

- 12 Thesleff 1965: 143, 1ff.
 13 Cf. Iambl. *VP* 149; cf. 39, 46; Aristoph. *Ecll.* 446–51.
 14 Thuc. 2.45. Cf. Plut. *Mul. Virt.* 1 = 242ef. Hes. *Theog.* 270. Aesch. *PV* 795.
 15 Plat. *Gorg.* 508a; cf. Archyt. 47B.2, 3 Diels–Kranz.
 16 Thesleff 1965: 151, 20ff.
 17 Thesleff 1965: 152, 1ff.
 18 Thesleff 1965: 152, 9ff. Cf. Musonius in Stob. *Ecl.* 2.123, p. 236 Wachsmuth.
 19 Thesleff 1965: 152, 13ff.
 20 Thesleff 1965: 152, 17–18. On ‘Moderation’: see Waithe 1987: 26–9; ‘Chastity’: see Lefkowitz and Fant 1992: 84; see also Taylor 1965.
 21 Thesleff 1965: 116, 6–7.
 22 Thesleff 1965: 154, 1ff.
 23 Cf. Plut. *Coniug. Praec.* 30 = 142c, 32 = 142d. Lucian *Amores* 42. Juvenal *Sat.* 6. Diod. Sic. 12.21.1
 24 Thesleff 1965: 114, 4ff.
 25 Iambl. *VP* 189–94. Cf. St Ambros. *De Virg.* 1.4, *Patrol Lat.* 16, 203b–205b David, *Proleg.* 11.10 (= p. 33 Busse). Procl. *Comment in Plat. Rep.* p. 420 Basil; cf. vol. I. 248 Kroll. Aristot. *Pol.* 1.13.1260a30. Soph. *Ajax* 293.

Self-help, self-knowledge: in search of the patient in Hippocratic gynaecology

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In medical history recently, there has been a trend towards looking at medicine ‘from the patient’s point of view’.¹ Instead of taking at face value the claims of medical practitioners, one looks at the full range of types of medicine available to a patient, the factors influencing the choice of healer and the patient’s construction of what is happening to him or her – why me? why this illness? how is this therapy supposed to help me?

This type of history is far from simple. Sometimes records exist giving the patient’s point of view – for example, diaries showing the progress of an illness and the reasons for choices of healers² – but, more often than not, the historian of the ancient and medieval worlds in particular has to work obliquely, reusing the canonical texts but addressing new questions to them.

In this paper I want to examine the extent to which such a history may be possible for the Hippocratic gynaecological texts, and perhaps for other ancient texts on women and medicine. These seem most unpromising sources for history from the patient’s point of view; the Hippocratic texts, for example, were written by anonymous men from the fifth century BC onwards, and include advice on medical etiquette, aphorisms to guide medical practice, case histories and lists of recipes, as well as theoretical discussions of health and disease. The patient is clearly object, not subject, here. I will be arguing, however, that, even within the work of male practitioners who construct women’s bodies, create a language for women’s experiences and order the patient how to behave if she wishes to recover, opportunities are imagined to exist for the woman patient to become an active agent. These opportunities centre on the woman patient’s assumed ‘knowledge’ of her own body – a knowledge which is not merely permitted in, but taken as central to, male constructs.

I would set this inquiry in a wider context of changing focus within studies of women in ancient societies. It seems to me that we have moved on from 'weren't women treated abysmally?', to 'finding women's voices in otherwise unpromising sources' and on to 'strategies women used within the system'. I am of course aware that these labels are, to a greater or lesser extent, caricatures, but I use them for convenience and because they clarify what has been happening. This paper falls into three parts, around these shifts of focus.

In the 'weren't women treated abysmally?' period, studies placed most emphasis on the Hippocratic texts as male constructs. Paola Manuli, for example, powerfully presented Hippocratic gynaecology as a set of male theories taking the male experience as the norm and setting out to demonstrate that woman is a structurally sick being.³ Her wet and spongy flesh accumulates excess blood and must evacuate this to restore some sort of balance. But, precisely because of the nature of her flesh, further blood will eventually accumulate. The dominant image of the women patient here was of a silent, passive recipient of whatever the doctor provided. This image can be reinforced by the commonplace of classical (and later) medicine that women do not talk about their own bodies, because of 'youth, inexperience and embarrassment';⁴ it can be used to add a further dimension to Galen's comments on the woman sick from infatuation with the dancer Pylades:

She replied hesitantly or not at all, as if to show the folly of such questions, and finally turned over, buried herself completely deep in the blankets, covered her head with a small wrap and lay there as if wanting to sleep.⁵

Confronted with the battery of Hippocratic and Galenic treatments for women's diseases – beetle pessaries, uterine clysters, fumigations, animal excrement,⁶ shaking and drenching with cold water – one can perhaps understand why the sensible response may be to refuse to answer questions and to put one's head deep under the blankets.

This image of the silent patient – silent because of her ignorance of her own body, or silent because she does not wish to be involved in the medical encounter – may however be better understood simply as the corollary of the talkative doctor. The whole point of the Hippocratic assertion of the norm of female ignorance and silence is to make it obvious why the Hippocratic doctor is so necessary: the whole point of Galen's emphasis on the absolute silence of the patient

is to demonstrate his own brilliance in deducing what is wrong with her from observing her erratic pulse, which reveals the embarrassing secret of her love-sickness by speeding up at the mention of the name of the beloved. Her mouth is closed, but her body is an open book for the man who knows how to read it.

From an uncritical acceptance of this image of the silent woman patient, Hippocratic studies – with other areas of women's studies⁷ – moved on to 'finding women's voices in otherwise unpromising sources'. There are no named women medical practitioners in the Hippocratic texts – only an isolated cord-cutter or *iatreousa*⁸ – so the type of history that recovers lost 'famous women' has not been possible here, in contrast to later classical medicine in which one can find women named in inscriptions as *maia* or even as *iatros*.⁹ Instead, the emphasis has been on finding traces of women's traditional medicine beneath the male-authored texts, using in particular the collections of recipes which feature throughout the Hippocratic *Diseases of Women* but which are focused on what Littré saw as the 'appendice necessaire' of the closing chapters, 74–109, of the first book.¹⁰ For those trying to hear women's voices, the recipes become the product of centuries of women's experience. One may cite here Aline Rousselle's view that they pass on traditional women's remedies, based on detailed observations of their bodies made over many years, transmitted from mother to daughter.¹¹ The role of the male doctors is to appropriate them, expressed in the act of writing them down.¹² This requires a dramatic shift: the very remedies – such as beetle pessaries – that were once evidence of the male medical fantasies by which women were tortured must now be seen as women's own chosen therapies, later appropriated and given a new theoretical overlay by male doctors. Ann Hanson has argued that men's theory is superimposed on women's remedies;¹³ this recalls Aristotle's view that, in conception, woman provides the raw material and man the shaping force.¹⁴ She has more recently shifted the emphasis by suggesting that Hippocratic doctors are the mediators 'between theory and the welter of data that came to them from cases of specific women'.¹⁵

One aspect of this shift in the questions being asked of Hippocratic medicine has been a renewed interest in the key issue of efficacy. In the 'weren't women treated abysmally' period, efficacy was of minor importance – if treatment and remedies were mainly an expression of male oppression of women, efficacy took a back seat. But if the remedies are to be seen as women's traditional knowledge, then either

they work – in which case, women's traditional knowledge scores high marks and is to be admired – or they don't work, in which case these nameless women go back to being negatively valued as 'old wives'. Angus McLaren believes that the contraceptive recipes given in medical writers of the ancient world are 'clearly "female knowledge" of which male writers were simply the chroniclers', but he rates this knowledge as largely worthless, only 'working' in the sense that it gave women the illusion of some degree of control over their own bodies.¹⁶ In contrast, John Riddle's book, *Contraception and Abortion from the Ancient World to the Renaissance*, gives an enthusiastically positive valuation of these recipes in arguing strongly that 'they' knew things which 'we' do not.¹⁷ Riddle suggests that female networks transmitted knowledge of effective plant contraceptives, many of them pot herbs, for many hundreds of years; he ends by proposing that, for a woman, salad 'may have been her control over her own life and her family's life'.¹⁸ He identifies so many plants as contraceptives and/or abortives that one ends up wondering, with him, 'why there is any population in the Mediterranean at all'.¹⁹ This I would see as an example of going too far in the attempt to show how deeply knowledgeable our foremothers were. There are other problems with Riddle's approach to pharmacology; for example, in modern laboratory tests a plant may be shown to contain an active ingredient which inhibits fertility, but its precise mode of use in antiquity may have invalidated its efficacy.²⁰

Are the recipes 'women's voices'? Nowhere in the Hippocratic texts is it said explicitly that the recipes given derive from women; they are called *gynaikeia*, 'women's things',²¹ but so are women's diseases in general, female genitalia and menses. The modern idea that they do is largely based on the sheer number of such recipes in the gynaecological treatises, in comparison with other Hippocratic texts,²² but also on similarities between ancient remedies and modern Greek folk medicine.²³ There are other hints, for example, Galen's reference to the midwife who uses 'the customary remedies' for a sick widow does at least suggest that some remedies were both 'customary' and known to women.²⁴

I would suggest that part of the problem we need to face in assessing the recipes is our belief that this is the sort of thing mothers should pass to daughters, reflecting the nostalgia of women in today's world for a – real? imaginary? – time when such information was indeed handed down as women's knowledge. Even if they are 'women's voices', however, do they differ significantly from men's voices? One

interesting aspect of this question concerns the ingredients. As von Staden has shown, a prominent feature of the gynaecological treatises is the use of 'dirt': bird droppings, mouse excrement inserted into the vagina, mule dung, goat dung and hawk droppings drunk in wine.²⁵ It is no good saying this is a simple 'if it is disgusting, it will cure an unpleasant condition' approach, since these substances are not used in the treatment of men. So, are the recipes in which they occur the expression by men of women's imagined impurity, or can they still come from a female tradition? In the latter case, should we see this as a tradition in which women have absorbed and accepted their 'dirty' natures, or should we try to find a more positive way in which the use of such substances could be interpreted?²⁶ The idea that the pharmacopoeia represents women's traditional remedies meets further problems in the use of dangerous substances which could cause birth defects²⁷ and in the rare, costly ingredients which are occasionally mentioned, such as Egyptian perfume, myrrh and narcissus oil. Are these likely to feature in women's home remedies or, as I have argued elsewhere,²⁸ do they owe more to Hippocratic men trying to outdo each other in thinking of ever more flamboyant recipes with which to impress their patients?²⁹

I would further argue that the current focus on the recipes within the gynaecological texts, with the supplementary issue of their efficacy, may be damaging to our understanding of Hippocratic medicine. The substances used in the pharmacopoeia should not only be investigated in terms of their 'efficacy'; all natural matter carries rich cultural values, and these are not necessarily best determined by laboratory tests.³⁰ Furthermore, the recipes form only one aspect of the process of therapy; equally significant may be other facets of the medical encounter, from the doctor's presentation of self, his behaviour, confidence and startling skills in telling the past, the present and the future,³¹ to his rhetorical powers which present his theories in such a way that he provides a convincing story embracing all the symptoms and other relevant facts, and ending with advice which will bring about a cure.³²

One problem common to both the 'weren't women treated abysmally?' approach and the 'finding women's voices in otherwise unpromising materials' line is that they tend to assume the ancient texts are transparent. For example, Rousselle has written: 'The little we know from ancient doctors' writings about women's bodies is precious, particularly their reports of the questions women asked and their ideas about their own bodies.'³³ But how often are the medical

writings of antiquity 'reports'? Are they not texts in which nothing should be taken at face value? Where women speak in these texts, they are as much the creation of male authors as is Clytemnestra, or Juvenal's Laronia.³⁴ But, as Jack Winkler reminded us, 'men's talk' is 'calculated bluff' and in reading we should always try to 'read against the grain'.³⁵ Just because the Hippocratic case histories contain named patients, and chart the progress of their disease by following the changes which occur day by day, this does not make them any less 'text' than a play, or a poem. This is not simply a point made by post-structuralist readers; Langholf, for example, has shown that the data of observation in the *Epidemics* is adjusted to fit the theory, so that when the crisis, or turning-point, in a condition fails to come on the day predicted by the theory of 'critical days', the writer simply states 'around the twentieth day'.³⁶ These are not simple 'reports', but are always set in an enveloping context of culture and theory.

One of the central factors here is the medical writers' insistence that they are right, taken with the internal logical consistence of what they say. This is a seductive combination, one which has been significant in the historiography of ancient medicine, in which many of the historians themselves have been medical practitioners. In reading the texts, such writers recognise one of their own. Hippocratic medicine has the authority, the bedside manner and the internal consistency to make it sound convincing. Actually, of course, there are a number of different and even conflicting theories in the Hippocratic corpus, with disagreement on basic issues such as whether women's bodies are hotter or colder than those of men, and whether or not women contribute a 'seed' to the process of generation. But regardless of these differences the tendency has been, and still is, to look for one theory and to see one great man, Hippocrates himself, behind the corpus.

As I have noted elsewhere, this tendency seems to me to recall the trust an anthropologist may show towards his or her chief informant, the person who is chosen to act as the bridge between cultures.³⁷ Victor Turner wanted to trust his main Ndembu informant, Muchona the Hornet. Although Muchona was of marginal social status, Turner's fieldwork was swayed by the rounded, coherent and systematised world-view he offered; he found Muchona's explanations for aspects of ritual 'always fuller and internally more consistent', to be accepted even when they were directly at variance with what Turner reports as an eyewitness. Other Ndembu did not share this assess-

ment of Muchona, saying 'He is just lying'.³⁸ It is possible that Muchona's testimony should be discredited as the work of an outsider desperately trying to be accepted by the anthropologist.

The trouble with the Hippocratic Corpus is that we do not know whether its writers were in a position analogous to that of Muchona. Were they central, or marginal? How intense was the competition between them and the other types of healer we glimpse through their writings – the root-cutters, prophets, cord-cutters and others? Were Hippocratic therapies used as first resort, or last resort – widely, rarely or even never? Would other members of their culture see them as 'just liars'? These are critical questions for our understanding of the relationship between Hippocratic medicine and any 'female tradition'; for example, Lesley Dean-Jones argues that the reason why there are twice as many male as female case histories in the *Epidemics* is that women tended to frequent traditional healers rather than Hippocratics,³⁹ but there is no evidence to support this view.

My third line of approach, 'strategies women used within the system,' sees Hippocratic medicine neither as a male system to oppress women, nor as a male take-over of women's traditional knowledge, but rather as a system within which men and women both had some power, and within which women as patients could become active agents in their own diagnosis and treatment.

Despite their desire to bolster their own authority, and their insistence on women's silence due to embarrassment, the medical writers of antiquity do not present women as being entirely without knowledge. Indeed, in certain cases the doctor is expected to defer to women's superior knowledge.

The main knowledge which women are accepted as having, or are imagined to have, concerns pregnancy. A woman 'knows' she has conceived by a sensation of closure in her womb or by observing that the seed does not leave her body. How do the Hippocratic writers 'know' what women 'know'? Their own answer to this critical question is that they know because women – or, at least, some women – tell them. In *Flesh* 19, the writer attributes his information to public *hetairai*. People will ask how he knows the amazing things he is telling, such as the 'fact' that all parts of the foetus are formed after seven days in the womb. The source is partly women – he says, 'and as for the rest, I know only what women have taught me' – and partly his own eyewitness evidence from the products of abortion.⁴⁰ The famous entertainer in *On Generation/Nature of the Child* 13 'had heard the sort of thing women say to each other, that when a woman is going

to conceive, the seed remains inside her and does not fall out. She digested this information, and kept a watch'.⁴¹

Aristotle too gives information on women's 'feelings'. Many have 'choking feelings' and 'noises in the womb' before a period starts, and they have a distinctive sensation in the flanks and groin which tells them they have conceived.⁴² The writer of the tenth book of *Historia animalium* notes several times that women emit what he calls 'seed' at the end of their erotic dreams.⁴³ Neither tells us how he knows what women dream or feel, although Rousselle states that the latter 'must have received his accounts of the sensations they experienced from women themselves'.⁴⁴ The possibility remains, however, that writers made up stories like this to impress their audiences; if you believe that the womb is a reversed jar with its own neck, mouth and lips, in sympathetic relationship with the corresponding parts of the upper female body,⁴⁵ then 'choking feelings' may be perfectly plausible as the womb prepares to open to bleed.

The highly positive evaluation of 'what women say to each other' by classical medical writers is noteworthy, since the few extant references to women's knowledge and its transmission among women in antiquity are otherwise far from flattering. Dean-Jones gives what she describes as two negative and two positive examples of ancient Greek assessments of women's transmission of knowledge.⁴⁶ The two 'negative' examples are not controversial; they are Semonides' description of the bee-woman, who does not enjoy sitting among women where they tell stories about love,⁴⁷ and the attack in Euripides' *Andromache* on women who lead each other on to wrongdoing, in which women are called 'teachers of evil'.⁴⁸ The supposedly 'positive' examples are however far from straightforward. In Aristophanes' *Ecclesiazusae*, Praxagora explains to her husband that her absence from home at night was due to going to help a friend in labour, not – as he suspects – a visit to a clandestine lover.⁴⁹ There is no specific reference here to the transmission of knowledge, only to practical support; far from giving a positive evaluation of women's knowledge, indeed, the passage serves to raise the fear that women's support networks may in fact be a cloak for adultery. It thus seems very close to the viewpoint of the Euripides passage. The second 'positive' example used by Dean-Jones is the passage from Chariton's *Chaereas and Callirrhoe* in which the steward's wife, Plangon, notices that Callirrhoe, having been sold into slavery, is two months pregnant by her absent husband Chaereas. Here Plangon is not, however, simply a confidante; she is acting for Callirrhoe's love-struck master, Dionysios, who is trying to

use Plangon's knowledge of women to win Callirrhoe. When Plangon offers to help Callirrhoe to abort the child, this is really only pretence; she knows talk of abortion will instead serve to push Callirrhoe into wanting to keep the child and will thus further her own plans to help Dionysios.⁵⁰ Plangon's offer of knowledge to help Callirrhoe abort is only the prologue to the central part of the section, where Plangon suggests that, since Callirrhoe is a mere two months pregnant, her best option is to marry her master Dionysios and pass off the baby as his (premature) son.⁵¹ Far from this being a positive evaluation of the sort of knowledge women pass on to each other, we could instead read this passage as a depiction of women's knowledge being used to deceive the male.

Callirrhoe's innocence and Plangon's knowledge also recall the distinction made between two types of woman, in terms of their reliability, in the Hippocratic Corpus. What Hanson has called 'the woman of experience'⁵² is trusted, and cited as the doctor's source for women's oral tradition, while the woman who lacks 'experience' is doubted. Callirrhoe, being in Hippocratic terms an 'inexperienced' woman, does not even realise that she is pregnant: Plangon has the knowledge which enables her to detect and, if required, to end Callirrhoe's pregnancy. It is not only on the grounds of 'lack of experience' that Hippocratic writers are sometimes prepared to question women's knowledge; on a woman who claimed that she miscarried a male child at twenty days, a Hippocratic writer says, 'If this is true, I don't know.'⁵³ Fatty and bilious women, we are explicitly told, do not know whether they have conceived.⁵⁴

Thus the ancient medical writers accept women's knowledge – with the important proviso that it may be a knowledge they have constructed for women – but they reserve to themselves the right to judge whose knowledge they will accept. This makes women as patients neither the 'passive victims of historical injustice' of the 'weren't women treated abysmally?' approach, nor the 'constant heroines struggling to change society' who are the goal of the 'finding women's voices' approach.⁵⁵ Within this finely balanced situation, women's knowledge must be constructed within the parameters of the male theory which states that the male is the appropriate provider of health care. Self-knowledge is permitted; self-help is not. Knowledge of the inside of one's body is encouraged, in order to report to the *iatros* the condition of the mouth of the womb as narrow, moist or closed,⁵⁶ and the model patient, Phrontis, reported the absence of her lochia to the doctor after feeling an obstruction in her vagina, and

was subsequently cured.⁵⁷ Self-help, although rarely mentioned, is condemned in one passage which attributes ulceration of the womb to the harsh pessaries used by women to treat themselves and others.⁵⁸ Hanson has shown how a clyster to be used as a remedy for discomfort caused by strong pessaries is given twice in a chapter of *Diseases of Women*; in other sections of this text which appear to have been written later this same remedy comes to be applied more widely to cases of ulceration.⁵⁹ Here it appears that we have a negatively-valued piece of self-help – the pessaries – alongside a recipe for a clyster which may also derive from self-help but which enters the Hippocratic remedy-lists and is then extended to use in similar cases.

Even within the parameters of Hippocratic medicine, openings exist which may permit the woman patient to become an active agent during therapy. It is at least theoretically possible for the woman who believes herself to be pregnant, but does not want the child, to say to a doctor, 'I haven't had a period, I am worried that the blood is building up and causing these symptoms, and no, it certainly can't be pregnancy, because I saw the seed come out after intercourse and anyway I don't have any feeling of closure of my womb.' She could then be given an early abortion under the guise of 'bringing on the period'.⁶⁰

There are also points at which a woman can stop a painful or otherwise unpleasant treatment by conforming to the male doctor's sometimes bizarre image of her body.⁶¹ Denying that your womb has moved to your liver⁶² gets you nowhere, but agreeing that it has moved, and adding that it is now safely back in place, stops the treatment. In fumigation, the patient is specifically asked 'if she can feel the mouth of the womb'; if she can (or at least says that she can) and it is correctly realigned so that menstrual blood can come out and male seed can enter, then the treatment can be ended.⁶³

Women can also use to their own advantage the Hippocratic theory of critical days, by which the crisis point in a condition is expected to come on certain numbered days. *On the Seven Months' Child* says that the first and seventh days after conception are most likely for a miscarriage;⁶⁴ here, a woman who herself brings on an early abortion could avoid awkward questions afterwards by saying, 'Well, these things happen; after all, it is the seventh day since I felt myself conceive.'

The issue of timing can be critical to the interplay between female self-knowledge and male theory. Ann Hanson has drawn attention

to the significance of defining a child as seven or eight months. She has convincingly demonstrated that both women and men could use the system for their own benefit, rather than it being a male system imposed on women.⁶⁵ It was believed that the child born in the eighth month – that is, after the completion of seven full months in the womb – never survived, while the child born in the seventh month may or may not survive. This may seem odd to us; surely the longer a child spends in the womb, the greater its chances of survival? It also seemed odd to Aristotle, who contrasted it with Egypt, where no such belief existed. In Greece, he says, most eighth month babies die for the simple reason that any eight month baby who lives is promptly redefined as a seventh or ninth month baby; once it lives, the women assume they must have miscalculated.⁶⁶ Hanson has further argued that, by calling a child born dead 'an eighth month child', mother, family, birth attendants and doctor are all freed from any blame for what has happened. However, logically, the problem here is the Hippocratic belief that women 'know' when they have conceived; yet the treatise *On the Seven Months' Child* says that it is precisely *women* who insist that the eight months' child never survives.⁶⁷ So it looks as if women are prepared to revise their 'knowledge', their estimate of the time the child spent in the womb, if that child is born dead or damaged, while a child born alive but sickly can be labelled 'a seven months' child' to prepare all concerned for the possibility of his or her death.

Thus women can be presented as conveniently silent, passive patients, but are also believed to have their own 'knowledge'. It may even be in their own interest to go back on it – to deny that they ever said this was a ninth month child – or to suppress it. Hippocratic doctors claim to be appropriating women's knowledge – 'You may wonder how I know this; well, women told me' – while also choosing when to discount what women say. The system allows women patients opportunities to negotiate, as an agent, within defined limits. This suggests that the interplay between women and men is rather more subtle than either the 'weren't women treated abysmally?' approach or the 'finding women's voices' approach would allow.

NOTES

- 1 See for example Crawford 1978 and 1981: 49 n. 9 and 67, on the diary of Lady Frances Catchmay (c. 1625) and the spiritual diary of Sarah Savage (1687–8) as sources for women's menstrual experience and pregnancy; and Porter (ed.) 1985. Green 1989: 436 tries to look beyond

- 'the history of women practitioners' to 'the history of women patients', in the sense of the care received by women.
- 2 For example, the diary of Mary Poor, used by Brodie 1994 to provide an insight into a Victorian couple's attempts at family planning. The memoirs of Lady Ann Fanshawe (1625–80) record eighteen pregnancies; see Marshall 1905.
 - 3 Manuli 1980.
 - 4 *Diseases of Women* (henceforth *DW*), 1.62 (Litré (henceforth *L*) 8.126)
 - 5 *On Prognosis*, 6. 2–110 (ed. Nutton 1979: 100–3).
 - 6 On which see von Staden 1992.
 - 7 For example, Lewis 1981 regards the attempt to restore the missing women to history as characteristic of the 1970s. Davis 1976 traces back the history of lists of 'women worthies' and biographies of individual notable women.
 - 8 Cord-cutter, *DW* 1.46 (*L* 8.106); *iatreousa*, *DW* 1.68 (*L* 8.144).
 - 9 For example, Phanostrate, *IG* II/III 3.2 6873 is *maia kai iatros* in a late fourth-century BC inscription; see Nickel 1979. On the dangers of distortion consequent upon studying 'a few exceptional women' see, for nursing history, Davies 1980: 11.
 - 10 *L* 8.154–232; for Litré's assessment, see 8.155.
 - 11 Rousselle 1980, 1988.
 - 12 Some recipes, once written down, proved to be very long-lived, continuing to be repeated even when new medical theories should have made them redundant. An example is the use of sweet- and foul-smelling substances for 'uterine suffocation'; aromatics are rubbed on the groin and inner thighs in the Hippocratic *DW* 2.201 (*L* 8.384), and are probably the 'customary remedies' to which Galen, despite his rejection of the idea that the womb moves, alludes in his *On the Affected Parts* 6.5 (Kühn (henceforth *K*) 8.420). See King 1993. Despite its stability, the recipe tradition also shows flexibility, most notably in the recipes preserved on papyrus, which show changes to quantities and offer alternative ingredients (Ann Hanson: personal communication).
 - 13 Hanson 1990: 309–110.
 - 14 For example, Aristotle *GA* 729a 25–35; 729b 12–21; Horowitz 1976: 195–16.
 - 15 Hanson 1992: 236.
 - 16 McLaren 1990: 28. As Patricia Crawford (1994: 99) has pointed out for the early modern period in England, 'In practice, women's knowledge must have been less effective than people believed, otherwise there would not have been so many unwanted pregnancies outside marriage.'
 - 17 Riddle 1992.
 - 18 Riddle 1992: 155.
 - 19 Riddle 1992: 38.
 - 20 Nutton 1985; Lloyd 1979: 46–7.
 - 21 Hanson 1990: 310: 'Elements of the oral tradition among women are *no doubt* preserved in the recipes of the gynecologies, for the medical writers refer to therapies for the care of women as *gynaikeia*' (my italics).
 - 22 For example, Hanson 1992: 235: 'In no other segment of the early Greek medical writings are the medicaments that cure, or at least alleviate, awarded such prominence'; Dean-Jones 1994: 30: 'The gynaecology incorporates more elements of folk practice, such as a wider *materia medica* ... than other sections of the corpus.'
 - 23 Hanson 1991b: 78 and n. 32.
 - 24 *On the Affected Parts* 6.5 (*K* 8.420).
 - 25 Von Staden 1992c.
 - 26 Ann Hanson (pers. comm.) has recently pointed out to me that the use of dung could be interpreted in a more positive way, as 'fertiliser' for the field which is the womb. On the imagery of woman as earth, see duBois 1988.
 - 27 Zivanovic 1982: 88 and 247: 'many elements used as remedies may lead to poisoning'.
 - 28 King 1995.
 - 29 Green 1989: 458, writing on early modern medicine, points out that male and female healers were sometimes using very similar remedies but, whereas women used everyday ingredients, men deliberately chose costly alternatives in order to distance their remedies from those of women.
 - 30 Von Staden 1992c: 23–56.
 - 31 *On Prognosis*; see also King 1991.
 - 32 Jouanna 1984; King 1989a.
 - 33 Rousselle 1988: 2.
 - 34 See Chapter 14, this volume.
 - 35 Winkler 1990b: 4 and 126.
 - 36 Langholf 1990: 186–90 and 209.
 - 37 King 1995.
 - 38 Turner 1960 and 1969: 69.
 - 39 Dean-Jones 1994: 136.
 - 40 *L* 8.610 with *Flesh* 1 (*L* 8.584).
 - 41 *On the Nature of the Child* 13 (*L* 7.488–90); transl. Lonie 1981: 7 and see 160–2.
 - 42 *Historiaanimalium* 582b10–12 and 583a35–b3; cf. 584a2–12.
 - 43 *Historiaanimalium* 634b29–31; 635a34–36.
 - 44 Rousselle 1988: 28.
 - 45 Hanson and Armstrong 1986; sympathy between the upper and lower parts of the body means that loss of virginity changes the quality of a girl's voice.
 - 46 Dean-Jones 1994: 28 and n. 85.
 - 47 *Aphrodisioi logoi*, Semonides II. 90–1 (Lloyd-Jones 1975: 59); it is of interest that Theodorus Priscianus 2.11 (p. 133 Rose) advises men suffering from impotence to read 'tales of love' as a cure.
 - 48 Eur. *Andromache* 943–6.
 - 49 *Eccl.* 526–50.
 - 50 Chariton *Chaereas and Callirrhoe* 2.8.4–11.6.
 - 51 *ibid.* 2.10.5.
 - 52 Hanson 1990: 309–10.
 - 53 *Epidemics* 4.6 (*L* 5.146).
 - 54 *Flesh* 19 (*L* 8.610).
 - 55 The formulations are those of Davis 1976: 86.

- 56 *DW* 1.59 (L 8.118), cf. 2.155 (L 8.330); 3.213 (L 8.410); Rousselle 1980: 1095–6.
- 57 *DW* 1.40 (L 8.96–8).
- 58 *DW* 1.67 (L 8.140).
- 59 *DW* 2.209 (L 8.404); Hanson 1991b: 79–81.
- 60 *DW* 1.25 (L 8.66) lists, as something to be avoided, the activities which could cause miscarriage. Such knowledge is, of course, always available to those who in fact wish to induce a miscarriage. Furth 1986: 64–5 argues along similar lines for the period 1600–1850 in China, where lists of drugs to be avoided during pregnancy could be turned around and used as abortives, while Crawford 1981: 69 documents for seventeenth-century England the practice of seeking an abortion by asking to have a supposedly suppressed menstrual period induced. See also McLaren 1994: 267 on late nineteenth-century pills to remove ‘obstructions’, a code word for unwanted fetuses; and McLaren 1984: 102 on drugs euphemistically described as being intended ‘to restore the menses’.
- 61 On a similar question, in relation to Aristotle, Dean-Jones 1994: 38 agrees that ‘women must have acquiesced in the model to the extent of providing data to support it and acceding to therapy based on it’ but she prefers to believe that women interpreted the model in a more positive way. I would instead see the advantage of these models to women as lying in the loopholes they provide to the patient.
- 62 Movement of the womb to the liver, in search of moisture: *DW* 1.7 (L 8.32–4); 2.127 (L 8.272–4).
- 63 *DW* 2.133 (L 8.286).
- 64 *Seven Months’ Child* 9 (L 7.449).
- 65 Hanson 1987.
- 66 Aristotle *Historia animalium* 584b7–14.
- 67 *Seven Months’ Child* 4 (L 7.442).

Women who suffer from a man’s disease

The example of satyriasis and the debate on affections specific to the sexes

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Antiquity asked the question whether there existed states peculiar to each sex and to women in particular, and which might concern medical science. Moreover, the ancients called several diseases *satyriasis* or *satyriasmos* because of certain natural peculiarities, physical and existential, which legend, sculpture and painting attributed to satyrs. The appearance of their skin had caused this name to be given to the first stage of leprosy,¹ and, because of their little horns, also to frontal exostoses. The existence of ‘glands’ beneath their ears lent the name to mumps, and certain warts also have this name.² Similarly, the appearance of their genitals gave the name both to a persistent erection of the penis (also called ‘priapism’), and to a potentially fatal state of acute and painful erection.

This last, however paradoxical it might initially seem, could also afflict women.

DO AFFECTIONS (πάθος,³ *passio*) EXIST WHICH ARE PECULIAR TO WOMEN AND WHICH CONCERN MEDICAL SCIENCE?

This question is formally asked by Soranus of Ephesus in Book 3 of his gynaecological treatise;⁴ he proceeds, according to his usual method, by a definition of the concept, an historico-critical overview and his own reflections within the frame of methodological doctrine.

‘Do there exist affections peculiar to women?’ The question may also be put thus: ‘are there affections peculiar to the female sex, in the sense in which woman constitutes a species, the female a gender’. As for the expression ‘peculiar to’, . . . it designates first that which does not belong to another. . . . It is in this sense in