

Elizabeth I's Virginity and the Body of Evidence: Jonson's Notorious Crux

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In a famous, frequently quoted statement, Ben Jonson claims that Queen Elizabeth I "had a membrana on her which made her incapable of man." This essay reinvestigates the basis for Jonson's 400-year-old crux and, more broadly, argues for the relevance of an unexplored area of critical studies on Elizabeth: what early modern medicine and culture thought about lifelong virginity and its distinctive perils for the queen's aging body natural. Finally, looking at the inner-circle gossip about Tudor and Stuart queens' health and various records documenting Elizabeth's identified illnesses, including hystericus passio, the essay uncovers how virgins' diseases were thought to afflict Elizabeth over her reign and possibly contribute to her death.

INTRODUCTION

IN HIS 1967 article "A Gynaecologist Looks at the Tudors," Hector MacLennan reviews the debates about why Elizabeth I (1533–1603) failed to marry and cites "one of the greatest gynaecological controversies" to haunt the Virgin Queen's legacy. "Was Elizabeth in point of fact capable of marriage or was there some physical impediment, such as virilism, which lay behind her capricious episodes in courtship?" he asks, seeking to uncover what prevented her from domestic union and the production of heirs, despite widespread speculation into the early 1580s that she would do just so.¹ A distinct focus on the materiality of Elizabeth's body connects MacLennan's inquiry to the perspectives offered by many other writers past and present, whether it is Ben Jonson (1572–1637) who asserts that "she had a membrana on her which made her incapable of man, though for her delight she tried many,"² Peter Bayle who states in 1710 that "it is certain, she had no vulva,"³ or Lytton Strachey who

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¹MacLennan, 71.

²Jonson, 1:142.

³Peter Bayle's *Historical and Critical Dictionary*, quoted in Dobson and Watson, 83.

believes she had “special cause for a neurotic condition: her sexual organization was seriously warped.”⁴ Taking a different stance, David Loades asserts that “when she was ill . . . there was nothing specifically female about her ailments.”⁵ In these varied renderings, the early modern queen is unsusceptible to female trouble of any kind, entirely lacking or possessed of unusual anatomical features, or disturbed by psychic neuroses.⁶

Yet despite this intense focus on what seem like wholly familiar, even intimate, aspects of the Virgin Queen's body and parts of her life history, surprisingly little scholarship on Elizabeth has paid any sustained attention to the importance of early modern constructions of the physicality of virginity — at least beyond regular, even reflexive recitation of Jonson's notorious statement. With the arrival of Catherine Loomis's recent work on the queen's final illness and body's strange fate after her death in 1603, however, the history and nature of Elizabeth's physicality has developed as an important subject of investigation. The famously virgin Queen's case history demands new evaluation. Louis Montrose has noted that Elizabeth “remained a woman in her body natural, and therefore subject to those pervasive cultural perceptions of female weakness and disability that called into question the propriety and effectiveness of her authority,”⁷ but it is important to stress that Elizabeth's essential difference from other women did not entail merely reconciling her female body natural with her male body politic according to the purely abstract accommodations that figures such as John Aylmer devised to legitimize a female monarch's fitness to reign.

Accordingly, this essay proposes that it is necessary to understand Elizabeth Tudor's body natural crucially and more fully as a sixteenth- and seventeenth-century virgin's body. From the early modern perspective, the myriad ways in which Elizabeth might have reasonably anticipated long-term physical virginity to affect her corporeal health over her lengthy reign deserves deeper consideration. So too does the evidence that finally constitutes the fuller set of “gynaecological controversies” about Elizabeth's physical body and what kind of “impediments,” documented by the queen's court and close observers, were believed to have afflicted the early modern monarch's distinctly female body. From much murky information culled out of early modern medical works and historical annals, this essay offers here an in-depth account of early modern perspectives about the queen's gynecological health over her reign, as perceived by Elizabeth's peers, her immediate circle of intimates, and reportedly by the

⁴Strachey, 19–20.

⁵Loades, xviii.

⁶Most critics prefer to discuss Elizabeth's potentially hysterical nature as a psychological concern, which Doran surveys.

⁷Montrose, 1.

queen herself. A picture of Elizabeth's aging virginity and final illness also emerges, sketched out by popular medical belief: increasingly facing imminent death, Elizabeth had a rational set of expectations, cultivated by the prevailing ideologies of her age, about what her virgin's body would reveal were its cavities opened and the state of her gynecological health exposed postmortem. The queen was concerned about the perception of her bodily health over her lifetime, but, somewhat ironically, the reputation for health she wished to cultivate was often instead beset by rumors of gynecological illness threatening to eclipse the salutary image of her virginal purity, as this essay will explore fully. Along with these points, this essay considers more closely than prior scholarship what basis in early modern thinking might account for Jonson's notoriously colorful reference to Elizabeth's anatomy, as well as reinvestigates the long-standing critical assumption that when Jonson speaks about the Virgin Queen's impenetrable "membrana" he distinctly means, in fact, to speak of the hymen. In seeking to clarify the historical record, this essay will suggest that the evidence argues for a different perspective, that Jonson is referring to something else entirely.

Elizabeth's gynecological and obstetrical profile has gained considerable commentary, as much by her peers as her historians. Rumors of the young queen's infertility were apparently already circulating soon after, if not before, Elizabeth's accession in 1558, ranging from the report by the Spanish envoy de Feria (1520?–71) to Philip II of Spain (1527–98) in 1559 that Elizabeth was incapable of bearing children to the rife speculation about whether phlebotomy practiced on her might betoken menstrual irregularity.⁸ Later correspondence to Philip characterizes the general public opinion of the queen's health in 1561: "I must not omit to say that the common opinion, confirmed by certain physicians, is that this woman (Elizabeth) is unhealthy, and it is believed certain that she will not have children."⁹

Certainly this negative view of Elizabeth's fertility must be weighed against another distinctly different record. Her gynecological health apparently routinely scrutinized, positive assessments of "Elizabeth's fitness for marriage" seemed fairly pedestrian in 1564 accounts.¹⁰ Later, during a revival of French marriage negotiations to match Elizabeth with the young Duke d'Alençon (later Anjou; 1555–84), she underwent new examination, according to the particularly detailed information provided by yet another Spanish ambassador, Bernardino de Mendoza (1540?–1604), in January 1579: "M. de Simier and the other

⁸See 29 April 1559 in *Calendar of State Papers, Spain, Volume 1, 1558–1567*, 46–64. See also Chamberlin, who culls her complete medical record from various annals.

⁹Alvarez de Quadra's letter to Philip, 22 January 1561, *Calendar of State Papers, Spain*, 178–80.

¹⁰*Calendar of State Papers, Scotland, Volume 1, 1509–1589*, 195 (21 February 1564).

Frenchmen arrived here on the 5th, and saw the Queen on the 11th. She had, a few days previously, had a consultation of doctors to decide whether she could hope for progeny, in which the doctors found no difficulty."¹¹ Privy to much personal information about the monarch's health — as were Robert Dudley, Earl of Leicester (1532/33–1588), and Francis Walsingham (1532–1590) — one of Elizabeth's closest councilors, Cecil, Lord Burghley (1520/21–1598), also still seemed to believe her fertile and capable of producing heirs, that old Tudor nemesis.

At the far end of speculation about her reproductive fertility and sexual proclivities, Elizabeth was rumored to be possessed of an unquenchable lust. Without any official confirmation of an imminent marriage for Elizabeth, accounts circulated about the birth of bastard children fathered by her favorite, Leicester. Many critics are persuaded that these stories have some truth to them. Catherine Loomis considers why Elizabeth explicitly gave an order disallowing the opening or embalming of her corpse according to standard funerary practice. She reasons, "Elizabeth may not have wanted her body to be examined by 'surgions.' Early modern anatomists believed changes in the size and shape of a woman's uterus proved whether or not she had borne children; a visual inspection of Elizabeth's womb might have made James's orderly succession difficult or impossible."¹²

Likewise, Loomis adds, the "absence of a 'Membrana' could also" have indicated her defloration, visible and palpable proof of her past sexual license.¹³ A discovery of this sort would certainly have satisfied Elizabeth's subjects who had been punished severely for sedition after spreading rumors of the queen's purported misconduct.¹⁴ But Loomis also allows for, if does not quite endorse, an alternative possibility behind Elizabeth's request to remain unopened: a postmortem examination might instead have verified Jonson's scandalous claim concerning Elizabeth's anatomical oddity. Such an outcome would also have confirmed the rumors of her physical impermeability, a material impediment that necessarily had become a moral virtue for the Virgin Queen. However, if the queen were aware that opening her body could provide visible and palpable evidence of virginity's loss in the form of an enlarged uterus or corrupted or missing hymen and she wished to suppress it accordingly, it is also likely that Elizabeth knew, in accord with the beliefs of her age, that hymens offered, at best, inconclusive proof of virginal integrity. Sixteenth- and seventeenth-century medicine was still debating what physicians, anatomists, and medical writers had long raised, whether the hymen could be a reliable

¹¹ *Calendar of State Papers, Spain, Volume 2, 1568–1579*, 627 (15 January 1579).

¹² Loomis, 494.

¹³ *Ibid.*

¹⁴ See Samaha; Montrose.

indicator of virginity. This view is readily available in popular culture. Though the Doctor who registers incredulity at the prospect of finding any physical evidence of the Jailer's Daughter's virtue — "You fathers are fine fools — her honesty? / An we should give her physic till we find that" — points to a far deeper satirical treatment of virginity being contemplated in Shakespeare and Fletcher's *The Two Noble Kinsmen* (ca. 1613), the Doctor's thinking still reveals what is current.¹⁵ Hymens are even-scarcer a commodity than virgins to possess them.

Medical authority indeed viewed the hymen as an epistemological problem, as Marie H. Loughlin has discussed.¹⁶ Writers who more assertively insist on the hymen's definitive existence are likely following Vesalius's conclusions in *Letter on the China Root* (1546), where he reports investigating the bodies of a nun and a hunchbacked teenage girl: "When the flesh had ben removed from the bones of the nun and the girl for the preparation of the skeleton, in the presence of a few students I examined the uterus of the girl since I expected her to be a virgin because very likely nobody had ever wanted her. I found a hymen in her as well as in the nun, at least thirty-six years old, whose ovaries, however, were shrunk as happens to organs that are not used."¹⁷ Accordingly, contemporary texts do testify to the hymen's existence as well as its cultural significance, just what the 1582 edition of *Trois Livres* by Jean Liébault (reprinted four times by 1598) observes: "the hymen membrane seals up the bottom of [that] shameful part."¹⁸ Another popular French volume, *Observations diverses* (1609) by court obstetrician Louise Bourgeois, was translated by Thomas Chamberlayne for the English reader: "The Hymen is a membrane not altogether without blood, neither so tender as the rest, but more ruddy, and scattered up and down with little veins, and in a circular form; it is placed overthwart, and shuts up the cavity of the neck of the womb. In the middle it hath a little hole, through which the menses are voided. This at the first time of copulation is broken, which causes some pain, and gushing forth of some quantity of blood; which is an evident sign of virginity; for if the blood do not flow, there is a suspicion of a former deflowering."¹⁹

Because hymens can be ruptured without sexual activity, however, anatomists and writers on gynecology also often make it clear that the absence of a hymen is not substantive proof of the loss of virginity. The oft-reprinted compendium *Aristoteles Masterpiece* (1684) takes a stance against the ignorant: "to undeceive

¹⁵Shakespeare and Fletcher, 3266 (5.4.27–28).

¹⁶See Loughlin. See also Carroll; King.

¹⁷Taken from Andreas Vesalius, *Epistola rationem modumque propinandi radices Chynae decocti* (1546), quoted in Loughlin, 45.

¹⁸Liébault, G6^v: "La membrane Hymen que estoupe le col de la partie honteuse" (my translation).

¹⁹Chamberlayne, D8^r. The volume contains Bourgeois's material first published in French as *Observations diverses*.

such Idiots, it is affirmed by the learned, that such fracture may happen divers ways by accident as well as copulation with man," which "break the ligatures or membrane, so that the entireness or fracture of this thing, commonly take for the virginity or maidenhead, is no absolute sign of dishonesty: though certain it is, that in copulation 'tis more frequently broke than otherwise."²⁰ As the author suggests, a virgin whose hymen ruptures and bleeds upon first intercourse offers certain signs of her virginity; nevertheless, since not all virgins' bodies provide such visible markers, a lack of blood is not a sign of prior sexual activity (except for when it is). "We must therefore find out some other lock of virginity," Helkiah Crooke pronounces.²¹ Working from something akin to this premise, in his 1548 edition of the English-language *Anatomie of the Bodie of Man*, Thomas Vicary identifies the presence of fragile "certain veins" rather than a hymen membrane per se: "Also about the middle of this neck be certain veins in maidens, the which in time of deflowering be corrupt and broken."²² Another sixteenth-century English text, Andrew Boorde's *Breviary of Health* (1547), declares, "there be fine veins the which doth break when a maid doth lose her maidenhead."²³

Soranus's second-century CE Greek gynecology is usually credited with contradicting the received wisdom about the hymen. "This membrane is not found in dissection," he states flatly.²⁴ By 1549 the pioneering French court physician and surgeon Ambroise Paré (1510–90) was registering his skepticism about the *pannicule virginal* (hymen membrane), and he notes Galen's failure to mention it at all.²⁵ The mid-seventeenth-century anatomist Jean Riolan sounds

²⁰ *Aristoteles Masterpiece*, D11^{r-v}.

²¹ Crooke, Z2^v.

²² Vicary, F7^r. Vicary was one of many court physicians to the Tudors.

²³ Boorde, Y4^v–Aa1^r.

²⁴ Owsei Temkin translates Soranus from the Greek. Soranus, 15: "It is a mistake to assume that a thin membrane grows across the vagina, dividing it, and that this membrane causes pain when it bursts in defloration or if menstruation occurs too quickly. And it is equally wrong to believe that this membrane, when it remains in place and is formed into a solid structure called *atresia*. For first, this membrane is not found in dissection. Second, in virgins, the probe ought to meet with resistance (whereas the probe penetrates to the deepest part). . . . In patients with atresia the membrane dividing the canal is sometimes found in the accessible parts of the labia, sometimes in the middle of the vagina, and at other time in the middle of the uterine orifice." Though Soranus's full text was not available to early modern readers, writers nevertheless absorbed his statements indirectly through other translations or sources (e.g., Muscio). On this point, see Green, esp. 33, 286–87n124, 351.

²⁵ In his early work, *Briefve Collection de L'administration Anatomique*, Paré, 1549, C9^v–D^r, declares: "Because in virgins' anatomy there is not any such membrane found, nor does Galen make a single mention of it" (my translation). This early reference is expanded, with some differences, in the 1634 translation of his works.

a doubtful note about the hymen, which he thinks is “pierced through with a very little hole,” but only “if this be found” at all.²⁶ By the publication of *Mircroscographia* (1615), Crooke addresses what is now a long-standing controversy. He comments, “It hath been an old question and so continueth to this day, whether there be any certain marks or notes of virginity in women and what they are.”²⁷ Six decades later, Jane Sharp was offering a breezy review of the still-extant controversy for an English, likely female public: “The Arabians thought this skin called hymen was the joining of five veins together as they are placed on both sides, but that is rejected. Fernelius thought the sides of the womb stuck together and were parted by copulation; there are many other opinions needless to trouble the reader with.”²⁸ The academic and popular debate about the hymen’s precise nature was thus unresolved by the seventeenth century.

Perhaps as a result of these entrenched historical debates about the ontology and epistemology of the hymen, Jonson’s notorious allusion to Elizabeth’s noteworthy anatomy and its impermeability is usually understood reflexively to be referring to Elizabeth’s hymen. This would seem evident. But the full text of Jonson’s remarks made to William Drummond in a 1619 conversation — “she had a membrana on her which made her uncapable of man, though for her delight she tried many, at the coming over of Monsieur [Alençon], there was a French surgeon who took in hand to cut it, yet fear stayed her and his death”²⁹ — suggests far more nuance and complexity than is indicated at first glance. In order to address more precisely what Jonson intends to allude to, then, this essay must turn to another notable story from the annals told by a different French surgeon, Paré.

JONSON’S MEMBRANA

The renowned French practitioner tells the following story of a young female patient who required surgery to cut an unusually thick membrane, a story that intriguingly recalls the fuller matter of Jonson’s phrasing:

In some virgins or maidens in the orifice of the neck of the womb there is found a certain tunicle or membrane called of ancient writers Hymen . . . the enclosure of the virginity or maidenhead. But I could never find it in any,

²⁶Riolan, O^r.

²⁷Crooke, Z2^r.

²⁸Sharp, D8^v. She finishes the controversies with “Whatsoever it is, there are certain Veins in it which bleed in the breaking of it,” adding that Colombo said “it is seldom found” and “Laurentius professeth he never could find it.” See D8^v; E^r.

²⁹Jonson, 1:142.

seeking of all ages from three to twelve, of all that I had under my hands in the Hospital of Paris. Yes once I saw it in a virgin of seventeen years, whom her mother had contracted to a man, and she knew nevertheless there was something in her privy parts that hindered her from bearing of children. . . . I found a certain very thin nervous membrane a little beneath the *nymphae*, near unto the orifice of the neck of the womb; in the midst there was a very little hole whereout the terms might flow: I seeing the thickness thereof, cut it [a]sunder with my scissors. . . . Realdus Columbus is of my opinion, and sayeth that this is seen very seldom And he also addeth that he observed it in two young virgins, and in one elder maid.³⁰

Jonson's less noted statement that Elizabeth suffered distress over the prospect of a French surgeon's performing upon her the same type of surgery described above by Paré is in itself interesting. Possibly Jonson heard or read and repeated portions of Paré's narrative (which retells Colombo's narrative), conflating these accounts and resolving them into the familiar and now deeply personalized details Jonson then offered forth about Elizabeth's conduct and famously virginal body — that the Virgin Queen feared to go ahead, in fact, with a surgical procedure to be performed by an unnamed French doctor. Jonson does pointedly connect this surgery to Elizabeth's declaration that she would marry Alençon in 1581, when especially salacious court gossip concerning her conduct with the French duke swirled about. Somewhat abruptly, however, Alençon died in 1584, and Paré followed in 1590; thus exactly which individual's death ("his death") Jonson refers to in his pell-mell pile-on sentences, and that "stayed" Elizabeth from her surgery, is unclear. If the queen did possess an impenetrable membrane, then Alençon's death would have reasonably obviated the need for surgery to ensure any final reproductive potential for Elizabeth — a less happy end than for Paré's young and nubile French patient faced with the same obstacle to her reproductive promise.

Of course, by 1619 Jonson was recalling tales from three decades earlier, and the vagaries of memory may prove Jonson simply an unreliable gossip. Or perhaps it is the comma transcriptions in Jonson's speech that are unreliable: possibly Jonson states that Elizabeth's proposed surgery did not take place as planned because of the surgeon's untimely death.³¹ Read this way, Elizabeth's deferred surgery may be wholly unconnected to Alençon's presence in 1581 and death in 1584. That is, at a later date and out of some unspecified prophylactic

³⁰Paré, 1634, Kkkk^t.

³¹It is possible to reconceive of Jonson's punctuation and referents in the following manner: "She had a Membrana on her which made her incapable of man, though for her delight she tried many at the coming over of Monsieur[.] [T]here was a French surgeon who took in hand to cut it, yet fear stayed her and his [the doctor's or Alençon's] death."

necessity (given that she was likely no longer capable of childbearing), Elizabeth may still well have planned a surgical operation for her unyielding membrane, but her fear and the untimely death of the French doctor precluded this.

Beyond this interesting genealogy of Jonson's story's development into one of the more notable bits of narrative history, however, his statement's fuller significance finally seems to be less concerned with Elizabeth's hymen as such. In parsing Paré's account of his search for the hymen seen by "ancient writers," it is important to emphasize that he first takes issue with their findings: "but I could never find it in any." In an apparently puzzling contradiction, though, he goes on to claim emphatically, "But once I saw it," before relating the case of the impermeable membrane he discovered in the nubile virgin: "there was something in her privy parts that hindered her from bearing of children." In order to explain the apparent contradiction that arises between Paré's assertion that he has seen no evidence of hymens and the singular occasion when he states that he did see one, Paré's complete comments require quotation: "Realdus Columbus is of my opinion, and saith that this is seen very seldom, for these are his words: [']under the *nymphae* in many, but not in all virgins, there is another membrane, which when it is present (which is but seldom) it stoppeth, so that the yard cannot be put into the orifice of the womb, for it is very thick above towards the bladder, it hath an hole by which the courses flow out.['] And he also addeth that he observed it in two young virgins, and in one elder maid."³² From the context, it becomes clear that Paré's surgical patient indeed did not possess a hymen, in fact, but rather a conformation (Soranus labels these "imperforations"³³), an unusual membranous malformation of tissue impeding penetration — not a hymen some report to have seen but "another membrane," something only like it that some doctors report seeing. This conformation is what Colombo saw in the imperforate elder maid and two young virgins.

Crooke further clarifies the matter, explaining that the abnormal appearance of a membrane is nevertheless "organical" — that is, a "not natural" (abnormal) membrane may exist as a (natural) congenital defect or arise from an ulcer or disease "against nature": "[Laurentius] gives credit to Columbus and Fallopius, that he thinks there is sometimes such a membrane found, but if it be stretched overthwart in the middle or at the end of the neck of the womb, then he thinks it is not natural, but an organical disease."³⁴ He continues, "So oftentimes at the very end or extremity of the lap there groweth sometimes a membrane sometimes a caruncle or small piece of flesh, which affection or disease Avicen calleth *clauturam* or *the inclosure*; the Grecians call . . . such women . . . *imperforatas*. Some are so from their infancy, some by mishap, as by an ulcer,

³²Paré, 1634, Kkkk^r.

³³Soranus, 15.

³⁴Crooke, Z2^v.

inflammation or some other tumor against nature."³⁵ In his earlier 1585 work, Philip Barrough had informed English readers of "certain films or thin skins [that] engender about the neck or entry of the matrix" and "scars of ulcers, which hath been before in the womb, have stopped the mouths of the vessels, which carried blood into the womb."³⁶ To these organic causes of imperforation, Sharp includes injury or "wounds," and Chamberlayne adds, "sometimes it happens by the clinging of other parts together."³⁷ Riolan alludes to "naturally shut up" women's parts or "imperforated persons, such as are unbored or unbroached," but Rivière puts it the most colorfully in the *Practice of Physick* (1655): "Virgins that have their wombs closed up, are said to be imperforated, or unbored, like a barrel of beer that hath no hole to put a spigot."³⁸

This medical notion is precisely what also seems to inform Jonson's commentary on Elizabeth's "membrana" — he suggests his Virgin Queen should be counted among the *imperforatas* (presumably bereft of "spigot"). Read contextually in this light, it is not Elizabeth's hymen under discussion in his remarks. Moreover, the treatment he claims the visiting French surgeon planned for Elizabeth — to take *membrana* in hand, so to speak, and cut it — certainly follows Paré's innovations in surgery and also falls in line with standard prescriptions. Soranus suggests, "One should cut away the [tissue] for those in whom there is no perforation" and "relieve closures or flexures."³⁹ The oft-cited authority Avicenna provided a similar "description of an operation to open up tissues" as long ago as the eleventh century.⁴⁰

If Elizabeth was imperforate, as Jonson suggests, prognosis or advice about the requisite surgical procedure depended upon where precisely such a membrane was thought to be located. "Closure of the womb is wont to be in [one of] three places," Rivière affirms.⁴¹ According to Culpeper's representative

³⁵Ibid. "Clausio" (with variations) is the term used by medieval medical texts to describe closures. As Green also observes, "The term 'hymen' is never used by any of these authors nor is it clear that all of them were referring to the category of 'imperforate hymen': see Green, 96, table 2.1, note o.

³⁶Barrough, N^r.

³⁷Sharp, S7^r; Chamberlayne, N3^r.

³⁸Riolan, O^v; Rivière, L13^r, whose case studies are from several decades earlier.

³⁹Soranus, 133, 135. Temkin's translation alluding to "hymens and tissue" is confusing: "One should cut away the hymen or tissue for those in whom there is no perforation." But Soranus has just rejected the existence of the tissue that breaks during defloration, and his text on imperforations follows. Soranus stresses in the earlier passage, "It is a mistake to assume that a thin membrane grows across the vagina, dividing it, and that this membrane causes pain when it bursts in defloration or if menstruation occurs too quickly": *ibid.*, 15.

⁴⁰Green, 257, provides this information, tracing the legacy of the Persian surgeon Ibn Sinā (or, Avicenna).

⁴¹Rivière, L13^r.

discussion of the available treatment, “It is easier cured when it is from a membrane only, because it is easily cut or broken,” being located “outward.”⁴² On the other hand, “if it be in the neck of the womb or be flesh, it is hard, for if the cut be large there is pain and bleeding, and the wound is hard to be cured, because the neck for the bladder is easily hurt thereby,” and in the worst cases, “that in the orifice of the womb is not to be cured, because the instruments cannot reach it.”⁴³ The conformation’s original cause is also a complicating factor, because “when the closure is caused by a fleshy matter, as it happens after ulcers, the cure is more difficult.”⁴⁴ Given these prognoses, it is unsurprising that Elizabeth might have been “stayed by fear” in the way Jonson claims, but even if Jonson’s gossip looks like it hardly provides conclusive proof of the veracity of the queen’s condition, then extant correspondence offers stronger evidence that Elizabeth possessed such a “closure.”

In fact, Elizabeth was said to suffer from ulcers either in or on her leg — and this ulceration was understood as associated with gynecological illness by no less than her royal peers. In a remarkable letter that Mary, Queen of Scots (1542–87), wrote to Elizabeth in 1585 (the same alerting her to rumors of her salacious conduct with Alençon), the Scottish queen recounted for Elizabeth as best she could the gossip told to her by the Countess of Shrewsbury concerning Elizabeth’s state of health in 1580–81: “Around four or five years ago when you [Elizabeth] were sick at the same time as I [Mary], [the Countess] said to me that your illness came from a closure of a fistula that you had in a leg and that doubtless, having come to lose your terms, you would soon die, and she was rejoicing about that fantasy, which she had long held since prognostication foretold of your death by violence.”⁴⁵

In the letter’s early modern French, the preposition “in” is indistinct from “inside” or “on” the leg.⁴⁶ But more importantly, the logic of the Scottish queen’s expression — how an illness derived from the closure of a fistula in(side)

⁴²Culpeper, D3^r. The 1662 edition expands on the 1651 material on women’s diseases.

⁴³Ibid.

⁴⁴Rivière, L13^v.

⁴⁵*Collection of State Papers Relating to Affairs in the Reign of Queen Elizabeth 1571–1596*, 7C2^v: “Il y a environ quatre ou cinq ans que Vous estant malade et moy ausi au mesme temps, elle me dit, que vostre Mal provenoit de la closture d’une fistulle que vous aviez *dans une jambe*; et que sans doute *venant a perdre voz mois*, Vous mourriez bien tost, s’en resjouissant sur une vayne imagination quelle a eue de long temps par les predictions . . . [que] prediroit vostre mort par violence” (my translation). The letter, by Mary, Queen of Scots, to Elizabeth is contained in the Burghley papers. Loomis’s footnote brought Mary’s letter to my attention; Chamberlin labels it “the Scandal Letter,” with some differences in translation: Loomis, 494n27; Chamberlin, 159.

⁴⁶Grateful thanks to Dr. Elizabeth Goldsmith and Dr. Marie-Cécile Ganne-Schiermeier for discussing my translations.

or on the flesh of Elizabeth's leg is related to the loss of her terms, or "months" — provides clearer information about what Elizabeth's peers believed about the health of the virgin monarch. That is, Mary Stuart's description sounds very much like the classic description of an anatomical conformation in an "unbored" woman.⁴⁷ In her phrasing, interestingly, Mary's letter also draws together the two separate threads of rumors about Elizabeth: the first about the queen's imperforate state, for which Mary suggests the cause of ulcerating tissue forming a closure (*closture*), and a second, the already long-standing rumors of Elizabeth's ill health (infertility and menstrual irregularity).

Moreover, the basis for any ill health of Elizabeth's is further illustrated by the logic of Mary's syntactical progression. In other words, the queen's ulcerating tissue (or *membrana* that cannot be penetrated) explains to Mary what prevents the normal expulsion of Elizabeth's excremental blood — the crucial expense of spirit that is also the shameful but necessary waste of female bodies, whose fundamental humoral insufficiency demands monthly evacuation in order to remain healthy. It was axiomatic for classical and early modern medicine that menstrual stoppage, for whatever reason, not only led to infertility, but to other uterine illnesses.⁴⁸ Paré provides a succinct orthodox explanation: "When the flowers or monthly flux are stopped, diseases affect the womb, and from thence pass into all the whole body. For thereof commeth suffocation of the womb, . . . dropsy," and many other problems.⁴⁹ The French surgeon's comments reflect a common perception that menstrual blockages could be fatal, as Sharp also warns: "Hippocrates tells us, that when the terms are long stopt, the Womb is diseased, with humors, impostumes, ulcers . . . if the symptoms be great there is danger of death."⁵⁰ Unsurprisingly, it is precisely within the context of a discussion of menstrual blockages that Soranus had framed his recommendation to excise imperforate tissue surgically.

But Elizabeth did not die as predicted, of course. In 1585, when Mary Stuart wrote to inform her about the rumors of gynecological indisposition that had circulated some four or five years earlier, she was yet well enough, if "very doubtful

⁴⁷Earlier in the letter, the Scottish queen also alludes to how Elizabeth's "not being like other women" was thought to preclude her marriage to the French duke. See *Collection of State Papers Relating to Affairs in the Reign of Queen Elizabeth 1571–1596*, 7C'.

⁴⁸As Green, xi, puts it, "one of the crucial precepts of the Hippocratic-Galenic model of medicine that dominated western European medicine up through the seventeenth century was that maintenance of women's menstruation . . . was at the core of what constituted overall health for a woman. Irregular menstruation was not only a sign of some affliction," but also thought inevitably to lead to "suffocation, and even death." See also King, esp. 67. There is a good deal of scholarship on classical and early modern views of menstruation and, by extension, uterine pathologies by King; Crawford; Maclean; Peterson.

⁴⁹Paré, 1634, Kkkk6^v.

⁵⁰Sharp, V2^v–V3^f.

of herself by reason of her often disease,” Leicester told Walsingham, also in 1585.⁵¹ So the purported surgery, which Jonson claims was proposed around the same time Mary Stuart indicates, may well have been intended for an altogether new conformation mentioned in the Scottish queen’s letter, or, alternatively, intended to treat a long-term, even-congenital malformation that was responsible for the menstrual irregularities thought to plague the Virgin Queen.

Another ready explanation for why the Scottish queen saw it fit to link gossip about Elizabeth’s ulcer with amenorrhea lies in the potential of ulcers to substitute or be a proxy for menstruation, a common explanation for the occurrence of nosebleeds and other compensatory bleeding. On 6 January 1578, the papal nuncio in France wrote about medical information he had received indirectly about Elizabeth’s “purgations”: “By persons that have some knowledge of the Court of England I am apprised that the said Queen’s physicians deem her life in danger. They say that she has hardly ever had the purgations proper to all women, but that instead nature has come to the rescue by establishing an issue in one of her legs, which has never been scanty of flow. But the Queen has fallen ill, and at present seems to be quite dried up, nor know the physicians how to find a remedy for this mishap.”⁵² Elizabeth Jenkins concurs: “they had considered that the discharge from the ulcer had compensated for her having so few monthly periods, and expected the worst effects to follow from its cease.”⁵³ The reflexive belief in the centrality of menstrual regularity — it cannot be overstated — might indeed explain why the healing of an ulcer in (or on) Elizabeth’s leg was perceived as a turn for the worse by some in her court in 1578.⁵⁴

⁵¹See Leicester’s letter to Walsingham, dated 21 September 1585, in the *Calendar of State Papers, Domestic Series, Elizabeth, 1581–1590*, 267: “The Queen is . . . doubtful of herself by reason of her often disease, and last night worst of all. She used very pitiful words to [Leicester], and fears she shall not live, and would not have him from her.”

⁵²Letter from the nuncio in France, written to the cardinal of Como, transcribed in Chamberlin, 67.

⁵³Jenkins, 209. For a contemporary source, see Rivière, Zz3^r: “I saw a maid who had a sore in her head, which opened every month, and bled plentifully; and we have seen many such that have sent forth blood at fixed times by their lungs; and this evacuation was instead of a menstrual flux.”

⁵⁴Elizabeth had suffered other ulcerations in or on her legs and ankles also in July 1569–July 1570, reported the ambassadors Fénélon, De Spes, and De Gueras: see Chamberlin, 58–59. As with Mary, Queen of Scots, Fénélon believed that Elizabeth, “with bad health and an affliction which she has in her legs, will not be of long life”: letter from 27 July 1569, quoted in Chamberlin, 58. The phrasing used by the ambassadors varies, sometimes “in the leg,” “ill in the leg,” “above the ankle,” or “in the foot”; possibly the ambassadors were not privy to all details or Elizabeth was simply prone to various ulcers (as was Henry VIII). Mary’s letter is instructive for its bringing together the rumors of menstrual irregularity and of ulceration — her perception of Elizabeth’s ongoing problems.

While it is evident that surgery was the only real option offered for imperforations, traditional treatments for the suppression of menstruum certainly existed. Herbal therapies or bleeding were standard Galenic treatments, both to stimulate the flow of the terms and also to evacuate the unhealthy plethora, and Elizabeth “clung to established [Galenic] ways.”⁵⁵ Phlebotomy therapy seems to have been performed fairly regularly on the queen at her behest, according to court records.⁵⁶

As with the other medical controversies surveyed thus far, when and where to bleed a female patient summoned up a great deal of controversy. Sharp summarizes: “Authors agree not what veins must be opened to move the terms; Galen thinks the ankle vein, and most men conclude the same because it opens obstructions, and brings down the blood; open the ankle twice or thrice rather than the arm once”; she adds, “but in other diseases of the womb it is best to open a vein in the arm.”⁵⁷ Advice, of course, varies, and menstrual or uterine ailments are not the only afflictions for which one might be bled. Still, according to ambassadorial correspondence, Mary Tudor also underwent regular bleedings for suppressed menstruation — another Tudor monarch with an even more infamous reproductive history.⁵⁸

Reports of Elizabeth's 1559 bleedings are also what stimulated the Spanish envoy de Feria's concern, quoted earlier, about Elizabeth's infertility so early on in her reign. Paré affirms the basis for the envoy's association: “Those virgins that from the beginning have not their monthly flux, and yet nevertheless enjoy their perfect health, they must necessarily be hot and dry, or rather of a manly heat and dryness, that they may so disperse and dissipate [superfluous blood], but verily all such are barren.”⁵⁹ Legends of famous manly viragos such as Phaethusa, or women whose menstrual cessation led to the development of secondary male characteristics (facial hair, deeper voices, etc.), appear frequently in medical literature to instruct about the dangers of amenorrhea, and offer good models of what Gail Kern Paster calls the fungibility of gender.⁶⁰ While MacLennan does not clarify the origin of his reference to Elizabeth's potential “virilism,” which he

⁵⁵Furdell, 72.

⁵⁶For example, in 1554 and 1561: see *ibid.*, 69. Furdell refers to Elizabeth's illness, called “drosy” by attending doctors.

⁵⁷Sharp, V3^v.

⁵⁸Mary was thought to have poor health before and after her notorious false pregnancy. See “Some Royal Death-Beds,” 1304; and also Chamberlin, 37: “she was habitually afflicted with the most abject melancholy; she was anaemic to a notable degree. . . . Her colour was bad; her periods were irregular, scanty, painful, and in the main suppressed, a complaint treated, according to the Venetian ambassador, by ‘frequent blood-letting.’”

⁵⁹Paré, 1634, Kkkk6^r.

⁶⁰See *ibid.*; see Paster further.

includes in the possible “gynaecological controversies” to haunt the queen, such apocryphal stories — combined with those already rife about Elizabeth’s amenorrhea and barrenness — would have allowed de Feria to make fairly conventional inferences about the Virgin Queen’s health regimen for her future production of heirs.

If Jonson’s allusion to Elizabeth’s “membrana” has some basis in fact explained by the early modern medical knowledge outlined here (and is not the stuff of fiction, dreamed up solely by the poet’s prurient gossip), then it is equally logical why the Queen of Scots alludes to Elizabeth’s menstrual health in her letter about the fistula “dans une jambe.” For if the young English Virgin Queen were possessed of a conformation, blocked terms would have been the first early hints of anatomical conformation, just as Mary Stuart’s letter suggests was yet again possible by 1580–81, when Elizabeth was then in her late forties. Or she may have been suffering from still another fresh ulcer or newly developed conformation of tissue (assuming the 1578 date of the nuncio’s report of the healed ulcer is accurate).⁶¹ Paré explains the view of most that “obstruction of the inner orifice thereof, by the growing of . . . a wound or ulcer, or a membrane growing there” can also cause life-threatening amenorrhea.⁶² Barrough agrees: “many times the purgation of the menstruis is letted through hardness engendered in the mouth of the matrice, or through some excrescence and growing up of a piece of flesh.”⁶³

Even if the Queen of Scots’ detail about Elizabeth’s ulcer should be read more properly as existing on the surface of her leg, this does not yet rule out the role of impeded menstruation. Another explanation lies available in the commonplace notion of so-called sympathy in female bodies: menstrual disorders were understood to affect the legs or other nearby parts because of the special communication between the womb and the rest of the female anatomy. Suppressed menses, furthermore, “because of the diffusion through the whole body,” can also affect “especially the hips and thighs, because of the sympathy of those parts with the veins of the Womb,” Chamberlayne states in a conventional explanation.⁶⁴

So perhaps Jonson knew of what he spoke, his comment better understood as a tissue of many discrete threads, combining orthodox medical knowledge, common wisdom, court gossip, and the documentary record of Elizabeth’s

⁶¹According to Jenkins, 181, illness in 1579 returned Elizabeth to the potential benefits of therapeutic phlebotomy: “She was inclined to think it was owing to the fact that . . . she had given up the doctors’ routine of purging and bleeding which they had said was necessary to keep her in health.” Perhaps this is connected to the resurfacing of the ulcer.

⁶²Paré, 1634, Kkkk6^r.

⁶³Barrough, N^r; Sadler, however, disagrees with this notion: Sadler, B8^v.

⁶⁴Chamberlayne, O9^r.

health into one seamless turn of phrase. It is important to note, however, that Elizabeth's overall gynecological fitness remained highly salient to early modern individuals as her reign continued; accordingly, the Virgin Queen's case history does not end with Jonson's story of the impenetrable membrana.

THE VIRGIN'S MOTHER

Beyond the seriousness of the threat posed by the anatomical conformation itself, the young English queen ascended the throne at a particularly relevant juncture in the history of the gynecological disorders of young virgins. First as a nubile young queen and then as an aging unmarried noblewoman, Elizabeth lived in an age in which virgins were believed particularly susceptible to diseases, with important ramifications for the perception of Elizabeth's long-term gynecological health. In 1554, just before Elizabeth succeeded Mary to the throne, Johannes Lange had refamiliarized early modern English culture with the ailment of greensickness, which quickly gained emphasis first as a virgin's pathology (later becoming known as *chlorosis*).⁶⁵ Within several decades, greensickness was classed along with many other possible uterine afflictions and was thought both perilous and widespread. Mary Stuart herself was said to suffer from it — Throckmorton, the French ambassador, reported he found the Scottish queen “very pale and green, and withal ‘short-breathed,’ and he expected her to die.”⁶⁶ Literary tradition followed suit with its “green girls,” as Ronald McFarland has explored in a well-known essay.⁶⁷

Citing Galen and more newly translated Hippocratic works, early modern medicine also developed a large catalogue of other virginal uterine afflictions arising from unevacuated menstruum and suppressed seed combining in the womb. Many writers discuss far more than greensickness, and categorize ailments for virgins, widows, or simply maids, without specifying the age of

⁶⁵In her discussion of the dissemination of Lange's classically inflected work, King, 19, identifies 1619 as the date chlorosis appeared, correcting the commonplace that *chlorosis* predated greensickness, already long in the vernacular. By 1762, Astruc, 1:M7^v, was attempting to historicize the term *chlorosis* since it “is scarcely more than two hundred years, [that] physicians have begun to reckon it as a particular species of disease, among those of women.”

⁶⁶See the introduction to *Calendar of State Papers, Foreign, Elizabeth, Volume 2, 1559–1560*, xliii. Throckmorton showed himself to be reasonably well versed in gynecological matters, alluding to the French queen's *menstruum retention* in a letter to Cecil contained in *ibid.*, 274 (3 September 1560).

⁶⁷See McFarland.

the sexually inactive.⁶⁸ However, because they do not usually construe virginity as a lifelong state, most medical texts naturally discuss virgin's diseases as afflicting solely younger females. Given the cultural imperative for women to wed, much text is devoted to the conditions and afflictions of nubile virgins who will quell their symptoms naturally with the so-called sovereign cure of conjugal, procreative sex. Writers also focus on illnesses suffered by sexually active women or formerly sexually active widows and, less commonly, on menopausal women (or old women) who are not virgins either.⁶⁹

Soranus may have earnestly debated "whether permanent virginity is healthful," but early modern medicine, writing for a different audience, understood virginity as decidedly insalubrious and inveighed against it fairly uniformly.⁷⁰ John Johnston writes of "symptoms more familiar to those that live out of wedlock," including "madness" and suffocation of the womb, greensickness, and melancholy, with greensickness here identified as one type of uterine pathology.⁷¹ Those who live out of wedlock include lifelong virgins, of course, as well as nuns and widows, whose unreleased seed and waste blood require dietary therapy and management.⁷² Similarly, Robert Burton specifies how indolence and a lack of exercise to burn off plethoric humors can afflict sedentary "noble women."⁷³ Framing his *Anatomy of Melancholy* (1621) as a follow-up to well-known classical and also sixteenth- and early seventeenth-century texts on the special uterine conditions of women by Mercato, Sennert, and Roderigo of Castro, Burton famously decried lifelong or long-term virginity for what he saw as its tendency to create "feral malady, in more ancient maids, widows, and barren women," as well as in "nuns."⁷⁴ Here Burton simply follows established thinking on the topic: "Celibate religious women . . . were inherently

⁶⁸Bos, 304, explains the varied origins of early modern medical models: in the Hippocratic corpus, "it is stated that this disease occurs mostly in women who do not have sexual contac[t], and in elderly rather than in young women. Galen claimed that it was generally agreed to affect mostly widows."

⁶⁹Crawford, 55, notes, "There was no actual term for the menopause in the seventeenth century. . . . Little attention was paid to it compared with the endless discussion of how to stimulate menstruation."

⁷⁰See Soranus, 7. Soranus concludes that lifelong virginity is generally beneficial, stressing that exercise is needed to prevent "evils" or menstrual difficulties.

⁷¹Johnston, I^v.

⁷²Sharp, Y3^v. See Schleiner for a discussion of controversies concerning ancient therapies.

⁷³Burton, Cc3^v. His emphasis, as well as Paré's, on the need for the sexually abstinent to eat sparingly may account for the archives' repeated emphasis on Elizabeth's dietary abstemiousness.

⁷⁴Burton, Cc2^v. Ibid., Cc3^r, allows for the "many other maladies there are incident to young women, out of that one and only cause above specified, many feral diseases," though he will stick to discussion of this form of melancholy alone.

unhealthy, menstruating too little or too much, and needing medical intervention to help them cope with the side effects of sexual continence.”⁷⁵

In “commiseration of their present estate,” Burton also pities those who have been bound “to vow virginity, to lead a single life against the laws of nature.”⁷⁶ As Burton’s line of thought affirms, because there is limited room in the early modern imagination for the supercategory of old virgins such as Elizabeth, their health could variously be understood to worsen; to be held in check by bloodlettings, diet, and vigorous exercise to burn off excess humors; or, like otherwise healthy but infertile Phaetusas with virilism, to burn off plethoric humors naturally (as men’s more perfect heat was thought to do) until they reached menopause.

Accordingly, it is reasonable to expect that concern over Elizabeth’s gynecological health and virginal abstemiousness — and also the effects of conformations in tissue or ulcers — might diminish not very long after the final marriage negotiations with Alençon because the queen likely would have begun menopause. After all, Mary Stuart’s 1585 letter addresses events four or five years earlier, so by the time she wrote to Elizabeth, the issue may well have been moot, at least from a procreative standpoint. Even if Elizabeth possessed a conformation of membranous tissue that went untreated by surgery, certainly the record is clear that Elizabeth’s postmenopausal health continued long enough for her to outlive most of her council and favorites who died of natural causes (Leicester, Cecil, Walsingham, and Hatton).

Cessation of menstruation did not necessarily guarantee the perception of uterine health in the early modern era, however, since abstention from regular sex at whatever age could still threaten women with insalubrious plethora. Patricia Crawford notes that the physician Francois Mauriceau “thought the menopause harmful to women because it deprived them of that regular, necessary discharge of their blood.”⁷⁷ With the prejudices against lifelong virginity so well established, the prognosis for older virginal bodies does not inspire more confidence; theoretically, at least, the lifelong virgin’s problems might be exponentially compounded by age and estate, just so for Burton’s ancient maids and nuns. With others fairly silent on the topic of “ancient women,” Rivière’s comments reflect at least one strain of current thought: “First, that not only the seed and menstrual blood, do produce hysterical, or womb-sickness; but diverse humors also of an excrementitious nature flowing into the womb, and by a long abiding, growing putrefied, and sending out filthy vapors. This is verified by many ancient women, who being destitute of menstrual blood

⁷⁵Green, 312.

⁷⁶Burton, Cc3^v.

⁷⁷Crawford, 56.

and of seed, are yet very much subject to these womb-sicknesses or hysterical passions.”⁷⁸

The expansion of uterine ailments into those that can be suffered in old age appears to mirror the shift of greensickness and other diseases from virginal girls’ afflictions into more general female problems: the uterus was, after all, “the jakes of the whole body” as long as a woman possessed one.⁷⁹ Thus with the full force of her culture behind her, the Virgin Queen’s gynecological controversies were bound to be perceived to continue rather than to lessen over her lifetime. The case is yet again similar for Mary, Elizabeth’s sister, whose well-documented phantom pregnancy is a good reminder of how royal gynecological conditions were perceived and what kind of traces such disorders might leave imprinted upon the body.

Indeed, reports of the Catholic Mary Tudor’s gynecological problems rival and perhaps surpass her Protestant sister’s. Despite a history of amenorrhea similar to Elizabeth’s, Mary certainly believed she was pregnant first in 1555. Court dispatches announcing her anticipated “safe confinement” were widely prepared in May, with blanks left open for the birthdate and sex of the infant to be filled in upon its birth.⁸⁰ With the swelling of pregnancy soon revealed as evident error in the coming weeks, it seems that Queen Mary did not realize suppressed menses might also mimic a pregnancy; it is unlikely that if Mary had possessed a congenital conformation even remotely similar to her sister’s, she could have thought herself capable of becoming pregnant, but of course belief is often selective. Suppressed menses due to a conformation could indeed be responsible for a phantom pregnancy, as Paré tells his readers, relating a popular story of a “Camburge maid” who, “in the midst of the neck of the womb, had a thick and strong membrane growing overthwart, so that when the monthly terms should come out, it would not permit them, so that thereby the menstrual matter as stopped and flowed back again, which caused a great tumor and distension in the belly, with great torment, as if she had been in travail with child, the midwives being called.”⁸¹ After a surgical intervention reminiscent of Paré’s other case narrative, the offending conformation “that did stop the flux of the blood” was cut, “which being done, there came forth as much black congealed and putrefied blood as weighed some eight pounds.”⁸²

⁷⁸Rivière, Hh^v. Astruc states that natural cessation of menstruation is usually uncomplicated, unless “accidents” complicate matters, and that womb conditions can be exacerbated “especially in the women, who have never had children, or but few”: Astruc, 1:Y7^f, Y4^f.

⁷⁹Rivière, Zz3^v.

⁸⁰See *Calendar of State Papers, Foreign, Mary, 1553–1558*, entries labeled “end of May 1555,” e.g., 172.

⁸¹Paré, 1634, Kkkk1^v–Kkkk2^f.

⁸²Ibid., Kkkk2^f.

Similarly, other swelling conditions, such as uterine moles, could explain the apparent development of Mary's false pregnancy. The 1555 *Calendar of State Papers* documents a report of the queen's having just such a uterine growth, a nevertheless erroneous and unfounded rumor attributed to the French ambassador, "who affirmed that on the 7th of May the Queen was delivered of a mole or lump of flesh and was in great peril of death."⁸³ Paré devotes large sections of text to distinguishing moles, which indeed imitate the signs of conception but without man's seed (perhaps why Philip doubted Mary's pregnancy): "If the mola be expelled or cast out in the first or second month, as many times it so happeneth, it is called of women an unprofitable or false conception."⁸⁴ Culpeper warns that "windy moles" can inflate the womb with "stretching," lest the unsuspecting "physician be deceived" into believing his patient is pregnant.⁸⁵

It seems that strong proof of Mary Tudor's obstetrical and gynecological pathologies would have been revealed during the preparation of her dead body for embalming. Catherine Loomis does not find anything remarkable about the queen's anatomizing, however, and the *Calendar's* description of it — the royal corpse's "bowels with the heart," the heart "being severally enclosed in a coffer" — indeed suggests that even Mary's likely fatal gynecological illness failed to garner any official notation.⁸⁶ Diplomatic correspondence is at best opaque on the topic, and perhaps the other rumors about her phantom pregnancy had said enough about Mary's body natural.⁸⁷ With Mary's marriage to Philip, despite its lack of procreative fruit, the queen was presumably not *virgo intacta*; accordingly, viewers of her opened body would not have expected to see a virgin's body, of course, despite any possible visual evidence of fatal illness that contributed to Mary's early death. Ovarian cancer, cysts, and dropsy have all been suggested as causes by her biographers past and present.⁸⁸

⁸³See *Calendar of State Papers, Foreign, Mary, 1553–1558*, 173–77 (6 June 1555). The letter reveals these reports to have been mere rumors, nonetheless documenting early modern beliefs about moles, etc. For early modern medical discussion of dropsical conditions and moles, see Rivière, Kkk2^v–Kkk3^f; Boorde, Bb1^f (*mola matricis*); Barrrough, Niiiii^f–Niiiii^v (*de mola*); Sadler, F2^f; Culpeper, F3^f–F4^v; Johnston, Gg5^v.

⁸⁴Paré, 1634, Iiii2^v. For MacLennan's "gynaecological perspective" of Mary's pseudocycosis, see 69–70. See also Harris's discussion of Mary's false pregnancy, moles, and dropsy.

⁸⁵Culpeper, F2^f.

⁸⁶Loomis, 496n34, notes Mary's embalming and funeral vigil; the *Calendar* account appears in the appendix of the *Calendar of State Papers, Foreign, Elizabeth, 1559–1560*, cxvi.

⁸⁷Writing to Philip on 14 December 1558, de Feria suggests only that she may have been poisoned with something "noxious": *Calendar of State Papers, Spain, Volume 1, 1558–1567*, 7–21.

⁸⁸See, for example, the series "Some Royal Death-Beds," 1304. The anonymous author speculates Mary "died of an ovarian tumour."

Even with no spectacular rumors about Mary's gynecological malformations or pathologies forthcoming after her death, Elizabeth could anticipate that her own opened virgin's body might tell a plainly different story to her contemporaries: virgins' bodies were expected to leave their own characteristic, if similar, traces. To recall the example of Vesalius's anatomy of the nun in the 1546 *Letter on the China Root*, quoted above, he explains: "I examined the uterus of the girl since I expected her to be a virgin because very likely nobody had ever wanted her. I found a hymen in her as well as in the nun, at least thirty-six years old, whose ovaries, however, were shrunken as happens to organs that are not used." At another autopsy noting the condition of the ovaries, Vesalius initially considered his subject, a young girl with a pale complexion, a possible candidate for *strangulatus uteri* (fairly routinely associated with greensickness): "Although she had suffered from an ailment of the lungs, yet . . . we found nothing that would indicate strangulation of the uterus except some swelling of the ovaries."⁸⁹ Echoing Vesalius's discoveries, Rivière alludes to "a certain noble young Damsel troubled with suffocations or strangling of the womb, in whom one stone [ovary] was swelled to the greatness of a large hand-ball."⁹⁰ Widely recognized by academic medicine for centuries and by popular medicine at large by the 1580s, *hysterica passio*, or fit of the mother, manifests as suffocation or strangulation of the womb caused by corrupt seed (from the female stones) or suppressed menses, and is the close partner to moles or innumerable other afflictions attributable to the operations of the *hysterica*, or the womb. Shakespeare, writing *King Lear* in 1605, already long had occasion to understand the male character as a thoroughly unlikely candidate for the mother, however much Lear thought he had a spice of it.

In these thoroughly representative tales of anatomical exploration and discovery, then, the inner recesses of the dead virgin's body are made legible to any viewer, perceived variously to bear the signs of strangling of the womb, to be shriveled or distended through disuse, and to belong equally to young virgins or those "at least thirty-six years old." With impressive gynecological specificity, each writer unveils the hidden uterine conditions that lurk within the anatomized virgin's body. The virgin's distinctly pathological body challenges notions of the classical and intact body when it is understood as deeply compromised by the internal processes of its own circumscribed boundaries — a model for grotesque plethoric continence that always threatens the fundamentally unsound female body.⁹¹

⁸⁹Quoted in Loughlin, 42.

⁹⁰Rivière, Hhh^v. Park, 128, surveys medieval reports of dissections of fatally "diseased wombs": one woman's womb was so "full of putrefied blood, [that this is what] caused her death."

⁹¹See Paster on this point and also Stallybrass's formulation of the "classical" body.

Loomis marshals impressive evidence to cast doubt on whether Elizabeth's order that her body remain unopened and untouched by surgeons was in fact honored. In any case, the command Elizabeth definitively did give suggests her fairly reasonable apprehension for what an embalming could add to the extant chapters of her history, either as more gossip or more truth. Given the documented interest and extant records of the *regina intacta's* bodily processes, as well as of Mary, Queen of Scots, and Mary Tudor, Elizabeth likely believed she would not escape her culture's habits of observation were her body opened against her directive. Of course, it is equally possible that, as it is with Mary, the official record is finally silent about the material evidence her seventy-year-old virgin's body might have offered up, even if it was opened against her will (which Elizabeth Southwell alone insists happened) — all despite Elizabeth's apparent fears that the annals would have been replete with such telling detail.

The documentary record is not entirely silent, though. Elizabeth's case history documents that she had genuine enough cause for concern that her body might reveal signs of hysterical suffocation, or strangulation, after death. In November 1572, Leicester was compelled to write to Walsingham to provide reassurance about rumors circulating that the queen had "been troubled with a spice or show of the Mother." Leicester informs him such news was "indeed not so," and that, in fact, Elizabeth's health was good despite some brief "fits" he appeared to witness. Leicester's full description states: "We have no news here, only her Majesty is in good health; and though you may hear of bru[its] to the contrary, I assure you it is not as hath been reported. Somewhat her Majesty hath been troubled with a spice or show of the Mother, but indeed not so: The fits that she hath had hath not been above a quarter of an hour, but yet this little in her hath bred strange bru[its] here at home. God send her, I beseech him[,] a long life."⁹² Leicester's letter is a fairly remarkable entry in the archives, given its provenance and for the very mention of this specific malady in direct connection to Elizabeth Tudor.

Despite his clear wish to relieve Walsingham of any concern at the present, Leicester's explanation about the queen's illness is finally ambiguous. The meaning of Leicester's communiqué hinges on the understanding of his phrase "Somewhat her Majesty hath been troubled." Perhaps Leicester means to say, "Somewhat [before] her Majesty hath been troubled with a spice or show of the Mother, but indeed not so [now]," before he clarifies the type of fits she experienced.⁹³ Or possibly, "Some have said her Majesty hath been troubled with a spice or show of the Mother, but indeed [this is] not so [at all]" is truer to Leicester's intent. Whichever he wished to convey, the queen's closest confidant and partner in scandal reveals his awareness of the currency of gossip focused on

⁹²Leicester's letter transcribed in Digges, Pp^v.

⁹³Chamberlin, 86, writes that these fits were "well understood to mean hysterics."

Elizabeth's gynecological ailments — tellingly, Leicester identifies “the mother” by its common name.⁹⁴

Doctors perceived illness suffered by Mary Stuart to also be attributed to routine womb suffocation, as state correspondence noted in 1571: “The Queen of Scots hath been sore vexed with pain of her side, which engendereth continual vomits. The cause thereof as considered by the doctors, is only *suffocacio matricis, quia desinit esse mater*, which they affirm to be a common disease to virgins and young widows.”⁹⁵ Taken as a pair, it is possible to see in these sketches of the two queens, Mary and Elizabeth, the classic *hysterica passio* profile, rendered here as a disease of widows and virgins.

In 1572, Elizabeth was not yet considered too ancient (in Rivière's phrase) to entertain marriage, and was still presumed virginal (despite scandal mongering about the queen's birthing of bastard children). The question arises about Leicester's ready skill in diagnosing the precise nature of Elizabeth's fits. He tells Walsingham these were of shorter duration, distinguishing them from a “show of the Mother” by lasting “not above a quarter of an hour.” Rivière confirms Leicester's basic premise: “the strangling Fits of the Mother last longer, continuing a whole day or diverse days together sometimes.”⁹⁶ The lengthy coma-like syncope and moribund appearance of many hysterical cases necessitated a vigil, varying from one to three days according to the medical writer, while doctors watched or tested a strangled woman for signs of unextinguished vitality before final burial. Culpeper writes, “she seems to be choked, and sense and motion is gone or depraved. Some have convulsions, some hear what is done about them, but cannot speak, the pulse is less, the whole body is cold, and the eyes shut, as if they were dead.”⁹⁷ Sharp warns that “it hath been often observed that they have been supposed to be dead, neither breath, nor pulse, nor life, to be found for that time,” and Paré writes a whole chapter on the subject.⁹⁸ Thus Leicester's evaluation of

⁹⁴The “mother” refers both to the organ of the uterus (where many other illnesses originate) as well as to *hysterica passio*, or the symptom of strangulation/suffocation of the womb. See Paré, 1634, Kkkk2^r; and also Boorde's contemporary discussion of *suffocacio uteri*, U3^v–U3^r, Kkiii^v.

⁹⁵*Calendar of the Manuscripts of the Most Hon. the Marquis of Salisbury, Hatfield House, Part 1*, 573 (11 December 1571). This entry is very similar to an earlier one from 1566: “the Queen of Scotland's illness is a female complaint, which is called ‘mal de madre,’ although it was stated to be a pain in the side.” See the entry for 4 November 1566, *Calendar of State Papers, Spain, Volume 1, 1558–1567*, 591–98. It is generally true that when other kinds of fits are alluded to in the *Calendars*, writers qualify their phrases along the lines of “fits of ague,” or “tertian fits,” etc.

⁹⁶Rivière, Hhh2^v.

⁹⁷Culpeper, K7^r.

⁹⁸Sharp, Y^r; Paré, 1634, Kkkk3^r; and Rivière provide the most lengthy discussions. Rivière, Hhh3^r, warns, “many histories relate that some women in that case have been accounted dead, appointed to burial; yea, and some buried.” See Peterson further on early modern medical writing about hysterical morbidity and revivification cases.

Elizabeth's fits does seem to diverge from the conventional accounts of what "a spice of the mother" ought to look like.

But Leicester pens his letter to Walsingham in 1572, more than a decade before another more suspicious episode was to follow in 1586. Almost in passing, Mendoza relates to Philip, "Since I wrote last about England, the Queen-mother has received news from there that the Queen had been for four hours speechless, and as if dead, in a swoon, this being an indisposition to which she is occasionally liable."⁹⁹ The details Mendoza conveys in his account — as short as Leicester's but with more colorful description — do look very much like an early modern picture of a hysterical fit of the mother, with the queen's reported muteness, moribund appearance, and several hours' incapacitation. If Elizabeth were "occasionally liable" to such fits, Leicester's 1572 analysis was perhaps unduly optimistic or simply misinformed.¹⁰⁰

After all, Mary Stuart's letter to Elizabeth about the fistula and "stopping of her terms," written the year before Mendoza's communication to Philip about the queen's deathlike syncope, had already drawn together the various indications of uterine illness into urgent proximity. Mendoza himself, mysteriously privy to the most intimate gossip of the court, in his terse detail nevertheless paints a remarkable portrait of these signs. Or perhaps the 1586 episode, one of more such occasions according to Mendoza, was truly unconnected to the earlier 1572 "fits" suffered by the thirty-nine-year-old Elizabeth but discredited by Leicester as dissimilar to any "Mother" fits. Fourteen years later, though, when the Virgin Queen was fifty-three, then Mendoza's court might view fits of moribund syncope, or *hysterica passio*, as heralding a more serious indisposition.

It is also relevant to consider the potential motivations of Mary Stuart, Mendoza, and Leicester in framing the character of the queen's illnesses in the manner they do. Mendoza, no stranger to treachery, might find opportunity in representing the English queen as sick with the hallmark symptoms of morbid *hysterica passio* (sharing the Scottish queen's *suffocacio matricis*), as might Leicester in downplaying any fits that recalled Elizabeth's essential inferiority of gender as a female prince. When scholars quote Elizabeth's fabled lines at Tilbury in 1588, they tend to focus on the "heart and stomach" of the female ruler rather than on the "body but of a weak and feeble woman," but the queen makes it clear that she still perceived the common wisdom about her female anatomy's proclivities as something she had to work actively to dispel, even

⁹⁹ *Calendar of State Papers, Spain, Volume 3, 1580–1586*, 559 (17 February 1586).

¹⁰⁰ Even if Leicester's knowledge of "mother fits" was partial, Elizabeth's personal physicians, namely Richard Ferris, the "sergeant surgeon to Queen Elizabeth," owned texts that were recognized as authorities on these typical women's ailments. Green, 285, notes that Ferris possessed a copy of *The Sickness of Women* (mid-fifteenth century), one of few Middle English texts to survive, and this copy was transferred to one of John Dee's colleagues.

thirty years into her reign and as her body aged.¹⁰¹ Elizabeth seems to have wished positive reports of her physical fitness, or the reported salutariness of her female body natural, to argue for her essential difference from the members of her own sex, given that pathology typically characterized the health of ordinary women and marked them as inferior compared to more perfect male bodies. MacLennan points out that “history tells us that she was a woman of many foibles, one of which was good health. She hated to be ill or even thought to be ill.”¹⁰² Characteristically, Elizabeth did dislike news of her ill health being known and resisted medical treatment or intervention, which is well documented by the accounts of Robert Carey, John Chamberlain, and Thomas Birch, among others, not least during her fatal illness and on her deathbed.¹⁰³ John Clapham observed, “so jealous was she to have her natural defects discovered for diminishing her reputation.”¹⁰⁴

Elizabeth’s final illness was no different, as she repeatedly refused medical intervention. The details about her decline over March of 1603 suggest that the queen feared she was suffering once again the hallmark signs of *hysterica passio*. Of course, her “morbid” melancholy and hallucinations reported by Carey and others were not unusual aspects of advanced uterine diseases; more telling evidence lies instead in other signs now emblematic of the developing narrative about Elizabeth and gynecological ills.

Most witnesses to the queen’s final days cite various impostumes and ulcerations developing in her throat. William Camden (1551–1623) wrote on 15 March that she had an “inflammation from the breast upward.”¹⁰⁵ Quoting from another source, Birch states that the queen tried to “prevent the hard and dry phlegm, with which she was sometimes oppressed, from choking her”; later, she “appeared already in a manner insensible, not speaking sometimes for two or three hours.”¹⁰⁶ Noel De Caron’s narrative contained in the 1603 *Calendar* is more pointedly reminiscent of Mendoza’s description of the moribund, mute queen: “Four days ago she had a defluxion in the throat; some of the doctors thought it was a little apostume, which opened into her mouth, and flowed down her throat, and might choke her, for she was half an hour before she was able to speak, and was like a dead person; but thanks to God, they found a means to dry it up well; she has been better since, and begins to take repose.”¹⁰⁷

¹⁰¹Elizabeth I, 326.

¹⁰²MacLennan, 73.

¹⁰³Carey, esp. 57; Birch, 2:3T^v; Chamberlain, esp. 54.

¹⁰⁴Clapham, 90.

¹⁰⁵See the entry for 15 March 1603 in Wright, 2:494. Camden follows the 1602 Julian calendar date convention.

¹⁰⁶Birch, 2:3T^v, 3T2^r.

¹⁰⁷*Calendar of State Papers, Domestic Series, Elizabeth, 1601–1603*, 563 (15 March 1603).

Impostumes anywhere in a woman's body, somewhat fantastically to modern ears, could be rooted in common gynecological or amenorrhic complaint, as Simon Forman records.¹⁰⁸

Elizabeth's condition waxed and waned. Like several others, the Venetian ambassador writes that "the Queen of England's illness is inflammation and a swelling in the throat. . . . When she woke the gathering in her throat burst, and the attendants were alarmed lest the blood should suffocate her."¹⁰⁹ Finally, Carey reports that on "the 23rd of March, she grew speechless. That afternoon, by signs, she called for her council," though other accounts dispute when exactly Elizabeth's voice failed her.¹¹⁰ As Loomis highlights, one manuscript of the queen's final days attributes Elizabeth's muteness to a "sore throat," which led her council to suggest the queen gesture her choice designation of an heir.¹¹¹ For most critics, these multiple accounts are interesting for offering less than a totally conclusive picture of how Elizabeth came to select James to inherit the throne — or indeed whether she did so at all — but they are also compelling for their framing of Elizabeth's fatal illness in specific terms. Despite inconsistencies, it is possible to infer that a throat condition and choking sensation affected her ability to speak for long periods, lasting perhaps into the last moments of her life.

This inference seems unremarkable enough to modern ears. Nor is it particularly indicative of what probably really sounded the queen's death knell (in itself, the throat ailment seems unlikely to be fatal). Nevertheless, read within the context of popular notions about the existence of *hysterica passio* and the ailment's prior association with the Virgin Queen, the cycle of inflammation and choking symptoms that left her "like a dead person" and mute yet again, Elizabeth quite possibly could have believed a mother fit was ready to dispatch her posthaste. After all, *hysterica passio* was blamed on a poisoned or displaced womb, which strangled or suffocated its victim. In Liébault's 1582 work drawn from Marinelli's 1563 Italian text, he discusses the mechanisms of womb suffocation or strangulation as the upward ascension or sideways movement of the matrix that suddenly cuts off a woman's breathing and ability to speak, compressing the thorax and disallowing its free motion — the errant uterus, or "la matrice vagabonde," to use Liébault's phrase.¹¹² Nearly all early modern gynecological treatises contain sections on womb suffocation or strangulation

¹⁰⁸See Traister's transcription of Forman's detailed description of such a case history found in the Ashmole manuscripts: Traister, 438–39.

¹⁰⁹*Calendar of State Papers Relating to English Affairs in the Archives of Venice, Volume 9, 1592–1603*, 563 (Marin Cavalli, 4 April 1603).

¹¹⁰Carey, 59.

¹¹¹Loomis, 486. Loomis points out that Southwell's is the only report to contain the "sore throat" detail, but the other accounts stipulate throat problems.

¹¹²Liébault, C5^f. Green, 302, states Liébault's source lies in Marinelli.

even if discussions of other uterine ailments (*furor uterinus*, imperforations, greensickness, etc.) are lacking or attenuated.¹¹³

Few critics have satisfactorily explained a particularly odd statement attributed to Elizabeth just prior to her death that reveals some potential currency of these medical constructs. Elizabeth Southwell (1584–1631) quotes the queen confiding to the Lord Admiral, “[]my lord I am tied with a chain of iron about my neck.[] [H]e alleging her wonted courage to her, she replied [‘]I am tied and the case is altered with me.[’]”¹¹⁴ Camden’s *Annals* offers different wording, depending on the edition. In the 1630 edition, Elizabeth’s phrasing reads, “They have yoked my neck; I have none whom I may trust; my estate is turned upside down.”¹¹⁵ The 1634 biography renders this slightly differently: “my estate is turned topside turvey.”¹¹⁶ Finally, the 1675 edition elaborates with Camden’s contextualization: “she looked upon herself as a miserable forlorn woman, and her grief and indignation [at being replaced by James] extorted from her such speeches as these: ‘my condition is strangely turned upside down.’”¹¹⁷ Various, a chain ties her neck or a yoke binds, her case is altered or her condition is turned strangely upside-down/topsy-turvy, and her confidant counsels her to summon up her wonted courage or she lacks trustworthy figures.

Loomis speculates on “several possible sources for the image” of the chain Elizabeth refers to, including “the icon of melancholy,” which confines its victims in chattels.¹¹⁸ While the queen’s meaning is difficult to draw out with any precision, the overall import of her phrasing is arguably more suggestive of *hysterica passio*, linking Elizabeth’s reported throat malady to her virgin’s “estate” taking a turn for the worse (rather than alluding to a coup d’état, as Camden’s final version hints).¹¹⁹ Only in Camden’s accounts is Elizabeth’s distrust mentioned, but so too, as Loomis points out, only in Southwell’s narrative is the queen’s phrase “chain of iron” used rather than “yoke.” Written not long after Elizabeth’s death, Rivière’s medical text describes a “rope,” not a chain, but the sense is similar: “sometimes the patients have their breath stopped as it were, sometimes they complain that they are choked, as it were with a rope that

¹¹³Galenic and Hippocratic models for suffocation of the womb and its causes appear as early as the well-known Ibn al-Jazzār’s *Viaticum* (ca. 1080); it contains another section on “Uterine apostemes,” according to Green, 40. Apostemes are “tumors or lesions,” states *ibid.*, 255.

¹¹⁴Southwell’s manuscript transcribed in Loomis, 485–87.

¹¹⁵Camden, 1630, Eeee3^v.

¹¹⁶Camden, 1634, Aaa3^v.

¹¹⁷Camden, 1675, Qqqq1^v.

¹¹⁸Loomis, 490.

¹¹⁹Hazard, 79, makes a similar observation about Elizabeth “bemoaning the ‘chaîne of iron,’” seeing her reference as a sign that the queen understood herself “as composed by nature and subject to decomposition.”

strangled them."¹²⁰ Perhaps as the sole female witness to produce an extant narrative of the proceedings, Southwell renders more precisely the physical sensation of *hysterica passio* that Elizabeth intended when she felt her "case" or "estate" had finally changed for the worse. Of course, just as Mendoza may have exaggerated his portrayal of the English queen, caught in the throes of a hysterical syncope in 1586, the Catholic Southwell may be biased, framing the monarch as evermore chained to an illness she cannot shake.

Southwell's unique insistence that Elizabeth's body was opened contrary to orders — along with her other uncorroborated evidence that the queen's body exploded under the pressure of its putrefying organic material during her funeral vigil — may simply be more substantiation of this bias. But a larger point can be made that Southwell's narrative, for all its singular features already well documented by Loomis, is not as unusual as it may first appear, gynecologically speaking. With its lurid tale of a spectacularly decaying virgin's corpse, the manuscript quite reasonably comprises another chapter in the gynecological controversies that make up Elizabeth's fuller case history: the body of evidence asserting what the court and Elizabeth's peers seem to have believed about their Virgin Queen's bodily health.

That her weak and feeble female body was also a virgin's body was far worse, of course: if Elizabeth did dispense with a partner in marriage for political expediency, her abstract marriage to England could not provide the salutary benefits of sex that all women were believed to require for the proper regulation of their bodies. Solving one intractable political problem by not marrying and remaining a virgin, Elizabeth avoided Scylla only to fall into Charybdis, at least if the epistolary and documentary record reviewed here is understood to mirror and reflect the larger cultural realities about women's health and virgin's bodies.

While it is difficult to substantiate any absolute connection between the queen's ever-lengthening state of virginity and the publishing of particular kinds of printed texts (apart from obviously related works such as Stubbs's *The Discovery of a Gaping Gulf* [1579] arguing against the Alençon marriage), perhaps not coincidentally over Elizabeth's reign, increased interest in and greater numbers of long-extant medical texts that already emphasized virgin's pathologies were translated into English.¹²¹ This trend picked up just after her reign ended in 1603 and a fallow period in English vernacular medical writing also ceased, despite how derivative most of these texts continued to be. The virgin's estate, young or aging, constitutes a very real problem in the eyes of early modern culture, but this has gone largely unrecognized in studies focused on Elizabeth's virginal body natural.

¹²⁰Rivière, Hhh^f.

¹²¹On this trend, see Peterson; Fissell.

In the end, Jonson's tale of the impenetrable membrana possessed by the queen, whether rooted in certain organic fact or conjured up out of the early modern imagination, only hints at the fuller story left to posterity in the archives. To early modern eyes it is all too likely that evidence of Elizabeth's virginity would have been grossly visible to all, contained within the cavities of her opened body and confirming the suspicions of her age. Elizabeth's request to remain *regina intacta* (in Loomis's phrase) might be viewed more plausibly as her apprehension that her virginal state would be plainly evident in its grotesque anatomized materiality. Whatever their final veracity, the gossip and rumors at the heart of Elizabeth's gynecological controversies seemed to threaten the queen's carefully cultivated role as England's thriving virgin wife and to replace it with another legacy — the story of an imperforate maiden queen who suffered from recurring fits of the mother.

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