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Published on H-Histsex (March, 2018)
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Daphna Oren-Magidor’s first monograph explores the issue of infertility in early modern England as a social, cultural, and religious problem. Infertility, she explains, was “a medical problem that lay at the crossroads of social anxieties about gender, religious beliefs about divine providence and the proper roles of men and women, practical familial considerations and the deeply personal, deeply emotional attachment of parents to their children” (p. 9). Her key argument, which is reiterated throughout the text, is that medical and physiological ways of understanding and articulating infertility in the early modern period contained implicit moral judgments and carried punitive associations. This book effectively demonstrates the duality of medical and religious ways of understanding and articulating infertility, highlighting the lack of competition between the two systems of knowledge. The chronological range of this book covers 1540—the point at which midwifery manuals began to be published in England—to 1714. Therefore, it covers the religious turmoil of the sixteenth century, the eventual shift to Reformist notions on the sanctity of motherhood, and the struggles of Queen Anne to conceive an heir to the English throne.

Infertility has been the subject of some scholarship in recent years not only as the primary topic but also within the broader context of fertility, conception, and bodily understandings of both male and female reproductive systems. Jennifer Evans has explored the breadth and range of medical treatments for infertility, both male and female.[1] Sarah Toulalan has examined the impact of the body on reproductive systems by looking at perceptions of fat bodies and old bodies.[2] The historical positioning of this work is, however, complicated by the range of ways in which infertility was understood in early modern England. As Oren-Magidor notes, early modern sensibilities considered childlessness to be a form of infertility, and, within this definition, the topic has been explored by numerous scholars, such as Helen Berry and Elizabeth Foyster in their edited collection *The Family in Early Modern England* (2007), Naomi Tadmor in *Family and Friends in Eighteenth-Century England: Household, Kinship and Patronage* (2001), and Laura Gowing in *Gender Relations in Early Modern England* (2012). Oren-Magidor’s monograph “builds on the existing scholarship, but offers a more well-rounded view of fertility problems in their medical and socio-cultural dimensions” (p. 4). Her work contributes to a growing body of literature that seeks to situate the social history of medicine within a social, cultural, and emotional narrative.

This monograph is organized thematically rather than chronologically as “broadly speaking, there was no dramatic shift in how infertility was understood, treated or experienced” across the 174 years covered by this book (p. 8). Throughout this period, Oren-Magidor argues, infertility had the potential to imply that you were promiscuous, were sinful in either thought or deed, or had transgressed social or moral norms. She layers this sociocultural narrative over humoral understandings of bodily imbalance and immoderation. The impact of promiscuity on fertility in this period can, for example, be mapped against both the perceived bodily impact of excessive sexual activity and divine punishment for moral transgressions.
Chapter 2 looks at the experience of infertility and unpacks contemporary understandings of the term. This is made difficult by a paucity of evidence and by the complexity of early modern understandings of fertility and infertility. Infertility in this period was not wedded to conception, so a couple who suffered repeated miscarriages or stillbirths might be considered infertile. Moreover, infertility was not viewed as a permanent bodily ailment; it was seen as a temporary state that could be corrected by sufficiently godly behavior and/or the right medical treatment. This chapter provides some interesting insights into the relational aspects of infertility as a problem that affected couples, not just individuals. Infertility was not, Oren-Magidor argues, just about a female inability to conceive a child. It could also be determined by the inappropriate behavior of her husband, or by an unhappy union between them.

Chapter 3 explores the harmonious relationship between humoral theory, sympathetic magic, and providential narratives in explaining infertility in the early modern period. Humoral theory was the prevailing medical system of knowledge at this time, predicated on ideas of bodily balance and moderation. Oren-Magidor argues convincingly that humoral ways of understanding the body advocated conformity with a broader ethical, religious, and social code of conduct. Achieving good humoral balance required control and moderation in all things. The inability to conceive, despite being articulated in humoral terms, therefore, implied broader personal and social failings. This idea is developed in chapter 4, in which Oren-Magidor explores a “recurring and prominent negative attitude to infertile people both male and female” in early modern English society and culture (p. 86). That is not to say that she has countless examples of infertile couples being publicly berated for their infertility; rather, she argues that infertility was used as a social and cultural short-hand to describe social transgressions, such as a failure to conform to gender stereotypes. By analyzing printed ephemera—for example, ballads and satirical verse—this chapter argues that childlessness was often represented as the ultimate punishment for failing to behave as society expected you to.

The final chapter looks at concurrent and complementary methods of treating infertility. Oren-Magidor suggests that as early modern individuals articulated their infertility both medically and providentially, they employed medical, spiritual, and magical tactics to effect a cure. Both the affliction of infertility and the method of the cure, she argues, were understood within a religious framework; therefore, it was not seen as conflicting to pray for divine intercession and to seek medical solutions to the problem. Medical solutions might be obtained from a variety of sources: midwifery manuals, family recipe books, local apothecaries, and, in the case of seventeenth-century diarist Samuel Pepys, women assembled at a Christening. Several of these cures might be employed at any one time along with prayer, reinforcing the book’s central argument for duality in religious and medical ways of understanding infertility in this period.

In highlighting the religious framework in which early modern people understood and articulated the ostensibly medical issue of infertility, this book is successful in its central aim. It broadens our understanding of the interplay between these two conceptual frameworks and emphasizes the complementary nature of religion and medicine in the early modern mindset. This central argument would only be strengthened by a greater engagement with the relevant methodological historiographies. Grappling with the difficulties inherent in researching and interpreting early modern women’s life-writings (including recipe collections) as explored by James Daybell, Effie Botonaki, and Michelle di Meo, among others, would add even more weight to the social and cultural elements of Oren-Magidor’s argument. Similarly, the emotional crisis that infertility and childlessness represented might be unpacked in greater detail, building on the work of such scholars as Barbara Rosenwein (Generations of Feeling: A History of Emotions 600-1700 [2015] and Emotional Communities in the Middle Ages [2006]) and Susan Broomhall (Emotions in the Household 1200-1900 [2008]). These historiographical interventions would, however, have little impact on the central argument of this monograph. In offering a new perspective on infertility in early modern England, this book contributes to the rapidly expanding body of scholarship on (in)fertility, conception, and reproduction across early modern Europe.

Notes

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