systems, a supernatural deity takes the natural form of an animal. A wax model of this bird was used by the Egyptians to insert in the vagina and force the womb back to its place. Its functional beak could impart medications to many orifices. The apocryphal invention of the enema is attributed to the long-beaked ibis, which penetrated its cloaca in order to administer medicine.

The Greek philosopher Plato called the uterus an animal within an animal and argued that it was a major cause of young women's health problems. If it was deprived of sexual activity or was barren for too long, the disgruntled uterus would exit the pelvic basin in search of satisfaction. In doing so, it would wreak havoc on other organ systems. As Plato stated in *Timaeus*:

*In females, what is called the womb or uterus is like a living thing, possessed of the desire to make children The womb is an animal which longs to generate children. When it remains barren too long after puberty, it is distressed and sorely disturbed, and straying about in the body and cutting off the passages of the breath, it impedes respiration and brings the sufferer into the extremest anguish and provokes all manner of diseases besides.*²

"Such," he concluded, "is the nature of women and all that is female."

But Hippocrates, the ancient Greek physician, strongly disagreed (Figure 8). He called it *globus hystericus* and diagnosed it primarily in older women:

*Prolonged continence was believed to result in demonstrable organic changes in the womb [I]n such situations, the uterus dries up and loses weight and in its search for moisture, rises toward the hypochondrium, thus impeding the flow of breath which was supposed normally to descend into the abdominal cavity. If the organ comes to rest in this position, it causes convulsions similar to those of epilepsy.*³

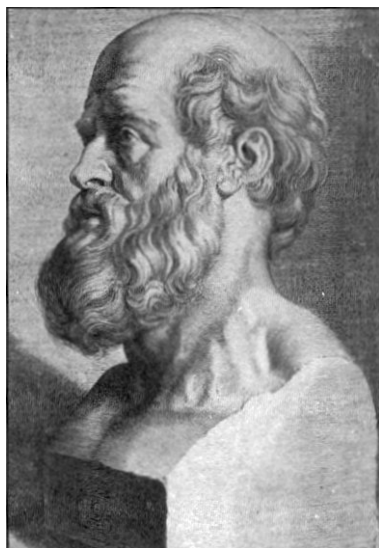


Figure 8. Hippocrates. Many images have been rendered to represent Hippocrates, yet this popular one is probably not as accurate as a less handsome representation. During the time of Hippocrates, it was believed that the fetus swam out of the uterus when ready. Hippocrates taught that the womb wandered around in a woman's body, causing disease as a consequence of its impact on other tissues. Among his other teachings were that a premature baby was more viable at seven than at eight months of age, and that females were produced from semen from the left ovary. Hippocrates did, however, write some accurate descriptions of authentic gynecological problems. The Hippocratic Oath attributed to the so-called Father of Medicine mandates that a physician should not give a woman an abortifacient nor engage in sexual relations with female patients. But according to Albert Lyons and R. Joseph Petrucelli in their book *Medicine: An Illustrated History*, although the Hippocratic Oath has been taken by multitudes of medical students throughout the ages, its rules may not actually have been part of Hippocratic philosophy.

Not so, wrote Aretaeus, the second-century physician who is ranked just below Hippocrates in the importance of his contributions to medicine. Aretaeus concurred with Plato that young women had peregrinations of the uterus: "In the middle of the flanks of women, lies the womb, a female viscus in the flanks ... closely resembling an animal; for it is moved of itself hither and thither and, in a word, it is altogether erratic."⁴ He advised young women to find a sex partner as quickly as possible to keep their uteruses under control.

Meanwhile, Galen, the Greek anatomist, physician, and author, had his own views on the subject, writing that "the man is more perfect than the woman, [who is] less perfect than the man in respect to the generative parts." In Galen's schema, a uterus was an inverted scrotum: "The parts were formed within her when she was still a fetus, but could not, because of the defect in the heat, emerge and project on the outside." Galen went on to explain that because of this lack of heat, the would-be scrotum remained inside, which meant that women had semen just like men, but if they went without sex for too long, the "seed" would accumulate and cause hysteria (Figure 9). Women who had long been accustomed to sexual activity were particularly susceptible to this repression of germinal matter or spoiled seed. Ostensibly, marriage guaranteed sexual activity for uteruses, young and old alike. Or as Galen himself put it, "You ought not to think that our Creator would purposely make half the whole race imperfect and, as it were, mutilated, unless there was some great advantage in such a mutilation."



Figure 9. Galen's Diagnostic Acumen. Galen (130-201 C.E.) was the Greek physician who wrote that man was more perfect than woman because his genitalia were external. According to the humoral theory, a woman's genitalia were inside her body because she lacked the heat necessary for their emergence. Galen endorsed this model, but he was perspicacious enough to recognize that sometimes a young woman's ailments were due to lovesickness rather than physical causes. He was also wise enough to recognize that men, too, suffered from it.

Galen deserves credit for knowing enough about anatomy to realize that the diaphragm, a sturdy sheet of muscle which separates the thoracic cavity from the abdominal viscera, would not allow the uterus to travel past its superior border. Despite this insight, Galen nevertheless perpetuated the diagnostic category of hysterical suffocation. This is not surprising; as Thomas Kuhn has famously observed, "Normal science often suppresses fundamental novelties because they are necessarily subversive of its basic commitments."⁵ It would be many years after Galen's era that science would dare to publish revolutionary new information about the human body, overturning many of the ancient concepts that Galen used to treat his patients. In his eyes, hysterical suffocation affected "those who have previously menstruated regularly, had been pregnant and were eager to have intercourse, but were now deprived of all this." This deprivation resulted in repressed menstrual flow which in turn "caused the uterine condition by which ... women become ... suffocated or spastic."⁶ Suffocation of the mother became a new term, one that would be echoed throughout the centuries. And although everyone knew the cure for suffocation was to restore normal sexual function to these deprived women, the ways for women without partners to achieve this were not spelled out in any detail. Indeed, although unmarried sex was not clearly defined as evil in Galen's time, the day when it would be forbidden" was soon to come.

ENDNOTES

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4. Quoted in Phillip R. Slavney, *Perspectives on Hysteria* (Baltimore: Johns Hopkins University Press, 1990), pp. 13-14.
5. Thomas Kuhn, *The Structure of Scientific Revolutions* (Chicago: University of Chicago Press, 1967), p. 5.
6. Slavney, p. 15.

Chapter 2: Eve's Legacy

Do you know that each of you women is an Eve? The sentence of God on this sex of yours lives in this age; the guilt must necessarily live too. You are the gate of Hell, you are the temptress of the forbidden tree; you are the first deserter of the divine law.

Tertullian 1

Unfortunately, early Judeo-Christian thinkers created a set of rules that precluded help for the problems which plagued women as a result of their errant uteri. Western religion could no longer endorse the known cures for women's ailments because they challenged the principles of virginity, chastity, and abstinence. To satisfy a hungry uterus and restore health via sexual satisfaction was just not acceptable. The days of appeasement by passion and love were over. In fact, any erotic thoughts, feelings, knowledge, or expression were strictly forbidden. As Arno Karlen points out, "Christianity expressed obsessively and frantically the idea that woman and sex are pollutions, barriers to religious grace."² Women were to remain virgins until marriage-or, in the absence of marriage, forever. This was the opinion held by many major writers of the time, who produced a number of books in praise of virginity. Among the treatises dealing with women written in the first seven centuries are *On the Wearing of Veils by Virgins* by Tertullian, *On the Conduct of Virgins* by Cyprian, *On the True Integrity of Virginity* by Basil of Ancyra, *On Virgins* by Ambrose of Milan, *On Holy Virginity* by Augustine, *Forty-Sixth Letter to a Fallen Virgin* by Basil of Caesaria, and *On the Fall of a Consecrated Virgin* by Niceta of Remesiana.

If this seems excessive, we have Augustine to thank for the fallout from the ridiculous opinions he expressed in his Confessions. His writings not only denied sexual activity (the cure for a wandering womb) to widows, nuns, and unmarried women, but conjugal pleasure to married women as well. (Which is to say that Augustine permitted married people to have sex, but they weren't supposed to enjoy it.) Indeed, Augustine felt that "carnal pleasures were the work of unholy spirits" and wrote in his Soliloquies, "Nothing is so much to be shunned as sex relations."³ At least he didn't discriminate, urging men to forego sex as well as women.

Augustine's plea for celibacy can best be explained by inspecting and analyzing his own personal philosophical journey. At age seventeen, he entered into a sexual relationship with a woman whom he impregnated. According to Uta Ranke-Heinemann, he observed his "partner's infertile days although his vigilance was frustrated by a miscalculation that blessed him with Adeodatus [his son]."⁴ Augustine's Christian mother, St. Monica, sternly criticized her son's choice of lover, lifestyle, and even religion. In his youth, Augustine embraced Manichaenism, a syncretic sect which believed

the god of Light had sent Jesus in the form of the Incarnate Word to warn Adam that Eve was the tool of darkness, and as a result Adam refused to sleep with her. The powers of darkness countered this refusal by teaching Eve the necessary witchcraft by which she seduced Adam so that he became her mate and together they propagated the world.⁵

The Manichees believed that procreation was evil, marriage was a sin, and proteinaceous food (food that resulted from sexual reproduction) was taboo. Augustine was able to survive in this milieu because the Manichees recognized that not all people could adhere to such ascetic standards and forego pleasure, sex, and meat. Manichaenism therefore had a triple-ranked hierarchy: "The true Manichaen adherents were the Adepts, those who had been able to tame concupiscence and covetousness, to refrain from eating flesh, and to refuse to have sexual intercourse. Those who believed in the teaching of Mani [their savior] but were not yet Adepts were Auditors, men and women of goodwill but who could not yet contain themselves, but were trying to do so."⁶ The lowest rung was occupied by everyone else, the populace-at-large that was hopelessly lacking a belief in Mani and so embraced sensuality and evil.

Augustine was an Auditor. His mother was not too happy with this; she was something of a social climber and had chosen a bride from a "good family" for him. In fact, she pressured her son so effectively to break off his relationship that Augustine finally banished his mistress from their home. Unfortunately, the bride his mother had chosen was still under age, and during the two years that Augustine was forced to wait for her to mature, he underwent severe psychological stress: "To a large extent what held me captive and tortured me was the habit of satisfying with vehement intensity an insatiable sexual desire," he states in the Confessions. He took up with yet another woman, and his justification for doing so was that he felt helpless against his carnal desires. In what Freudian psychoanalysis would call a reaction formation, he suddenly converted to Christianity and chose celibacy over pleasure, neither marrying the girl his mother had chosen nor remaining with his interim girlfriend.

According to Vern and Bonnie Bullough, "Though he then rose rapidly in the Christian hierarchy, Augustine carried with him many of his Manichaean ideas about sex. Perhaps inevitably, sexual intercourse for Augustine came to be regarded as the greatest threat to spiritual freedom."⁷ Christianity stressed virginity, but sexual relations were allowed so long as they conformed to certain restrictions: They had to be performed within a marital bond, in the correct position (male above, female below, the classic "missionary position"), for the purpose of procreation, and motivated by God's will rather than a desire for human pleasure. Any variation from these standards was considered sinful and deviant.

As a result of this early male domination, Vern Bullough writes, "misogynism became ingrained in Christianity."⁸ Perhaps if more women had participated in the formulation of the "rules" of the church, celebration rather than disdain would have characterized the founders' attitudes. As it was, women did not participate enough in the literature to have any influence. They were not only forbidden to teach in the church but were required to be silent.⁹ The rationale for this was simple: In the New Testament, there were no female apostles.

During Augustine's lifetime, an important medical work, Soranus's *On Diseases of Women*, was preserved (albeit in fragments) in the writings of *Oribasius*. By the sixth century, Muscio had abstracted part of the manuscript in Latin and, by 850 C.E., a drawing based on Muscio's translation was included in another manuscript. Perhaps if the entire opus had been available, the myth of the wandering uterus would have been put to rest forever, but it wasn't until the Renaissance that more of Soranus's knowledge became available, and it wasn't until the nineteenth century that Western culture retrieved the complete wisdom of his writings.

Meanwhile, midwives took care of the uterus. In all cultures and throughout history, women have been healers. Western European cultures depended on female healers, known as "wise women" or "midwives," who possessed folk knowledge disseminated through oral tradition of medicinal plants and herbs, as well as ways to prepare and administer them. Women aided women during pregnancy, childbirth, menopause, and with other health issues. At times they provided health care to men as well. It is believed that some administered analgesics during labor and could perform abortions and advise on contraception. But as Christianity grew, the roles these women performed were increasingly regulated. According to Edward Shorter, by the thirteenth century "the Church's main concern was that the midwives administer emergency baptism according to the correct formulas, if they thought the infant was not going to survive the passage into the outside world."¹⁰

While the church kept its eye on midwives in individual communities, it also sought control over distant people whose views differed from its own. According to Sibylle Harksen, "From the twelfth century onwards heretical movements began increasingly to worry the Church,"¹¹ while Jeffrey Burton Russell notes that "in many of these movements, women were more respected than was usual for the period."¹² One of these heretical groups, the Cathari, was particularly attractive to women because of its egalitarian views. Women could act as priests as well as earn money within this sect. Interestingly, the Cathari had much in common with the Manichees: They had levels of membership, the Perfecti and the Credentes, as well as a belief that the soul, which came from the "kingdom of light," sought relief through the body, perceived as the "kingdom of darkness." Certain communities, exclusively comprised of women, performed necessary tasks like spinning and nursing the sick. Some members even educated the daughters of the nobility. In order to counteract this growing display of independence, the church established a convent in Prouille, France, which took in converts from Catharism. When this effort was less than successful, the church turned to more radical methods. "The last stronghold of the Cathari was the castle-fortress of Montsegur. After its conquest in 1244, 200 men and women were burned at the stake."¹³

Religious movements that allowed women more rights, such as the Cathari, the Pauperes Christi, and the followers of John Huss, posed a serious challenge to (and were perceived as synonymous with heresy by) the patriarchal authority of the church. The results were predictably bloody. As Sibylle Harksen has argued, "The belief in witchcraft accounted for as many victims as the persecution of heretics. Belief in the devil gave rise in the early Middle Ages to the concept of witches" (although interestingly, as Harksen notes, "the Church at first did not give credence to this notion").¹⁴ And according to Jeffrey Burton Russell, "While popes and Inquisitors were solidifying the legal and theoretical amalgamation of witchcraft with heresy, the witch phenomenon continued in practice to draw upon actual heresy."¹⁵ The model of the witch evolved from a set of innocuous ideas about village healers and their control over nature and eventually culminated in the holocaust of many women in the sixteenth and seventeenth centuries (Figure 11).



Albrecht Dürer (1471–1528). *The Four Witches*. 1497. Engraving (B. 75). Courtesy of the Bibliothèque Nationale, Paris, France. Giraudon/Art Resource, NY.

Figure 11. Witches Discuss Their Many Evils. Witches come in many shapes and sizes, from the haggard, hunch-backed, broom-flying, edentulous, warty crone to the sensual, zaftig, fertile, and fecund seductress. According to Barbara Ehrenreich and Deidre English, the healer/wise woman was a role closely associated with the concept of the witch. Because illness was a punishment for evil, only God could choose to heal. Therefore, if a woman demonstrated that she could heal, it was believed her power came from the devil. In the traditions of the early church, God would not give women such power.

According again to Russell, there was an amalgamation of several traditions which formed the concept of the witch: night vampires who drank human blood, Valkyries who played their games in the air, a fear of ghosts walking about at night, and the "wild ride."¹⁶ Witches were accused of "night flying, secret meetings, harmful magic, and the devil's pact," which Sigrid Brauner points out were all "ascribed individually or in limited combinations by the church to its adversaries, including Templars, heretics, learned magicians, and other dissident groups."¹⁷ An additional characteristic of witches was their predilection for flesh, especially children's flesh. Bishops were instructed to "drive out of their dioceses those who believe in and practice the wild ride The sentence of exile was justified on the grounds that those who practice these things have implicitly cut themselves off from God and become heretics and servants of the Devil."¹⁸ And so the stage was set for the punishment of women believed to be heretics or witches. As Vern Bullough points out,

Until almost the thirteenth century the official position of the Christian church was that acts associated with witchcraft were all illusions or fantasies originating in dreams and that belief in the actuality of witches was a pagan and heretical custom. This idea was challenged in the writings of St. Thomas Aquinas, who held that even though witches might be illusions or dreams they were no less real¹⁹

Early attributions of witchcraft had much to do with the fertility of crops and animals as well as people. Control was closely related to nature and resources; the witch "destroys cattle, spreads mysterious diseases, makes men impotent, kills and eats infants, steals milk and butter, and raises disastrous storms,"²⁰ A witch could also sell unbaptized souls to the devil, thus making a dead newborn more valuable than a live birth (Figure 12).

Figure 12. Midwives Sell the Souls of Dead Babies. A *liminal* event is one fraught with uncertainty and indecision because it occurs between two life-stages or changes. In addition, liminal experiences are the subject of much superstition. Childbirth and death are liminal experiences; they are transitional in that a new life comes into the world and an established life leaves it. Wherever such passages take place, great anxiety is expended in dealing with them. Most societies create rites of passage like showers, baptisms, and funerals to help allay the anxiety. The specialists who deal in the implementation of these ceremonies command respect and are validated through their perceived power. They help to guide individuals through these difficult times. Midwives were such specialists. They had folk knowledge of birth and death. The death of a baby was especially traumatic, and because the midwife was the closest individual to the unbaptized soul of the newborn, she was often suspected of evil. Some people believed that she had the power to contract with the devil and sell him the souls of babies.



Francisco de Goya y Lucientes. *Witches Sabbath*. Museo Lazaro Galdiano, Madrid, Spain. Scala/Art Resource, NY.

The uterus could miscarry or fail to become impregnated if a witch willed it. Later, the sexual, seductive, and promiscuous qualities of witches became more salient features; then Renaissance thought would promote the idea that witches were women more often than men because women were so lascivious that they would more easily fall prey to temptation.

Throughout it all, the nature of females-defined by the weakness of body and mind-served as the underlying theme. According to Vern Bullough and James Brundage, medieval canon lawyers

strongly believed that the sexuality of women differed from that of men, since women had not been created in the image of God as a man was, but out of a rib of man to serve as his companion and helpmate. This lesser creation, so to speak, made women more susceptible to sexual temptations, and their chastity, therefore, was more likely to be suspect. ... [Husbands therefore] had a moral obligation to keep their wives sexually satisfied lest they be tempted to stray to other beds.²¹

It was apparently a losing battle. The age abounded in images of female evil likely to create anxiety, particularly in men isolated from day-to-day experience with (or knowledge of) women. When members of a society are removed from regular contact with the opposite sex, they will form fantasies based on speculation and fear about the unknowable and the unfathomable. As Brother William declares in *The Name of the Rose*, Umberto Eco's fictionalized recreation of life in a medieval monastery:

And of woman as source of temptation the Scriptures have already said enough. Ecclesiastes says of woman that her conversation is like burning fire, and the Proverbs say that she takes possession of man's precious soul and the strongest men are ruined by her. And Ecclesiastes further says: "And I find more bitter than death the woman, whose heart is snares and nets, and her hands as bands." And others have said she is the vessel of the Devil. ... In the second place, the Lord, who is all powerful, could have become incarnate as a man directly in some miraculous way, but he chose instead to dwell in the womb of a woman²²

Theology loomed large, but so did superstition. In such an ambivalent universe, prayer was the answer and final authority reposed in the church. In a world without science, any unexplained phenomenon served as an example of punishment from God, and illness fell into this category. Augustine considered all human suffering as.... the "manifestations of innate evil, consequent upon original sin."²⁰ Tales of miraculous cures, often of tabloid-page intensity, were told and retold to generations of believers. Prayer, not people, could conquer disease. Typically during this era, monasteries were the centers of learning. The church alone had the time, the resources, and the technology to publish, but it showed no interest in medical and scientific knowledge. Religious orders selectively

perpetuated only those data which fit in with their teachings. New information that questioned, contradicted, or expressed uncomplimentary ideas was quickly discarded. Moreover, Genesis provided the rationale for a clergy already enthusiastic to silence women as much as possible. In the words of Tertullian:

*You give birth, woman, in suffering and anguish And do you not know that you are Eve? She still lives in this world, as God's judgment on your sex. Live then, for you must, as an accused. The devil is in you You were the one who deceived man, whom the devil knew not how to vanquish.*²⁴

(Incidentally, it is puzzling why there is so much misogyny in Christianity, especially since Jesus himself did not articulate a negative attitude toward women. Nor did he appear to be fearful of menstrual pollution. The gospel according to Mark recounts the story of "a certain woman" who had had "an issue of blood twelve years and had suffered many things," and who came to Jesus for healing. "If I may touch but his clothes," she said, "I shall be whole." According to Mark's report, "And straightaway the fountain of her blood was dried up; and she felt in her body that she was healed of that plague.")²⁵

At first, early medicine—an art more than a science—was not reconcilable with Christianity. Galen, who wrote "*On the Anatomy of the Uterus*," expelled Christian students as acolytes. The reason for this was simple: The Christian belief in divine healing was based on prayer to the new god, and for early Christians, Greek medicine was considered pagan and unwanted. But as Henry Sigerist observes, "When Christianity became the official religion of the Roman state it had to compromise with necessity by taking over the cultural heritage of the past. Christians became physicians and treated patients by applying the doctrines of pagan medical writers."²⁶ With one exception: Many "pagan" thinkers still diagnosed women's uterine problems as curable with sex. Paul of Aegina, for example, taught that "coitus was the best remedy for melancholy since it restored reason to those afflicted with mania [i.e., women]."²⁷ This was a thorn in the paw of early religious thinkers who felt sex was evil.

For now, suffice it to say that as a result of Augustine's antisex attitudes and misogyny, early Christianity acted to devalue women. In the philosophy of Augustine, sexual desire in men was equivalent to the sinful act itself, and women were to be blamed for men's lascivious thoughts. The church moved ruthlessly to suppress women, and any woman who dared to dress like a man, preach, or perform any role perceived as male was viewed as a deviant, thus a heretic. Women now had three strikes against them: the legacy of Eve's alleged seduction, their alleged power over nature, and the heresy they committed when they aspired to a leadership role in the church. Indeed, in the eyes of church fathers like Tertullian, women were the cause of all humanity's evil and suffering, and they would be paying their dues throughout eternity.

ENDNOTES

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