

# CONSTRUCTING THE BODY

## The inside story

This chapter is intended to provide an overview of the content of Hippocratic gynaecology: it summarises the assumptions about the female body with which it operates, the terminology it uses for some parts of that body, and the therapeutic procedures which it uses to restore the body to the functions it considers normal. In the process of constructing this summary, it also provides some idea of the range of types of text making up 'Hippocratic gynaecology'; subsequent chapters will consider in more detail the issues of the relationship between text and reality which the Hippocratics raise, and will apply the material outlined here to particular themes which arise not only in understanding Hippocratic gynaecology in terms of the ancient Greek world, but also in appreciating how these texts have been used in later medical debates.

Creating an overview of 'Hippocratic gynaecology' is an artifice which always risks falsifying its object; however, even in antiquity an attempt was made to define the main characteristics of a Hippocratic approach to the body.<sup>1</sup> Of the texts which have come down to us under the name of 'Hippocrates', possibly none was written by the historical 'Father of Medicine'. Instead, what has become the 'Hippocratic corpus' is a disparate collection in terms of geographical origin, date of composition and, most significantly for this chapter, theoretical position. The material given here must therefore have a certain provisionality, simply because there are so many variations within the texts of the Hippocratic corpus. However, with Ann Ellis Hanson (1996b: 307), I would argue that there are sufficient points of agreement – particularly within the *Diseases of Women* treatises – to make such an overview worth attempting.

It is also debatable how far any of the material presented here would have been exclusive to the Hippocratics. There are many areas of similarity between the Hippocratic medical texts and pre-Socratic philosophy (Longrigg 1993), and between the ideas put forward in the medical texts and those expressed in Attic comedy (Alfageme 1995), but in this book my focus is on the wider social and cultural context within which Hippocratic medicine was created, and in particular on the practical side of medicine. Medicine is not

just about ideas; it is about making people feel better. These two aspects may be closely related, but to focus on the philosophical side may be to miss the point of the wider enterprise: 'The primary aim of medicine is to cure sick people' (Chanotis 1995: 335). The social context within which a Hippocratic healer worked has been discussed in detail by Geoffrey Lloyd (1979, 1983), and characterised as highly competitive; different types of healer fought for patients, and the Hippocratic healer had little innate advantage over his rivals. Langholf (1990: 126–7) has argued that where Hippocratic theories such as *pepsis* – which covers the 'ripening' of a substance causing disease as well as the 'digestion' of food – seem rather vague to us, this may be because they were deliberately kept fairly vague in order to attract a wider clientele. The Hippocratic healer was 'materially dependent on a public with the broadest possible spectrum of religious and philosophical beliefs, and the less clearly he expressed himself about such matters, the better for him' (Langholf 1990: 239).

Effective healing can be the result of effective drugs – a topic to which I will return in Chapters 6 and 7 – but work on the anthropology and sociology of medicine shows that it also depends on some degree of communication between healer and patient. If the theories propounded by the healer make no sense at all to the patient, his explanations will be unlikely to reassure her, and his recommendations are less likely to be followed. Aline Rousselle's approach to Hippocratic gynaecology (1980; 1988) suggests that this material on the function and healing of the body is primarily women's lore, taken over by male medical practitioners. For Paola Manuli (1980; 1983), on the contrary, Hippocratic gynaecology consisted of men's fantasies about the female body. As Seymour Haden put it (above, p. 16), women 'are obliged to believe all that we tell them. They are not in a position to dispute anything we say to them.' But the medical encounter, then as well as now, is about patient and practitioner meeting to produce healing; it is in these terms that Lesley Dean-Jones (1994: 27) argues that the Hippocratic treatment of women 'must have been acceptable to them and have squared with their view of their own physiology'. If women patients found Hippocratic explanations preposterous, then how could these have been used to produce convincing explanations of why they suffered, let alone to provide the rationale behind therapies to restore their health?

One possible objection here is that the 'patient meets practitioner' model is anachronistic when considering ancient Greece. When a woman was sick, the person paying the practitioner would have been her male *kyrios*. Useful here is Joan Cadden's point, made in relation to the medieval West, that treatment needed to take place within 'the expectations and practices of the patient's family' (1993: 5). In ancient Greece, explanations for the woman's illness would thus have needed to convince the *kyrios*, rather than the patient, and may have been most successfully phrased in a way which reinforced his views of female nature. However, we may still ask whether, if these explanations

made no sense at all to the patient, she would get better. This may be one of those questions which our sources cannot answer but, by bringing to it a range of comparative data, I will be returning to it throughout this book.

In this chapter I have chosen to start by setting the medical material within the context of the canonical myth of Pandora, the first woman, whose arrival in the world of men ushered in the age of iron, when ‘diseases come upon men continually by day and by night’ (Hes., *Erga* 102). In doing this, I am arguing from the outset that Hippocratic medicine needs to be seen within the widest possible context of ancient Greek culture, with aspects of its model of the body being shared with society more generally. In terms of the world in which the Hippocratic texts were produced and in which the Hippocratic physicians tried to win control of medical cases, the debate over whether gynaecology is necessary – whether the treatment of women should proceed along different lines from the treatment of men – may be seen as the logical consequence of Hesiod’s programmatic account of the descendants of Pandora, the first woman, as a separate ‘race’ (*genos gynaikôn*, *Tb.* 585–90; Loraux 1978). It is in this context too that the continuation of the debate on the proper treatment of the diseases of women in later classical texts should be seen.

### Like a virgin

Thinking about Hippocratic gynaecology in terms of Pandora helps to avoid any assumption that our ‘gynaecology’ should be seen as a straightforward equivalent of what the Hippocratics meant by *gynaikeia*. *Gynaikeia* is a word which can mean women’s sexual organs, menstruation, women’s diseases, or therapies for these diseases, and it is the Greek name for the two long texts in the Hippocratic corpus devoted exclusively to the diseases of women (*Diseases of Women* 1 and 2). A major concern of Hippocratic gynaecology is the transformation of immature girls into reproductive women; in Greek terms, making a *parthenos*, a girl who combines the features of being ‘childless, unmarried, yet of the age for marriage’ linked on the epitaph of Philostrata (EG 463),<sup>2</sup> into a *gynê*. To be classified as a mature woman, a *gynê*, it was necessary to have given birth: the birth of the first baby ends the process of becoming a woman which started with the first menstrual period demonstrating the readiness of the body, in terms both of the availability of blood from which a foetus can be formed, and the possibility of male semen gaining entry to the womb. The classical Greeks tried to compress this process into the shortest possible amount of time, expecting menarche at age 13 and recommending that girls be married at 14 (King 1985: 180–6; Hanson 1992b: 49).

When Pandora was given to men by the gods, it was not as a *gynê*, but in the form of (*ikelon*, Hes. *Tb.* 572; *Erga* 71) a *parthenos* or unmarried virgin (Loraux 1993: 81–2). To have become a *gynê* in the full sense of the term, she needed to have given birth, and ‘from her comes all the race of womankind’.

Yet, as Froma Zeitlin (1996) has noted, sexual intercourse is absent from the Pandora myth. Although Pandora is dressed as a bride to be presented as a gift to Prometheus' foolish brother, Epimetheus, and is the origin of the race of women, there is silence about just what must occur between marriage and birth; instead, 'All is inference. Nothing is stated directly – neither sex nor procreation' (1996: 58). Zeitlin sees this as part of a deliberate suppression of women's sexual and reproductive roles on the part of Hesiod, who argues that only men have any work to do, while women, the source of men's hard work, remain inside the house taking in all that men can produce.

Hesiod tells the myth twice, both in his account of the origins of the gods, *Theogony*, and in his *Works and Days*. Nicole Loraux (1993: 80–1) suggests that, dressed, veiled, and wreathed by the Olympic deities, the Pandora of Hesiod's *Theogony* 'is her adornments – she has no body'; the emphasis is placed on her elaborate and beautiful exterior which is like that of the immortal goddesses (cf. *Erga* 62–3). However, a reference which has not been noted in the context of Pandora's inside/outside mismatch occurs in the *Works and Days*: 'and he called this *gynê* (woman) Pandora' (*onomêne de tênde gynaiika Pandôrên*, *Erga* 80–1). Taken with the repeated insistence on her virgin form, so that her introduction into the *Theogony* is formulated in terms of merging the two categories (*plastên gynaiika parthenon*, 513–14),<sup>3</sup> this would suggest that from the outset Pandora is seen as a *gynê*, a fully reproductive woman, but masquerading as an innocent virgin. In *Works and Days*, as well as being 'like' a beautiful virgin (*parthenikês kalon eidos epêraton*, *Erga* 63), Pandora is described through two images which suggest the reality that is 'inside' (*en d'ara*, *Erga* 77) and which share a strong reproductive message: she is constructed by the gods with 'the mind of a bitch' (*kyneos noos*, *Erga* 67) and ravenous 'insides' (*gastêr*).

Homer's Agamemnon says that nothing is more like a bitch than a woman (*Od.* 11.427; Vernant 1979: 105). The domestic dog is comparable to woman in Greek thought, being a predatory beast taken into man's service, hovering between wild and tame (Redfield 1975: 193–203): as we will see in Chapter 4, the unmarried girl in particular was seen as naturally wild, 'untamed' (*admês*) and 'unyoked' (*azyga*), to be domesticated into the service of culture. In Aristotle, the dog is explicitly seen as an animal sharing some qualities of humanity. For example, in bitches, swelling of the breasts shows they are ready for intercourse 'just as in people' (*HA* 574b14–16). However, the later, pseudo-Aristotelian, *Problems* emphasise what is supposed to differentiate people from dogs: the bitch is often bad-tempered after childbirth, but women are not (894b13–15); the dog is prolific, but people are not (892a38–b1). This last point introduces a feature of the dog which human beings may want to emulate. The bitch was thought to give birth more easily than other animals (Plut. *Mor.* 277a–b) and to have many wombs, hence the appearance of offspring in litters (Aelian *NA* 12.16). Even in a human context, while *kuôn* means 'dog', *kuëin* means 'to be pregnant'. But dogs also

represented ‘dissolute impudence’ (Lilja 1976: 22): *kuôn* is used in comedy for the sexual organs (Henderson 1975: 127, 133). Dogs were thought to have exceptional sexual appetites (Redfield 1975: 194), remaining together in coitus for a particularly long time (Ar. *HA* 540a24), and having intercourse at every stage of their lives (Ar. *HA* 574b27), although elsewhere Aristotle says that bitches stop being sexually active at 12 or, at the latest, 18–20 (*HA* 546a28–34).

Which of these aspects is Pandora’s bitch-mind supposed to evoke? Insatiable sexual desire, or desirable fecundity: or, perhaps, the fear that one cannot achieve the second without experiencing the demands of the first? The dog features as an ingredient in recipes given in Hippocratic gynaecology, but puppies, rather than mature dogs, were used to cure failure to conceive. The fat of puppies could be cooked and eaten (*DW* 2.217, L 8.420), or a whole puppy disembowelled, stuffed with aromatic substances, and then used as the basis of a fumigation (*DW* 2.230, L 8.440; see Chapter 11, pp. 218–19), a procedure in which vapours were passed into the uterus through the cervix in order to open it, return it to its correct position if it had moved elsewhere in the body, or expel substances such as retained menstrual blood which were causing disease. When the respective qualities of the flesh of dogs and puppies are described in the treatise *Regimen* 2, ‘dog’s flesh dries, heats and strengthens but does not evacuate . . . the flesh of puppies moistens and evacuates’ (2.46, Loeb IV, 318). Intercourse moistens the womb, discouraging it from moving elsewhere to seek moisture, and agitates the body, easing the passage of blood within it. Similarly, puppies moisten the female body, encouraging reproduction. But mature dogs ‘dry’ the body; dog’s flesh also appears, roasted, in a list of drying foods in *Regimen* 3.79 (Loeb IV, 406). Pandora is like a bitch, drying in the same way that Hesiod sees the female body more generally taking man’s moisture and leaving him desiccated: Pandora is given to man *anti pyros*, ‘in place of fire’ (*Tb.* 570; *Erga* 57), in the sense both of being ‘equivalent to fire’ – hot and burning – and of being ‘opposed to fire’, as an evil to a good (Vernant 1974; 1979; cf. Eur. fr.429 Nauck<sup>2</sup>), while ‘the greedy wife will roast her man alive, without the aid of fire’ (*Erga* 704–5; *Anth. Pal.* 9.165).

Pandora’s bitch-mind, then, evokes a fertility which entails exhausting lust for her man. What of her *gastêr*? *Gastêr* is an ambiguous word which can indicate ‘belly’ in the dietary system, or ‘womb’ in the reproductive system; to receive, to have, or to hold in the *gastêr* means ‘to be pregnant’ in both medical and non-medical texts.<sup>4</sup> The concept of two separate systems is, in any case, ours rather than the Greeks’, so that one should perhaps think of the *gastêr* as a single organ. In one of the many polemics against this organ in the *Odyssey*, Odysseus exclaims that there is nothing more like a bitch (*kunteron*) than a *gastêr* (7.216). The context makes it clear that they share shameless and inappropriate appetites; Silvia Campese has pointed out that a woman both *has a gastêr* through which society is reproduced, and *is a gastêr* which must be

controlled by a man, as a master must control a slave (1983: 16). This also applies to Pandora, but in a more concrete sense. She has not only a voracious *gastêr*, but also a *pitbos*, a jar of the type usually used to store food (*Erga* 94). She herself is also a jar, in that she is fashioned from earth and water, 'molded like a vase by Hephaistos, and [...] described as a container into which the gods put something' (Pucci 1977: 88). As I will discuss further below, in Hippocratic gynaecology, the womb is seen as a jar. The specific identification of the womb with Pandora's jar is not new (*contra* Zeitlin 1996: 65; cf. King 1985: 161–3; Sissa 1990: 154–5) but has been widely represented in Western art. Dora and Erwin Panofsky use the Pandora of Abraham van Diepenbeeck, who holds her goblet/jar exactly over her pubic triangle (Panofsky and Panofsky 1956: 75); de Marolles noted that this was because it is the part 'from which flowed all the sorrows and concerns of men' (Panofsky and Panofsky 1956: 76 n.21), while Klee's extraordinary 1920 drawing shows Pandora's jar as a goblet with handles resembling the Fallopian tubes, an obvious vulva emitting black smoke, and a base ridged like the muscular lining of the vagina (Panofsky and Panofsky 1956: 112). When closed, the Hippocratic womb-jar may be securely holding a foetus in the process of formation, but its closure outside pregnancy is negative, causing disease in the woman by blocking normal menstrual flow, while preventing the entry of male seed and thus impeding normal human reproduction. The closure of Pandora's jar initially maintained a golden age: its subsequent opening brought a range of evils, *kaka*, including disease, to both men and women (*Erga* 101), evils of which Pandora herself is one, since she was planned by Zeus explicitly as a *kakon* (*Erga* 57; *Th.* 570 and 600). When the jar is closed again, all that is left inside is *elpis*, 'hope'; not a positive hope for good, but a neutral hope, with the sense of waiting for an uncertain future (Vernant 1979: 125–32; Pucci 1977: 105). The womb, too, contains this *elpis*, since in pregnancy it is impossible to know whether it contains a child or a shapeless mass of flesh.<sup>5</sup> Zeitlin suggests that, in opening her jar herself, Pandora is performing an act 'equivalent to breaching her virginity', while closing it can represent the beginning of pregnancy (1996: 66). This suppression of the male role in reproduction, making Pandora alone responsible for defloration and conception, gives woman 'an intrinsic power over man' (Zeitlin 1996: 71).

Like Pandora, the *gastêr* brings 'many *kaka* to mankind' (*Od.* 17.284 = 474) and can be called evil-doer, *kakoergos* (*Od.* 18.53–4). As a manufactured *kakon* and as bringer of *kaka*, as well as in her inauguration of sexual reproduction, Pandora is not only a bitch but also a *gastêr*.

Where Pandora differs from the *gastêr* is in her deceitful combination of outside and inside. In the absence of human dissection, the Hippocratics argued from the outside to the inside; they assumed equivalence between the seen and the unseen. A further feature of Pandora relevant to our understanding of Hippocratic gynaecology is, however, her consistent failure to



match. As Vernant's masterly study (1974) of the two versions of the Prometheus myth in Hesiod has shown, the myth proceeds according to a pattern of giving and withholding, appearance and reality. In the trick he played on Zeus at Mekone, Prometheus presented to the god two packages; one looked good but contained the inedible parts of the ox; the other, the ox *gastêr*, looked unappetising but in fact contained the best parts. When Zeus uses Pandora as a trick to play on mortal men, he mirrors Prometheus' technique. She is not just a *kakôn*, but a *kalôn kakôn* (*Tb.* 585), a 'beautiful evil'. Unlike the ox *gastêr* package, she is externally desirable, but she contains the mind of a bitch and a ravenous *gastêr* which will compel men to work in the fields to satisfy its demands.

### The complete woman

In the myth of Pandora, then, woman is 'different'; a late creation, a construct, an artifice and an illusion, containing a bitch-mind and a womb-jar. What of Hippocratic gynaecology? In Hippocratic medicine the terms of female difference are developed in a more complex way than in Aristotle's characterisation of woman as 'a deformed male' or 'a mutilated male' (*GA* 728a17 ff. and 737a; Horowitz 1976; Dean-Jones 1989; 1994). The main statements of difference occur in the two parts of *Diseases of Women*, but the Hippocratic corpus also includes a third text dealing specifically with the problem of infertility (*Diseases of Women* 3 = *On Sterile Women*), as well as a further redaction of some of the material given in *Diseases of Women* 1 and 2 (*Nature of Woman*), a merger of parts of *On Sterile Women* with apparently later material on difficult births (*Superfoetation*), texts on conception and foetal growth (*On Generation/Nature of the Child*), discussion of the risks encountered in premature birth (*Eight Months' Child*), a description of the removal from the womb of a dead foetus (*Excision of the Foetus*), and a short text on diseases of young unmarried girls at puberty (*On the Diseases of Virgins*) (Diepgen 1937). The gynaecological treatises, unlike other parts of the corpus which deal with a predominantly dietetic approach to disease, have a polemical tone (Edelstein 1931: 96 n.16), and most suggest that women are sufficiently different from men to merit a separate medical approach; however, texts such as *Eight Months' Child* 9 argue that the same principles of prognosis and healing which are applied to diseases, healthy conditions and death in all humans – such as the principle of 'critical days' according to which certain days in a condition are particularly significant – can equally well be applied to conception, miscarriage and childbirth in women (L 7.446–52; Joly 170).

Medically, in what does women's difference consist? The Hippocratic texts never restricted women's difference to the function of childbearing and the organs associated with it. There are many statements in the Hippocratic corpus of areas of bodily experience in which men and women differ; for example, in how they shiver (*Ep.* 6.3.11, Loeb VII, 238). Paola Manuli

suggested that the major anatomical feature distinguishing women from men is the existence of a *bodos*, a route extending from the orifices of the head to the vagina; woman has 'an uninterrupted vagina from nostrils to womb' (1980: 399; 1983: 157; cf. Hanson 1981; 1989). At each end of the tube is a mouth (*stoma*; Sissa 1990: 53) which can be used as a sign of the condition of the tube, and as a site for the administration of therapy. There is no explicit anatomical description of this tube, but its existence is implied in many ways, through vocabulary, and through context. Where the mouth of the womb closes and tilts, the nostrils too become 'dry and blocked, not upright' (*DW* 2.133, L 8.282). When a menstrual period is about to start, pain is felt in the throat (*CP* 537, L 5.706). Treatment aimed at the womb is to be applied 'from the top' and 'from the bottom' (*anô/katô*) of the tube (*DW* 2.137, L 8.310).<sup>6</sup> An abnormal flow is treated from above and from below, but first of all from above – the opposite direction (*DW* 1.66, L 8.136) – while *Nutrimint* 45 (Loeb I, 358) states that 'the way up and the way down are one'. The analogies between top and bottom, which continued in medical literature up to the nineteenth century (Laqueur 1990: 36) and are still present in modern Latinate medical terminology in the usage of 'labia' (lips) and 'cervix' (neck), become explicit in the third-century BC work of pseudo-Aristotle, who says that the womb 'breathes in' the male semen in much the same way as the mouth and nostrils inhale substances, and that the route from the vulva to the inside of the womb is like the *poros* from nostrils to larynx (*On sterility* 634b35; 636b17–18; 637a21–35).<sup>7</sup> In a further variation, Greek and Roman writers believed that it was possible to tell when a girl had lost her virginity because her voice became deeper (Hanson and Armstrong 1986). It is interesting that the writer of a pamphlet ridiculing Isaac Baker Brown's practice of clitoridectomy pretended throughout that his operation consisted in the division of muscles in the hand to cure kleptomania, and – using another example of the analogy between the top and the bottom 'mouth' of the female body – in the tongue, to stop women spreading scandal. The operation does not 'injure the female utterance', he claims, but makes the voice even more charming, removing from it any metallic quality so that it is capable only of 'temperate conversation and agreeable singing' (Scoffern 1867: 12–13).

Even the *bodos* was not however the most powerful tool in a Hippocratic physician's conceptual vocabulary. More fundamental still in defining the anatomy of female difference was the texture of the flesh, used to explain why women are 'wetter' than men (*AWP* 10, Loeb I, 98–100; *NC* 15, L 7.494), their inclination towards water meaning that they flourish from foods, drinks and activities that are cold, wet and soft (*Regimen* 1.27, Loeb IV, 264). Their wetness gives them an affinity with the natural world, accounting for both their emotional reactions and their hungry sexuality (Carson 1990: 137–43). According to *Glands* 16 (Loeb VIII, 124), the physiological basis for their wetness is that their bodies retain moisture due to being loose-textured



(*araios*), spongy (*chaunos*) and like wool (*eirion*). The opening chapter of *Diseases of Women* accepts these beliefs; the bodies of mature women are soft to the touch (*bapalos*), loose-textured, wet and spongy, while male flesh is drier and firmer. In a woman who has not yet given birth, there will be greater discomfort if her menstrual blood is obstructed, because her body is more resistant, firmer and more 'thickly-packed' (*ischyros*, *stereos*, *pyknos*). The main analogy used to describe the gender difference aligns mature female flesh with wool, and male flesh with a closely woven garment (*DW* 1.1, L 8.10–14: cf. *Glands* 1, Loeb VIII, 108 and 16, Loeb VIII, 124); this also suggests that women are 'raw material', while men are the finished product of a manufacturing process. The analogy is associated with a Hippocratic 'thought experiment' by which the writers advise anyone doubting the truth of their statement to take a fleece and a woven garment of equal weight, stretch them over water for two days and two nights, and note that the wool will weigh more at the end of this time because it has absorbed more fluid (Heidel 1941: 91; Hanson 1975; 1981: Dean-Jones 1994: 55–9). The absorbent qualities of fleece were used both in purificatory ritual (Parker 1983: 230) and in Hippocratic therapy; in *Superfoetation* 34 (L 8.506), warm lambskins are placed on the abdomen of a young girl who has failed to menstruate and oscillates between hunger, thirst, fever and vomiting blood, the intention perhaps being to draw out the suppressed blood.

Because of the anatomical difference constituted by the looser texture of their flesh, women experience a major physiological difference.<sup>8</sup> Due to absorbing more fluid from their diet than men do, women need to menstruate in order to evacuate the surplus accumulated. This, in the words of the Hippocratic *Nature of the Child* (15, L 7.494, trans. Lonie 1981: 8; Föllinger 1996: 37), is 'simply a fact of her original constitution' and it is why, as Clologe correctly noted almost a century ago, 'Les anciens s'étaient beaucoup occupés de la menstruation' (1905: 63). Menstruation, as Soranos later put it, is 'the first function' of the womb (*Gyn.* 3.6; T 132). The Hippocratics, as well as naming the menses *gynaikeia*, 'women's things' (*DW* 1.20, L 8.58; *CP* 511, L 5.702; *Ep.* 1.19, Loeb I, 174) and *ta hôraia*, 'the ripe things' (*SF* 34, L 8.504–6), call it by names which evoke its ideally 'monthly' appearance: *katamênia*, *epimênia* and *emmênia* (*Aph.* 5.39, Loeb IV, 168; *DW* 1.58, L 8.116; *NW* 8, L 7.322 and 16, L 7.334). They also refer to it as *hê physis*, 'nature' (*Ep.* 7.123, Loeb VII, 414), and *ta kata physin*, 'the natural things' (*Ep.* 6.8.32, Loeb VII, 288–90; *DW* 3.230, L 8.444).

If menstruation does not occur, then the surplus blood will continue to build up in the body, putting pressure on different organs, until disease or even death results: 'if the menses do not flow, the bodies of women become sick' (*Gen.* 4, L 7.476) so that regular heavy menstrual loss is a necessity (*AWP* 21, Loeb I, 124). Menstrual bleeding should occur every month, be sufficient in quantity, flow freely and in equal amounts, and occur on the same days of the month, according to *Prorrhetic* 2.24 (Loeb VIII, 270). These Hippocratic

ideas were to have a long history: as the homeopath John Pattison wrote in 1866, 'No female between the ages of sixteen and forty years of age can be said to enjoy good health unless this discharge takes place with regularity, is sufficient in quantity, and lasts a proper length of time; which is from three to six days' (1866: 1–2). Orthodox medical textbooks of the same period also insisted on regularity, but varied in their estimates of loss from 4 to 6 ounces, to 4 to 10 ounces, taking place over two to four or two to ten days (lower estimates, Gubb 1879: 13; higher estimates, McMurtrie 1871: 215–16).<sup>9</sup>

In the *Diseases of Women* treatises, menstrual loss is expected to be both regular and heavy. The correct quantity of blood loss per month, 'if she is healthy', is two Attic cotyls – probably about a pint – in two or three days (*DW* 1.6, L 8. 30). In fact, the capacity of the womb is only 2–3 fluid ounces, and a menstrual loss of a pint of blood would represent pathologically high blood loss by today's standards.<sup>10</sup> However, comparisons are made difficult because it is not clear what we are comparing; about half a pint of fluid – of which about half is blood – is now considered the maximum of the normal range, and as the Greeks could not distinguish between the components of menstrual fluid I assume that their figure was for total loss rather than blood loss. The figure of two Attic cotyls is a persistent one in ancient gynaecology: Soranos was still using it in the second century AD, although as a maximum rather than the norm (*Gyn.* 1.20; T 17). Lesley Dean-Jones (1994: 89–91) has correctly noted that two cotyls is taken elsewhere as the maximum amount of fluid one should pour in when washing out the womb (*DW* 1.78, L 8.190), based presumably on perception of the size which the womb could reach during pregnancy. The assumption behind this figure for the amount to be lost at every menstrual period is thus that the container which is the womb fills completely each month and must empty itself completely. In pregnancy, blood flows into the womb gradually over the month, drawn in by the embryo on a daily basis (*DW* 1.34, L 8.78), but outside pregnancy the movement into the womb occurs only once, immediately before flowing out of the body (*NC* 15, L 7.492–4; Dean-Jones 1994: 62).

Where Pattison considered a period should last between three and six days, the writer of *Diseases of Women* 1.6 expected the massive blood loss on which he insisted to be compressed into two to three days; anything more or less constituted disease (*epimosos*, *DW* 1.6, L 8.30) and would lead to sterility. Some Hippocratic texts accept variation in the amount lost; for example, *Nature of the Child* 30 (L 7.534) states that some women lose much less than others, but then adds that these will have difficulty in providing sufficient nourishment to allow a foetus to reach full term. Heavy loss is therefore assumed to be healthier than light loss. Other passages of *Diseases of Women* take into account the individual *physis* of each patient, based on visible signs: the fair and the young are wetter and more liable to flux, while darker, older women have firmer flesh and bleed less (e.g. *DW* 2.145, L 8.320; *NW* 1, L 7.312). Outside the *Diseases of Women* texts, it seems to be possible for some women to survive

even a prolonged failure to menstruate. Phaethousa survives, but only by becoming masculine (*Ep.* 6.8.32, Loeb VII, 288–90). In *Epidemics* 5.11 (Loeb VII, 160–2) the wife of Gorgias stops menstruating for four years, ‘except for a very small amount’; she experiences heaviness and throbbing in her womb. She nevertheless becomes pregnant, after which she bleeds heavily and, eventually, ‘she became healthy’. A servant who had not menstruated for seven years had a poor colour and a hard area on the right of her abdomen with some pain, but became ‘healthy’; then her period started, the tension in the abdomen eased, and her skin colour improved (*Ep.* 4.38, Loeb VII, 132). In both cases, however, complete health only follows menstruation. In passages like this, where the possibility of survival exists for those who do not menstruate heavily, the ‘sliding scale’ model of the one-sex body seems to be edging its way back, but the model of total difference between the sexes is not to be overcome; as another passage puts it, ‘Generally, most treatment is the same for all women’ (*DW* 1.11, L 8.44). Furthermore, as words such as *katamênia* imply, women are generally expected to shed some blood every month without fail, except in pregnancy or when very young or old; prolonged absence of bleeding is sufficiently exceptional that it is noted, and is seen as the cause of symptoms elsewhere in the body.

Obstacles to pregnancy included a womb which was excessively dense, hot, cold, dry or wet (*Aph.* 5.62, Loeb IV, 174), since in these situations the seed could not survive. Obesity was a further barrier, since it was thought to cause narrowing of the mouth of the womb which prevented the male seed from gaining entry (*Aph.* 5.46, Loeb IV, 170). According to Aristotle, obese women did not menstruate, because all their excess blood was used up by the body (*GA* 746b27–9). In the Hippocratic texts, the potential fertility of a woman could be detected by using scented substances and discovering whether the odour could travel freely through her body, thus showing that the *bodos* is free from obstructions (*Aph.* 5.59, Loeb IV, 174); ‘Obstruction of passages is a very frequent explanation in Greek medicine’ in general (Lonie 1981: 113; cf. *Dis.* 4.39, L 7.558). Garlic or another strongly scented substance was placed at the bottom end of the *bodos*; if the smell reached the top end, the woman could conceive (*DW* 2.146, L 8.322; *NW* 96, L 7.412–14 etc.).

The Hippocratic healer could detect pregnancy and the sex of the unborn child by looking at the woman’s complexion – if poor, the child must be female (*Aph.* 5.42, Loeb IV, 168 and *DW* 3.216, L 8.416) – and her appetite. According to the Hippocratic *Aphorisms*, pregnancy could be ascertained by investigating whether the womb was open or closed, since it was believed to close upon conception (*Aph.* 5.51, Loeb IV, 170), or by administering hydromel, a mixture of honey and water; if colic followed, then the woman was definitely carrying a child (*Aph.* 5.41, Loeb IV, 168). Further tests for pregnancy are listed in *On Sterile Women* (*DW* 3.214, L 8.414–16). However, pregnancy without any signs (*en gastri asêmôs*) is mentioned in one of the *Epidemics* case histories, where it is associated with a difficult delivery and

menstrual insufficiency (*Ep.* 4.24, Loeb VII, 116),<sup>11</sup> while another *Epidemics* passage states 'If she was pregnant, I don't know' (4.26, Loeb VII, 122).

But if a woman had not menstruated when she was expected to do so, and pregnancy tests and Hippocratic observation proved negative, what then? Dean-Jones (1994: 95) refuses to believe that 'an extended menstrual cycle by itself would call down upon a woman who was sexually active the battery of Hippocratic measures for dealing with suppressed menses' – including beetle pessaries and fumigations – but the logic of the wet and spongy flesh steadily accumulating blood would have made this eventuality very likely. In our terms, menstruation at the level expected in the Hippocratics would indicate that a woman was suffering from a disease, and that she would be in danger of becoming anaemic at the very least: in Hippocratic terms, most Western women today are very sick indeed.

The only let-out clause was the belief that women themselves 'know' when they have conceived, because they can feel the womb close, or because they note that the man's seed has remained inside them (*NC* 13, L 7.488–90). Aristotle adds that women have a particular feeling in the flanks and groin which tells them they are pregnant (*HA* 582b10–12; 583a35–b3; cf. 584a2–12). It is only 'inexperienced' women (*hai gynaiikes hai apeiroi*) – a category to be discussed further in the next chapter – who think that the absence of menstruation, in conjunction with a swelling of the belly, is alone sufficient to indicate pregnancy (*NC* 30, L 7.534). This reinforces the suggestion that, for the Hippocratics, pregnancy was not the first answer to the question posed by a late period.

Even when blood flows out monthly, symptoms may occur in some women. If menstruation is to be painless, the body must be completely female, in that it must be 'broken down' and its internal channels opened to provide a properly spongy texture throughout; this breakdown can occur only through childbirth, after which, 'in consequence of violence, pain, and heat' (*bypo biês te kai ponou kai thermês*), a bloody discharge secreted from all over the body and head opens up a *bodos* for the lochial flow (*NC* 30, L 7.538). By breaking down the flesh, giving birth creates within the body open spaces in which the blood can rest before travelling to the womb and leaving the body each month (*DW* 1.1, L 8.10–14).

While Aristotle later claimed that women were too cold to concoct blood into semen (*PA* 650a8 ff.; *GA* 775a14–20), there is evidence from the Hippocratic corpus suggesting that, because menstrual blood is 'hot', it is equally possible to argue that women in general may be the hotter sex. *Diseases of Women* 1.1 (L 8.12–14) states that 'the woman has hotter blood'.<sup>12</sup> According to Aristotle (*PA* 648a28–30; *GA* 765b19), the fifth-century philosopher Parmenides 'and others' argued that women must be hotter, because they possess more blood, the hot and wet humour. When Plutarch later constructed a debate over whether men or women are 'hotter', it was a doctor who proposed the position which Aristotle had attributed to Parmenides

(*Mor.* 650a–1e). But not all Hippocratic writers used the existence of menstruation as evidence that women are hot; although *Regimen* 1.34 (Loeb IV, 280) agrees that menstrual blood is hot it argues that, since women purge the hot every month, they must end up being ‘cold’ (Föllinger 1996: 31–2).

The version of gendered body temperatures which influenced the West through the medieval and early modern period was not that of the Hippocratic *Diseases of Women*, but that of Galen. Galen accepted the Aristotelian configuration in which women are ‘cold’ while men are ‘hot’, and also focused on ‘female seed’ rather than menstrual blood as the fluid which is the most dangerous if it is retained in the body.<sup>13</sup> For the Hippocratic *Diseases of Women* texts, however, excess blood is always at the root of the problem; it accumulates both because of women’s sedentary lifestyle and because of their wet and spongy nature. Galen argues that a change in a woman’s lifestyle combined with the influence of climate could, in theory, actually reverse male/female norms; in *On the Causes of the Pulse* 3.2 (K 9.109–10) he claims that, if a cold wet man lived in the damp climate of Pontus, and a hot dry woman in the heat of Egypt, and the man was idle while the woman worked in the open air, her pulse would be greater than his.

Tube, flesh – what about the organ which we now see as emblematic of femininity, the womb? I have deliberately left the womb to the end of this chapter, although it has of course entered the discussion as jar, as container and as a means for the evacuation of blood. Despite *Places in Man* 47 asserting that ‘the womb is the origin of all diseases of women’, in the *Diseases of Women* texts the womb was seen as secondary to female difference; it was made necessary by the nature of the flesh, which needed somewhere to send and store the blood it could not use.

Cross-culturally, the womb is a rich source of imagery. Janice Boddy’s study showed that, in the Sudan, it can be represented as a house with a door (1982); Greek comedy too used doors and gates in sexual imagery (Henderson 1975: 137). The womb can also be a container (Murphy and Murphy 1974: 102) or a garden to be cultivated (Richards 1956: 205–6 and n.180). In classical Greek imagery, whether women were seen as ‘hot’ or ‘cold’, the womb was seen as ‘hot’, its role being to cook the seed. In a powerful analogy, retained even by Aristotle, for whom women were ‘cold’, the womb was likened to an oven (*kaminos*; *GA* 764a12–20). In the Hippocratic *Generation/Nature of the Child* the womb is seen successively as an oven in which the seed is ‘baked’ – reminiscent of Herodotus’ phrase for the necrophilia practised by the tyrant Periander of Corinth, who ‘put his loaves in a cold oven’ (5.92) – and a field in which seed is sown (4, L 7.474–6; 12, L 7.486; 30, L 7.536); ‘the condition of the plant depends on the condition of the earth in which it grows’ (*NC* 22, L 7.514; Lonie 1981: 13). In the *Dream-Book* of Artemidoros, a hearth (*bestia*) and a baking-oven (*klibanos*) can represent woman, because they receive things that produce life. Dreaming of seeing fire in a hearth means that your wife will become pregnant (*Oneir.* 2.10).

In the Hippocratic texts, organs are often of less importance than fluids. *On Ancient Medicine* 22 (Loeb I, 56–60) looks at bodily ‘structures’ (*schêmata*) as different shapes and textures first, and as named organs only secondarily. The type of structure best for pulling in fluid from the rest of the body is one which is broad, hollow and tapering, such as ‘the bladder, the head, and the womb in women’ (Annoni and Barras 1993: 190). Where the womb is given any separate identity, the most common words for it are *mêtrê* and *hysterê*, both of which are normally used in the plural; the belief that the womb has many chambers was derived from observation of animal wombs (Fasbender 1897: 73, 141; Manuli 1983: 188), although Aristotle argues that the human womb is always two-chambered because the male is the model for humanity and a man has two testicles (*GA* 716b33). Galen too insisted that, although the womb is one organ, it contains two chambers sharing a single neck, and he suggested that this makes it valid to use either singular or plural forms for it (*On Anatomical Procedures* 12.2, Duckworth *et al.* 1962: 113–14). The fullest ancient discussion of the etymology of the terms most commonly used is given by Soranos, who links *mêtrê* to the womb as ‘mother of all the embryos borne of it’ or ‘because it makes mothers of those who possess it’ (*Gyn.* 1.6; T 8). The womb continued to be called ‘the Mother’ in English Renaissance medicine. *Hysterê*, for Soranos, is linked to *hysteron*, to indicate that the womb ‘yields up all its products afterwards’ and ‘lies after all the entrails’ (*Gyn.* 1.6; T 8). Modern etymologists suggest that it is connected with a Sanskrit word and means ‘upper/back part’ (LSJ), or with *byderos*, meaning ‘dropsy’ or ‘swollen belly’ (Chantraine 1968). The verbs *hystereô* and *hysterizô* mean ‘to come late’ and ‘to come after’. Athenaeus, an excellent source for word usage, gives a pun which suggests that this temporal sense could be linked to ‘womb’; Leontion was upset because her lover was paying attention to a woman called Glykera who had arrived later than she, and when asked what was the matter replied *bê hystera mê lypai*, ‘my womb hurts’ or ‘she who arrived after me hurts me’ (585d). But there is another sense in which *hystera* for womb invokes lateness; the presentation of Pandora as a late arrival on the human scene. Woman is generically *hystera*, and this name for womb should remind the listener of Pandora and thus of the origin of female difference.

A further term for womb is ‘jar’, *angos*. *Epidemics* 6.5.11 (Loeb VII, 258) says that paleness in the nipples and areola indicate disease in the *angos*, and Galen’s commentary on this passage identifies this organ as the womb. In terms of Hippocratic anatomy, this makes sense because the womb and breasts are very closely connected; breasts are part of the essential sponginess of the female body (*NC* 15, L 7.494). Breast milk is menstrual blood diverted and refined (*Glands* 16, Loeb VIII, 124). Very excessive or inadequate menstrual flow were both seen as unhealthy (*Aph.* 5.57, Loeb IV, 172); one way of stopping abnormally heavy menstruation was to apply the largest size of cupping-glass to the breasts (*Aph.* 5.50, Loeb IV, 170), so that the blood



would come out from them rather than from the womb. Aristotle, for whom women were 'cold' and men 'hot', developed this argument further, claiming that menses, milk and semen were the three successive stages of development of a single substance, with only the male of the species being sufficiently 'hot' to achieve the final stage of transformation into semen (e.g. *PA* 650a8 ff.; *GA* 774a1).

*Generation 9* (L 7.482) draws an analogy between womb and jar; as a plant grows to fill its container, so if the womb is small like a cup (*arystêr*; Lonie 1981: 143) then the child will be small and weak, but if the womb is larger the child can grow properly, like a cucumber growing in an *angos*. Soranos uses *angeion* for one of the membranes which 'encases the embryo like a vessel' (*Gyn.* 1.57; T 58), while pseudo-Aristotle uses it to mean either the womb or a foetal membrane (635b14). The theme throughout is the role of the womb as container. A section of *Diseases of Women* says that a difficult delivery is like shaking a fruit stone out of a *lekythos*, a jar with a narrow mouth (1.33, L 8.78).

Thus, like any jar, the womb has a mouth, *to stoma tês mêtêrês* (*DW* 1.85, L 8.210) or, since the womb can be plural, *to stoma tôn mêtêrôn* (*DW* 1.2, L 8.14). Occasionally there are references to plural 'mouths of the womb(s)' (e.g. *DW* 2.146, L 8.322; 2.162, L 8.338), perhaps suggesting that the neck of the womb-jar has both a mouth into the body of the jar and another out into the vagina.<sup>14</sup> More commonly, the mouth of the womb must be aligned with a second mouth at the bottom of the tube, or blood will not be able to pour out. This is called the 'mouth of the vagina' (*to stoma tou aidoiou*, *DW* 1.40, L 8.96; *Ep.* 2.4.5, Loeb VII, 72)<sup>15</sup> or the 'mouth of exit' (*to stoma tês exodou*, *Virg.*, L 8.466). The condition of the inner, uterine mouth can be determined by the female patient, who can tell by touching it whether it is hard or soft, open or closed, upright or tilted (e.g. *DW* 2.119, L 8.260; 2.133, L 8.280–8; 2.134, L 8.304).

From the passages cited, it is clear that the *Diseases of Women* treatises and the other gynaecological and embryological texts of the corpus are not the only places in which material on women's diseases can be found. Case histories of female patients exist throughout the seven books of *Epidemics*, while a number of Hippocratic treatises on disease in general include a section devoted specifically to women's diseases; for example, *Aphorisms* 5, *Coan Prognoses* 503–44 (L 5.700–8) and the last part of *Places in Man* (47, Loeb VIII, 94–100). The presence of such material in a 'general' treatise is suggestive; the addition of a section on 'women' to a text recalls Pandora's arrival as an afterthought tacked on to male humanity. *Places in Man* 47 keeps a certain distance from the proposal that women's diseases are 'separate' by opening with the words, 'Diseases of women, as they are called'.<sup>16</sup>

As we have seen (p. 12), whereas the focus in *Diseases of Women* rests on suppressed menstruation as the primary cause of a variety of symptoms experienced by women, *Places in Man* 47 regards the womb as the main cause

of women's diseases. Movement of the womb in a forward direction is seen as the most serious problem, not only producing pain but also obstructing the menstrual flow; upward movement of the womb may lead to pain in parts of the body as far away as the head. *Diseases of Women* also includes descriptions of womb movement. Ann Hanson (1991: 82) has proposed that, because the male is the norm for the human race,<sup>17</sup> the womb is an organ with no natural home; it therefore tends to wander around the body in search of moisture. It is not enough to label the wandering womb 'this curious notion' or call it a 'bizarre phenomenon' (Blundell 1995: 100–1); to the Hippocratics, it was a central tenet of medical theory and practice.

For Hippocratic anatomy of the female body, this raises an important question, one to which I will return when considering hysteria in Chapter 11. How far is the womb thought to be able to move? In Plato's *Timaeus* (91c4) it can move 'through the whole body', but there is some debate over whether the Hippocratic womb was considered capable of passing through the diaphragm. I have been criticised by M.J. Adair (1996: 159) for suggesting that the womb moves to the head, on the grounds that the Greek *trapôsin hai hysterai* (*DW* 2.123, L 8.266)<sup>18</sup> means that the womb 'turns', rather than 'moves'. However, the chapter in question opens, 'When the womb turns to the head and suffocation stops there, the head is heavy.' The ensuing description of the symptoms and recommendations for therapy suggest that the head is indeed the focus of the problem. The patient says that the passages in the nose and under the eyes hurt; the treatment is to wash her with hot water and, if this does not work, to pour cooled infusions of myrtle or laurel over the head, anoint the head with rose oil, and fumigate with sweet smells below, foul smells under the nose. Thus, no matter how far the womb itself can travel, its effects are very wide-ranging; and, in the corpus as a whole, it 'rushes' and 'moves swiftly' through the body, and 'falls upon' other organs (Dean-Jones 1994: 70).

Therapy for the diseases of women was based on the belief that, although nothing could change the essential wetness and sponginess, it was nevertheless possible to make adjustments to a woman's way of life which would improve her health. The interventions carried out included alterations to the amount of blood being produced, which could be achieved by instigating dietary changes (King 1995c). As the preparation of food was an important part of a woman's role in the household, the Hippocratic recipes and dietary advice could be seen as usurping her role, perhaps because her illness means that she cannot fulfil it successfully.<sup>19</sup> Other interventions included the expulsion of suppressed blood, and measures to move the womb away from inappropriate locations, such as the liver, to which it was liable to travel in search of additional moisture (see further Chapter 11, p. 217). Also practised as therapies were washing, oiling, and wrapping bandages around the body to keep the womb in place (e.g. *DW* 2.127, L 8.272 and 2.129, L 8.278). Usually a combination of measures would be taken to achieve the goal. A

drying diet and frequent exercise were prescribed for a woman whose menses were phlegmatic, but her treatment involved vapour baths – aromatic substances thrown on hot ashes under a cloth – as well as emetics and purgative pessaries (*DW* 1.11, L 8.44–6). A wide range of pharmacological substances was employed, including materials also used in purificatory ritual – such as sulphur, asphalt, squill and laurel – as well as animal excrement (von Staden 1991). The range of substances listed to treat most conditions may have been in order to cater for a range of abilities to pay among potential patients, or to allow for seasonal variation in the availability of materials (Nutton 1985a). Scented substances, such as myrrh, were thought to have warming qualities to draw out suppressed blood, and were administered as fomentations, fumigations, vapour baths and pessaries (surveyed by Byl 1989). The womb could be lured downwards by the use of the *bodos*, with sweet scents being applied to the vagina, accompanied by foul smells inhaled at the nostrils (e.g. *DW* 2.123, L 8.266; 2.154, L 8.330); prolapse of the womb was treated by applying the scents from the opposite direction (e.g. *DW* 2.125, L 8.268). Vomiting could also be used to jolt the womb upwards, with foul odours being applied to the vulva at the same time (*DW* 2.142, L 8.314; Joly 1966: 44–5). A method of expelling the retained afterbirth is to make the woman sneeze, but to block her nostrils and mouth at the moment of sneezing (*Ep.* 2.5.25, Loeb VII, 80).

How did the Hippocratic writers claim to know about women's bodies? Because they did not dissect the human body, the female anatomy on which these therapies were based came from deducing the inside from outside manifestations, connecting bodily events by means of analogy and assumption. Even if the Hippocratics had dissected a woman, however, they could always have accounted for the womb being found in the same place post-mortem by arguing that it tends to drift down at death. Technology can work with, rather than against, prevailing cultural beliefs. 'Accidental' anatomy was practised in classical Greece; for example, prolapse of the womb made the normally invisible dramatically visible. As Annoni and Barras (1993: 194–5) have pointed out, 'imaginary' dissection of human bodies was carried out in the mind of the Hippocratic writer of *On Joints*, who imagines what would be seen if one were to strip off the flesh from the arm to see the humerus (1, Loeb III, 200–2), and even speculates about the possibility of opening the body and inserting one's hand to reduce a dislocation from inside (46, Loeb III, 292). Analogies with animal anatomy were also made, since butchery, sacrifice and medicine were closely related; Galen makes it clear that the knowledge of the 'slaughterers of oxen' of his own day included the insertion of the knife between the skull and the first vertebra, which immediately paralyses the animal.<sup>20</sup> The order in which Aristotle takes the parts of the body in *On the Parts of Animals* also reflects sacrificial practice; but, as Vegetti (1979: 32; cf. Durand 1979a: 149) has shown, medical knowledge in the fourth century BC attempted to deny its sacrificial origins. Aristotle gives two identical

descriptions of abnormal gall bladders (*HA* 496b24ff. and *PA* 676b35ff.) but, whereas the former states that this knowledge comes from sacrificial victims (*en tois hieriois*), the latter passage omits this information.<sup>21</sup>

It was not until third-century BC Alexandria that systematic anatomy was carried out on human bodies.<sup>22</sup> This was associated in particular with Herophilos, in whose work women first came to be seen more as reversed males than as a separate 'race'. Where men's reproductive organs are outside, women were seen as having analogous organs inside their bodies. Herophilos discovered the ovaries (von Staden 1989, fr.61), although he did not understand their function; he was aware of the Fallopian tubes, but he did not know their purpose, believing that they went to the bladder. It appears to have been Galen who discovered that they terminated in the womb (*De uteri diss.* 9; CMG V.2,1 p. 48).

Some of the assumptions made about the interior of the female body in Hippocratic medicine were challenged by Alexandrian anatomy, but there was no straightforward 'medical progress' as a result. When Herophilos described the uterine ligaments which technically made extensive womb movement an impossibility (von Staden 1989, fr.114), the Hippocratic 'wandering womb' theory was merely rephrased, being seen in terms of 'sympathy' between the upper and lower parts of the body permitting the latter to cause symptoms in the former (see further Chapter 11, pp. 231, 235). In terms of therapy, there was also little change as a result of Alexandrian anatomical developments, although the rationale behind scent therapy for womb movement was reinterpreted by writers such as the first-century AD Celsus, who accepted that the womb was attached to the ilia (*Med.* 5.1.12), and argued that the purpose of scent therapy was to rouse the unconscious patient (4.27.1) rather than to entice the womb into a different location.

In later classical medicine the debate over whether women were sufficiently different from men to merit their own branch of medicine continued. In the second century AD, when Soranos asked whether women have conditions peculiar to their sex (*Gyn.* 3.1; T 128), he summarised the position taken on this question up to this time: writers such as the early fourth-century BC Diocles of Carystos (fr.169 Wellmann) and the Empiricist sect believed that there were conditions specific to women, while the third century BC Erasistratos and Herophilos, together with writers of the Methodist sect, a group whose approach to medical knowledge was particularly strong in first-century AD Rome, denied that this was the case. Instead, Methodists thought that the same principles governed all diseases. They put their trust in a strict division of causes of symptoms into three conditions of the body: *status laxus*, in which the body or affected part is lax and wet, leading for example to a flux; *status strictus*, a constricted and dry state such as amenorrhoea; and *status mixtus*, a combination. Treatment characteristically began with fasting, then built up the patient through diet and exercise, before aggressive interventions causing the patient to vomit, shake or sneeze.<sup>23</sup> Soranos himself claimed that

men and women were made of the same materials behaving according to the same rules; although the womb is unique to women and has its own functions, while some conditions, such as pregnancy and lactation, are specific to women, their diseases are not generically different (*Gyn.* 3.5; T 132).

There is no place in Soranos' gynaecology for the Hippocratic theory that menstruation is essential to female health; on the contrary, Soranos argues that menstruation is actually bad for women's health, except insofar as it is necessary for conception, while intercourse is harmful, and perpetual virginity represents the best option for both men and women (*Gyn.* 1.27–32; T 23–30). Pregnancy, far from relieving certain gynaecological disorders, is bad for women, causing exhaustion and premature old age. It is ironic that the author of the fullest *Gynaecology* surviving from antiquity – a hazard of preservation which will be discussed further in Chapter 9 – should also have been one of the writers who minimised the need for gynaecology at all. Although coming from a very different theoretical position Aretaeus, another medical writer of the second century AD, took up a similar stance to that of Soranos on the need for gynaecology (2.11; CMG 2.34); however, he argued that the mobility of the womb leads to special problems which women do not share with men, these being hysterical suffocation, prolapse and the female flux.

So the issues addressed by Hippocratic gynaecology did not go away. The nature and extent of female difference, and hence the necessity of gynaecology itself, continued to be debated. For the Greeks of the classical period it is Pandora, the separate creation who is the origin of the 'race of women', who makes gynaecology necessary. She is a womb-jar, insatiable in her appetites, lustful and deceitful, but fertile. Hippocratic gynaecology states female difference in terms of structure and function. Structurally, women have an entirely different texture of flesh from men, being wet, soft and spongy. This means that they accumulate blood, and need to menstruate with relentless regularity to avoid the diseases caused by menstrual retention. They also have powerful connections between breasts and womb, and between the top and bottom of their bodies. Yet Pandora, while supporting the need for gynaecology, also undermines the whole Hippocratic enterprise by her combination of the features of the immature girl, or *parthenos*, with those of the mature woman, the *gynê* who is the object of Hippocratic *gynaikeia*, and by her persistent refusal to match the inside to the outside. In the next chapter I will discuss the issues raised by 'reading the body' in Hippocratic medicine, looking at the role of the healer confronted with a female patient in terms of the issues of appearance and reality raised by Pandora. Chapter 3 turns from the mythical girl-woman, Pandora, to an apparently more realistic female patient, the 'daughter of Leonidas', who not only demonstrates further the hazards of menstruation but also introduces the issue of how our understanding of Hippocratic gynaecology has been affected by the ways in which historical readers have chosen to approach particular types of Hippocratic text.