Jennifer Evans


Jennifer Evans has written a compact but complete examination of Tudor-Stuart medicine by focusing on its relationship to sexual activity. Part of the Royal Historical Society’s Studies in History, this volume assesses the use of aphrodisiacs in the early modern era and finds that sexual stimuli were almost always associated with fertility concerns and not simply with lust. Divided into an introduction, five chapters and a conclusion, the book emphasizes that ‘aphrodisiacs’ – a new term in Tudor times – were understood as medicaments for infertility and central to reproductive sex. Evans’ introduction clearly arises from her doctoral dissertation, with its mandatory review of the literature. In it, she underscores the fluctuating demographic trends of the period, particularly spotlighting the century of stagnant population growth between 1650–1750. Medical texts published in this century assumed that aphrodisiacs should be employed only within the confines of marriage, although Evans reminds us that printed matter encouraging sexual stimulants for the unwed probably did not survive on a significant scale. Fertility in marriage was viewed as crucial to the viability of the union, but conception during illicit sex would hardly be a desired outcome. A man’s reputation, more than a woman’s, depended on having children to succeed him in a stable and ordered society.

Chapter one concerns the publication of texts about fecundity, who read them and how they were purchased. The English had wide recourse to medical practitioners, both licensed and irregular, many of whom provided specific remedies for barrenness and impotence. Here and in Chapter two, Evans neatly sketches the rubrics of Galenic medicine and its contrast with the continental medical ethos of Paracelsus; she also describes the schism between university-educated physicians and their helpers in surgery and pharmacy. Further down the ladder still were independent healers, wise women and midwives. Given the availability of printed matter and anecdotal advice, early modern men and women knew about the body and reproduction, sharing with one another suggestions for their ailments.

Chapter two zeroes in on reproductive and infertile bodies, the mystery of generation debated in early modern England. Evans includes an illustration of a womb and vagina from 1616, an illustration that underscores the belief that men’s and women’s bodies were similar. Generation came from seed and required orgasm for conception to occur. Despite an upswing in fertility at the end of the early modern period, medical writers continued to express concern
for men and women unable to conceive. Sexual disorders, however, could only be truly cured by God’s pleasure with the married couple.

Chapter three, “Provoking Lust and Promoting Conception,” tackles the theme of Evans’ work, that aphrodisiacs were used to conceive children. Hot foods like mustard, pepper and cinnamon heated the body and produced desire, as did seeds such as annis and caraway. Published herbals identified plants like sea holly to improve fertility while advertisements trumpeted “prolifick elixirs” to cure both barrenness and impotence. Spanish fly or cantharides was often included in recipes for aphrodisiacs. Men and women were also encouraged to eat nourishing food such as parsnips and turnips, seafood and fowl. Dairy products, too, stirred up venery and increased seed. “Windy” foods that produced flatulence, like beans and peas, made for potent seed filled with spirit. And based on the doctrine of signatures, anything with a phallic or testicular appearance ought to make one particularly lascivious, so patients were advised to dine on animal genitalia, carrots, and satyrion or “dog stones.”

Chapter four is concerned with witchcraft and the fear of it as a threat to one’s physical well-being. The devil’s methods could block the generative process and his agents could damage the reproductive body. But as the early modern era waned, skepticism about spells and magically-induced infertility set in and rationalism disavowed the devil’s power to interfere with the human body. For those who still believed in Satan’s might, prayer and fasting (along with aphrodisiacs) could remove enchantments and curses. Certain amulets were worn even by the aristocracy as an extra guarantee against bewitching. Evans mentions the 1613 case of Frances Howard, whose husband some claimed had been made impotent on Frances’s behalf by “a man called Forman.” Surely Evans ought to know Simon Forman, a notorious London conjurer implicated in the murder of Thomas Overbury; she even cites an article in her bibliography by Barbara Traister, Forman’s principal biographer.

Chapter five focuses on menstruation, how to trigger it and with it, desire. Medical authorities insisted that menstrual blood nourished the baby during gestation. The absence of menstruation damaged the delicate humoral balance within the female body, so purging remedies like pennyroyal and madder were discussed and encouraged in recipe books throughout the period. Many emmenagogues shared the characteristics of aphrodisiacs, hot and dry in their effect; they included herbs like fennel and angelica that would bring on the “courses.” Other aphrodisiacs were thought to prevent miscarriage, although too many of these might make the pregnant woman mad with lust and hurt the developing fetus. Evans concludes her book with a four-page summary of her thesis.