



London, British Library, [MS Sloane 249](#), fol. 196v

The Wandering Womb and Other Lady Problems The Trotula and Twelfth-Century Female Inferiority

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THE SUMMA QUE DICITUR “TROTULA” (The Compendium Which is Called the Trotula) was composed in twelfth-century Salerno amid a revitalization of medical knowledge, facilitated by the influx of Arabic medical treatises.¹ This summa quickly rose to prominence in the late twelfth century and was known until the fifteenth century as the most influential book on women’s medicine.² A late-twelfth-century editor assembled the compilation

out of three separate texts, removing repeated passages to create cohesion, and named it “Trotula” after one of the authors. Medieval readers were most likely to encounter the text in its edited format, where its multiple authorship was obscured, not least in part due to its title.³ Medieval readers assumed that “Trotula” was not the title of the compilation, but rather the name of its author: Trota of Salerno, a well-known female healer of the twelfth century. The other two authors went unacknowledged, leaving

¹ For a general survey of the Salernitan School of Medicine, see Monica Green, “Medicine in Southern Italy, Twelfth-Fourteenth Centuries: Six Texts,” in *Medieval Italy: Texts in Translation*, ed. Katherine L. Jansen, Joanna Drell, and Frances Andrews (Philadelphia: University of Pennsylvania Press, 2009): 311-25.

² Monica Green, “Preface,” in *The Trotula: An English Translation of the Medieval Compendium of Women’s Medicine*, ed.

and trans. Monica Green (Philadelphia: University of Pennsylvania Press, 2001), xi-xvii, at xi. I have used this translation throughout this chapter and following ones to refer to *Liber de sinthomatibus mulierum* (Book on the Conditions of Women), 65-87; *De curis mulierum* (On Treatments for Women), 89-112; and *De ornatu mulierum* (On Women’s Cosmetics), 113-124.

³ Green, “Introduction,” xii.

“Trotula” to become the authority on women’s medicine in the later Middle Ages. Very little is known about Trota, the historical woman, although three extant works including her part of the *Trotula* are attributed to her. We do know, however, that she was recognized as one of the seven most influential Salernitan physicians in *On the Treatment of Illnesses* (*De egritudinum curatione*), a late twelfth-century compendium of medical knowledge.⁴ Though her biography remains obscure, we can learn something of her medical philosophy, intellectual repertoire, and personal attitudes towards gender through her work in the *Trotula*.

Salerno was home to the first medical school in medieval Europe and, as such, was a center of medical theory; indeed, it provided the basis for the entirety of medieval medical scholarship in the following centuries.⁵ Founded in the early tenth century, the Salernitan School of Medicine was highly multicultural, including Jewish, Greek, and Arabic lecturers.⁶ Among a renewed interest in anatomy, animal dissection, and surgery, the Salernitan school also embraced a “new spirit of research” based on empirical observation.⁷ Monica Green, who translated and disentangled the three *Trotula* texts, suggests that this empirical method may have been encouraged by the contributions of female healers, who seldom had formal medical training but worked from practical experience.

The belief that “Trotula” was the name of the author was significant to the reception of the text after the late twelfth century. Medieval and early modern readers believed that the compendium was written by a woman but nevertheless received it quite favorably. It may seem obvious that a female healer

would (and perhaps should) be considered an expert on women’s medicine, but male physicians dominated medical theory in both general and gynecological medicine.⁸ Nevertheless, we know that women healers practiced in Salerno, and so we might expect them to have been named in written texts, but Trota is the sole Salernitan female medical author to be so recognized.⁹ Indeed, she is probably the only woman among the three *Trotula* authors.¹⁰ Each author, whether male or female, had different views on women’s bodies, and therefore their ability to occupy certain roles in society, as well as different sources and goals.



Miniature from a copy of the *Trotula* ensemble, depicting Trota. London, Wellcome Library Trust, MS 544, fol. 65

Medical theory in Salerno was largely based on the treatises of classical Greek and Roman physicians such as Hippocrates and Galen, whose works were often translated and transmitted to the medieval

⁴ Ibid. 49.

⁵ Arturo Castiglioni, “The School of Salerno,” *Bulletin of the Institute of the History of Medicine* 6, no. 8 (1938), 892. Regrettably, I have not been able to find comprehensive scholarship on the School of Salerno.

⁶ Castiglioni, “The School of Salerno,” 888.

⁷ Ibid., 895.

⁸ The two most influential male medical traditions in western Europe at the time of the twelfth century renaissance were the Hippocratic and Soranic traditions. The Hippocratic corpus is named after Hippocrates of Cos, although he was not the sole author, and is therefore sometimes internally inconsistent. In general, the Hippocratic gynecological tradition considered menstruation, pregnancy, and (hetero)sexual intercourse to be crucial to women’s health (Green, “Introduction,” 16). In contrast,

the Soranic tradition found these functions to be detrimental to female health, although the particulars of Soranus’ theory and method were usually edited out in subsequent transcriptions.

⁹ Green, “Introduction,” 51. Trotula is not the only Salernitan woman to be recorded for her medical expertise, but none of these other women produced their own texts. We rely on other forms of evidence, most often created by men, to learn about such women (ibid., 48): the necrology of Salerno’s cathedral refers to a *medica* named Berdefolia; the mother of a male physician is credited with curing a noblewoman of uterine suffocation; and the medical texts of the twelfth and thirteenth centuries include more than sixty other references to the medical practices of Salernitan women.

¹⁰ Ibid. 47.

West by Arabic philosophers. An important tenet of this classical medical knowledge was humoral theory, attributed to Hippocrates, which stated that the four humors of the body—blood, phlegm, black bile, and yellow bile—could become unbalanced and cause emotional and physical illness. The associated elemental system classified illnesses, as well as people, according to their natures as hot, dry, cold, or wet. Though much of Salernitan medical theory relied on these systems, not all physicians used them. Healers without formal medical training, especially women who were denied access to schools, could practice based on experience and apprenticeship. The *Trotula* is unusual in that it includes both theoretical and practical knowledge.

The first text of the *Trotula*, called *On the Conditions of Women*, demonstrates that Arabic medical theorists had a great impact on Western medical knowledge. This text embraces the Arabic interest in theoretical, physiological explanations for disease as well as the treatments laid out by such Arabic physicians as Abū Ja far Ahmad b. Ibrāhīm b. Abī Khālid al-Jazzār.¹¹ Ibn al-Jazzār wrote the “Provision for the Traveler and Sustenance for the Settled,” a summary of medical practice that was translated into Latin as the *Viaticum* and significantly influenced the *Conditions of Women*.¹² The second text, Trota’s *Treatments for Women*, retains some of the theoretical interest but is otherwise an assemblage of gynecological and general medical knowledge that Green describes as “quite chaotic”.¹³ Although Trota adheres to an internally coherent set of theoretical principles, she does not generally explain *why* an illness occurs, only what one should do about it.¹⁴ Trota’s prescribed remedies assume that men and women have different humoral and elemental qualities, in accordance with ancient Greek and Roman physiological theories, but she makes no concrete reference to these theories. The third and final text, named *On Women’s Cosmetics*, is even less theoretical than the previous, and contains no such philosophical explanations of female physiology. Rather, it is an instructional manual for the preparation and application of various beautifying remedies.

In this article, I will argue that the *Trotula* offers insight into the medical practices that reinforced women’s inferiority. Though it is interesting that cosmetics were considered relevant to a medical compendium, I will not here discuss the third text because it does not address women’s physiology. In many ways, medical theory and practice reinforced the theological and social gender hierarchy evident in other types of texts concerning women. To qualify statements about the “natural” inferiority of women, medieval medical writers situated inferiority in female bodies, such that women were inescapably and fundamentally imperfect. Much of this discussion revolved around women’s reproductive organs, functions, and capabilities, which were considered the primary difference between men and women and, to some, the proof of their inferiority.

Theoretical Medicine: On the Conditions of Women

The first book of the *Trotula*, *On the Conditions of Women*, is illustrative of such theories of bodily inferiority. In its initial paragraph, the male author justifies the gender hierarchy as the result of divine will:

And wishing to sustain [humanity’s] generation in perpetuity, [God] created the male and the female...for the propagation of future offspring. And...he endowed their complexions with a certain pleasing commixtion, constituting the nature of the male hot and dry. But lest the male overflow with either one of these qualities, He wished by the opposing frigidity and humidity of the woman to rein him in from too much excess, so that the stronger qualities, that is the heat and the dryness, should rule the man, who is the stronger and more worthy person, while the weaker ones, that is to say the coldness and humidity, should rule the weaker [person], that is the woman.¹⁵

Here the author not only situates the inequality of men and women at the beginning of human creation, but also in their bodies. Blending Christian and

¹¹ Ibid., 11.

¹² Ibid., 10-11; 25.

¹³ Ibid., 37.

¹⁴ Ibid.

¹⁵ *Conditions of Women*, 65. I use the masculine pronouns for the author of this text, given that it is most likely to be correct.

non-Christian sources, he adheres to the Galenic and Hippocratic system of the four physiological elements but ascribes this phenomenon to the work of God. Furthermore, the woman's coldness and humidity are, paradoxically, supposed to restrain the qualities of the man despite being the weaker characteristics. The subordination of women was not the principal goal of the author, especially as female inferiority was already well-entrenched in medieval society, but it was a convenient backdrop for an enumeration of gynecological and obstetrical conditions.



Illustration of the four temperaments, resulting from a preponderance of one of the humors. This illustration assigns the “cold” and “wet” temperaments to women, whereas men are “hot” and “dry.” Leonhart Thurneisser, “Quinta Essentia.”

Source: [Wikimedia Commons](#)

The author took female subordination for granted and premised his entire work on its existence, but he was not entirely unsympathetic to their

position. Galen posited that male fetuses developed under proper conditions in the womb, but female fetuses resulted from an embryological failure to maintain heat. To the contrary, the author of *Conditions of Women* stated that women's lack of heat was an intentional and purposeful choice made by God, as much as he had decided to bestow heat on men. Although women got the short end of the stick, so to speak, they are at least complete and whole unto themselves according to this author.

The Middle Ages are commonly perceived as moralizing and condemning sexuality, but physicians actually considered heterosexual intercourse to be an efficient remedy for many illnesses. For women, sex was (somewhat counterintuitively) thought to be effective for prompting menstruation. The author evidently considered menstruation essential to women's health, as more than a third of this text is dedicated to ensuring the presence and proper extent of the menses.¹⁶ For “many sicknesses thus arise” when menstrual blood is too meager or too abundant, and the premature cessation of menstruation portends “grave illness.”¹⁷ The woman whose menses were absent or too paltry—and this threshold was never quantified—could invest in any of the author's recommended potions, fumigations, blood-lettings (but not from the hand), herbal baths, or powders, but she could also simply have intercourse with her husband.¹⁸ Another option was to insert medicine by means of a “pessary in the shape of the male member,” which was apparently equally effective.¹⁹

Women who were celibate, such as widows and virgins, suffered especially because they did not have recourse to sex, which balanced the humidity and frigidity of the female womb. Such women were especially susceptible to a curious disease known as uterine suffocation, or the “wandering womb,” where the uterus frees itself from the confines of the lower abdomen and decides to inhabit some other part of the body.²⁰ The author describes it thus:

¹⁶ Ibid., 21.

¹⁷ Ibid., 66-67.

¹⁸ Ibid., 69.

¹⁹ Ibid., 68. A pessary is a tampon-like object, soaked or covered in medicine, which was used to treat conditions ranging

from uterine prolapse, menstrual issues, menstrual cramps, and infertility, among many others.

²⁰ On the wandering womb, humoral and elemental theory, and the cultural effects of characterizing men and women according

Sometimes the womb is suffocated, that is to say, when it is drawn upward, whence there occurs [stomach] upset and loss of appetite...Sometimes [the women] suffer syncope [fainting], and the pulse vanishes so that from the same cause it is barely perceptible. Sometimes the woman is contracted so that the head is joined to the knees, and she lacks vision, and she loses [sic] the function of the voice, the nose is distorted, the lips are contracted and she grinds her teeth, and the chest is elevated upward beyond what is normal...This [condition] happens to those women who do not use men, especially to widows who were accustomed to carnal commerce. It regularly comes upon virgins, too, when they reach the age of marriage and are not able to use men and when the semen abounds in them a lot, which Nature wishes to draw out by means of the male.²¹

The wandering womb is said to “suffocate” since its displacement puts pressure on other organs, such as the lungs or heart, and disrupts their normal functions. The author recommends that women suffering from uterine suffocation should have foul odors, such as burnt wool or leather, applied to their noses and sweet odors, such as chamomile oil and nard, applied to their pubic area.²² This remedy was based on the Hippocratic theory that the wayward uterus could “smell” or distinguish odors, and that it would move away from foul ones at the head of the body towards sweet ones around the pubis, where it belonged.²³

The theories and remedies found in *Conditions of Women* may sound absurd to modern readers, who know that the uterus can neither smell odors nor migrate to the upper body. Yet twelfth-century physicians knew with equal certainty that the womb could do both, and indeed that these movements

could cause serious illness or even death for their female patients. The author of this text subscribed to medical theories that, since at least the fifth or fourth century B.C. E., had been cited as the definitive explanations for female physiology and diseases.²⁴ They were also largely, but not entirely, perpetuated by male physicians, whose gynecological treatises structurally created and reinforced existing knowledge about the female body as the basis for women’s subordination to men. Male physicians also did not usually consult women in order to develop gynecological medicine, or even examine women’s bodies personally. Both medical theory and Christian theology contributed to the medieval hierarchy that placed women inferior to men. As evidenced by *Conditions of Women*, theological tradition provided a background of sorts on which medical writers could build, where the biblical genesis of men and women as unequal partners took a physiological tack. The author positions God as the actor who conferred heat and aridity on men, making them “stronger and more worthy,” and frigidity and humidity on women, who are weaker and “made subject to the function of the man.”²⁵ However, it is really the author who assigned these characteristics to men and women’s bodies, and it is he who evaluated the worth of each gender based on their elemental properties.

The author’s introduction belies the medical conceptualization of the female body as intrinsically inferior, which further validated other social structures of female inferiority, such as restricted access to education and the emphasis on motherhood as a woman’s primary duty. His attention to the proper functioning of the menses, in particular, demonstrates a desire to promote female fertility. Women cannot readily conceive if their menstrual cycles are irregular or absent, and thus the author devotes a significant portion of his work to regulating the menses. Virgins and celibate widows too, despite their sexual abstinence, needed to be concerned about their menses, as irregular menstruation was taken as a sure sign of impending illness. A healthy female body was one

to these theories, see Clarissa W. Atkinson, *The Oldest Vocation: Christian Motherhood in the Medieval West* (Ithaca/London: Cornell University Press, 1991), 23-63.

²¹ *Conditions of Women*, 71.

²² *Ibid.*, 72.

²³ Green, “Introduction,” 23.

²⁴ *Ibid.*, 15. For ancient Greek approaches to the wandering womb, see Christopher Faraone, “New light on ancient Greek exorcisms of the wandering womb,” *Zeitschrift für Papyrologie und Epigraphik* 144 (2003): 189-197.

²⁵ *Conditions of Women*, 65.

that was capable of reproduction—its purpose was the production of children, and it could not function properly unless conception was at least physiologically possible, regardless of whether the woman actually conceived or not. The uterus itself, similarly, was “avid to conceive” and imbued with a certain agency or will as it roamed about the body.²⁶ Its desires ruled the woman, who was subordinate not only to men but also the tendencies of her own reproductive organs. Thus twelfth-century medical texts such as *On the Conditions of Women* discussed women’s bodies in terms of their reproductive capacity—or more accurately, their reproductive need—in a way that men’s bodies never were.

A Mix of Both: Trota and the Conditions of Women

While male physicians produced theories on women’s bodies, women themselves were not entirely absent from medical discourse. In fact, there is substantial evidence for women practicing medicine in twelfth-century Salerno.²⁷ Trota was not the only woman of her time to offer medical treatment, but she was one of the few to whom we can ascribe written texts; this is in part due to the division of Salernitan medicine into two categories: theoretical and practical. *Conditions of Women* is a theoretical text, with attention paid to the physiological and philosophical explanations for women’s diseases, and it is part of a largely male tradition of gynecological writing. The following text, *Treatments for Women*, is now attributed to Trota and reflects a blend of the theoretical and practical sectors of medicine found in the twelfth century. The structural violence acting on women not only promoted their roles as childbearers, but also prevented them from attaining the same level of education and literacy available to men. Women were therefore less likely to participate in the theoretical medical circles accessible to men, but since twelfth-century Salerno had not yet required physicians to be licensed, they could still practice medicine without the theoretical background.²⁸ In this way, women had one advantage over male physicians who dealt with gynecology: as women, they

could more easily interact with female patients and assist with diseases of the genitalia or reproductive organs. The male-dominated, theoretical literature on gynecology and obstetrics saw relatively little development in the centuries of its existence. Monica Green notes that “it is doubtful that [male physicians] ever directly touched the genitalia of their female patients.”²⁹ Therefore, female medical practitioners inhabited the gynecological niche alongside male physicians, although their general exclusion from education caused female healers to undertake practical more than theoretical medicine.

Trota’s *Treatments for Women* is both theoretical and practical, although the practical elements are more prominent. Although it claims to be a gynecological and obstetric text, it includes treatments for pediatric, general, and even andrological conditions as well. Trota implicitly demonstrates that she is familiar with Arabic and Galenic medicine, but she makes no overt references to any specific author and bases her treatments on personal experience as well as medical literature. She simply did not elaborate on the origins of disease, even if she implicitly adhered to the elemental and (to a lesser extent) humoral theories of the body.³⁰

Like the author of *Conditions of Women*, Trota was greatly concerned with menstruation, the promotion of female fertility, and safe childbirth. Her emphasis on the maintenance of women’s reproductive capabilities is further strengthened by the absence of any contraceptive recipes; perhaps surprisingly, the only contraceptive options in the *Trotula* are offered by the probably-male author of *Conditions of Women*.³¹ The desire to encourage and aid women in becoming fertile or pregnant is common to both authors, but though I have argued above that the author of *Conditions of Women* did so due to his conceptualization of women as basically reproductive vessels, Trota’s motivation remains ambiguous. Her text contains basic elemental and humoral theory, but very little other theoretical material with which we can judge her conceptualization of the female body. However, considering that she was a

²⁶ Jean-Baptiste Bonnard, “Male and Female Bodies According to Ancient Greek Physicians,” *Clio* 37 (2013): 12.

²⁷ Green, “Introduction,” 48.

²⁸ *Ibid.*, 13.

²⁹ *Ibid.*, 13–14.

³⁰ Green, “Introduction,” 38–39.

³¹ *Ibid.*, 40.

practical healer in close contact with her female patients, it is possible that her textual concern with fertility reflects the desires of her clients in a way that *Conditions of Women* does not. Whereas male medical writers reinforced the structures that relegated women to certain spaces and duties, Trota may have been responding to the medical demands created by such constraints. To a twelfth-century woman whose worth was determined by her competence as a wife and mother, aids to conception and birth would be invaluable.

Trota's sensitivity to the desires of her female clients is also demonstrated by her attention to the needs of women caused by celibacy, intercourse, birth, and everyday life. Of those women who abstain from intercourse as virgins, nuns, or widows, Trota asserts:

These women, when they have desire to copulate and do not do so, incur grave illness. For such women, therefore, let there be made this remedy. Take some cotton and musk or pennyroyal oil and anoint it and put it in the vagina. And if you do not have such an oil, take *trifera magna* and dissolve it in a little warm wine, and with cotton or damp wool place it in the vagina. This dissipates the desire and dulls the pain.³²

She retains the Hippocratic and Galenic conviction that (hetero)sexual intercourse is beneficial to women's health and alleviates illness that arises in its absence. However, she deviates from other theories about illness deriving from the lack of sexual activity in that women are here agential. Trota claims that only women who desire intercourse and do not get it are afflicted, not all women regardless of their feelings. Women's emotional or physical desires are the cause of disease, instead of a passive buildup of their own "corrupt semen."³³ In fact, favoring the explanation of poisonous female seed, Galenic theory ignores women's desire completely, whereas it is the center of Trota's diagnosis. Furthermore, the remedy quoted above addresses the pain of frustrated desire rather than the pathology of an organ; in other words,

Trota was offering an emotional as well as physical solution to the constraints of some women's lives.

For those women who did have sexual intercourse, Trota was cognizant of other pains that went unacknowledged by male medical writers. While intercourse was, overall, considered a beneficial and curative activity, it was sometimes accompanied by discomfort and risk for women.³⁴ Women could incur pain "from the use of Venus," because of which the genitals swell and require treatment, or after which the womb itself is dried out and excessively heated.³⁵ According to the "hot" nature of these conditions, Trota recommended that the woman sit in a bath of "cold" or constrictive herbs, such as marsh mallow, which reduced swelling and cooled the burning sensation.³⁶ Here, the essential heat of men is detrimental to women, rather than restorative. Furthermore, she provided a remedy for vaginal prolapse caused by the excessive size of the man's penis.³⁷ Notably, she did not phrase this in terms of the narrowness of the woman's vagina, but placed the blame on the male partner. She also provided context for the woman's experience: although women were in acute pain, "having been forced all the same, they [endured] it."³⁸ They were not in a position to protest or stop painful intercourse; indeed, they were forced despite it, and suffered the consequences afterward. While Trota's statement demonstrates the violence inherent in privileging men's sexual pleasure over the physical health of women, she offered only a reactive treatment, not a proactive resistance to these circumstances.

Several other passages in *Treatments for Women* also acknowledge the social constraints acting on women's sexual activity. Although Trota prescribed nothing for contraceptive purposes, she recorded five recipes for women who wished to "appear as if they were virgins."³⁹ In twelfth-century Salerno as well as the broader medieval European context, a woman's honor was almost entirely dependent on her sexual purity, yet Trota acknowledged that women who were not married may nevertheless have experienced intense physical desire. These con-

³² *Treatments for Women*, 91.

³³ *Conditions of Women*, 85.

³⁴ Green, "Introduction," 40-41.

³⁵ *Treatments for Women*, 104; 109.

³⁶ *Ibid.*, 104; 109.

³⁷ *Ibid.*, 94.

³⁸ *Ibid.*, 94.

³⁹ *Ibid.*, 103.

strictive medicines could be used to “restore” virginity, or they may have been intended to increase the pleasure of intercourse within marriage.⁴⁰ The prescriptions could certainly be used for both purposes, but Trota explicitly states that her last recipe is meant to imitate the bleeding of a virgin on her wedding night:

What is better [than the previous recipes] is if the following is done one night before she is married: let her place leeches in the vagina (but take care that they do not go in too far) so that blood comes out and is converted into a little clot. And thus the man will be deceived by the effusion of blood.⁴¹

The willingness of some women to put leeches in their genitals reveals their dire need to appear virginal at marriage, especially if they were not. A woman whose virginity was in doubt could be refused as a bride in a society where marriage was a woman’s means of achieving social acceptance and financial security.⁴² Without the support of a natal or affinal family, a woman was vulnerable to poverty and exploitation as a prostitute. Trota appears to have been sympathetic to this plight, but she condemns other uses of her medicines:

Likewise, there are some dirty and corrupt prostitutes who desire to seem to be more than virgins and they make a constrictive for this purpose, but they are ill counseled, for they render themselves bloody and they wound the penis of the man. They take powdered natron and place it in the vagina.⁴³

Women entering marriage may deceive their future husbands, but prostitutes may not similarly deceive their clients. Perhaps Trota intended to validate the concerns of “honorable” women who were potentially able to conceive in marriage, but not those of “dishonorable” prostitutes who were already socially denigrated and not engaging in intercourse for procreative purposes. Regardless of her

authorial intent, she unabashedly disseminated techniques for “restoring” virginity, and publicized the illicit method used by prostitutes even while criticizing it.⁴⁴

Trota also responded to the practical needs of female clients in her sections on difficult childbirth and its associated risks. Although her text is not unusual in most of its recommendations for difficult or abnormal labor, it does expand on some aspects of childbirth that were overlooked by or unknown to other male medical writers. Notably, *Treatments for Women* contains two remedies for tears of the perineum during birth, which are echoed by only one other Salernitan writer.⁴⁵ Trota situated one of these remedies in a section titled “On the Dangerous Things Happening to Women Giving Birth,” an accurate title given the seriousness of blood loss and the frequency of death in childbirth. Yet for all this danger, she recorded very few guidelines for normal births, perhaps indicating that women without any medical experience would know how to safely deliver a child without the guidance of a physician.⁴⁶ If this is so, *Treatments for Women* demonstrates that the practical medical knowledge of women extended beyond female healers to women with no medical association at all.

Trota operated within both the male-dominated, theoretical medical sphere as well as the female-dominated, necessarily practical one. Her text is therefore well positioned to demonstrate how female practitioners reacted to the theories about their own bodies as men conceptualized them, as well as how they created their own theories about their own bodies. Trota’s text perpetuates the inferiority of women despite her own inclusion in that marginalized group, but it does not conform to male theorizing in all respects. Trota was familiar with the medical theories that postulated female inferiority and subordination to their reproductive organs, and in some cases she agreed:

For pain of the womb after birth, make a remedy like this. The womb, as though it were a wild beast of the forest, because of the sudden

⁴⁰ Green, “Introduction,” 42.

⁴¹ *Treatments for Women*, 104.

⁴² Green, “Introduction,” 42.

⁴³ *Treatments for Women*, 104.

⁴⁴ Green, “Introduction,” 42.

⁴⁵ *Ibid.*, 43.

⁴⁶ *Ibid.*, 43.

evacuation falls this way and that, as if it were wandering. Whence vehement pain is caused.⁴⁷

Trota likened the womb to a wild animal, as did the Hippocratic tradition, and referenced the wandering of the uterus that is found in commentaries on uterine suffocation.⁴⁸ Yet she simultaneously differed from these treatises by attributing such motion of the womb to the strain of childbirth, instead of the organ's own tendencies as an inherently "gluttonous zôon."⁴⁹ Her inclusion of vaginal constrictives for the express purpose of deceiving men is novel, but she also rejected some conceptualizations of the female body and reproductive organs more subtly. Most significantly, she acknowledged the contributions and needs of women to the practice of medicine, providing an insight into the medieval female body as women themselves saw it.

At times, the cures found in the *Trotula* sound absurd to modern readers, but again, these prescriptions were useful enough to medieval audiences to become the most widely read compendium on women's medicine for several centuries. Reading Trota's work can be as humorous as it is strange—the medicinal value of boiled old shoes and sandals remains elusive—yet what we find amusing points us to the very real and sometimes serious conditions faced by twelfth-century women.⁵⁰ The boiling of footwear was occasioned by either excessive menstrual flow or hemorrhoids following a strenuous birth, and indeed, menstruation and childbirth were two of the most pressing concerns of a medieval woman. It would be easy to dismiss the *Trotula* ensemble as the product of a highly unscientific, superstitious, and sexist society, but under such a view, our understanding of what it may have been like to be female in the twelfth century would be severely impoverished.

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⁴⁷ *Treatments for Women*, 90.

⁴⁸ Green, "Introduction," 23.

⁴⁹ See Bonnard, "Male and Female," 12.

⁵⁰ *Treatments for Women*, 90; 110. Trota recommends a fumigation of old shoe soles, pennyroyal, and laurel leaves boiled together to cure excessive menstrual flow: *Eis autem sunt alie*

contrarie que habent menstrea inmoderate, quibus subuenimus sic. Accipe soleas ueteres et pulegium et folia lauri et fac decoqui. Hiis coctis, fiat fumigium. And a wine bath with stewed pine herb and old sandals to cure hemorrhoids after birth: *Accipe sotulares ueteres et pineam herbama et coque eas in uino, et intus fac sedere quamdiu pati poterit.*