WOMAN AS AN OBJECT OF MEDICAL KNOWLEDGE IN THE ROMAN EMPIRE, FROM CELSUS TO GALEN

by

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Thesis submitted for the degree of PhD
This thesis investigates the constructions of woman as an object of medical knowledge in the Roman imperial world over a period of some two centuries, extending from Celsus, writing during the reign of Tiberius, to Galen, whose career ended under the Severans, and including all the medical texts which survive from the intervening years. It is an investigation into the processes and matrices of that construction, as well as the substance of the medical woman thus constituted; an investigation of the form and modality of Roman medical thinking about woman as much as its contents.

The first part is an introduction to the historically specific social, cultural and discursive formation of Roman imperial medicine, thus providing the framework within which the position and positivity of the medical woman as she emerges from the range of individual medical works that are then analysed in detail must be understood.

The second part deals with that section of the extant medical literature of this period which precedes Galen; a literature which can be divided according to whether it stands inside or outside the sectarian traditions of the logikoi, empirikoi and methodikoi. Inside are the more theoretically elaborated treatises of physicians such as Aretaeus the Cappadocian and Soranus of Ephesus, as well as various anonymous and pseudonymous tracts; and outside, but in dialogue with both these currents and the more implicit knowledge of folk traditions, lie works such as those of Pliny the Elder and Dioscorides.

The third part examines the patterns of Galen's thinking about woman within the broader fabric of his overall medical and cosmological system, the fullest and most influential such system passed down from antiquity. This fullness allows issues of the processes and modality of the construction of woman as an object of medical knowledge to be explored particularly deeply in this case.
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ACKNOWLEDGEMENTS

Numerous people have contributed to this thesis in too many ways to mention, but I would particularly like to thank Dr. Riet van Bremen and Prof. Michael Crawford, my supervisors, for all their good advice and generous assistance; Prof. Vivian Nutton for giving me the benefit of his great expertise in the area; Jason Davies for reading and commenting on almost all of this, in some form, and Prof. John North, Prof. Bob Sharples and Adam Sutcliffe for reading some of it; Dr. Suzanne Bobzien and Dr. David Langslow for answering my questions; and all the gang at the Institute of Classical Studies, for listening and contributing to more papers on Galen in the last few years than most people do in a life-time, and for just being there. Many thanks also to William Flemming, my modern European language adviser, and his Polish assistant Hubert Krotkiewski; to Dr. Charles Burnett's Arabic Reading Class at the Warburg Institute for making Rhazes' *Shukûk 'alâ Jâlinûs* accessible to me in a way it would not have been otherwise; and to Dr. Irene Zwiep for dealing with bits of Galen in Medieval Hebrew for me. Last, but certainly not least, many thanks to all the librarians in whose libraries I have worked over the last few years, most especially to those in the Library of the Institute of Classical Studies, where most of this was written, and also to those in the Libraries of the Wellcome Institute, the Warburg Institute, the Radcliffe Science Library in Oxford, and to the staff of the manuscript room of Cambridge University Library.
1. REFERENCES

References to modern works are initially made in full, giving author, title, date and page where appropriate, subsequent references may appear in an abbreviated, but nonetheless distinctive, form. References to ancient works generally follow the book, chapter and section division of the edition used; exceptions to this rule are noted. For the sake of clarity, references to the key texts on which this thesis is based also include edition, page and line (where lines are numbered); and where the text survives only in a language other than that in which it was composed that is also noted. Texts in the Corpus Medicorum Graecorum (CMG) or Corpus Medicorum Latinorum (CML) series are referred to by volume number, as are the Galeni Scripta Minora (SM) otherwise reference is by editor as follows:

Alexanderson         Galen ΠΕΡΙ ΚΡΙΣΕΩΝ
                    Ed: B. Alexanderson
                    (Studia Graeca et Latina Gothoburgensia XIII 1967)

Dgr                    Die griechische Empirikerschule
                    Comp & Ed: K. Deichgräber
                    (Berlin: Weidmann: 1930)

DR                     Oeuvres de Rufus d'Éphèse
                     Ed & trans: Ch. Daremberg & C.-E. Ruelle
                     (Paris: Baillière: 1879)

Drabkin                Caelius Aurelianus Gynaecia
                    Ed: M.F. Drabkin & I.E. Drabkin
                    (BHM Supplement 13 - 1951)
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Mohaghegh

Rhazes *Kitāb Shukûk ‘alā Jâlînûs*
Ed: M. Mohaghegh
(Tehran 1993)

Pritchett

Iohannis Alexandrini *Commentaria in Librum de Sectis Galeni*
Ed: C.D. Pritchett
(Leiden: E.J. Brill: 1982)

Puschmann

*Alexander von Tralles I-II*
Ed & trans: Th. Puschmann
(Amsterdam: Hakkert: 1878-9)

Rose/A

*Anecdota Graeca et Graecolatina II*
Ed: V. Rose
(Berlin: Duemmler: 1870)

Rose/S

*Sorani Gynaeciorum Vetus Translatio Latina*
Ed: V. Rose
(Leipzig: Teubner: 1882)

S

Scribonii Largi *Compositiones*
Ed: S. Sconocchia
(Leipzig: Teubner: 1983)

SC609

Agnellus of Ravenna *Lectures on Galen’s De Sectis*
Ed & trans: Seminar Classics 609, SUNY
(Arethusa Monographs 8 - 1981)

Simon

*Sieben Bücher Anatomie des Galen I*
Ed: M. Simon
(Leipzig: Hinrichs: 1906)
2. TRANSLATIONS AND TRANSLITERATIONS

Translations are my own except where noted, and follow the original as closely as possible in clear English. Many key, or technical, terms are transliterated and explained rather than directly "translated" in order to achieve greater clarity and precision in capturing and communicating their signification. Names are, however, largely maintained in the latinised form in which they have entered the English language.

3. TITLES AND ABBREVIATIONS

Titles of ancient medical texts (and other important but unfamiliar texts) are initially given in full in their original language, or in the language(s) in which the versions closest to the original survive, but always in the Roman alphabet, its abbreviation is then introduced and used thereafter. A full listing of these abbreviations can be found in
Appendix One. Abbreviations of the titles of Galen's works are those proposed by R.J. Hankinson in Appendix 2 of his translation and commentary on Galen On the Therapeutic Method Books I and II (1991) 238-247. These are, like those customarily used for the works of the Hippocratic Corpus, in the traditional Latin; whereas my own abbreviations are derived directly from the titles themselves, and therefore remain in Greek, Latin, Arabic etc. as appropriate. Other abbreviations are those familiar from The Oxford Classical Dictionary or H.G. Liddell, R. Scott and H.S. Jones A Greek-English Lexicon.

Abbreviations of modern journals titles are those used in L’Année Philologique, and abbreviations of standard publications and general works of reference are those used in The Oxford Classical Dictionary with the following additions:

AMSCC Ancient Medicine in its Socio-Cultural Context I-II
Eds: P.J. van der Eijk, H.F.J. Horstmannhoff and P.H. Schrijvers
(Amsterdam: Rodopi: 1995)

RE Real-Encyclopädie der classischen Alterumswissenschaft
INTRODUCTION

WOMEN, MEDICINE AND HISTORY: A METHODOLOGICAL MANIFESTO

Human life, as it inherently encompasses both health and illness, implies the medical enterprise. Lived movements across differentials of normativity, of functionality, of regulative autonomy in relation to fluctuating environmental and existential conditions that are essentially devaluatory, involving the loss or compromise of things of intrinsic human worth (even life itself), entail a revaluatory response, efforts directed at the reattainment and maintenance of the preferable position. Nothing in this, however, intrinsically determines the form the medical endeavour need take, and the latter has indeed varied greatly over time and space.

The medical enterprise is always practical, but its social structure, its conceptual and comprehensive substance range widely. There must be practitioners and patients, but their relationship, their respective roles and places in society, the setting and framework for their transactions may diverge radically. At one extreme there may be an identity of practitioner and patient, they may be combined in the same person, so that the medical transaction is a transaction of the self in the world like any other; at the other, there may be an almost absolute separation between a highly institutionalised medical profession and an established, even formalised, "sick role", with specialised locations for a clearly structured medical encounter in which the dominance of the practitioner is assured; and there is plenty of space in between. Medical practice is always the product of a certain kind of understanding that, on the one hand, may be entirely implicit, never specifically articulated either in itself or in relation to the medical endeavour, or, on the other hand,

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1 I borrow some of the terminology here from the two discussions of the vexed question of the definition of health and disease that I have found most helpful: G. Canguilhem The Normal and the Pathological (Trans: C.R. Fawcett: 1991 [1966]) and H.T. Englehardt "The concepts of health and disease" in H.T. Englehardt and S.F. Spicker (eds) Evaluation and Explanation in the Biomedical Sciences (1975) 125-141.

2 The notion of the "sick role" is the invention of Talcott Parsons (with R. Fox, "Illness and the role of the physician: a sociological perspective" American Journal of Orthopsychiatry 21 (1951) 452-460), and has come in for considerable criticism since; but the idea that there are norms of behaviour expected of the sick which are open to characterisation in any society has survived the specific criticism aimed at Parsons' particular, "functionalist", characterisation of it in 1950s American society.
it may be extravagantly explicit, built into an expansive, clearly delimited and identified
discursive edifice, or it may occupy some kind of intermediate position. Healing can
range from being simply one way of drawing, more or less unreflectively, on the
common understanding that is human existence at any point, to being based on a tightly
constructed system of understandings, intentionally designed for that purpose according
to an intricate set of rules. All along this spectrum the character of these understandings
may vary, they may invite modern labels such as theological, magical, empirical,
rationally speculative or scientific, or, indeed, defy current classification; and, as Oswei
Temkin, one of the foremost medical historians of this century, has commented, "the fact
that medicine in our days is largely based on science does not make other forms less
medical". 3

All of these elements are interlinked, some more closely than others, and it is through
their interactive combination in the broader environment of which they are a part that the
particular form of the medical enterprise in any given society is forged; a form which
may itself encompass plurality. As humanity consists of female and male, who will differ
in health and sickness as much as they do in life, this division too is implicated in the
medical endeavour. It is implicated in its social organisation and its discursive formation
(which are inseparable) and, in this as in everything, the medical enterprise takes from
other aspects and attributes of the culture in which it has its life, and gives something
back in return.

On account of this very co-extension of the medical endeavour and human life, the
medical discourse of any historical society (in so far as it is accessible) offers an obvious
approach to thinking about male and female in that society; as is attested by a growing
number of scholarly works, both those specifically dedicated to this approach and those

3O. Temkin "Introduction" to his The Double Face of Janus (1977) 16 (my emphasis). I find the second half of this
sentence, the rider that it may, however, "convince us that they are less effective", true in a sense but unhelpful.
Historical medical formations can really only be studied on the assumption that they were effective to the extent that
people's expectations were met, that medical transactions were basically satisfactory in an important sense; whatever
other doubts may now be entertained.
that include it in broader surveys. These works, however, diverge in the extent to which they are willing, or able, to detach the medical writings of the past from the clinging familiarity of the present. Some take the place and orientation of present writings in the present patternings of power and knowledge as a fixed, transhistorical frame within which to isolate a single variable, the variable of content; others allow also for these other, structural, features to vary historically in a more or less thorough-going way. This former policy of isolation may bring descriptive focus and clarity, though running the risk of distortion, but it sacrifices the status of any medical material as an organic piece of a contemporary whole, thus restricting its evidential potency and scope.

The transhistorical leitmotif in many of these studies as they are directed at past medical constructions of the female, in relation to the male, is that of "naturalisation": the fortification or grounding of various social, cultural, political or economic conventions by presenting them as part of the natural order. Naturalisation, as the preferred strategy of modern medicine, has been retro-projected with considerable force to become the unmoving backdrop against which the female was enacted in medicines past, secured not with reference to that past, but by reference to the present future. Thus, for example, Lesley Dean-Jones considers that in classical Greece, "as in our own society, science assumed the task of bolstering the traditional dichotomy between men and women", taking over that task from mythology and operating by showing that "the cultural archetype" was "grounded in nature", giving it a "scientific foundation"; and, in dealing with the same period but in a methodological frame that is otherwise more sensitive, Helen King simply states as a universal principle that "the power of medicine lies in its ability to make the social appear natural". To such straightforward retrospective appropriations of this current concern, left unsupported in their contemporary context, Lorraine Daston has raised two telling objections:

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4Recent works in the former category include e.g. J. Cadden Meanings of Sex Difference in the Middle Ages (1993) and O. Moscucci The Science of Women: Gynaecology and Gender in England, 1800-1929 (1990); and, in the latter category for instance, medical items seem to have become almost mandatory in recent collections of essays on women in the classical world from both sides of the Atlantic, see e.g. S. Pomeroy (ed) Women's History and Ancient History (1991) and R. Hawley and B. Levick (eds) Women in Antiquity: New Assessments (1995).

Not only does this notion take the sharp boundary between "nature" and "culture" largely for granted - otherwise it would make no sense to talk about illegitimate "smuggling" across that border; it also routinely projects a relatively recent conception of nature back onto periods which understood that term quite differently. Where conceptions of nature diverge, so do the strategies (now quite emphatically in the plural) of naturalization.®

Daston illustrates this latter point with a comparison between the eighteenth and nineteenth-century European conceptions of nature and the tactic of naturalisation bound up with each of these, stressing that though the authority of nature is clearly invoked in both cases, the meaning of that authority shifts from one that is understood normatively, within the framework of the natural laws of jurisprudence, to one understood purely descriptively, within the framework of the ineluctable laws of mechanics; and that shift matters. However, as the present predicament recedes still further from view, and the realms of antiquity are reached, it becomes increasingly self-evident that any single, unified conception of nature will be found to support a naturalisation project at all, so that the possibility must be entertained that notions of nature may diverge so far that the strategy of naturalisation may disappear into inconceivability. Naturalisation may have a history, but not an ancient history. Connected with this, and in the light of the variable contours of the medical enterprise outlined earlier, it is not obvious that, even if the conditions necessary for naturalisation were present in antiquity, medicine would be the right place to look for their realisation.®

There is, moreover, one notable historical study of sexual difference through medical texts which clearly poses a challenge to the idea that naturalisation might have an ancient history, and that is Thomas Laqueur's Making Sex: Body and Gender from the Greeks


®This also ties up with the problem of whether ancient medicine, any part thereof, or indeed any activity in the ancient world at all, can accurately or usefully be described as "scientific". L. Dean-Jones, as the title of her book Women's Bodies in Classical Greek Science shows, clearly assumes it can, whereas others disagree, or at least want to qualify or circumscribe its usage in certain ways (see e.g. the general introduction to the Routledge series Sciences of Antiquity, and, on the issues more generally, A. Cunningham "Getting the game right: some plain words on the identity and invention of science" Studies in History and Philosophy of Science 19,3 (1988) 365-389). I have more sympathy with the latter position and shall not be using the term "science" except in its full, modern, sense.
to Freud (1990). His specific argument is framed in terms of the relation between body and culture:

It is very difficult to read ancient, medieval, and Renaissance texts about the body with the epistemological lens of the Enlightenment through which the physical world - the body - appears as "real", while its cultural meanings are epiphenomenal. I want to propose instead that in these pre-Enlightenment texts, and even some later ones, sex, or the body, must be understood as the epiphenomenon, while gender, what we would take to be a cultural category, was primary or "real"...At the very least, what we call sex and gender were in the "one-sex mode" explicitly bound up in a circle of meanings from which escape to a supposed biological substrate - the strategy of the Enlightenment - was impossible.8

In this "one-sex model" as it characterised these earlier ages, "at least two genders correspond to but one sex", since the somatic boundaries between male and female are "of degree and not of kind".9 Location on this single axis of fleshly existence was externally imposed, by the cultural order bearing down on it. The human body was construed as illustrative rather than determinant; its forms were the embodiment of social roles, social roles did not derive from embodied form. Nature is really nowhere to be seen, though it is not entirely clear where it has gone.

In order to span this great expanse of time, from antiquity to the dawning of modernity, Laqueur's study is necessarily ruthlessly focused on certain themes that he understands as central to his concerns, themes which are linked to each other but no longer really part of the broader set of linkages that locate them within the wider contexture of contemporary medical discourse. The interwoven relationship of men and women to each other and to culture is the unit of enquiry, most perspicaciously and productively put to flight from its various past nesting places and allowed to find its own way towards the present; a present which is thus itself recast, thus rendered contingent, rather than which

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8T. Laqueur Making Sex (1990) 7-8. He admits that the modern terminology of sex and gender does not really permit such a reversal, but continues to use it anyway. I find this somewhat unhelpful, particularly given the instability of current usage, and shall try and avoid it when speaking historically.

recasts the past in its own image. This kind of flight, however, may be problematic in its very freedom. Laqueur clearly and forcibly makes the point that:

The ways in which sexual difference have been imagined in the past are largely unconstrained by what was actually known about this or that bit of anatomy, this or that physiological process, and derive instead from the rhetorical exigencies of the moment.¹⁰

But the understanding of these shifting rhetorical exigencies themselves, as they are rooted in their particular moments, is left rather vague and enfeebled in comparison. Laqueur's last line, that, "basically the content of talk about sexual difference is unfettered by fact, and is as free as mind's play", is no doubt intended to be provocative, but it is also frustrating.¹¹ For, in as much as what has led up to this statement makes the case for its first clause, it shows also that the mind's play is far from free; the fetters may have been wrongly identified up till now, but are not yet abolished.

I want, therefore, to lay Laqueur's thesis to one side for the moment, in order to try a rather different approach to the classical medical construction of sexual difference, or rather to the way in which woman is medically constructed divergently from man; an approach in which the focus is on precisely these rhetorical exigencies, on that by which they are rendered exigent, and on their effect as rhetoric, in their particular historical frame. I shall take the corpus of medical literature that survives from the first two centuries AD (from the birth of the principate to the death of Galen to be exact), as the unit or domain of an enquiry into its discursive regulation and regularities as they relate to woman. Taking its lead from Michel Foucault, this will be an investigation into the conditions of existence, of collocational and interrelated emergence, delimitation and specification, for a particular element in the discursive formation of which these texts are the main monument; a discursive formation which had its life among other associated formations, and in a field of non-discursive practices shaped by certain sets of social


relations as well as the discourse through which they are joined in a particular pattern.  

In that this enquiry is specifically into woman in the discursive formation of classical medicine, or into the medical element of classical discourse about woman, it takes its lead from feminism, not Foucault, and is thus caught up to some extent in the tensions between the two. For it is not just that Foucault was unconcerned with issues of sexual difference, and seemingly oblivious to some of the insights of the women’s movement which he was in some sense duplicating; but that his unconcern and oblivion has tended towards exclusion, towards an exclusion that is, moreover, clearly constitutive of his project. His assumption of a male subject is almost absolute. *The Birth of the Clinic*, for example, has nothing to say about how the formation of the modern concept of disease and the constellation of institutional changes that occurred around it might have implicated, been experienced by, affected, women differently from the male standard he takes for granted, and even *The History of Sexuality* comes close to reproducing this pattern.

"Sex", as it interested Foucault in the introductory volume of this latter work, is not the sex of sexual differentiation but of sexuality itself; it is not the imaginary matrix by virtue of which there are men and women but that by virtue of which humans are sexual beings. In fact, he argues, this "sex" is the product of the "deployment of sexuality" organised by power in its grip on bodies as part of the prelude to modernity. "Sex" gathered up a number of disparate elements into a fictitious unity which was cast as the causal principle behind that of which it was, in reality, the effect; thus enabling the concomitant representational inversion of the relationship between power and sexuality. This "sex" is thus something common to men and women, but unevenly distributed between them, in particular by the "hystericalisation of women’s bodies" which was one

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13 For explorations of these tensions see the essays in e.g. I. Diamond and L. Quinby (eds) *Feminism and Foucault* (1988) and C. Ramazanoğlu (ed) *Up against Foucault* (1993).

14 This emerges most clearly at *The History of Sexuality* 1 (1981 [1976]) 150-157, on which the rest of this account is primarily based, but is implicit throughout.
of the four strategic unities that emerged through the eighteenth century as specific mechanisms of knowledge and power centring on sex.\textsuperscript{15}

It is this "sex" that now provides the grid for human self-interpretation. As Foucault says:

\begin{quote}
It is through sex - in fact, an imaginary point determined by the deployment of sexuality - that each individual has to pass in order to have access to his own intelligibility...to the whole of his body...to his identity.\textsuperscript{16}
\end{quote}

This process may be unity, but since this "sex" as the supposed anchor for manifestations of sexuality came to rest in, settled on, women and men unevenly, differentially, it was presumably, and is, divided in its results. The sex of sexuality may thus be said to have merged with the sex of sexual difference, women and men are now two distinct types of sexual being; but this is a forced merger, interesting but unsatisfactory and ultimately incoherent. It poses a set of questions - about the way in which "sex" and the preexisting categories of men and women came together, about the grip of power on bodies which are not uniform - that are hard to answer within the explanatory framework presented; it completely avoids the fact that it is inequality, not just unevenness, between men and women that is involved; and avoids also the way unevenness and inequalities in the domain of sexuality itself are implicated in all of this.

Foucault has clearly sought to attain a level of abstraction sufficient to support conceptual unity and singularity of process, and to avoid the moments at which this unity fractures, or the same process works to quite different effects. To take up the cause of woman in this, to try and track her specific path through the historical developments he outlines is to go against the flow of the narrative, the drive of the investigation; it is to try and gate-crash the party. And in the later, ancient, volumes of \textit{The History of Sexuality}, Foucault makes it explicit that he is writing a history of the "desiring man" in which women can only play a subordinate, occasional role.\textsuperscript{17} In this area, unlike others, Foucault is

\begin{itemize}
\item \textsuperscript{15}M. Foucault \textit{The History of Sexuality 1} (1981 [1976]) 103-104 and 153.
\item \textsuperscript{16}M. Foucault \textit{The History of Sexuality 1} (1981 [1976]) 155-156.
\item \textsuperscript{17}M. Foucault \textit{The Use of Pleasure: The History of Sexuality 2} (1992 [1984]) esp. 6 and 22-23.
\end{itemize}
unable to distance himself from his material, unable to do anything but follow it in understanding woman as excluded from subjecthood, and relegated to the position of sexual and economic object.

To make a Foucauldian enquiry into woman’s history is, then, a somewhat paradoxical project, but it is nonetheless what is undertaken here. For it is not enough simply to examine the content of ancient medical texts in order to redescribe for present consumption the women they contain; to offer, as it were, translation and commentary, but to pass over the underlying question of what made this content possible: what rules of knowing and writing, how formed, accumulated and related, provide the conditions of existence for what has been said. What it was possible and necessary to write medically about woman begs the question of how - a how which is of both cause and effect - that spans the whole process of production, from the horizon of inception to that of reception; for the regulation of discourse is essentially dialectical. And for this kind of approach, one in which asking about woman is to interrogate the whole discursive formation within which she is constituted, in collusion with its social and cultural setting, Foucault provides certain indispensable tools, however much they need to be adapted and supplemented in the course of their application to this specific endeavour. Moreover, given the fact that the evidence for classical medicine is basically literary, that it comes in this particular form, the incentive to produce the richest, thickest, possible reading of these texts, readings which go right to the edges, and even further out, while looking all the time for external points of contact, conflict and corroboration, is correspondingly that much greater.

So, the particular treatments of women in medical literature are here outlined and analyzed as describing certain trajectories, from certain (implicit and explicit) starting points, along certain pathways, towards certain (implicit and explicit) objectives; a trajectory that has a certain female figure as its effect. In all of this, medicine and woman are inextricably intertwined, and it is an intrinsically medical woman that is the

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18I am aware that, in focusing on Foucault and women, I have skipped over some of the other major difficulties he poses for historians, in particular that of the ambiguity of the relationship he articulates between the discursive and non-discursive, but for these I must be content to stake out my position in practice.
effect. These trajectories, moreover, cannot be confined to texts, they are (repeatedly) described in society also, in which they have their beginnings, paths and ends, their authors, subject matter and audiences; they are thus, in a sense, descriptive of their society, the recognition of which now must encompass the (repeated and inconstant) recognition of which then. That too is what I mean when talking about the medical women as an effect, not just that she has causes, but that she also acts causally. She demands a certain kind of recognition, a recognition of both form and content, of what is said and the manner of its saying, of what is at stake for the woman, her author and her audience. What kind of recognition she actually received is, of course, a different matter. Finally, these trajectories tend inevitably to circularity and collapse. Points of departure imply paths and objectives, indeed all are mutually implicatory; but circularity may be more or less imperfect, contain more or fewer anomalies, and the key question of what is gained, what is achieved in the course of it, remains.

Feminism is a reference point of a rather different kind from Foucault, both in the multiplicity of methodological models invoked and in the declaration of interest it entails. Indeed it is this latter that brings the former within a single rubric; feminist methodologies are committed methodologies of a particular breed. So, from feminism in its broadest sense I take my interest in women and I take my interest in women to be broadly feminist. To select something more specific from amongst this multiplicity is rather harder, this project is informed by a whole range of feminist writings and readings; but I would draw attention to a certain convergence between some current feminist debates, and the issues and problems raised in a more historical frame by Daston, Laqueur and the present study. For there has been a clear and concerted move from several quarters towards a radical refiguration of the sex/gender distinction as it is deployed in feminist thinking. This has occurred, moreover, in the context of a wider challenge to the established relationship between nature and culture, and the related recasting of science as an inescapably interpretative exercise. All these developments are among the conditions of exercise of this kind of historical enquiry.

Moira Gatens succinctly summarises this recent feminist move in advocating a shift of conceptual ground, "from the question 'How is the body taken up in culture?' to the more
profitable question 'How does culture construct the body so that it is understood as a biological given?'Similarly, Judith Butler argues in *Gender Trouble: Feminism and the Subversion of Identity* (1990), one of the most productively provocative recent works of feminist theory, that:

Gender is not to culture as sex is to nature; gender is also the discursive/cultural means by which "sexed nature" or "a natural sex" is produced and established as "prediscursive," prior to culture, a politically neutral surface on which culture acts...This production of sex as the prediscursive ought to be understood as the effect of the apparatus of cultural construction designated by gender.

But might not the relationship between nature and culture itself be troubled by the same kind of reverses of cause and effect as sex and gender? Donna Haraway in her rich explorations of the history of primatology, a scientific discourse which intrinsically and invitingly inhabits the border zones between nature and culture, would seem to suggest something of the kind in understanding both pairs as formed in a relation of hierarchical appropriation, as being mutually (but not equally) constitutive of each other. Thus, "nature and sex are as crafted as their dominant 'others'", but have different powers and functions. So also she sees the biological body as historically specific, traceable back to the emergence of the "organism" as a potent conceptual paradigm in the late eighteenth century, its potency residing in its encapsulation of the principle of the division of labour:

The biological organism is a particular cultural form of appropriation-conversation, not the unmediated natural truth of the body...Biology is a historical discourse, not the body itself.

I would further align myself with Mariana Valverde's formulation of "feminist history" as requiring both "women's history" - the study of the status and experience of women -


20J. Butler *Gender Trouble* (1990) 7. This also serves to emphasise the terminological difficulties.


and a "historical critique of gender formation" - scrutiny of the dynamic conceptualisation and organisation of sexual difference itself. For, as she says, "women's history" is not self-sufficient because it can fall into the trap of presupposing the object of its enquiry, while a historical rather than purely philosophical "critique of gender formation" is necessary because this formation is part of history, not independent of it, it has material as well as intellectual conditions, and that links back to the status and experience of women. So, though this thesis contributes mostly to such a critique, rather than to the concrete documentation of women's past lives, it does so on the assumption that the two are not unconnected, indeed that they cannot really be disconnected.

Finally, in eschewing the role of disinterested observer in all this, and laying claim instead to a position of commitment, I think I should make it clear in what that commitment consists and why it fosters rather than contravenes the detachment of past from present necessary to create the space in which a proper historical enquiry into medical thinking about female and male can be conducted, as was outlined earlier. It is my firm belief that the interests of women today are best served by the fullest, most accurate understanding of history possible; a fullness in which both legitimising and inspiring antecedents may be found in certain strands of similarity or points of resemblance between then and now, and current coercive or circumscripive configurations may be destabilised, compromised by their contingency, through temporal patterns of difference and dissonance; but where the demands of accuracy, the requirements of real understanding of the forces and figures of historical change prevent the assumption of either in any given case.

This is not to say that the questions asked of the evidence, and the manner of their asking, do not shape the answers it offers, for that is a universal truth, but that feminists have as much, if not more, inclination and incentive to ask open questions, to enter into

24M. Valverde "Comment" Journal of Women's History 5 (1993) 123-128; this being part of a round-table discussion on the debate sparked by J.W. Scott "Gender: a useful category of historical analysis" American Historical Review 91 (1986) 1053-1075. For a less sympathetic British treatment of the issues, with more up to date bibliography see e.g. J. Purvis "From women worthies to poststructuralism? Debate and controversy in women's history in Britain" in J. Purvis (ed) Women's History in Britain 1850-1945 (1995) 1-22; and see essays in N.S. Rabinowitz and A. Richlin (ed) Feminist Theory and the Classics (1993) for some repercussions of these debates in classical studies.
dialogue with their evidence, to allow it to be both subversive of and subordinate to their
preconceptions and suspicions, both suggestive and suggestible, as anyone else. The
interests of history itself are also served by the posing of feminist questions within its
disciplinary confines. Its own fullness and accuracy, its own comprehensive ambition,
demand that the women of past societies receive the attention they deserve, both as the
subjects of specific studies and as an integral part of the background to and surroundings
of studies focused elsewhere, that they too are caught up in the tension between the
general and the particular which is so critical to the historical project. It requires also
that the validity and value of female standpoints, of the perspectives with which women
are endowed by virtue of their position, their situation, in the world, are recognised, both
now and then. For the view from below, from the margins and interstices, may
actually be more revealing that the view from above, from the top; as it offers glimpses
of the real workings of society rather than its ideal image.

In the end, of course, we are always in history, and certainly no less so when we do
history, so the separation of past and present is essentially heuristic rather than ever real.
This distancing is to create a space within which tradition may be allowed to make its
own meanings heard, rather than have them automatically assimilated to current
expectations. This space is never, however, an interposition or imagination of blankness
or void between author and object of enquiry, it has a definite shape and structure formed
by the institution of a particular historical enquiry in the here and now; it establishes not
transparency of translation but an interpretative gap to be acknowledged and negotiated
with care, without the unthinking collapse of terms and meanings but in the knowledge
that, as Hans-Georg Gadamer says, "we regain the concepts of a historical past in such
a way that they also include our own comprehension of them".

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25 For the whole discussion of "situated knowledge" and "standpoint epistemology", a position which I broadly
espouse and think could be very helpfully developed in a specifically historical context, see e.g. D. Haraway "Situated
knowledges: the science question in feminism and the privilege of partial perspective" in her Simians, Cyborgs, and

It is this kind of regulated and reflective space that this introduction has tried to establish between certain segments of the horizons of present and past, the space within which a historical project such as this can exist and proceed in a properly ordered and productive manner. This procedure itself has also been outlined, as have the approach adopted and its aims, so that it is not just a horizon but rather a platform of the present that has been inaugurated. This platform provides a certain orientation, a certain interrogative foundation; but a foundation that is not fixed in itself, only by the movement in relation to it. For it is a cognisance of the contingency of current configurations and circumstances that allows open questions to be asked of previous predicaments, and that prevents investigative foreclosure. Key thematics and problematics have been identified by the very instability of their present form. They act as a set of suspended judgements which bridge the interpretative gap, bearers of unbroken meaningfulness and the principles of judging, but nothing more definite. The issue of the relationship between women and nature articulated in classical medical discourse, or, more broadly, the role of medical discourse in distributing sexual difference between men and women, distributing fixity and fluidity, and establishing the substance in which any fixing might take place, have all been put into motion, but no more. This is an enquiry into "woman as an object of medical knowledge in the Roman Empire", its compass being as broad and narrow, as specific and unconstrained as that suggests.
PART ONE

AN INTRODUCTION TO
ROMAN MEDICAL DISCOURSE
The constitution of woman as an object of medical knowledge in the Roman imperial era formed, and must therefore be understood as, an intrinsic part of a complex medical discourse; a discourse engendered and embedded in a particular social formation. So the first part of this thesis, through an engagement with the traces of this discursive whole in its social setting, lays the necessary foundations for the detailed development of the specific understanding to follow. This engagement is of a direct, but limited, nature. It is direct in the sense that it, together with the recent scholarship on which it draws, deals with the evidence as and where it is to be found rather than as mediated by the normative narrative of traditional medical history in which the specific patterns of thinking, speaking, writing, doing and organising medicine embedded in particular times and places are forcibly assimilated to those of the present day; because that is the only way they make sense, both in themselves and as part of a progressive developmental scheme now nearing completion. It is limited in the sense that it is not a general exposition but one that serves a particular purpose. This provides a certain focus and dynamic, taking the story on from a broad initial enumeration of the medical practitioners of the Roman empire in all their diversity, to a narrower concentration on the identity and existence, the recognised role and position, of those groups of practitioners connected with the production of the kind of texts on which this thesis is based, and then to a more detailed survey of what kind of texts these are, of certain characteristics of their form and content.
CHAPTER 1

FRAMING A DISCOURSE:
THE SOCIAL AND CULTURAL FORMATION OF ROMAN MEDICINE

The multiple strands of the historical record furnish an impressive array of persons and institutions to whom individuals in the Roman imperial world might turn if they deemed their state of health or somatic functioning to be in need of attention. There were diverse medici, medicae, iatroi and iatrinai (male and female physicians); obstetrices and maiai (midwives); iatr(o)aliptae, iatraleiptai, aliptae, aleiptai and gymnastai (medical and athletic trainers and attendants); herbarii and rhizotomoi (root-cutters) together with some dealers in medical materials; magi and magoi (workers in magic); mathematici and mathematicoi (astrologers); somniorum interpretes and oneirokritai (dream interpreters); aniles, graes and perhaps other folk healers who were not old women; and, in a rather different class, numerous temples and sanctuaries with their own personnel. Roman society vested in each of these groups of practitioners, the authority to intervene in a medical context, and designated certain religious sites as points of access to divine intervention in the same context, recognising in all of the activities they enacted or situated, different aspects of the cultural understandings of health and the workings of the body, and of illness and cure.

This thesis, by choice and necessity, takes a rather more restricted view; for it is organised around a certain set of extant texts that emerged from only a small segment of this whole array. Its first chapter attempts to delineate this small segment and its relationship with the surviving literary productions, to define a particular collective identity amidst this diversity, but in such a way that the wider picture is not lost sight of, for it remains crucial to the understanding of any of its parts. Identities are not islands, they do not exist on their own, but are formed and held together in relation to what is

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1 I shall generally use the Latin terminology rather than the Greek, with some specific exceptions. Oneirokritai, however, I leave in the Greek throughout because, except for Cicero’s somniorum interpretes (coined as part of a wider attempt to translate a Greek philosophical debate for a Roman audience in the De Divinatione), it is not clear that there is a Latin equivalent. It seems that dream interpretation did not become a separate profession or identity in the Roman West, though it may have occurred under a more generic prophetic rubric.
around them, and to this the Roman medicus/iatros, who takes centre stage here as the figure who stands (more or less directly) behind the texts at issue, is no exception. This figure had its existence in a whole network of social relations, including those with other practitioners, and in a whole web of cultural traditions, needs and meanings; and this location or situation is critical to the interpretation of the works produced within it. So this chapter attempts to establish who is speaking in these texts, in a generic sense, that is - from where, to whom and for what? Before this interrogative journey is embarked upon, however, it should be stressed again that, whatever else, this who is not the sole provider of medical services, the sole speaker on medical subjects, but one among many.

**SITUATING THE MEDICUS/IATROS**

An initial survey of the many kinds of evidence reflecting the processes of social negotiation through which the identity of the medicus/medica or iatros/iatriñē was constructed reveals that this identity was centrally defined by the provision of recognised health care services of a general nature for some kind of remuneration, though it cannot establish whether the medicae/iatrini provided such services to the general, or only to the female, population. Their practice, or, more abstractly and autonomously, their art - medicina or iatrikē - was essentially teleologically defined, encompassing the generality of things considered to contribute to its goal - human health - a generality which included resources which might, equally, be utilised by a magus, mathematicus or oneirokritēs.

For these latter figures themselves, however, such resources are the points from which the generality of their own arts reach out to encompass their diverse applications and diffuse aims. Thus, a medicus might, for instance and amongst other possibilities, prescribe a charm against some ailment, or employ planetary and lunar conjunctions or dreams as diagnostic and prognostic aids, all within the teleological frame of medicina;

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3Not all the resources, however - the type of spells which predominate in the *Papyri Graecae Magicae*, that it is those which explicitly invoke divine, daemonic or angelic agency, are not found in dedicatedly medical contexts.
whereas the artistic frame within which the same action might be performed by a magus, mathematicus or oneirokritēs was an aetiological one, working forwards from, rather than back towards, a certain aspect or feature of the cosmic order within which human existence was contained. People who consulted a medicus were, very broadly, concerned about their health, a concern which might be addressed by the medicus in a variety of ways. Those who consulted a magus, mathematicus or oneirokritēs might be concerned about many different things, but the mode of addressing these concerns was uniform.

Each individual medicus draws on this generality in a particular way, following certain precedents if not within a clearly demarcated collective tradition; but the regulatory method was always the same however much the results differed. There was always the constitution of a body of knowledge requisite to the goal of health. In that the identity of medicina and its practitioners resides, and thus it can be divided, interpreted and configured in a great variety of ways and still retain its categorical unity and definition. To profess an astrological medicine, for instance, was to adopt a somewhat eccentric, or epicentric, position in relation to the medical art, but not to fall outside its boundaries. Similarly, though on a rather different level, therapeutic specialisations (in the person of the chirurgus/surgeon, for example) or specialisations based on the object of practice (as in the case of the auricularius/ear-doctor and iatroi gunaikeioi/women’s doctors, for instance) were frowned upon in some quarters as contravening the principle of the unity of the art and wider ideals of learning, but generally accepted within the ranks of the medici. The body of texts surveyed here is composed of those located securely within the teleological frame of medicina. They are the dedicated medical texts of the early Roman empire, not all the texts which treat medical matters; thus standing at the centre of a wider discursive formation.

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4For astrological medicine see e.g. Ptolemy Tetr. 1.3 and Pliny Naturalis Historia (NH) 29.5.9 (IV 371,6-11 M - this edition uses the same section, but not chapter, divisions as have since become standard).

5These specialists appear at e.g. Celsus De Medicina (Med.) 7 pr.3 (CML I 301,20-25) - Roman surgeons; CIL VI 8908 and 377523 - auricularii; Soranus Gunaikêla (Gun.) 3.3,1 (CMG IV 95,7) - iatroi gunaikeioi. See e.g. R. Jackson "The composition of Roman medical instrumentaria as an indicator of medical practice" AMSCC 1 (1985) 189-207 for a general discussion of specialisation in Roman medicine and P. Mudry "Médecine et spécialistes" Gesnerus 42 (1985) 329-336 for the particular point about their ambiguous position.
Arranged rather differently around the central figure of the medicus/iatros, though also in a sense overlapping with parts of this generality from the outside, were the obstetrix/maia, the iatraliptes, alipta and gymnastês, and the herbarius/rhizotomos. All of these persons both cooperated and competed with the medicus on common ground, forming, in effect, the second tier of the professional hierarchy. The identity of the obstetrix was shaped by childbirth, an event of considerable cultural as well as medical significance, but her sphere of action extended out from this defining moment to encompass the overall care of female health. Her ranked relationship with the generality of the physician’s art, and her subordination to its representatives, is assumed and asserted in the writings of male doctors and reflected in wider understandings of her as a kind of iatros, or as practising a kind of medicina. This should not obscure, however, the importance of this strand of medical provision, by and for women, in the Roman world, both among the masses and among the elite, where male medici intervene only rarely into the ongoing attendance of a household obstetrix on its womenfolk. The extended range of maieutic activities puts into question the distinction between the obstetrix and the medica, a distinction that was certainly sufficiently blurred in the late second century AD for the eminent physician Galen to use maia, maieutria and iatrinê interchangeably. This indistinguishability in practice should not, however, detract from the clarity of the aspirations expressed by the deployment of the titles medica and iatrinê in funerary inscriptions, and in the hybrid term iatromea/iatromaia which appears in imperial epigraphy. Moreover, the possibility that some medicæ treated men cannot be excluded.

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6For a discussion of the activities and status of the obstetrix see H. King “Agnodike and the profession of medicine” PCPhS n.s. 32 (1988) 53-77.

7Even Soranus, whose idealised account of the qualities, skills and training required of maiai (Gun. 1.2-3 [CMG IV 3,13-4,11]) is often quoted as evidence for their valued and educated status, clearly casts the iatros in the role of teacher, director and overseer to the maia. See Hesychius Lexicon μ 84 and Justinian Dig. 50.13.1.2 for the maia/obstetrix as a kind of iatros/medicus.

8See e.g. Galen Peri Phlebotomias pros Eriostreatieous tous en Rômêi (Ven. Sect. Er. Rom.) 1 (XI 188 K) and Peri tou Proginoskein (Præn.) 8 (CMG V 8,1 110,13-112,23).

9See e.g. Galen Peri tôn Peponthotôn Topôn (Loc. Aff.) 6.5 (VIII 414; 420; 424-5; 428 and 434 K).

10e.g. CIL VI 9477-8 and MAMA III no.292 (Korykos). Representational distinctions between the funerary reliefs of medicæ and obstetrices are also noted in N. Kampen Image and Status: Roman Working Women in Ostia (1981) 71-2.
A question also arises about the relationship between these female practitioners, both *medicae* and *obstetrices*, and literary production; for, though women's names do not appear on the title pages of any complete extant works from this period, they are invoked in various texts in such a way as to suggest that this might be a mere accident of transmission. The parade of authorities with which Pliny the Elder opens his *Naturalis Historia/Natural History (NH)*, written around AD 78, includes several female names - Elephantis, Lais, Olympias of Thebes, Salpe and Sotira - which then appear in the medical books of the main body of the text more or less as advertised. Indeed, Olympias is placed in the *medici* section of the authorial registers and both Salpe and Sotira have the epithet "*obstetrix*" attached to them. However, Geoffrey Lloyd's assumption that these were the real writers of works covering medical topics is somewhat unsafe for, though it is the case that Pliny relied on literary material in his composition of the *NH*, this does not necessarily imply either that he was drawing on whole texts claiming to be authored by these women, or that any such claims were true.

Looking elsewhere for reference to these female figures and their possible oeuvres is of only limited assistance in trying to clarify the matter. The name Elephantis is found in Galen in connection with a recipe for *alöpekia* (a scalp problem) possibly drawn from a *Kosmêtikon* (a work on things for a beautiful and well ordered body), and rather more frequently in other works in connection with an illustrated guide to sexual positions.

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11Complete medical works attributed to female authors do survive, but from a later period. The least problematic of these is Metrodora's *Peri tôn Gunaikeión Pathôn tòs Mètras*, dating from the late sixth century AD at the earliest, since it cites Alexander of Tralles. The text was published by A.P. Kousis in ΠΑΚΤΙΚΑ ΤΗΣ ΑΘΗΝΩΝ ΣΥΝΕΝΩΣΙΑΣ 20 (1945) 46-68.

12Elephantis [28] 28.23.81 (I 96 & IV 204 M); Lais [28] 28.23.81 & 82 (I 96 & IV 304 M); Olympias [20-28] 20.89.226, 28.77.246 & 253 (I 64,70,77,81,86,89,98; III 366; IV 360 & 362 M); Salpe [28 & 32] 28.7.38, 23.82 and 30.262, 32.47.135 and 51.140 (I 96 & 109; IV 289,304,365; V 94-5 & 99 M); Sotira [28] 28.23.83 (I 96 & IV 304 M). On Pliny and the *NH* more generally see chapter 3 below.

13Salpe 32.47.135; Sotira 28.23.83 (V 94-5 & IV 304 M).

14G.E.R. Lloyd *Science, Folklore and Ideology* (1983) 60 n.6 and 63 n.11.

15Galen *Peri Sunthēsēs Pharmakôn tōn kata Topous (Comp. Med. Loc.)* 1.2 (XII 416 K) - *Kosmêtikon*; and Martial 12.43; Priapea 4; Suda A 4261; Suetonius *Tiberius* 43 and Tatian *Ad Gr.* 34.3 - sex manuals. For these sex manuals see H. Parker "Love's body anatomized" in A. Richlin (ed) *Pornography and Representation in Greece and Rome* (1992) 90-111; however, his suggestion that such writing under the names Elephantis and Salpe was a kind of sexual slander against these well-known obstetrices, a mechanism of male control over intellectual women, is not supportable given the difficulty of separating any of the works there may have been and the general intangibility of all their authorial personae.
The name Cleopatra is also found in Galen, much more clearly marked as the author of a *Kosmétikon* from which Galen takes several recipe, but at second hand, as selected from a previous compilation rather than the work itself. That this, along with the numerous other treatises on a range of subjects which also bear her name, was actually written by the Egyptian Queen seems most unlikely; it is, surely, an indication of the potency of the name rather than of any female literary endeavour. Salpe is found in Athenaeus since it is the name of a fish which was also attached to the authorship of a text entitled *Paignia*, either because that was indeed the name of the Lesbian woman who compiled it or because its creator, one Mnaseas, became known as such on account of associations between the work and the fish. *Paigniai*, the one surviving example of which is ascribed to Democritus, have often been thought of as collections of playful erotica but are perhaps better understood, as James Davidson has recently argued, as compendia of simple remedies for many of life's problems, among which those of both a medical and sexual character featured. Lais, Sotira and Olympias are otherwise unknown as writers, and the first two appear only in close proximity to Elephantis and Salpe, though Olympias enjoys a more independent existence.

Thus, while it is likely that there were texts circulating under the names of Cleopatra, Elephantis and Salpe in antiquity, they were in traditions in which pseudonymity was rife, if not *de rigueur*, and in which the creation of a fictional female voice had a particular allure. There were certain types of knowledge, especially some concerned with women's bodies, which were most appropriately represented in a female literary form, or at least where such a representation was one of the rhetorical strategies open to the author. That such an author was male is probable, though not certain, but that some of the knowledge thus articulated was actually derived from women, from *obstetrices* and *aniles*, is surely

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16 Galen *Comp. Med. Loc.* 1.2, 1.2', 1.3 and 1.8 - Cleopatra (XII 403-5, 423-424, 445 and 492 K). Other women also appear as the creators of recipes, but not in an explicitly literary sense.

17 For a list of ancient texts ascribed to Cleopatra, with particular attention to the gynaecological tradition which bears her name see M.H. Green *The Transmission of Ancient Theories of Female Physiology and Disease through the Early Middle Ages* (1985) 156-161 with 185-189.


19 James Davidson "Don't try this at home: Pliny's Salpe, Salpe's *Paignia* and magic" *CQ* 65 (1995) 590-592. I remain sceptical, however, of his assumption that Salpe was a real woman.
a similar likelihood. Such a derivation might also be acknowledged, or more creatively conjured up, by writers who did not otherwise present themselves in any sort of literary drag. Thus, the ways in which women’s names might be textually attached to opinions and remedies appearing in a treatise clearly written by a man, like that of Pliny or Galen, range from the precise quotation of a female authored work (large or small) to the imaginary inscription of a kind of medical lore considered to be typically female and folksy, and covers various points in between, including borrowing from a similarly constructed tract already in existence. This is of particular relevance given that both the NH and Galen’s treatises on compound pharmaka were composed primarily through a selective unpicking and rearranging of others’ works, so that these female citations are quite possibly at least second hand, obscuring their origins still further.

The difference between the medicus and the alipta, according to both the layman Cicero in the final years of the Republic and the physician Caelius Aurelianus towards the end of the imperial age in the West, is that the former is concerned with the health of the body, the latter with its strength and appearance. These two goals are, however, clearly connected and many of the same, dietetic, methods were employed in pursuit of both. So it was in these regions of coincidence that the iatraliptes seems to have come into being as a special sort of alipta, but in a context where the general practitioners continued to do medical work in a variety of situations. The writings of the medici delineate the approved boundaries for the activities of such persons. They are to be called in to oversee and carry out certain therapeutic or invigorating regimens which have been prescribed by a medicus, such as regular anointing, massage or types of exercise,

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20 I use the word "drag" because I think that these men dressed themselves up as women less with an intention to deceive than in order to do certain things constructed as female but which women themselves would not do. There is a sense of parody in all this, in which the audience were presumably complicit.

21 For the way Pliny relied on previous compilations but individually cited the authors they contained, see J. Scarborough “Pharmacy in Pliny’s Natural History: some observations on substances and sources” in R. French and F. Greenaway (eds) Science in the Early Empire (1986) 59-85; and for Galen see C. Fabricius Galens Exzerpte aus älteren Pharmakologen (1972).

22 Terminological imprecision is one result of this. The title iatraliptes, I think, attempts, through its medical specialisation, to pull rank on the alipta (as, in a different way, does the gymnastês over the aieiptês). It appears in funerary inscriptions (e.g. CIL VI 8981 and I.Ephesos 8/29), in a legal text (J.H. Oliver Greek Constitutions of the Early Roman Emperors [1989] no.38) and a range of literary contexts, complimentary (e.g. Pliny the Younger Ep. 10.8-8), hostile (e.g. Petronius Sat. 28) and neutral (e.g. Celsus Med. 1.1.1 [CML I 29,26-27]).
and might have an ongoing role in the care and cultivation of the body, but they are not to usurp the commanding, overall, position of the medicus himself.24

The area of overlap between the herbarius and the medicus involves a different, but just as important, section of the latter’s therapeutic repertoire - remedies based on plant materials - another key component of their generality. However, though the recipes of a herbarius/rhizotomos might also be prescribed by a medicus, and the works of Crateuas, the rhizotomist attached to the court of Mithridates VI, were widely consulted, it was the manual labour of the collection of the plants that remained fundamental to their identity.25 Thus, rhizotomos appears among the terms of abuse hurled by Hercules at Asclepius in the exchange of insults between them imagined by the second century AD satirist, Lucian.26 These root-cutters presumably played a role in supplying dealers in a range of goods and materials associated with all aspects of the care of the body - perfumes, oils, unguents and salves, among many other items.27 Such trading networks must have been, for the most part, of a mundane and functional character, and inscriptions record the worthy civic activities of various collegia formed within them, but it was their connotations of luxury and reputation for fraud and deceit that attracted outside comment.28 These are also the elements out of which the figure of the pharmacopolès (latinised as pharmacopola), the last member of this collectivity, is constructed; for he is a flattering and dishonest profiteer, a peddler of worthless promises and poisons.29 The pharmacopolès, as the second century AD philosopher-physician

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24 Caelius Aurelianus Tardorum Passionum ITP 1.97 and 169; 2.179 and 5.130 (CML VI 1.1 486,13-16; 530,20 and 652,30-854,2; VI 1.2 932,24-27). Galen’s treatise Thrasuboulos: poteron latrikês & Gymnastikês esti to Hugion (Thras.) is an attack on this kind of gymnastic general practice.

25 Galen, for example, includes remedies of the rhizotomoi Pharnaces and Antonius in his pharmacological works (XIII 205 and 935 K, respectively); he also refers to Crateus (e.g. XI 795 and 797 K), as does Dioscorides (Peri Hulês latrikês UHl pr1 [I,1 W]) and Pliny the Elder (NH 25.4,8 and 25.26,62 [IV 118,19-22 and 137,1-2 Mi]) among others.

26 Lucian DDeor. 15.

27 For enumeration of these various dealers and their wares see A. Schmidt Drogen und Drogenhandel im Alterum (1924) 75-99.


29 All imperial (and some earlier) references to the pharmacopolès cast him in this light, not simply as a seller of pharmaka, except perhaps CIL V 4489, which refers to a “coll. farm.”.
Sextus Empiricus put it, stands in the same relationship to the iatros as the dēmagōgos/demagogue does to the politikos/statesman; and, a century earlier, Scribonius Largus, less philosophical but equally professionally committed, described this relationship as antithesis masquerading as similarity. The rhetorical flourish of these formulations serves only to highlight what it is intended to conceal, that the distinction between the medicus and the pharmacopōλēs is a matter of perspective and judgement; they are two possible outcomes of the same social negotiation. The point is underlined by the fact that invective against medici, as such, is cast in very similar terms.

The medicus/iatros, and some associates, received a certain official recognition within the Roman empire, but this followed rather than led their cultural definition. Roman systems of law and governance participated in and elaborated on, rather than regulated, the ongoing and informal processes of social negotiation. Julius Caesar had granted citizenship to all who resided and practised medicina or taught the liberal arts at Rome, echoing the continuing practice in the cities of the Greek East, instituted in the Hellenistic period, of granting physicians various financial benefits and civic honours in order to attract and retain their services. This was, however, only the opening move in a long process of entanglement between imperial and municipal systems of privileges in which medici, among others, were implicated, and which was not clarified until the effective establishment of a single, unified structure by Antoninus Pius in the mid second century AD. The triumviral edict from Ephesus and Vespasian's rescript to Pergamum both seem to represent the stage of central intervention in support of existing local immunities, and, in the Pergamene case, the right to form collegia. The edict of Hadrian, which

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30 Sextus Empiricus PM 2.41-2 and Scribonius Largus Compositiones (Comp.) 200 (92,1-4 S).
31 See e.g. Pliny NH 29.8,15-28 [IV 373,15f M].
32 Suetonius Divus Julius 42.1 (this grant would, of course, have been restricted to those legally eligible - that is, free). For a discussion of the Hellenistic institution of the civic physician and its development in the Roman era, see V. Nutton "Archiatri and the medical profession" PBSR 45 (1977) 191-226.
33 For a general discussion of the pattern into which this process fits see F. Millar "Empire and city, Augustus to Julian: obligations, excuses and status" JRS 73 (1983) 76-96.
34 K. Bringmann "Edikte der Triumvirn oder Senatsbeschlusse?" EA 2 (1983) 47-76 and J.H. Oliver Greek Constitutions of Early Roman Emperors (1989) no.38. The Vespasianic rescript was, in line with general interpretative trends, later treated as of general application (Dig 27.4.18.30 - Arcadius Charisius), but its actual formulation implies specificity. Dio (53.30.3) also reports an earlier grant of ateleia to Antonius Musa and his "homotechnoi/fellow practitioners", present and future, by a recently cured Augustus and grateful senate, but the context suggests that the
confirmed that philosophers, rhetors, grammatici and medici should be exempt from "gymnasiarchies, agoranomiai, priesthoods, billeting, buying corn or oil, acting as judge, going on an embassy, being enrolled in the army against their will, or being forced to undertake any other provincial and any other service", legislated for the whole empire; and Antoninus Pius, perhaps alarmed at the generosity of his predecessor, restricted the number of medici who could be granted immunities in each city or town (those included in this numerus being called archiatri), thus ensuring that this became the sole system of privileges in operation for physicians. Until the rescript of Antoninus Pius, these measures, whatever their precise ambitions and interrelationships, simply incorporated preformed categories of persons (at Pergamum both iatroi and iatraliptae, otherwise only the former) into various patterns of legal privileges; they did not engage in any way with issues of professional identity or competence, a point which is underlined by a second century AD papyrus which suggests that these privileges automatically accrued to all who declared themselves to be medici to the appropriate magistrate. Thereafter, the underlying class of medici passed out of the administrative view of the local authorities, except as a pool from which to select the numerus of archiatri, but the acquisition of immunities and assessment of professional competence became entwined, as the Severan jurist Ulpian states:

medicorum intra numerum praefinitum constituendorum arbitrium non praesidi provinciae comission est, sed ordini et possessoribus cuiusque civitatis, ut certi de probitate morum et peritia artis eligant ipsi, quibus se liberosque suos in aegritudine corporum committant.

The decision on the medici to be included within the prescribed numerus is not entrusted to the governor of the province but to the ordo and landholders of each community, so that they themselves, being certain about the uprightness of their character and skill in the art, may choose persons

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35 homotechnoi referred to are a group in some way associated with Musa, rather than comprising all doctors.

36 Η. Κ. Youtie "A reconsideration of P.Oxy 1.40" in Festchrift Dertel (1964) 20-29. The juristic discussion on the subject suggests, however, that the matter was not unproblematic (see e.g. Dig. 27.1.6.1-9).
to whom, in bodily sickness, they may entrust themselves and their children.\(^{37}\)

The governors of provinces did, however, give judgements on the fees of medici and teachers of the liberal arts.\(^ {38}\) In this too they operated with categories of medical practitioners which were formulated entirely outside the ambit of the law. Ulpian’s treatment of the subject simply assumes the meaning of the terms medicus (into which some subsume those who treat a particular part of the body or disease) and obstetrix when he states that the fees of specialists and obstetrices "who seem to practise a kind of medicina" come under the jurisdiction of the governor on the same basis as those of the medici do.\(^ {39}\) Those who use incantations, imprecations and exorcisms, however, have no such access, for these are not "genera medicinae/types of medicina" however effective they may be. This final exclusion reflects a general contrast between the position of the medicus and that broadly shared by the mathematici, oneirokritai and magi in relation to the formal structures and systems of the Empire, a contrast between an attitude of positive integration and of negative segregation. It was not that any of the practices of the latter were illegal in themselves, but the ends to which they could be employed were constrained by law; just as it was not that their identities were legislatively condemned but that they were somewhat compromised by their omission from important socio-legal networks.\(^{40}\)

The Pergamene rescript can be placed together with other inscriptions recording the existence and activities of collegia of medici, though it is only here that they appear alongside those of iatraliptae, their formation explicitly authorised by the emperor.\(^ {41}\)

\(^{37}\)Justinian Dig. 50.9.1.

\(^{38}\)Justinian Dig. 50.13.1.

\(^{39}\)quae utique medicinam exhiberet Justinian Dig. 50.13.1.2.

\(^{40}\)For general discussion see A.A. Barb "The survival of the magic arts" in A. Momigliano (ed) The Conflict between Paganism and Christianity in the Fourth Century (1963) 100-125 and C.R. Phillips "Nullum crimen sine lege: socioreligious sanctions on magic" in C.A. Faraone and D. Obbink (eds) Magika Hiera (1991) 260-276. On astrology and the law see the exhaustive (if naive) survey in F. Cramer Astrology in Roman Law and Politics (1954) 232-281. There is no specific mention of oneirokritai in respect to the prohibition on certain sorts of prediction, nor do they feature alongside magi and mathematici in the periodic expulsions from Rome at moments of imperial tension, but they cannot have been entirely unaffected by these measures.

\(^{41}\)For the legal position of collegia, and the privilege of being explicitly authorised to form them, see P. W. Duff Personality in Roman Private Law (1938) 95-158.
In the circumstances, it seems likely that this represents the broadly favourable attitude of the authorities towards the formal self-organisation of medical practitioners at a local level. Following the general pattern of collegia, however, associations involving medici were professional in regard to their recruitment rather than their activity, and this recruitment was not exhaustive. The evidence indicates that they concerned themselves with the generic interests of their members as part of Roman society - their religious obligations, funerary arrangements and social life - rather than anything specific to them as medical practitioners. There are hints of a more genuinely professional path being followed in some places, but this is rare and largely restricted to the issue of fees. These collegia were, therefore, implicated in the constitution of the category of medici, but, again, rather after the fact. They were one of its localised and partial forms, offering an official civic identity both to their members and to the public. This latter presentation must have acted as a kind of social guarantee, certifying the group's participatory status in the life of the community, but not their validity as medical practitioners.

Asclepius is the divine patron most often invoked in these collegial inscriptions, and his patronage was really extended over the whole medical art itself, as well as occasionally taking on a more personal dimension for individual physicians. Asclepius was variously described as the inventor, promulgator or systematic improver of medicina; providing, in whatever form, a divine legitimation for its profession. He also had a certain medical practice of his own, to which the various healing sanctuaries dedicated to him (such as the major ones at Epidaurus, Cos and Pergamum) offered access.

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1.1 Ephesos 1386.

44See e.g. CIL V 6970 and Galen Peri tòn Iáiòn Bibliön (Lib. Prop.) I 2 (SM2 99,8-13) for collective and individual relations between medici and Asclepius.

45See E.J. and L. Edelstein Asclepius I (1945) T337-381 for connections between the god and the art.

46See E.J. and L. Edelstein Asclepius II (1945) T382-391 and 707-861 for literary and epigraphic testimonies for these healing sanctuaries, and Asclepius II (1945) 232-257 for a general discussion of the sites. Some archaeological work has been done on some of these sites since, see e.g. R.A. Tomlinson Epidaurus (1983), S. Sherwin-White Ancient Cos (1978) 234f. The sanctuaries of other gods, such as Isis and Sarapis, might also specialise in healing, and curative
These were an intrinsic part of the Roman medical landscape, recognised as such by the various *iatroi* who make reference to the cures and prescriptions of the gods in a number of contexts, mostly when they intersect in various, usually confirmatory, ways with their own.\(^4^8\) The partisans of Asclepius, on the other hand, seem to be rather less equable in regard to the *medici* and their activities. Their most vocal representative, the eminent second century AD sophist Aelius Aristides, has iatric incompetence, incomprehension, and all-round insufficiency in comparison with what the god has to offer, as a recurring theme in his autobiographical *Hieroi Logoi*/Sacred Tales; and the contrast between the absolute curative power of Asclepius and the limitations of mortal physicians is also sometimes stressed in dedicatory inscriptions at these sites.\(^4^9\)

The distinctive legal patterning, however, with its dispersed and particularistic points of formalisation, helps to locate, rather than define, the Roman medical professions. It situates them in the administrative grid that was placed over the geography of the empire, a grid which brought into existence or adaptively assimilated, and then ordered, a whole series of juridical and political relations. The *medicus* was fixed in a framework of general legal privilege, in which, by association, some other groups of medical practitioners were partially incorporated, while others remained without. This position was also shared more widely, placing the *medicus* in a loose, horizontal relationship with other persons collectively in receipt of similar immunities and honours, organised in authorised, but private, *collegia*, or having their fees fall within the jurisdiction of the provincial governor. The system was also overlooked and orchestrated, so a more concrete vertical relationship was established between the *medicus*, the local magistrates, *ordo* and governor. These relationships were specifically constituted and circumscribed, by law, but they are part of what might be called, more globally, the social structure of Roman medicine. This structure was a particular formation within the wider world, a vast and variegated empire in which the conquerors had a special relationship with some

\(^{48}\)e.g. Rufus ap. Oribasius Sunegôgoi iatrikoi (Coll. Med.) 45.30,10-14 (CMG VI 2,1 191,38-192,14) and Galen *Peri Hugieinôn* (San. Tu.) 1.18,19-21 (CMG V 4,2 20,11-22).

\(^{49}\)On Aristides see H.C. Kee "Self-definition in the Asclepius cult" in B.E. Meyer and E.P. Sanders (ed) *Jewish and Christian Self-Definition* 3 (1982) 118-136 and C.A. Behr *Aelius Aristides and the Sacred Tales* (1968); and also e.g. *IG* II² 4514.
of the culture and history they had conquered, and the interlocking dyad of wealth and power was fundamentally based on the ownership of land and the exploitation of slave labour. This basic configuration underlies and underpins the network of social relations within which medical knowledge was produced and deployed. This pattern is perhaps most pronounced in the manifest Greekness of Roman medicine, but it also shows in the connected complications of the status of its practitioners, and the way this was played out in their practice.

The overwhelming majority of the medici and iatroi who appear in the epigraphic and literary records of the imperial period are drawn from the Greek East. This diffusion of Hellenistic medicine was the product of Roman expansion, which overlaid and massively extended the networks of Archaic Greek colonisation and Macedonian conquest. The establishment of the empire as a geographical unit, loosely bound together on a number of levels, facilitated and, through slavery, compelled, the movement of people and ideas, inside and around its borders. The cultural and intellectual map was redrawn alongside the political, and the imperial capital was its focus. Rome was the centre of medical and philosophical demand, the place where reputations and fortunes could be made, disciples gathered and your clientele include the emperor himself. In particular, Octavian's victory at Actium increased the flow of scholarly migration (including physicians) from Alexandria to Rome, which had begun under Caesar. All these iatroi were heir to the various strands of Hellenistic medicine but they deployed and developed them in the specific social and cultural context of the Roman empire, often at the heart of that great edifice. Their public and patients, colleagues and rivals, were Romans, Greeks, Italians and provincials of both East and West, with indigenous healing traditions of their own. The process of Romanisation thus included a medical component, while the composition of the new soils into which Hellenistic physicians were transplanted affected how they grew. Only at Rome itself does this transaction generate any real, or at least recorded, conflict, though, except for the first century AD diatribes of Pliny the

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50 Almost 90% of doctors in the first century AD, 75% in the second, and 66% in the third, are from the Greek East - see V. Nutton The Medical Profession in the Roman Empire (1970) for a survey of the evidence and detailed discussion.

51 P. M. Fraser Ptolemaic Alexandria I (1972) 810.
Elder, there is little indication that the issue was a live one among Roman literary circles of the imperial era.\textsuperscript{52} Hostility to the medical professions in general continued to be vigorously expressed, and things Greek were deeply implicated in the rhetoric of decadence, but the conjunction of the two seems to have been of no particular potency.\textsuperscript{53} Thus, across the Roman empire a Hellenistic medical \textit{koinê} was established and developed, subject to regional variation but recognisably of the same stock.

The Greek origins of the great majority of physicians in the Roman empire had considerable consequences for their social situation, above and beyond the issue of Roman chauvinism. According to the calculations of Vivian Nutton, in the first century AD 80\% of all \textit{medici} and \textit{iatroi} appearing in the inscriptions of the Roman West were freed, slaves or peregrines, the figure falling to 50\% in the second, and 25\% in the third century AD.\textsuperscript{54} Except for slaves, however, juridical status was not necessarily a barrier to the acquisition of wealth, and even power, as the careers of various imperial physicians amply demonstrate, though prestige and respectability were rather more elusive. Both Antonius Musa, who won fame and fortune by curing Augustus with cold baths in 23 BC, and Tiberius Claudius Tyrannus, who attended the emperor Claudius and was publicly welcomed and entertained on returning to his native city of Magnesia on the Meander, where he then successfully established medical "\textit{ergasteria}" were freedmen.\textsuperscript{55} Outside this select, courtly circle, however, the surviving commemorated achievements of the \textit{medici} of the West are much less impressive. Only one \textit{medicus} is recorded as

\textsuperscript{52}Pliny \textit{NH} 29.8,15-28 (IV 373,15f M) and see V. Nutton "The perils of patriotism: Pliny and Roman medicine" in R. French and F. Greenaway (eds) \textit{Science in the Early Roman Empire} (1986) 30-58 and "Roman medicine: tradition, confrontation, assimilation" \textit{ANRW} II 37.1 (1993) 49-78.

\textsuperscript{53}The main line of literary attack on doctors is succinctly encapsulated in one of Martial's epigrams (I.47):
\begin{quote}
\textit{nuper erat medicus, nunc est vispillo Diaulus:
quod vispillo facit, fecerat et medicus.
Lately a doctor, Diaulus is now an undertaker.
What the undertaker does, the doctor did too.
}\end{quote}
And has many Greek equivalents too, like that by Nicarchus (\textit{AP} 11.115):
\begin{quote}
\textit{τοῦ λαόν του Διός ἔχεις ὁ κλημακός ψάλτος Μήδας καὶ λίθος ὧν καὶ θεῖς, σήμερον ἐκβιβάζῃ.
Yesterday Marcus the doctor laid his hand on the stone Zeus,
Today, despite being stone and despite being Zeus, he is to be buried.
}\end{quote}

\textsuperscript{54}V. Nutton "Healers in the medical market place" in A. Wear (ed) \textit{Medicine in Society} (1992) 39.

\textsuperscript{55}Suetonius \textit{Augustus} 59 and Dio 53.30 - Musa; \textit{I.Magnesia am Maeander} 113 - Tyrannus. For a discussion of these and other court doctors of the Julio-Claudians see M. Kaplan \textit{Greeks and the Imperial Court, from Tiberius to Nero} (1990/1977) 68-113.
having held municipal office, and only a dozen as having become *seviri Augustales*.\(^{56}\) One of these *seviri*, P. Decimus P. Merula Eros, died leaving 800,000 HS, despite generous benefactions and the purchase of this position as well as his freedom; and riches without great honour accrued to an *archiater* in third century AD Beneventum who qualified as an *eques* but attained no office.\(^{57}\) Some of the funerary monuments erected to *medicae* also speak of wealth and distinction, but those of *obstetrices* testify mainly to their freed, or sometimes slave, status.\(^{58}\) The epigraphic record in the East portrays a rather different situation, both in terms of its mobility and the points at which medical professionals collected. Here there is a layer of settled medical families, swelled by those returning from success at Rome, who have acquired Roman citizenship and an almost hereditary right to the title of *archiatros*, and who overlapped to a considerable degree with the local elites.\(^{59}\) The Statilii of Heraclea Salbace, for example, are celebrated by honourary inscriptions, statues and on the city’s coins during the second century AD.\(^{60}\) Interestingly also, inscriptions to *iatrinai* seem to outnumber those to *maiai*; the status of these women is, however, unclear.\(^{61}\)

A much more humble situation must be supposed, in the absence of much real evidence, for the vast majority of medical practitioners in both East and West.\(^{62}\) Their patients

\(^{56}\) *CIL* VIII.11345 - aedile from Sufetula in Africa Byzacena; medical *seviri* are collected in F. Kudlien *Die Stellung des Arztes in der Römischen Gesellschaft* (1986) 35-6, though I cannot accept his accompanying argument that these were not freedmen.

\(^{57}\) *CIL* ii.5399/5400 - Merula; *CIL* IX.1655 and 1971 for the Beneventan - the former honours the local magistracy of his son.


\(^{59}\) See V. Nutton *The Medical Profession in the Roman Empire* (1970) together with the comments of H. W. Pleket "The social status of physicians in the Graeco-Roman world" *AMSCC* I (1995) 27-34, who points out that 65% of *archiatroi* did not hold magistracies that fell within the ambit of the city council.

\(^{60}\) V. Nutton "Archiatri and the medical profession" *PBSR* 45 (1977) nos. 40-42.

\(^{61}\) For *iatrinai* see L. Robert in N. Fratti *Les Stèles Funéraires de Byzance Gréco-Romaine* (1984) 175-180; in comparison my searches have unearthed only two *maiai* from the imperial East - *MAMA* III.605 (Korykos) and *I.Parion* 40. An *iatromae* appears at *MAMA* III.282 (Korykos), and an *archieiatra* (sic) is commemorated alongside her husband the *archieiatros* (sic) in a small town in Galatia (*MAMA* VII.566).

\(^{62}\) Numbers, or even proportions, are evidently the hardest; the existence of much less elevated *medici* is attested by the range of funerary inscriptions.
were not the emperor, or the Roman elite, but other city and townsfolk, such as small traders, artisans or teachers, who had sufficient means to pay for medical services on occasion, but not at anything approaching the extravagant levels which allowed Merula to accumulate such a fortune. The social position of physicians and patient would have been similar, their livelihoods not rising much above the respectable. These people cannot, in general, have possessed the degree of technical competence required for literary production, or at least been limited to the writing down of the odd recipe; falling short of the basic threshold of possibility across which ambition might have propelled them.

More abstract cultural evaluations of the medicus appear in a range of literary forms. Perhaps the most famous is contained in Cicero's much quoted discussion of the livelihoods appropriate to the paradigmatic Roman man in his De Officiis/On Duties, a work which only narrowly precedes those under scrutiny here. Medicina, architecture and teaching the right things are not liberalis and thus inappropriate, but, as arts involving a considerable amount of prudentia/practical intelligence and being of considerable utilitas/utility, they provide perfectly respectable modes of making a living for those whose social rank they do befit. The ars itself has an intrinsic value, but gaining a livelihood through its practice is, as Cicero puts it, sordidus/base; though he would, presumably, have no objection to, indeed might even praise, its practice by a gentleman in a context unsullied by economic interests. Similar sentiments are expressed in the literature of the empire, concerning both the priority of non-professional determinants of social standing, the sense in which certain ways of earning a living are said to be appropriate to, rather than constitutive of, a certain layer in society, and the moral and intellectual qualities of the profession of the medicus, though this positive

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63 It is in this kind of milieu, shared by cobbiers and teachers, that Ovid places medici in his Fasti (II.809f).
64 On classical literacy, and the continuum between it and illiteracy, see W.V. Harris Ancient Literacy (1989). M-H. Marganne Inventaire Analytique des Papyrus Greco de Medecine (1981) and her supplement in ZPE 65 (1986) 175-186 illustrate that recipes had diverse points of production, and might circulate singly as well as in groups and larger collections.
65 Cicero Off. I.150-151.
assessment continues to coexist with a much more damning one. Cicero's verdict is corroborated by the epigraphic remains of the more successful medical practitioners, both in their general failure to attain the most potent markers of social status, and in their betrayal of a certain movement from the bedside to the country estate. L. Staius Rutilius Manilius, archiater and eques of third century Beneventum, celebrates the magistracy of a son who seems to have left the profession of his father, and the families of archiatri in the East may retain the title but are increasingly honoured for general public service rather than anything specifically medical.

A different angle on the social placement of medical practice and practitioners emerges from some of the surviving astrological treatises of the imperial era, the Greek works of Ptolemy and Vettius Valens in the mid second century AD and the Latin tract of Firmicus Maternus written about two hundred years later. In contrast to the clarity and economy of Cicero's discussion, here medici and their associates appear in an overcrowded and chaotic landscape, and they must be judged more by the company they keep, under various heavenly dispositions, than through explicitly drawn out internal evaluation. However, tracking the medical professions through the continually shifting assembling and reassembling of groupings of celestial conjunctions and groupings of terrestrial occupations which constitute substantial sections of these texts is richly revealing.

The medicus appears in three main sorts of company: that of priests, magicians and astrologers; that of orators, grammatici and lawyers; and that of craftspeople, artists and manufacturers, with Mercury usually implicated in some way. The first assemblage emphasises the performative and predictive nature of Roman medical practice, and the sense in which a physician requires intuition and ingenuity, not just teaching; the second

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66 Dio Chrysostom's Euboan discourse, for example, addresses the issue of which occupations are appropriate to the free poor (7.103-132) and is discussed, in the context of other treatments of the issue, by P. Brunt "Aspects of the social thought of Dio Chrysostom and of the Stoics" PCPhS n.s. 19 (1973) 9-34. For positive views on doctors in particular see e.g. Quintilian IO 7.38 and Plutarch Mor. 122D-E.


68 e.g. Firmicus Maternus "Mathe" (Math.) 3.7,6 and 19 - priests etc; Vettius Valens Anthology 1.1,39 and Firmicus Math. 4.15,8 - orators etc; Ptolomy Tetr. 4.4 and Firmicus Math. 8.28,3 - craftspeople etc. Mercury's role is particularly crucial at Firmicus Math. 7.26,6 where he makes the difference between being born a doctor and being born a cook!
highlights its intellectual and learned facets; and the third stresses its technical and productive dimensions. Medici are, more broadly, classified among those who make a living from an ars, or those involved in learning and human service. The fates specifically foretold for medici range from riches and renown to violent death, with perhaps the most interesting being "that the affairs of powerful persons will depend on their intervention". Around the medici, chirurgi consort not only with technicians and artists, but also with athletes and soldiers, linked by earning a living through fire and sword. Herbarii, and other makers of medicines, are found among snake-charmers, and the devisers and sellers of perfumes, pigments and jewellery, as well as mimes and dancers. They slip easily into the world of artifice, deceit and luxury that also laps at the heels of the medici.

The obstetrices and their relatives hardly get an astrological look in, as these treatises assume, almost exclusively, that the birth-charts mathematici will be drawing up are for males. Similarly, the ethical expositions about the proper forms of making a living, and the examples which support them, concern only men; the question of occupations suitable for women is not addressed. Indeed, women's work is generally discussed in a rather different frame, in terms of those activities (quintessentially spinning and weaving) which become a wife. It is clear, however, from funerary monuments and the literary contexts in which they appear, that the callings of the obstetrix, maia, medica or iatrinê were widely respected and valued; perhaps as much for their contiguity with the female domestic role as for their prudentia and utilitas.

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65Some of these points are explicitly brought out, see Firmicus Math. 3.7,20 for a physician's ingenuity and 3.8,3 for his classification among those who always predict the future.

66e.g. Firmicus Math. 3.7,19-20 and Ptolemy Tetr. 4.4, respectively.

67ut res potentium hominum sua intercessione dependant Firmicus Math. 5.2,17; and also 3.9,2 - wealth and fame; 8.25,10 - violent death.

68Ptolemy Tetr. 4.4; Firmicus Math. 4.10,3.

69Ptolemy Tetr. 4.4; Firmicus Math. 4.14,17 and 7.17,7.

70The one mention of an obstetrix is at Firmicus Math. 8.23,4.
It is thus only with considerable difficulty that it is possible to speak of "the status" of "the physician" in the Roman world. The only universal statement that can be made on the subject is that, in so far as they earned their living through their art, medici were excluded from the highest echelons of the Roman social hierarchy as ideally conceived, though the value placed on their art mitigated to some extent the harshness of this exclusionary judgement. Beyond this, diversity, not universality, was the rule; diversity in juridical status, wealth and standing. It was not the profession itself that decided these issues, but circumstances of birth and biography, with dramatic changes being wrought on the inherited and historical position through the agency of success with a powerful patient (most especially the emperor). Indeed, it is, in some sense, the social status of the patients that determines, within the bounds of possibility, the rank and fortunes of their doctor. This rank was actively, but not undisputedly, maintained as higher than the rest of the complex that coalesced around the medicus.

The scene is now set for an examination of the mechanics and the substance of the negotiations through which this configuration of medical professions was constituted. The sediment of centuries of their evolving repetition was a pattern of loosely drawn and internally fragmented categories of medical practitioners. The administration of the empire inserted into this pattern some of the lineaments of its own, adding to its complexity and mosaic quality through the institution of various nodes of formalisation, but not altering its basic orientation, shape, or regulatory machinery. Actual and intending medical practitioners laid claim to the authority to intervene on which their medical practice was, or would be, based, according to this pattern, and, according to the same pattern, the public, individually and in a range of collectivities, responded. Their response was decisive; authority was established through their consent, and once that consent had been given sufficiently often, or by a broad or powerful enough group of people, a medicus had come into being. This identity never became incontrovertible. It might be disputed, consent might be given by some and not others, or, more sharply,

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55This segmented, patient determined situation shares many features with the eighteenth-century mode of production of medical knowledge termed "Bedside Medicine" by N.D. Jewson in "The disappearance of the sick-man from medical cosmology, 1770-1870" Sociology 10 (1976) 225-244.
one person’s medicus might be another’s pharmacopolês; and, of course, consent could always be withdrawn, even after it had become a habit.76

These negotiative features only become visible in so far as they exceed this pattern. A man or woman whose claim to the authority to intervene medically was based and accepted entirely and implicitly on what had gone before, who, for instance, publicly learned their trade from their father or mother and then stepped into their shoes, who, if interrogated as to how their remedies worked (a question their patients never needed to ask) would have been unable to offer any explanation, only the solid statement that “this is how it’s always been done”, participated in processes too sedimented to surface, too much taken for granted to be recorded. It is only when a more elaborate and explicit justification is offered, expressed or responded to in textual form, that it becomes a possible object of historical enquiry rather than speculation; and this is precisely what is happening in most of the extant imperial medical literature. Almost all the surviving treatises (rather than isolated recipes) are indissolubly bound up with the articulation and grounding of medical authority. They are the most durable strand in a web of medical persuasion, a web mostly spun out of oral performance and expository display, such as the public lectures, debates, anatomical exhibitions and iatric contests that occurred in the gymnasia, theatres, forums and agoras of many imperial cities, and the bedside consultations to which admission was somewhat more restricted.77 Authority was established in an essentially competitive and hierarchical framework. It had to be bigger and better than that of others; not only to win the, quantitative and qualitative, battle for patients, and the wealth and prestige they brought with them, but also to achieve, more broadly, satisfaction and success in an agonistic and epideictic culture.

76The mathematici, magi and oneirokritai must have pursued a similar path, with somewhat different and less advantaged objectives. They too must have continually reiterated their claims to their professional identities, claims that were judged by their audiences according to how successfully they conformed to their, individual and collective, notions of what a mathematicus, magus and oneirokritês has been, and should be, like, or how successfully they redeployed the tradition of which they were a part; and they too inevitably courted a negative epithet - goês.

77For physicians’ public performances and competitions, see e.g. Dio Chrysostom 33.6-7; Plutarch Mor. 71A; Galen Peri Anatomikôn Encheirîkon (AA) 7.16 (II 694-700 Garofalo) and Fâ miḥnät aðjul a-ajibbâ’ (Opt. Med. Cogn.) and i.Ephesos 1160-1169 and 4101. For arguments at the bedside see e.g. Galen Ven. Sect. Er. Rom. 1 (XI 188-193 K) and Opt. Med. Cogn. 7,2 (CMG Supp Or IV 85,8 [Arabic]).
Involved in a distinct, but complementary, form of persuasion are texts produced on the other side of the physician/audience divide, by members of the Roman elite who were already possessed of a secure social authority, and were now engaged in its cultural consolidation. The Latin encyclopedists were not concerned with establishing the authority for medical intervention, for this, in so far as it was appropriate to persons of their standing, was contained within their *potestas* as *paterfamilias* or slave owner; but were instead engaged in the exhibition and promulgation of the mastery of the domain of useful knowledge (of which medical knowledge was an accepted part) that marked the educated Roman man. This man was, importantly, neither an intellectual nor a professional, but commanded a wide-ranging learning, the practicality of which was idealised rather than realised.

The textual construction of medical authority, by those for whom it was a professional prerequisite, was a complex affair. In the absence of any sites of absolute and incontrovertible certification, strategies of legitimation proliferated, and were intermeshed in any work according to principles of plenitude rather than economy. These strategies may, artificially but heuristically, be separated out into those concerned with the legitimation of the person of the *medicus*, and those concerned with the legitimation of the technical knowledge they possessed; the two combining to form a solidly convincing image of a commendable and capable practitioner of the healing art. The whole project is essentially, and sometimes self-consciously, rhetorical, in terms of both its objective and methods.78

The medical persona was usually compounded from several elements - moral character, educational pedigree and professional history. Each of these was, in turn, a complex and variable mixture, and each contributed to the establishment of trust between the *medici* and their public, a trust which is simultaneously the first step towards persuasion, the *ēthos* of Aristotelian rhetoric, and the first step towards medical intervention. The moral aspect of this may be implicit, positively or negatively exemplified in case studies and

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parables from medical mythology, or explicit, expressed in the formulation of systems of medical ethics or of the single minded pursuit of truth and learning. Education pedigree might be given in a detailed narrative form, or marked only when the names of those involved appear in other contexts. It is consistently assumed, however, that it is individuals, not institutions, that are the repositories and purveyors of knowledge, though certain geographical locations (most famously Alexandria) had a reputation as places in which such individuals were concentrated and of a particularly high calibre. Moreover, there was only the most general reference to the content of what has been taught or learnt, it was simply the prior existence of a pupil-teacher relationship that was paraded, and which went towards securing the ex-pupil's status as educated and knowledgable, rather than securing any of the things they actually claimed to know. Education shades into experience, and the professional history that was part of the self-presentation of a medicus was composed from successful episodes in a medical career, episodes which might include dramatic cures, periods of favour with the rich and powerful and the public humiliation of rivals. This demonstrated personal competence, the recognised ability to deploy skills and learning in a range of circumstances.

The medicus needed to be able to convince an audience that he knew enough, of a sufficient quality, so that, confronted with a sick person, he would arrive at the correct diagnosis, then give an accurate prognosis and prescribe an effective therapy. This knowledge could simply be claimed, or laid out before the public for its inspection, or, in some way, expressly justified. This justification provided an answer to the (spoken

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79 Perhaps the most elaborate system of medical ethics is offered by Scribonius Largus Comp sp. (1,1-5,28 S), and the most ascetic image of the medicus by Galen Opt. Med. Cogn. esp. 9,2-3 (CMG Supp Or IV 100,11-102,3 [Arabic]).

80 Galen offers an elaborate, if segmented, narrative in his Lib. Prop, and Peri tês Taxed tôn Idiôn Bibliôn (Ord. Lib. Prop.), supplemented at Peri tôn Idiôn heastôi Pathôn kai Hamartematôn tês Diagnôseōs (Aff. Dig.) 8,1-8 (CMG V 4,1,1 27,20-29,19) and AA 1 (I 80-82 Garofalo). The author of the text known as the De Virtutibus Herbarum offers a similar, and similarly elaborate, educational pedigree to Galen's but with a twist - the knowledge he acquires through his medical studies at Alexandria proving useless until he arranges a revelatory divine encounter (see J.Z. Smith "The temple and the magician", reprinted in his Map is not Territory [1978] 172-189).


82 All of these features are found in particular abundance in Galen Praen.
or unspoken) question of why, given the goal of medicine, this particular knowledge was appropriate. This question could be answered on many different levels and in many different ways, but three main lines of legitimation are discernable. Knowledge might be justified as teleologically fitting, firstly because it was knowledge of what had worked, secondly because it was knowledge of what should work (a should which might rest on physiological, pathological and therapeutic explanation, on the internal logic of a complete method, or on implicit cultural intelligibility), and thirdly because it was knowledge that had the weight of personal or divine authority, even revelation, behind it. Variations on these legitimating lines were invoked as guiding principles, underlying and organising an entire body of knowledge, or might be invoked on a case by case basis. Such systematisations involved a fusion between teleological propriety and epistemological validity, and, therefore, a tendency towards exclusivity. For, inherent in this kind of strong justification of a given body of knowledge is the imputation, articulated or not, that all differently formed bodies of knowledge are not only inappropriate to, and inadequate for, achieving the goals of medicine, but that they are not even knowledge, merely belief. The exclusive nature of any principle of formation did not mean, however, that the other techniques of legitimation could not be deployed in a supplementary role.

The mechanics of these constitutive negotiations, as they took a now discernible form, are thus revealed as generic; it is their substance that is specific. The use of public, domestic and textual space as a platform for complex acts of persuasion in which the audience is simultaneously persuaded of something about the world and something about the performer in such a way that the two cannot be prised apart, and in which didacticism and display are equally inextricably intertwined, was characteristic of the classical world and took a particularly heightened form under the Roman empire, with the cultural phenomenon known as the Second Sophistic. The basic techniques of persuasion were also common property, part of the educational fabric of the society; a society in which individual, and competitive, self-presentation was an ongoing process. The medicus simply occupied these recognised rhetorical loci, mobilised the available resources and

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employed the familiar language for a particular purpose. The means of persuasion were fundamentally the same, the audience and arbiters too, but that of which they were (or were not) persuaded changed. The specificity of the way in which Roman medical discourse was framed resided in the principles of initial engagement with its objects, and their subsequent thematic organisation, rather than in its enunciative modalities.

The securing of the authority for medical intervention was, of course, not the only concern of Roman medical literature. These texts had to justify themselves as such, and to fulfil, through description, explication, or refutation, the terms of that justification. Their location in this particular and permanent process of competitive persuasion is nonetheless crucial to their interpretation as historical documents, vital to the understanding of their internal logic and external significance, each as the extension of the other. This is just the generic textual trajectory; a delineation of where these writings are coming from and going to in Roman society, together with some indications of the kind of routes that might be taken, in so far as they are medical texts. It is the preliminary to more detailed and individual analysis, providing the basic terms within which woman's constitution within Roman medical discourse must be understood.

THINKING THROUGH THE SITUATION

In concluding this introductory survey it is necessary to return to the impressive array with which it opened. It must be stressed that all these types of health care provision flourished throughout the period under consideration, though they, and their various interrelationships, should certainly not be thought of as static over this time. None achieved any kind of ascendancy; and competition seems to have been fiercest within rather than between the professions. This pluralism, and its durability, rested on the constitution of the Roman cosmos, which provided multiple avenues for acting upon the human being in health and sickness, few of which were counterposed. Some may have been, more or less strongly, preferred or excluded by some individuals, or groups, or in particular circumstances; but overall there was no orthodoxy and many people had little choice in the matter.
The ongoing historical negotiation of the identity of the *medicus/iatros* and the various categories clustered around it, rather than their institutionalisation, has also emerged clearly, together with the compromised social status of the paid practitioner, and the segmented, if not individuated, profession that results. It is these features, within this medical pluralism, that most strongly characterise the social formation of Roman medicine, and they must all be taken into account in reading the textual remains of *medicina*. They all have implications for the authority with which the medical woman, in herself, was invested by those who came into contact with her; an authority deriving from the situated persona of an author writing in the pursuit of health. The question is how does this situation itself shape, and contribute to, the location of medical accounts of woman on the social hierarchy of truth.
Constructing an expository outline of the discursive interior of *medicina/iatrikê* is a complex exercise, as it confronts hermeneutic challenges both practical and theoretical. What follows is, therefore, an account shaped both by evidential and interpretative exigencies and by the particular needs of this study. The aim is to provide an analytical description of the domain of knowledge textually presented as appropriate to the goal of *medicina* during slightly more than the first two centuries of the Roman empire, an analytical description that is sufficient to support the kind of detailed examination of this domain's female subjects which is to come. This is a continuation of the attempt to explain what it was that gave this body of knowledge its distinctive situation, shape, structure and texture; now passing on from its constitutive to its organisational principles, its basic concepts and modes of articulation. Since it is a segment of the Roman imperial era that is under scrutiny, this survey will be more synchronic than diachronic. The material is arranged in an internal order that is contemporaneous rather than developmental. Medical discourse is, however, historically cumulative, and Roman *medici* and *iatroi* clearly identified themselves as part of various medical traditions, so a certain amount of temporal depth is essential.

**MEDICINA AS A WHOLE**

This analytical description starts where the previous chapter left off in its, rather compressed, characterisation of *medicina/iatrikê* as central to a discursive formation constituted, according to its goal, within a certain set of social and economic relations. It was a discourse concerned with, and marshalled towards, the attainment and maintenance of human health, encompassing whatever was deemed to be requisite to that end, together with an assortment of criteria, varied in form and content, for judging that requisiteness. This characterisation now requires expansion and substantiation.
 Appropriately translated, the rough definition of *medicina/iatrikê* outlined above would have been, in essence, recognisable to Roman professionals and public alike, for similar formulations are found in contemporary texts. Cicero, for instance, describes *medicina* as the art of health, and the pseudo-Galenic treatise *Horoi Iatrikoi/Medical Definitions (Def. Med.)* contains the following short, pithy statement among its selection on the subject: "The medical art is productive of health".¹ Most practitioners, however, were not prepared to be so open and inclusive, preferring locutions based on what they deemed requisite to health in a more positive and circumscriptive way.² One view attributed to Hippocrates, the much mythologised father of classical medicine, was that "*iatrikê* is.....supplement and removal; supplement of what is lacking and removal of what is excessive in human bodies".³ These are, in a sense, second-order definitions, delineating a species, or particular conception, of *medicina/iatrikê* rather than the whole genus to which all these more specific entities belong. It is, moreover, no accident that lay persons were more content with the open-ended, generic description than were the actual providers of medical services themselves. All the factors enumerated in the previous chapter as implicated in the specific social formation of Roman medicine, in particular, the continual need to claim the authority to intervene in an acutely competitive context, established a clear dynamic towards elaborating definitions of *medicina* which were distinctive and exclusive, serving to differentiate rather than unify the profession. These definitions were often supported by histories of the development of the medical art which variously recounted its progress from Asclepius, through Hippocrates and many others, always working, or more complexly contributing towards the thinking and techniques advocated by the author.⁴ Tradition was an important resource in the construction of medical authority.

¹ See e.g. Celsus *Med. pr. 2-11* (CML I 17,4-19,3) and [Galen] *Intro. 1* (XIV 674-6 K). Asclepius' contribution to this process was particularly subject to variation, being conceived of in terms ranging from the revelatory to the simple invention of a very primitive practice (see E.J. and L. Edelstein *Asclepius I* [1945]) T348-381). There are also suggestions that he might be dispensed with altogether, e.g. Quintilian *io* 2.17.9.
There were, of course, those for whom these discussions were an irrelevance, for whom healing was simply a matter of practice and not reflection on that practice. These practitioners shared the same goal nonetheless, and though they might well have baulked at the term technê or ars, would probably have conceded that the most generic descriptions of the medical art did fit what they were doing. And, while this category itself falls short of the threshold of historical visibility, what has passed over it is still differentiated to some extent by degree of self-consciousness, of explicitness over implicitness, of reflexive elaboration rather than simple enactment of constitutive principles. Underneath most of the surviving specifications of medicina/iatrikê, shaping their contours and, more strongly, regulating their contents, lay the most distinctive feature of this diverse and disputational drive towards self-definition, at least as it was inherited by the practitioners of the Roman imperial era. This feature was its epistemologisation; the extent to which the criteria for judging the propriety of any particular knowledge to the goal of human health, and thus for constituting a body of knowledge that could be called strictly medical, coincided with the criteria for judging its propriety as knowledge per se. The teleologically fitting became identical with the epistemologically justified. In this, the classical medical tradition was distinctive both in relation to the other great medical traditions, such as the Chinese, and in relation to itself, in the sense that this became of primary importance for many of the historical actors within the tradition. Not for all of them, however, and though it is the most self-conscious, philosophical section of classical medicine that survives most extensively, currents closer to some kind of folk tradition in their implicit quality are also extant and demand attention, nor should the invisible majority be entirely forgotten.

It is perhaps easiest to start with this distinctive epistemologisation nonetheless, to examine the relationship between philosophical and medical discourse through which a medical self-consciousness was engendered and took shape within the specific social structures of classical health care. From the earliest pre-Socratics onwards, 

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5These issues are illuminatingly discussed by G.E.R. Lloyd Adversaries and Authorities (1996) esp. 47-73.

philosophical attempts to explicate the universe in a unified form included human beings as both knowing subjects and objects of (possible) knowledge, thus generating and dispersing ways of thinking and consciously constituted bodies of knowledge which had potential medical applications. When exactly this potential began to be realised by practising healers, and a process of interaction between those whose starting point was the sick person and the need to cure them, and the ideas and ideative frameworks of those whose starting point was the normally functioning person in their cosmic context and the need to explain them, was initiated is unclear, but it is certainly visible in the earliest surviving Greek medical texts of the Hippocratic Corpus, dating largely from the late fifth and early fourth centuries BC. The complexity of this interaction is immediately apparent in the range of Hippocratic responses to these intellectual developments. For some the transaction with philosophy was unproblematically appropriative; the author of *Peri Diaitês/Regimen* I, for instance, builds his dietetic precepts on a theory of the fundamental constituents of the human being, which are, in his view, fire and water. For others the process is less straightforward, medical learning from philosophy must not lose sight of its ultimate objective. Not all this knowledge of fundamental constituents, first principles and so forth is necessary for, or even relevant to, the medical art; moreover, traditional, experiential knowledge has an essential part to play in the healing endeavour, and indeed, has a few things to teach the philosophers. The treatise *Peri Archaiês Iêtrikês/On Ancient Medicine* (VM) takes this a step further, arguing that the knowledge produced by these general enquiries concerning nature has nothing to contribute to the

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7It is important to understand this process in this way, and not to describe these thinkers as producing specifically medical knowledge; though this was how later Hellenistic and Roman commentators often categorised it, as well as applying the label of *iatros* to, for example, Empedocles (Diogenes Laertius 8.81-2). These interpretations are interesting and revealing in themselves, but are unsupported to the point of contradiction by the evidence. As W.K.C. Guthrie says of Alcmaeon, "...he lived before the age of specialisation", when, "The study of the human body was still only a part of philosophy as a whole..." ([*A History of Greek Philosophy* I (1962) 344]). See also J. Mansfeld "Alcmaeon: 'physikos' or physician?" in J. Mansfeld and L.M. de Rijk (eds) *Kephalaion* (1975) 26-38.

8There were, obviously, practising physicians around long before this, one of the more famous of whom - Democedes - is alleged (Suda Δ 442) to have written a book (or, perhaps more precisely, a medical work circulated under Democedes' name at some point in antiquity), as is Acron of Acragas, a contemporary/colleague of Empedocles (Suda Α 1026); both reports and the various traditions around them are, however, highly dubious. See A. Griffiths "Democedes of Croton: a Greek doctor at the court of Darius" in H. Sancisi-Weerdenburg and A. Kuhrt (eds) *Achaemenid History* II (1987) 31-51 and J. Longrigg *Greek Rational Medicine* (1993) 104-6.

9*Peri Phusios Anthrôpou* (Nat. Horn.) and *De Arte*, for example, both advocate this kind of approach.
medical art, indeed that it lacks the kind of clarity and certainty needed to make it useful for anything.\textsuperscript{10}

The common ground which is being variously negotiated in these texts is reasonably clear. With their goal of human health in mind, and the adjoining aim of creating and consolidating \textit{iatrīκē} as a distinct and definite \textit{technē}, as an identifiable and valuable specialised branch of knowledge and attendant group of skills (a status that the Romans took for granted), all in a fiercely competitive context, these physicians engaged with the fruits and frameworks of a range of philosophical knowledge projects, and, through this process, redefined themselves and invented their art as such. The epistemological turn these events took, evident in the Hippocratic Corpus and, even more so, in the Hellenistic period, was, in part, inherited from this philosophical discourse and, in part, came from the business of inheritance itself; its subsequent elaboration to the point of systematisation resulted from the social conditions within which knowledge was transmitted and deployed.\textsuperscript{11} Most critically, the medical practitioners of the Classical and Hellenistic Greek world dealt with bodies of knowledge, constituted according to principles often explicitly expressed and argued, but which were not their own creation. However much they refashioned them in their own image, they could not establish absolute ownership; the overlap with natural (and other) philosophy persisted. The authority of these physicians, therefore, could not be entirely internally constructed, it could not rest solely on the claims they made about themselves, but also had to refer to an external epistemic area, judgeable by external criteria; hence the dynamic of epistemologisation, fuelled by the climate of contestation.\textsuperscript{12}


\textsuperscript{11}This is rather to rearrange the suggestions in G.E.R. Lloyd \textit{Adversaries and Authorities} (1995) 47-73, where he gives much greater weight to the competitive context of Greek medicine as driving its practitioners to epistemology in a quest for a differentiation that was not apparent in their practice..

\textsuperscript{12}I have been helped in my thinking here by the analytical distinction between "gnostic" and "epistemic" knowing, the former centred on the knower, the latter on the known, drawn by D. Bates in his introduction to the collection of essays he edited on \textit{Knowledge and the Scholarly Medical Traditions} (1995) 25-40.
Moving into the Hellenistic period, it seems that the dominant perspective on these issues was one that embraced philosophical modes of enquiry into somatic composition and processes, including those of disease and cure, but with circumspection. This circumspection included a certain lack of conviction about the security of speculative reasoning about things as non-manifest as the internal workings of the body or the fundamental constituents of the cosmos, counterbalanced by a commitment to the same sort of reasoning as it proved useful for the medical art. The amount of knowledge about the human being - in health, sickness and in transition between the two - organised under a medical rubric, expanded, epistemological tentativeness notwithstanding. The situation shifted, however, and the epistemic differences reflected in the Hippocratic Corpus took a sharper, definitional and organisational turn in early third century BC Alexandria when a pupil of the great anatomist Herophilus of Chalcedon - Philinus of Cos - left his teacher’s circle to initiate the foundation of a rival school which developed a radically divergent conception of the medical art.

This became the empirikê hairesis/Empiricist sect, and those he had broken with were to be characterised, almost by default, as the logizôi/Rationalists. The epistemological dichotomy which thus crystallised has been succinctly summarised by Michael Frede:

Very roughly speaking, the empiricists were called "empiricists" since they took the view that knowledge is just a matter of a certain complex kind of experience (in Greek empeira), whereas the rationalists were so called since they assumed that mere experience, however complex, does not amount to knowledge, that knowledge crucially involves the use of reason (logos in Greek, ratio in Latin), for example to provide the appropriate kind of justification for our belief.

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13This is, at least, the dominant perspective in the scanty surviving evidence, see e.g. J. Longrigg Greek Rational Medicine (1993) 104-176 for further discussion.

14Though, according to Galen Subfiguratio Empirica (Subf. Emp.) 11 (88,1-9 Dgr [Latin]), Serapion of Alexandria claimed for himself the title of "primus medicorum indogmaticus/first undogmatic doctor" and was clearly a major theoretician, most listings of the leaders of this grouping, including the fullest and most descriptive ([Galen] Intro. 4 [XIV 683 K]), put Philinus’ name before his. Since they also sometimes start with Acron Acragas (e.g. Agnellus of Ravenna Lectures on Galen’s De Sectis (Lectures) 4 [22,31 SC609]) who can only be described as a precursor, presumably recruited as part of the invention of a tradition, it is perhaps best to see Philinus as starting something that Serapion consolidated into the form which was to persist.

Born in apostasy, the Empiricist sect was much more strongly unified and self-defined than the Rationalists, though it was never entirely homogeneous. Indeed, it has been justifiably questioned to what extent the term "Rationalist sect" really has any historical validity. Certain key tenets of a theory of knowledge were, implicitly or explicitly, shared, but the engagement of the cognitive powers of reason with the workings of the body engendered a range of medical theories and lineages, often clearly contradictory. The Herophileans, from whom Philinus split, were, for example, a much more clearly defined group than the Rationalists at this juncture.

Both Empiricist and Rationalist positions, and the currents within which they were elaborated, evolved over time, and they were joined by a third grouping - the methodikoi - in the first century BC. The initial impetus came from Themison of Laodicea, a pupil of Asclepiades of Bithynia, the innovative Rationalist physician and thinker of the late second century BC. Themison gradually separated himself from his teacher and formulated an alternative *methodos*, centred on the observation of certain common characteristics of disease, in which the medical art was encompassed; this Methodic system was subsequently developed, and most flamboyantly promoted, by Thessalus of Tralles under the emperor Nero. Though the *methodikoi*, by both combining and, more often, rejecting, elements of both Empiricist and Rationalist epistemology, occupied a distinctive position on the issue of knowledge *per se*, they also, by drawing a very clear

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18Three apologetic texts *Peri tês Herophilou Haireseôs/On the Sect of Herophilus*, by the Herophileans Heraclides of Erythrae, Apollonius Mys and Aristoxenus (Galen *Peri Diaphores Sphugmón* [Diff. Puls.] 4.10 [VII 746 K]) stand alongside Empiricist texts *Peri tês Empirikês Haireseôs/On the Empiricist Sect*; but there are no apologetic treatises *On the Rationalist Sect*, and Serapion's attack on his opponents is cast in the plural - *Pros tas Haireses/Ad Sectas/Against the Sects* (Galen *Lib. Prop.* 9 [SM2 115,8-9] and Cælius Aurelianus *Celerum Passionum* [CP] 2.32 [CML VI 1.1 148,23-4]).


20For a description of the doctrines of Themison and his followers see Cælius Med. pr.54-7 (CML I 26,9-29); the relationship between Thessalus and Themison is described in e.g. [Galen] *Intro.* 4 (XIV 684 K). The whole question of the definition and evolution of Methodism is discussed in detail in G.L. Rubinstein The Riddle of the Methodist Method (1985).
and austere line around the knowledge requisite for curative practice, reasserted the issue of the teleological propriety of medical knowledge in particular, which had become somewhat subsumed under broader arguments. The pseudo-Galenic *Def. Med.*, for example, defines the Methodic system as "knowledge of manifest generalities which are proximate and necessary for the goal (telos) of the medical art". The doubly polemic promulgation of their own doctrines also allowed the *methodikoi* firmly to establish their own sectarian identity, though not without a degree of internal dissent.

A fourth sectarian category - *eklektikos* and/or *episunthetikos* - also appears in some Roman imperial taxonomies of medicine. Its status is ambiguous. In one account it is a *hairesis*, founded by Agathinus the Spartan and cautiously classed as comparable to the big three, but in the other the adjectives apply, separately, only to individuals, such as Leonides the Episynthetic and Archigenes the Eclectic, who are thus located outside the main tripartite division. The confusion is compounded by alternative classification of Agathinus and Archigenes as Rationalists or Methodists elsewhere. It is, however, possible to reconcile these different, even contradictory, perspectives. The disjunction between self-identification and external categorisation may solve the main problem. At this time, some physicians defined themselves as *episunthetikoi* or *eklektikoi*, perhaps in the sense that they considered there to be an underlying unity beneath the surface divisions between Rationalism and Methodism, but outsiders, more committed to the integrity and importance of the boundary between the sects, accordingly placed them on either side of it. The label *pneumatikos* is also sometimes applied to these men, and

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24 The *Suda* A 4107 places Archigenes' floruit under Trajan, and refers to him as a pupil of Agathinus. This relative chronology is confirmed elsewhere. Leonides was probably a contemporary of Agathinus.

25 e.g. *Anonymous Bambergensis* (Anon. Bamb.) 6r (66,6 Stoll) - Rationalists; Cælius Aurelianus *CP* 2,58 (CML VI 1.1 168,11-13) - Methodists.

26 Thus, for example, the Methodic Cælius Aurelianus classes them as Methodics.
others with whom they were closely associated.\textsuperscript{27} This is a different kind of appellation, though probably also externally generated, and denotes an individual medical school or lineage, founded in the first century BC by Athenaeus of Attaleia, a pupil of the Stoic philosopher Posidonius and generally classified as a Rationalist.\textsuperscript{28} Pneumatic is, therefore, terminologically comparable to Herophilean or something similar, though it seems that these distinct and divergent theoretical lineages, which had endowed Rationalism with whatever form it had, dissolved, or were at least diluted, during the Roman imperial era. The Herophileans ceased to be a discrete entity around AD 50, and the main evidence of the durability of the Erasistrateans, the followers of the other most prominent medical man of Hellenistic Alexander - Erasistratus, is a Galenic polemic on phlebotomy.\textsuperscript{29} The original theories of Asclepiades of Bithynia have been dispersed, mainly into Methodism, rather than being maintained by an independent following.\textsuperscript{30} The Pneumatic school was the most recent foundation, but its identity also became somewhat unclear, as has been mentioned. This development parallels the disintegration of the authority, and then the organised existence, of the great philosophical schools of Athens in the last two centuries BC; the result of both these processes, interwoven with a number of other factors, are also often characterised in the same terms - as "eclecticism".

This sectarian structure, therefore, corresponds to (at least) three constructions of the knowledge requisite to the healing and healthful endeavour. The \textit{empirikoi} considered the requisite knowledge to be, simply, what has been beneficial for what condition in the past. All that was required was to remember sequences of repeated, observable events; that, for example, recovery had followed upon the application of a particular remedy in a particular situation a number of times. This memory could be direct and personal, based on autopsy, or transmitted then personalised, based on the critical assimilation of

\textsuperscript{27}e.g. Galen Diff. Puls. 3.6 (VIII 674 K).

\textsuperscript{28}Galen FL -\textit{asbāb-l-māsikā}De Causis Contentivis (CC) 2.1 (CMG Supp Or II 54,3-6 [Arabic] and 124,3-6 [Latin]) - relationship with Posidonius; Agnellus Lectures 20 (78,1-80,6 SC609) and Anon. Bamb. 6r (66,6 Stoll) - Athenaeus as a Rationalist.


\textsuperscript{30}For Asclepiades' school and influence see J.T. Vallance \textit{The Lost Theory of Asclepiades of Bithynia} (1990) 131-143.
the historia/reports of others; and, more controversially, these memories could be applied to cases closely resembling but not identical to those remembered, a process known as "metabasis tou homoioou/transition to the similar". The methodikoi considered the requisite knowledge to be of the relevant manifest generalities; that is the generalities of stegnon/stricture, orrhôdes/flux and epipeplegmenon/mixture, which a physician needed to be able to recognise in any sick individual and to take as, in themselves, indicative of their treatment. The logikoi considered the requisite knowledge to be an understanding of how and why people become ill and are cured, which demanded an understanding of the human being able to sustain these kind of aetiological and processual enquiries. These understandings took a range of different forms, built around coherent, and more or less totalising, explanatory frameworks based on speculative reasoning about bodily functioning as part of the functioning of an anthropocentric physical world. Both Empiricists and Rationalists held, more or less strongly, that this requisite knowledge was the only justified medical knowledge, all the rest was mere belief; and the Methodics made a similar claim, though it was a subordinate one and they could, therefore, treat ideas about things other than the manifest generalities as interesting but irrelevant as well as downright fanciful.

Other approaches to the healing and healthful endeavour were formulated, or simply enacted, around, along, or more clearly outside, the external boundaries of this sectarian structure; approaches which maintained a greater continuity, of form as well as content, with folk medicine. In particular, more specifically materially based traditions thrived in this period -both those in which the existence in the world of medically effective materials or arrangements, was the starting point, and those gathered more closely around the areas of interaction between groups of such materials and various human ills. Here well-ordered knowledge of these materials and arrangements, and their appropriate mobilisation and application, was requisite to the medical enterprise either in the sense of being simply indispensable or more exclusively constitutive. This exclusivity, or at least superiority, was grounded in the inheritance of these curative possibilities in the configuration of the cosmos itself; an inheritance that was either so open as to enable knowledge about these possibilities to be developed and organised in an attractively organic way, in the shape of a long, tried and tested, tradition, or was concealed
somehow, requiring a kind of revelation by one already privy to its secrets. Practitioners operating within these kind of frameworks, at least as they gave them literary expression, were certainly not unaffected by the concerns and debates of the sects, but maintain their own orientation to the goal of medicina nonetheless. Moreover, it must be said that practice on the ground was undoubtedly differentiated much less than these various constitutive divisions might suggest.

**THE PARTS OF MEDICINA**

The various sectarian constructions of the medical art were divided into parts, according both to the logic of their constitutive principles and the differential drive of competition. Divisive typologies, and the genera, species and sub-species they produced, thus proliferated. The type that appears most dominant in the imperial period, however, was modal, based on modes of medical knowledge and activity rather than their objects, that is particular areas or states of the body. The empirikoi, in the main, made a primary partition into the constitutivas/constitutive and finales/perfective portions, in the former they placed autopsy, historia and, more controversially, metabasis tou homoiou, and in the latter were the semeiotikon (semiotic - comprising diagnosis and prognosis), the therapeutikon (therapeutic -comprising pharmacology, surgery and, less securely, regimen) and the hugieinon (healthful -variously comprising preservative, convalescent and fitness measures, including some regimen). Some Rationalists seem to have made a comparable initial division into theoria/theory and praxis/practice, the former leading to the latter; but, until its later elaboration in total taxonomies of the medical art, the relationship between these categories and the more specific sections which received most

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31Pliny the Elder, for example, takes the former view, Thessalus, or whoever is the author of the De Virtutibus Herbarum, the latter; both are discussed in chapter 3 below.

32For a discussion of all the different ways iatrikê could be divided up see Galen Fl 'ajzá'-l-tibb/De Partibus Artis Medicatiae (Part. Art. Med). See also H. von Staden Herophilus (1989) 288-291.

33Galen Subf. Emp. 5 (51,12-53,27 Dgr (Latin)) and Part. Art. Med. 2,1 and 6,3-4 (CMG Supp. Or. II 28,9-15 and 40,2-10 (Arabic); 120,7-15 and 125,3-12 (Latin)). And see K. Deichgraber Die griechische Empirikerschule (1930) 288-291.
of the attention is obscure. At this level, logikoi added the phusiologikon (concerning the nature of the human being) to the Empiricist tripartition, sometimes together with the aitiolegikon/pathologikon (concerning the causes and courses of diseases) and sometimes in a more substantial shuffling of parts. The traditions outside this sectarian structure mostly made no such divisions. There was a certain amount of borrowing and overlap in the way they organised their bodies of knowledge, but it was usually all contained within the therapeutikon.

These almost infinite partitive permutations will here be reduced to their, more or less, common constituents; starting with conceptions of the nature of the human being, then the nature of the diseases with which they are afflicted, their diagnostic recognition and prognostic evaluation, and, finally their treatment, by surgical intervention, material application or prescribed regimen. While the first two belong properly only the logikoi, it is important to remember that the empirikoi and methodikoi operated in the same world and shared many of the same assumptions; they rejected this kind of knowledge as medically inappropriate and epistemologically unjustified, but did not disengage themselves from it altogether. Had they been called upon to describe, for example, the most probable composition of the human body as a purely intellectual exercise it is more than likely they would have relied on Rationalist models. Some of the same assumptions are also implicit in the traditions of folk medicine, in the conception of the relationship between humanity and the world around them on which they are tacitly based.

Concerning the Nature of the Human Being

A common starting point for an account of the nature of the human being is the elements from which they, at least in so far as they are material entities, are constituted. These elements (or element) are the primary, least and simplest phenomena from which human beings are composed and into which ultimate, least and simplest phenomena they are

^For theôria and praxis as the "δινόντω μέρα της ἱατρείας/highest part of iatrikê" see [Galen] Def. Med. 10 (XIX 351 K), for its intricate elaboration see e.g. Agnellus Lectures 5-6 (24,9-30,8 SC609) who has three parts of the former and two parts of the latter, each further subdivided and exhaustively enumerated.

^See e.g. [Galen] Intro. 7 (XIV 689-690 K) for the former and [Galen] Def. Med. 11 (XIX 351-2 K) for the latter.
They are that behind and beyond which there is only more of the same. There are essentially two types of systemic contenders for this role in human construction. The first is the qualities/substances model, the second the particles/void combination. In the former, the elements take two, interconnected, forms. One is as "qualities", most fundamentally and consistently in the medical context the two pairs of contraries - the hot/the cold and the wet/the dry - as implicit in the late fifth century BC Hippocratic treatise *Peri Phusios Anthrôpou/On the Nature of the Human Being (Nat. Hom.),* and in theories like those of Petron of Aegina not long thereafter, and of Athenaeus of Attaleia rather later. Or they are the four "root" substances postulated by Empedocles in the early fifth century BC - fire, air, earth and water - most famously, but distinctly, elaborated by Plato and Aristotle successively in the fourth century BC, and Galen, six hundred years later. However, these are, in a sense, different routes to the same destination, for fire, air, earth and water are essentially manifestations of qualified matter. This is clearest in systems such as those of the fourth century BC physician, Philistion of Locri, and the Stoics, where each elemental body possesses a single quality, but it also apparent in the Aristotelian schema which identifies each element with a pair of qualities. Moreover, none of the medical theorists seem to have envisaged either species of primordial entity actually existing in their pure state in any living being. The qualities are expressed in multifarious human constituent substances, and the Empedoclean "roots" have been variously compounded to the same end.

The primacy of the qualities - especially the hot/the cold and the wet/the dry - in all these schemata emphasises that the elements are not just about simplicity, but also play a role in defining human substance through its essential properties, and connecting it to the

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37The Hippocratic treatise does not explicitly use the concept of "element", but the four qualities are clearly fundamental, prior and posterior to any human substance. For Petron see *Anonymus Londinensis (Anon. Lond.)* 20,1-24 (78-80 Jones); where he appears in a doxography incorporating various other qualitative elemental schemata; for Athenaeus see eg.[Galên] *Def. Med.* 31 (XIX 356 K). See generally G.E.R. Lloyd "The hot and the cold, the dry and the wet in Greek philosophy" *JHS* 84 (1964) 92-106.

38See, most importantly, Plato's *Timæus*; Aristotle's *GC*; and Galên's *Peri tôn kath' Hippokratén Stoicheiôn (Hipp. Elem.).*

39*Anon. Lond.* 20.25-26 (80 Jones) - Philistion; Diogenes Laertius VII.137 - the Stoics; both adhere to the system fire = hot; air = cold; earth = dry; water = wet. For Aristotle see *GC* 2.10 - fire = hot + dry; air = hot + moist; earth = cold + dry; water = cold + wet.
wider cosmic configuration. These two concerns are also reflected in the alternative elemental hypothesis, which constructed the universe and the human being from fundamental, dynamic and spatially separated particles. The precise nature of the particles, their behaviour, and the space with which they coexisted was variable within the broad theoretical framework. For example, the atoms of Democritus, the fifth century BC Abderite philosopher whose writings covered a range of topics later organised under medical rubrics, were essentially indivisible, while the corpuscles of Asclepiades of Bithynia were crucially frangible.\(^40\) However, in all the systems, the properties of all compounds, including the human being, depend on the size, shape, weight, position and arrangement of its particles.

The real difference between these two systems, however, lies less in the contrast between their elemental entities than in the explanatory role the elements play in the understandings of the cosmos of which they are a part.\(^41\) For the proponents of particulate cosmologies, their particles possess explanatory priority. Whole beings or objects, such as humans, are comprehended through their reduction into their component parts. This reduction may be multilayered, passing through several layers of decreasing complexity before it reaches the first bodies, but each level is explained by the presence and properties of the simpler level, and ultimately the simplest explains all. In the alternative cosmological schema, the elements are subordinated to the explanatory priority of the whole entity they substantiate. The human being may be reducible to successively simpler compositional layers until its primary constituents are reached, but each is explained by the more complex level rather than vice versa, and ultimately it is the whole that explains all. Thus, instead of certain sorts of corpuscles combining in a particular way to produce, for example, blood, bone, muscle and so forth, which then combine in a particular way to form a human being; a human being, to be what it is, requires a particular combination of blood, bone, muscle etc, which, in turn, need to be formed from certain sorts of substances or qualities to be able to fulfil their function.

\(^40\) Diogenes Laertius (9.46 and 48) lists Democritus’ works as they were known to him, and see also J. Longrigg Greek Rational Medicine (1993) 66-68. For Asclepiades’ corpuscles see J. T. Vallance The Lost Theory of Asclepiades of Bithynia (1990).

\(^41\) For a more general discussion of this see e.g. D. Furley “The cosmological crisis in classical antiquity” in his Cosmic Problems (1989) 223-235.
Between the elements and the full complexity of the whole lie a number of intermediate stages, or reductive classifications. These move the hierarchy on from composition towards organisation, from the definition of human substance to human structure. The most theoretically developed in the extant sources is the distinction between the homoeomerous and anhomoeomerous - uniform and non-uniform - parts of the body. The homoeomerous are divisible into like pieces, and include bodily constituents such as blood, bile, cartilage, bone, veins and arteries, while the anhomoeomerous divide into unlike pieces, and include such organs as the hand, eye, heart and liver. The latter were, broadly speaking, composed from the former. This categorisation might be further sub-divided and elaborated, or various other somatic schemata might be adopted. These could be more simply enumerative, or based on different qualitative criteria, for instance, the division into solids, like bones, nerves, arteries and veins; liquids, which were basically the humours; and pneumata, types of hot air that have been integrated into bodily functioning. Both these systems operate solely on the level below that of the organs themselves, occupying roughly the same territory as the homoeomerous, and for many physicians this was the limit of the knowledge of the body requisite to the medical art; to enquire into elements and first principles was unnecessary.

Classical medicine, in a sense, operated largely at this lower level of somatic organisation. The Hippocratic body was essentially a fluid entity. The organs were, with a few notable exceptions, generic structures of containment for the humours and pneumata which did most of the physiological and pathological work. Even after the organs emerged clearly as individually identified entities, after Aristotle and the remarkable anatomical researches Herophilus and Erasistratus conducted on the bodies of the living and the dead in the early Hellenistic era, they remained for many the passive

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42This type of distinction appears in e.g. Aristotle PA : Anon. Lond. 21,18-22,5 (82-84 Jones); and Galen Peri tôn Hippokratous kai Plétnos Dogmatón (PHP) 8,4,9-12 (CMG V 4,1,2 500,8-26). See also J.M. Forrester "The homoeomerous parts and their replacement by Bichat’s tissues" Medical History 38 (1994) 444-458.

43See e.g. [Galen] Def. Med. 33 (XIX 356-7 K) and [Galen] Intro. 9 (XIV 696-7 K).

44Galen complains about this often, see e.g. Therapeutikês Methodou (MM) (X 106-7 K).

45Peri Nousdn IV, for example, depicts the body as a system of intercommunicating reservoirs, analogous to an arrangement of bronze cauldrons connected by pipes, between which the humours travel, and see also VM 22.
sites, rather than active agents, of somatic happenings.\textsuperscript{46} It is this understanding that informs the conception of the human body as, at some basic level, containing solids, fluids, and pneumata. The contrast this emphasises is between the stability and immobility of the solid structure, and the variability and dynamism of the liquids and vapours. It is these latter components that essentially account for somatic change. Alterations can occur either within the broad boundaries of the ongoing processes of life, or exceed them in some way, leading to organic dysfunction and disease. The agents of these transmutations are the qualities these substances, and the whole bodily fabric, possess, most crucially the two pairs of contraries, but also a range of other properties. Since the cosmos is saturated with these same qualities, the air humans breathe, the food they eat, the locations they inhabit, can all be characterised in the same terms, making people vulnerable to all kinds of environmental influences. Thus, while the anatomical architecture is secure and static, the fluid and gaseous constituents of the body make it a fundamentally dynamic and unstable entity, subject to considerable amendment from a range of causes.

Qualitative change is, in many senses, synonymous with substantial change. The seasonal shifts in somatic composition outlined in the Hippocratic treatise \textit{Nat. Hom.} illustrate this total intertwining of quality and substance, humanity and environment, in a pattern that recurs, with endless variation, throughout the territory of classical medicine.\textsuperscript{47} The cycle commences in winter, the coldness and dampness of which fills the body with phlegm, the most frigid of humours. In spring this is increasingly displaced by hot, moist blood, corresponding to the rainy warmth of the transition into summer, where hot, dry yellow bile dominates, turning to black bile as it cools into autumn. The continuous presence of all four humours, and therefore all four elemental qualities, is necessary for life, but their relative quantities alter over the course of the year. This proportionality is played out over a constant material substratum, across which the qualities ebb and flow, bringing transubstantiation in their wake. A body cannot simply sustain

\textsuperscript{46}The vexed question of human dissection and vivisection in classical antiquity is discussed with considerable clarity and detail in H. von Staden \textit{Herophilus} (1989) 138-153 with texts T63a-T74.

\textsuperscript{47}\textit{Nat. Hom.} 7. It is these four humours of this treatise that were eventually to become canonically, with Galen; but considerable variation in number and qualities of humours occurred in the meantime, see e.g. Praxagoras' views in Rufus of Ephesus \textit{Peri Onomasiás tōn tou Anthropou Morión (Onomasiás)} 226 (165,14-166,6 DR).
modulations in temperature or humidity, but is actually recomposed by the experience. Phlegm, for example, does not heat up, but is transformed into, or replaced by, hot blood. Subtle gradations of characteristics are achieved, not by the evocation of a qualitative continuum, but by the infinite proportional possibilities of substantial mixture.

The development of a more precise anatomical atlas did produce more specific elucidation of organs as functional nodes. As the intricate interior of the human body was brought more clearly into focus, a corresponding clarification occurred on the physiological plane. The broad outlines did not change, for they were externally anchored; but the provision of internal counterparts for such obvious human activities as nutrition, respiration, locomotion and, of course, falling ill, became a more complicated business. The narrative became longer and more detailed, the number of characters increased and became more individually developed, but the plot was the same. It could also still be read in different ways. Thus the explication of organic operation might be entirely mechanistic, or make reference to the essential nature of the whole organism. So, for example, Asclepiades defined the bladder as analogous to a sponge or piece of wool, its composition and arrangement enabling the vapours produced from fluids drunk to pass inside and there condense back to liquid form, and Erasistratus considered that bile was separated from blood in the liver by means of the differential stomatal diameter of the bile ducts and hepatic venules. Galen, however, in his accounts of the same organs and events, invokes the exercise of certain faculties or capacities (dunameis) the human being has by virtue of the kind of being it is, and which have been designed specifically for the purpose. The bladder possesses the four fundamental organic faculties - of attraction, retention, alteration and expulsion - in a particular combination and form. Most importantly, its attractive dunamis is specific to urine, or its immediate bodily precursors. Similarly, bile is separated from blood in the liver, not by morphological means, but by the yellow bile attracting power of the gall bladder. Galen is interested

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46The externality of classical medicine is interestingly contrasted to the way in which William Harvey's postulation of the circulation of the blood required an internality to take precedence in J.J. Bylebyl "Nutrition, quantification and circulation" BHM 51 (1977) 369-385.

47Galen Peri Phusikôn Dunameôn (Nat. Fac.) 1.13 and 2.2 (II 30-45 and 77-80 K).

50The following details are drawn from Galen's two major physiological treatises - Peri Chreias Morôn (UP) and Nat. Fac.
in providing a material explanation for the operation of the faculties, correlating them to particular arrangements of the fibres in the walls of the organs and, ultimately, the krasis/blending of the four qualities in the whole part. This approach, however, has limits, for there are certain activities for which he is unable to give a precise physical explanation, but it is still useful to speak of a capacity which causes it, and which the specific organ possesses by virtue of its nature, and of the being of which it is a part. It is useful, not just practically, but also because this understanding operates at a higher level of the explanatory hierarchy.

Less specifically, the three somatic networks of the arteries, veins and nerves, were mutually distinguished in the Hellenistic period and cast in a number of transmissive and transportational roles essential to the general, unlocalisable, functioning of the human being.\(^{51}\) Two substances were centrally involved in these activities, the blood and the pneuma, though other humours might also be found in the blood vessels. Blood was universally conceived of as the main intermediate stage in the transformation of food into flesh, and it travelled outwards from its source to be assimilated by the tissues and organs it reached; some might be further concocted to form the generative seed, though this might also come from the nourishment more directly.\(^{52}\) The actions of the pneuma were more variously and elusively conceived of. Some physicians of the imperial era, such as Aretaeus the Cappadocian, operated with a loose, Hippocratic, notion of the pneuma as something which made an indispensable but largely undefined contribution to life.\(^{53}\) Others, following in the footsteps of Herophilus and Erasistratus, deployed a much more elaborate and clearly delineated pneumatic model in which, in the arteries and/or veins pneuma was called phusikon/natural and/or zōtikon/vital and implicated in the basic vitalisation of the body, in the underlying maintenance of life; while, in the nerves, it was

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\(^{51}\)See F. Solmsen "Greek philosophy and the discovery of the nerves" *Museum Helveticum* 18 (1961) 150-197.

\(^{52}\)Galen, for example, agrees with Aristotle and Athenaeus in espousing a haematogenous theory (e.g. *Peri Spermatos [Sem.]* 2.5,3 [CMG V 3,1 178,23-24]); whereas the *Anon. Lond.* 25,41-5 (98 Jones) presents a food-based one.

\(^{53}\)For Aretaeus see p. 138-140 below.
named \textit{psychikon}/psychical and implicated in perception and action.\(^5^4\) A third, \textit{hektikon}/sustaining pneuma might also be responsible for ensuring the coherence and unity of the body which it was suffused throughout.\(^5^5\) Erasistratus, and his adherents, controversially confined blood to the veins, asserting that the arteries contained only \textit{z\textacute{ot}ikon pneuma} and the nerves \textit{psychikon pneuma}; but most considered that both veins and arteries contained a mixture of blood and \textit{pneuma}.\(^5^6\)

These \textit{pneumata}, integrated as they were into somatic functioning, were generally described as \textit{emphuton}/innate, or \textit{sumphuton}/connate, however, it was often considered that they were in some way nourished or replenished by inspired air, either directly or after a process of alteration in the lungs analogous to the alteration of food to blood in the liver.\(^5^7\) The other commonly conceived function of respiration was concerned with a close relative of the \textit{pneuma}, the \textit{emphuton} or \textit{sumphuton thermon}/innate heat.\(^5^8\) This was a specific, connate form of the quality heat, or of fire, and an amorphous vital principle, tightly bound to the essence of life. For it was the innate heat that shaped the course of life - the processes of maturation and then aging - in Aristotle, Galen, and, by implication, others also.\(^5^9\) It was, at least according to Galen, the agent of the \textit{material losses} continuously sustained by all living things and, therefore, requiring replacement in the form of food, drink and inhalation, and it also governed the transformation of nourishment into blood, and air into \textit{pneuma}, in the most substantial parts of this replenishment.\(^6^0\) It was itself maintained in a stable state by respiration.\(^6^1\)

\(^{54}\)These pneumatic typologies appear, not entirely consistently, in e.g. [Galen] \textit{Def. Med.}; [Galen] \textit{Intro.} and the \textit{Anonymus Perisinus}, and was obviously common currency in the early imperial era. For Galen himself see O. Temkin "Galen's pneumatology" \textit{Gesnerus} 8 (1950) 180-9.

\(^{55}\)See [Galen] \textit{Intro.} 13 (XIV 726) and Galen \textit{CC} 1,3 (CMG \textit{Supp. Or. II} 52,12-14 [Arabic] and 133,5-16 [Latin]). The origins of this are Stoic rather than Alexandrian.

\(^{56}\)See e.g. Galen \textit{El kata Phusin en Arteriais Haime Perixesatia/Whether, according to Nature, Blood is contained in Arteries}.

\(^{57}\)See Galen \textit{Peri Chreias Anapnoes} (Ut. Rasp.) 1,2 (80 FW) for discussion of theories about the function of respiration, including those concerning the \textit{pneuma}.

\(^{58}\)For a discussion of the gradual separation of the concepts of \textit{pneuma} and \textit{emphuton thermon}, see J. Annas \textit{Hellenistic Philosophy of Mind} (1992) 17-20 and 43-47.

\(^{59}\)e.g. Aristotle \textit{Juv.}; Galen \textit{Peri Marasmou} and for a general discussion see F. Solmsen "The vital heat, the inborn \textit{pneuma} and the aether" \textit{JHS} (1957) 119-123.

\(^{60}\)Galen \textit{San. Tu.} 1.3,1 (CMG V 4,2 5,35-6,3).
Each of these networks had an archê/source: for the veins, the liver, the central site of conversion of nourishment into blood; for the arteries the heart, a site of pneumatic processing, heat and pulsative power; for the nerves, the brain, in whole or part. This, said Herophilus, Erasistratus and many others, was the site of the hegemonikon psuchês/"command-centre" of the soul, into which (along the aisthêтика neurál/sensory nerves) went perception, out of which (along the prohairesiтика/deliberative or kînëтика/motor nerves) went intentional movement, and within which, in some sense, occurred thoughts and feelings and all their conscious cognates.\(^{52}\) The soul itself was, of course, more than its hegemonikon, for it was not only these kind of conscious activities that depended on it, but also life itself. Human beings are what they are, that is both alive and human in such a way that the latter inextricably qualifies the former, by virtue of being a particular complex of a particular body and a particular soul; so, in reality, the psuchê has been in this account all along. The classical problematisation of what it was to live as a human proceeded, in both medical and philosophical discourse, through first bringing into being, and then arranging in a hierarchical order, certain vital units. Activities such as growth, nutrition and reproduction which were common to all living things ranked below activities like locomotion and perception which differentiate animals from plants, and even further below peculiarly human activities like rationality and speech. This correlated to a, variously constructed, compartmentalisation and hierarchical ordering of the soul in which the parts might be more or less distinct and separated, and the hegemonikon was the ruling part.

There are hints that Herophilus and Erasistratus considered the psuchê to be pneuma, presumably thinking that its different types, in their different systems and spaces accounted for the different sorts of activities in which the soul was implicated.\(^{53}\) The Stoics certainly held this view, and Alexandrian medical theories contributed to its most

\(^{51}\)Galen Ut. Resp. 5.8 (132 FW).

\(^{52}\)The location of the hegemonikon became a doxographic topos, and collections of medical and philosophical opinions on the subject can be found at e.g. [Plutarch] Perì tôn areskontôn philosophôn phusikôn dogmatôn 4.5 (Mor. 899A) and [Galen] Perì Philosophou Historiês 28 (XIX 315 K). There were also those, such as Asclepiades and Andreas the Herophilean, who denied the existence of a hegemonikon psuchês altogether (Tertullian De Anima 15.2).

\(^{53}\)The most explicit (but confused) statement of this is Galen De Sententiis (= T145b in H. von Staden Herophilus [1989]).
important elaboration by Chrysippus, the third head of the Sto.

This, in turn, influenced subsequent medical thinking, most directly that of the pneumatikoi (though Posidonius, Athenaeus' teacher, rather diverged from Chrysippean orthodoxy on some points), but also in a more general and diffuse way. Even Galen, whose voluminous writings on the psuchê are ethical as well as more strictly medical, attempts to adapt a Stoicised version of the Alexandrian model to an explicitly Platonic notion of the tripartite (though not necessarily incorporeal or immortal) soul, picking up various ideas from Aristotle on the way.

This adumbration of classical modes of understanding of the human being kata phusin/in a state according to nature is now complete, all the manifest human attributes and activities have been accounted for in a range of more or less unified explanatory frameworks. It was, in the Rationalist and Galenic tradition, a necessary prelude to the equivalent elucidation of the human being para phusin/in a state contrary to nature, or ill; necessary both in order to distinguish between the two and to understand what lay behind that distinction. There was considerable debate in classical antiquity, as today, concerning the definitions of, and interrelationship between, health and disease, but whatever subsequent elaborations occurred, health was kata, and disease para, phusin.

All about Disease

Galen develops his definition of disease starting from the universal conception of being ill (nosein) agreed by all Greeks. When there is no impediment of any of the natural activities of all the parts of the body, people both consider themselves, and are considered by others, to be healthy (hugiainein); whereas, when some natural function is impaired, or ceases, they are similarly, reflexively and socially, described as diseased (nosein). Behind this cultural convention is a threefold distinction between the natural activities,

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64 For the discussion see e.g. J. Annas Hellenistic Philosophy of Mind (1992) 17-70.
65 See e.g. [Galen] Intro. 13 (XIV 726 K) and p.157-158 below. Even the Methodic Soranus, with his corporeal, seven-part soul looks suspiciously Stoic (Tertullian De Anima 6.6 and 14.2).
66 Galen MM I.5 (X 40-41 K); the rest of this outline of his perspective on these issues is drawn from the following chapters of the same book, and the opening sections of book 2. For more on health see San. Tu., especially I.5 (CMG V 4,2 8-14).
which are or are not damaged, the somatic disposition (diathesis) which underlies this
function or dysfunction, and the causes of the disposition. On this deeper level it is
permissible to designate either the unnatural disposition, or the impaired activity, as the
disease, so long as consistency is maintained in the delineation of health. Galen
himself preferred to cast health and illness as dispositions, and he was not alone in his
choice. Asclepiades considered health to be a summetria/balance of corpuscles and pores,
disease its opposite. Other dispositional definitions revolve around the krasis or
summetria of the humours, or the hot, the cold, the wet and the dry, either as, or
inherent in, the primary bodies. Soranus of Ephesus, the notable Methodic physician
active under the emperor Trajan, operated in a more shadowy physiological world and
identified the diseased disposition with a quality of part of the body. For the
empirikoi, however, disease was a linguistic rather than somatic disposition. It accorded
with both common Greek usage and the exigencies of learning to call a whole aggregate
of symptoms which synchronically arose, grew, steadied, declined and dissolved, a
disease or affection (as well as by the more technical name of pathognômonikê
sundrôma/pathognomonic syndrome); but this was simply a communicative convenience,
the word denoted a collection of symptoms and nothing more.

What confronted the practising physicians, however, was not disease in itself but
individual cases of specific ailments, and their initial task was diagnosis, the
determination of the identity of the ailment in question. To this end they scrutinised the
sick person for sêmeia/signs of the disease; that is phenomena proper to, and defining of,

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67Galen thus nicely illustrates the distinction drawn by medical anthropologists and sociologists today (perhaps most influentially by A. Kleinman in The Illness Narratives: Suffering, Healing and the Human Condition [1988]) between sickness (a social, lived experience) and disease (the way medical professionals interpret and reformulate this experience). The relationship between lay and professional understandings of illness in the Roman empire, as part of the broader patterns of their social and cultural interaction, merits further investigation, for the moment however, I should make it clear that whatever words I use here (and the Greek generally uses ποριτεία and its cognates), I am referring to a medical discourse about a lived human experience, not that experience itself, nor its direct articulation.

68Galen PHP 5.3,18 (CMG V 4.1.2 308,27-29), and MM 4.4 (X 268 K).

69See e.g. [Galen] Def. Med. 129 and 133 (XIX 587-3 and 588 K) which also includes a functional definition; Galen PHP 5.3,18 (CMG V 4.1.2 308,29-34) and [Alexander of Aphrodisias] Quest 1.9.

70See G.L. Rubinstein The Riddle of the Methodist Method (1985) 123f for a discussion of this and other Methodist definitions of disease. Galen accuses the Methodists of ridiculously and inconsistently defining health as robustness and strength of the natural activities (MM 1.7 [X 51ff K]).

71Galen Subf. Emp. 6 (56,12-57,25 Dgr [Latin]).
the disease itself, as distinct from both the incidental features of instantiation and the physiological idiosyncrasies of the patient. Ill people exemplified diseases such as *pneumonia* (a severe affliction of the lungs), *phthisis* (dissolution or wasting of the body) and *melancholia* (severe psychical distress); this exemplification was a compound of a common core and a variable periphery of particularities. Thus Caelius Aurelianus, in his late antique latinisation of Soranus’ works on acute and chronic diseases, states:

*Intelligimus lethargum ex obtrusione atque hebetudine sensuum, pressura etiam atque febre acuta sive iugi sive dimissionibus intercapedinata, pulsu magno, tardo, inani et inflato. sine his enim neque esse <neque> intelligi lethargus potest. nam quaedam praeterea alia sequentur multa vel pauca secundum passionis magnitudinem vel generalem temporis atque speciem differentiam.*

We recognise *lethargus* from the blockage and dullness of the senses, stupor, acute fever either continuous or remittent, and a large, slow, hollow and inflated pulse. For without these, *lethargus* can neither exist nor be recognised. Also, in addition, certain other [symptoms] may follow, many or few depending on the magnitude of the affection, or on general and specific differences of circumstances.

The pattern of clearly delineating the generalities of each disease is repeated in the other extant pathological treatises of the imperial era - those on acute and chronic diseases by Aretaeus the Cappadocian and the *Anonymus Parisinus* - as well as being encapsulated in the Empiricist concept of the *pathognômonikê sundromê*. Since there was a relatively small set of phenomena which qualified as *sêmeia* of illness, diagnosis thus became a process of classification under certain agreed headings, the permutations being arranged in a total nosological taxonomy of manageable proportions. This taxonomy was, in outline, shared property. Even Caelius, whose exposition is most polemically doxographical, rejects the efforts of Soranus’ predecessors to definitively define diseases

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72The continuity in the names of diseases disguises both the changing conceptualisation of disease itself and the shifting contours of individual diseases, sometimes slightly and sometimes radically. So names here are transliterated and explained.

73Caelius Aurelianus *CP* 2.13-4 (*CML* VI 1.1 138,9-14).

74For discussion of both authors see p.138-140 and 144-145 below.
more on grounds of insufficiency and imprecision than complete misconception. Those outside the sectarian structure are also clearly engaged in curing the same ailments, but to them their recognition seems unproblematic and obvious, presumably reflecting the real consensus underlying much of this finer differentiation.

The meaning of the diagnosis, what might be described as the diagnostic product, varied with the divergent meanings of disease. Agreement on the name of the ailment in question did not imply agreement on how it was understood. For the empirikoi, diagnosis meant the recognition of repetition; all that the name denoted was a collection of symptoms with a remembered history of concurrence. For the logikoi, the sêmeia signified something more than a label for their precedent congregation, they revealed a diseased disposition, and its causes. Diseases thus acquired a certain depth and materiality as they were integrated into the substance, structure and processes of the human body. This continuity of pathology and physiology produced divergent results, depending on the different conceptions of human composition and functioning. The form, however, remained constant as the content shifted. Finally, the methodikoi equivocated.

There was an epistemologically, and therefore diagnostically, stronger framework to which the observed patterns were subordinate, but it was of a limited character, and never took the physician very far from the somatic surface. A diseased disposition was signified, but of a generic and physiologically imprecise nature.

The interplay of the common and the particular, the generally agreed and the disputed, in the product of diagnosis is easily illustrated. An Empiricist definition of a disease is simply an enumeration of the symptoms which constitute it. Thus the synchronicity of a cough, fever, dyspnoea, stabbing pain, tension and a vehement, infrequent pulse forms pleuritis. The Methodist adds an additional component to this delineation, the characterisation of the underlying diseased disposition as a constricted, fluid or mixed state of the body:

\[\text{Est igitur secundum Soranum pleuritis dolor vehemens interiorum laterius partium cum febris acutis et tussicula, qua variae qualitatis liquor}\]

\[^{75}\text{See e.g. Galen Subf. Emp. 6 (59-60,2 Dgr).}\]
excluditurn...aliquando sola ex strictura confecta, aliquando admixta
solutione ob plurimum tussiculae liquorem.

Thus, according to Soranus, *pleuritis* is a severe pain in the internal
lateral parts with acute fever and a cough, in which liquid of various
kinds is brought up...[it is] sometimes produced solely from *strictura*,
but at other times in combination with *solutio*, hence the large amount of
liquid coughed up.\textsuperscript{76}

Though there are some physiological assumptions implicit in this understanding of the
diseased disposition, the conception of somatic construction does not become explicitly
determinant until the diagnostic formulations of Rationalists such as Asclepiades:

"*Phrenitis* inquit "est corpusculorum statio sive obstrusio in cerebri
membranis frequenter sine \textless con\textgreater sensu cum alienatione et febris."

"*Phrenitis*" he [Asclepiades] said "Is an impaction or blockage of corpuscles
in the cerebral membranes, frequently without any sympathetic affection
but with mental alienation and fever.\textsuperscript{77}

It is an explanatory definition, casting the visible signs of the disease as a result of a
pathological process. This process is a specific form of *asummetria* of the Asclepiadean
body. The location of the impaction - in the meninges - causes the mental affliction, and
within it, blockage of large corpuscles (probably in liquid form) produces fever. Any
extrinsic affections are the result of the repulsion of particles from the congested
membranes to other parts of the body. The notion of "sympathy", of which this is a
particular manifestation, is also an important one in classical pathology. Diseases are
only poorly localised, and even when they are organically anchored - as in *ileos* (severe
intestinal twisting) or *nephritis* (kidney complaints) - somatic disruption diffuses outwards
from these focal points, transmitted by the movement of bodily fluids and *pneumata*, by
the vascular and nervous networks, and by the contiguity and resemblance of various
organs.

\textsuperscript{76}Caelius Aurelianus *CP* 2.89-90 (CML VI 1.1 188,8-17).

\textsuperscript{77}Caelius Aurelianus *CP* 1.6 (CML VI.1.1 24,17-19); and see J.T. Vallance *The Lost Theory of Asclepiades of
Asclepiades also goes a stage further in his definition of *phrenitis*. For, underneath the diseased disposition are its causes. In this case, the heating of the cerebral membranes which, according to the principles of Asclepiadean physics, generates corpuscular movement in this direction. This is an internal cause, an inferred pathological occurrence, which might, in turn, be linked to an external cause, such as the general pursuance of, or specific episodes in, a flawed lifestyle (in terms of diet, activity, habits and environment) as well as events outside this everyday rubric, such as being bitten by a snake or hit over the head with a blunt instrument. Galen illustrates the distinction by a paradigmatic sequence in which overeating is the external cause, humoral plethora the internal cause, leading to an inflammation (a diseased disposition) which results in the impairment of various functions, together with some incidental symptoms such as redness and swelling. The neatness of this schema is, however, rarely replicated and, of course, these are just two examples of internal causation. The variation in internal pathology according to variation in physiology is succinctly illustrated in a passage from the pseudo-Galenic *Intro*:

{oil mèn mónos tois xúmoc tòn te kata φύσιν tìn svústasìn kai tòn parà φύσιν tìn aítías anéthesan, ós Ppàxagóraç kai Ἦρωφιλος....oí dé peri Ἀθήναιον kai Ἀρχιγένην mónw tò dýkoun tì autòn pneúmati kai tà φυσικà svneostákan te kai díoikeïsthai kai tà vosúmatà pánta

Some people attributed both the constitution of things that are in accordance with nature and the causes of things that are contrary to nature to the humours alone, as did Praxagoras and Herophilus...But those associated with Athenaeus and Archigenes declare that both the natural [things] and all the diseased [things] are constituted and controlled by the all-pervading *pneuma* alone. Asclepiades’ singular view has already been referred to, and Erasistratus famously considered all disease to arise from "the transference of blood into the arteries".

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75Galen MM I.8 (X 66-67 K).
76[Galen] Intro 9 (XIV 698-9 K); cf. [Soranus] Quaestiones Medicinales 103 (259 Rose/A).
77ταφράτως εἰς τὰς ἀντιρίας τοῦ αἵματος [Galen] Intro. 13 (XIV 728 K).
Medical aetiology was a complex and disputed territory, both as theoretically conceived and practically applied.\(^2\)

Diagnosis is the subordinate activity in the semiotic triad. It was the first step towards the more professionally prestigious prognosis, and the ultimate objective of the art - therapy. Prognosis is one of the most distinctive features of the classical medical landscape. The prediction of the course and outcome of illness was a crucial part of the physician’s performance, and also enabled the further refinement of the nosological taxonomy.\(^3\) Now the doctor’s gaze was cast more widely, encompassing a range of phenomena outside the classificatory core of the disease. This extension of perspective might be restricted to an investigation of the individual example of the illness, or it might also incorporate the individual nature of the sick person. The *methodikoi* focused on the former, while both *empirikoi* and *logikoi* considered both. Caelius Aurelianus explains:

> Aliarum vero principes sectarum iuxta aetatis differentiam gravius affici
dicunt iuvenes a ceteris aetatibus, iuxta sexum et naturam....Nos vero
dicimus communiter graviter laborare, quos passionis afficit magnitudo.
illod enim semper in aegritudine magis afficit<ur>, quod a natura plurimum
recesserit.

Now the leading men of the other sects say that the seriousness of the affliction varies according to age, and according to sex and nature...
However, we say generally it is the magnitude of the disease which afflicts those who suffer more seriously.\(^4\)

The magnitude of the disease was indicated by the number, quality, type and sequence of its intrinsic and extrinsic signs. In this particular case - *phrenitis* - the list of these

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\(^3\)The importance of prognosis to the physician’s art is stressed from the proemium of the Hippocratic treatise *Pragnóstikos (Prop.)* onwards. For a general discussion see L. Edelstein "Hippocratic Prognosis" in his *Ancient Medicine* (1967) 65-85.

\(^4\)Caelius Aurelianus *CP* I 40-41 (CML VI 1.1 44,15-25).
accidental symptoms is almost endless, ranging from speaking to the dead to gnashing of teeth.\textsuperscript{35}

This prognostic typology was understood and justified rather differently by the \textit{empirikoi} and \textit{logikoi}. Experience had shown the Empiricists that, for example, \textit{phrenitis} is more dangerous in young people, whereas for the Rationalists, such a statement is validated by its explicability. There is something inherent in youth - its hotter nature, mental vigour or whatever - which correlates with something inherent in \textit{phrenitis} - its fever, affect on mental activity or whatever - to produce a particular vulnerability. Both combined this with an assessment of the specific features exhibited by the sick individual in the course of their affliction. The \textit{empirikoi} called concurrent sets of these features, such as "a sharp nose, hollow eyes and sunken temples" (a moderate indication well into an illness, but indicative of imminent death at its outset), prognostic \textit{sundromai}; whereas Galen produced a formula through which the actual balance of forces in the sick body could be evaluated.\textsuperscript{36} All the indications should be collected under two headings - the strength of the disease and the strength of the diseased person - which may then be directly measured against each other. The conclusions are obvious.

Prognosis is not simply about predicting the ultimate outcome of an illness, and distinguishing the curable from the incurable, but also about elucidating the temporal dimension of disease, of which there are two aspects. First, as has already been alluded to, the sequence and force of pathological events reflected the course of the illness, its emergence, ascendance and decline. Each stage could be mapped and its sequels projected. More importantly, diseases did have a certain chronological substructure. Thus the basic division between acute and chronic diseases is temporal. Acute illness arrives and departs - into death or recovery - swiftly. Chronic illness persists, a concatenation of sharp attacks and intervals of remission which may continue almost indefinitely. The key concept of \textit{krisis}, the moment at which the disease is resolved either way - expresses this pathological periodicity more specifically. A \textit{krisis} is the

\textsuperscript{35}Caesius Aurelianus \textit{CP} I.35-8 (CML VI 1.1 40,23-44,2).

\textsuperscript{36}nasus acutus, oculi concavi, tempora concisa Galen Subf. \textit{Emp.} 6 (60,7-61,3 Dgr [Latin]); Galen \textit{Biblea tön Pros Glaukôna Therapeutikôn} (MMG) I.9 (XI 31 K).
occurrence of certain critical symptoms on a critical day, the same phenomena appearing at another time do not contain the same meaning.\textsuperscript{87} The symptoms centre around the segregation of harmful matter from the body and the days are calculated numerically, according to the disease and the particular system being operated.\textsuperscript{88} The typology of fevers illustrates both the general and specific chronological considerations. In an elaboration of the acute/chronic dichotomy, fevers may be continuous, intermittent or remittent, and their critical days fall in a three day cycle in tertian fevers, four day in quartans, and various other permutations and combination, except for the dangerously irregular hectic fever.\textsuperscript{89} The notion of the \textit{krisis} and critical days provided not only a prognostic focus, but was also the closest classical medicine came to the formulation of specifically pathological laws.

\textbf{Therapeutics}

The other essential medical activity for which diagnosis provided the point of departure was \textit{therapy}. In many ways it is this that is at stake in the different conceptions of the diagnostic product. On what basis does the physician prescribe treatment - from symptoms, syndromes, diseased disposition or causes? Here the lines of division drawn across classical medicine crystallise most clearly. For the Methodists, external causes were a therapeutic irrelevance, the remedy was essentially taken from, and directed at, the diseased quality of the body.\textsuperscript{90} Their irrelevance results from an uncertain relationship to the illness. External causes are neither the same as the disease, nor even predictive of it, since each affection has a range of causes, of a largely generic though disputed character, but does not inevitably follow any of them.\textsuperscript{91} The diseased

\textsuperscript{87}Asclepiades denied the existence of critical days (Caelius Aurelianus \textit{CP} I.108-9 [CML VI 1.1 82,23-25]) but this was remarkable, and he accepted the more general periodicity of disease.

\textsuperscript{88}See V. Langhoff \textit{Medical Theories in Hippocrates} (1990) 79-118, for a detailed discussion of the general principles, and specific Hippocratic theories, of the \textit{krisis} doctrine. For Galen's version see \textit{Peri Krisoön} (Cris.) and \textit{Peri Krisimön Hémerôn}.

\textsuperscript{89}See Galen \textit{Peri Diaphoras Puretôn} (Diff. Feb.).

\textsuperscript{90}See \textit{e.g.} Soranus \textit{Gun.} I.4,2 (CMG IV 5,10-16); Caelius Aurelianus \textit{CP} 2.65 (CML VI 1.1 170,13-23). Internal causes (broadly construed) do seem to have played a role in Soranus' pathology - see G.L. Rubinstein \textit{The Riddle of the Methodist Method} (1985) 123f.

\textsuperscript{91}See \textit{e.g.} Caelius Aurelianus \textit{CP} 1.22-23; 2.64 (CML VI 1.1 34,10-18 and 168,33-170,11).
disposition, however, is both securely cognizable and the problem that needs to be solved for normal healthy functioning to be restored. Empiricists remain uninvolved in the somatic interior, but do give credence to external causes, in a semiotic rather than aetiological sense. Certain observed events preceding illness, such as drunkenness or exposure to a cold atmosphere, are part of the pattern of that ailment, which experience has shown is best met by a particular therapeutic pattern. For Rationalists pathology and aetiology are completely intertwined. Treatment is indicated by, and arrayed against, the internal causes, the unnatural changes in the fundamental state of the body. These are inferred from the outside, on the basis of both the past and present signs. The key here is understanding. The recurrent correlations of the Empiricists are woven into an explanatory narrative and thus epistemologically secured. The mode of communication between the therapeutically loaded segment of the pathological pathway or pattern and the physician is similarly divergently constructed. For the *empirikoi* it was the associative action of the memory, as the recognition of repetition in symptoms and situation led to remedial repetition. The condition announced its own cure to the *methodikoi*, the link between the two being inherent and obvious in the same way as the link between thirst and drinking or hunger and eating; whereas the *logikoi* exercised their reason, and thought about what needed to happen in the sick body for it to be healed and how best to bring it about through intentional intervention.

Despite these divergent lines of approach, as Galen repeatedly comments, Rationalists and Empiricists arrive at the same therapeutic conclusions, and the Methodists also follow suit. The therapeutic arsenal at the disposal of all these physicians was a collective holding, and so also were both the way it was understood, irrespective of the explicit articulation, implicit agreement or active avowal of any such interpretative activity, and its practical deployment. This arsenal contained three departments - regimen, pharmacology and surgery - and though not practitioners used all of them equally, writers

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92Galen *Med. Exp.* 6 (91 Walzer); but compare *CC* 10.4-5 (CMG *Supp Or* II 70,19-72,2 [Arabic] and 141,12-25 [Latin]).

93See e.g. Celsus *Med.* pr.13-26 (CML I 19,11-21,32); Galen *Peri Hairesedon tois Eisagogomenois* (SI) 3-4 (SM3 4,18-9,3).

94e.g. Galen *SI* 4 (SM3 7,16-18).
in the sectarian traditions certainly felt they had to cover the entire range. Those outside it tend to cluster around the pharmacological.

Regimen (diaita) classically comprised prescriptions concerning "exertion, food, drink, sleep and sexual activity", though it had broadened out further by the Roman period. Programmes of exercise, of massage and bathing, and the regulation of diet all came under this heading, together with a whole host of other measures. Pharmacology included medicaments composed from a wide range of materials - animal, vegetable and mineral - and which were applied either internally or externally in a variety of ways. Its efficacy depended on the continuity between humans and their environment, either in an explicit, material, sense, or a more implicit, associative, one. Plants, animals and minerals could be qualitatively characterised, as hot or cold, wet or dry, and many other things, and could effect human beings as such; and since the cosmos was not just saturated with these qualities but also with sense and meaning, rendered manageable and coherent by patterns of resemblance and sets of associations, these too could be brought into a medically effective relationship with a human being. Surgery involved both diairesis/division or separation and sunthesis/composition. The quintessential remedy of classical medicine - venesection - came under the former rubric (if it was confined to surgery at all) as did such procedures as the excision of abscesses or amputation, while the repair of fractures, stitching of wounds and restoration of organic order were placed under the latter.

Pharmacology and surgery were both techniques of intervention, with the patient being just that, and they were directed specifically and instantaneously against the disease, or at a specific bodily aspect; regimen was interactive, requiring the patient to behave as the physician instructed, and directed more diffusely towards health. Indeed, health can in
a sense be defined in terms of these compartments of human activity and, therefore, their regulation is a constant concern. Regimens may be prescribed and pursued therapeutically, prophylactically or positively, and their elements and modes of operation were identical throughout. Michel Foucault takes this contrast a step further. Regimen was interactive not so much between physician and individual, but between self and body:

Diet was not thought of as an unquestioning obedience to the authority of another; it was intended to be a deliberate practice on the part of an individual, involving himself and his body.\(^9\)

This autonomous practice was "a whole art of living" and therefore only derivatively therapeutic.\(^10\) Dietetics thus constituted the corporeal component of self-mastery.\(^10\)

The guiding principle of treatment, theoretically elaborated by the logikoi but simply enacted in practice by the empirikoi, methodikoi and beyond, was that of reversing the pathological process to return the body to its kata phusin state. "Contraries are the cures of their contraries", as Galen frequently states.\(^10\) A plethora required evacuation, a duskrasia of heat demanded cooling, somatic stricture must be relaxed and so on. It is through this consensus, together with a degree of convergence on the characteristics of diseases and the properties of the particular curative components, that a certain therapeutic uniformity was maintained. Considerable variation was, of course, possible in the precise methods of achieving the agreed ends. Evacuation might, for instance, be obtained by exercise, bathing, phlebotomy, cupping, and a range of purging pharmaka. Selection between them depended on availability, the exact understanding of the disease, both in itself and as it was instantiated in each particular case, the doctor's preference and the patient's circumstances. The order of treatment was also crucial.

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\(^10\) Despite its problems for women, Foucault's perspective is more compelling than either L. Edelstein's that ancient dietetics demonstrate the priority of health among ancient ideals ("The dietetics of antiquity" reprinted in translation in his *Ancient Medicine* (1967 [1931] 303-316) or suggestions that they were cynical attempts by the medical profession to expand their fee earning capacity by treating the healthy, though both contain elements of truth which can be integrated into a somewhat expanded and more nuanced Foucauldian framework.

\(^10\) Σα να δείξω ὅτι ἄρκετοι τῶν ἀρχαίων μεν συνέβαιναν, α.ξ. Ἁγία (SM3 6.9-10).
It was in the area of the interaction between disease and diseased person that there was real divergence in, rather than mere modulation of, therapeutic perspective between the sectarian groupings. The *methodikoi* kept the two separate and further divided the disease itself into its generalities and specificities. Thus there are three distinct elements in the enormously detailed prescriptions recorded by Caelius Aurelianus: the curative core is directed against the underlying affection (stricture, flux or a mixture), around that are measures directed against its concomitant symptoms, and alongside both are the efforts to sustain or build up the strength and vitality of the patient. This latter is the distinctive methodical *metasunkritikê/recorporativa* treatment, with its three-day cycle of feeding and more common programmes of bathing, rubbing, exercise and so on. None of this would be altered according to the sex, constitutional idiosyncrasies or geographical location of the person concerned. For the *logikoi* and *empirikoi*, however, such matters were of considerable importance, on the basis of understanding and experience respectively; and they saw the disease and diseased person in a much closer relationship, combining together to constitute the case to be cured.

**MEDICINA WHOLE AGAIN**

*Medicina/iatrikê* is the sum of its parts; parts both intentional and accidental, clearly constituted as such in the context of a conscious reflection on the knowledge requisite for healing, or the product of a partial inheritance, the unreflective transmission of what has been organically instituted as requisite, as well as various possibilities in between. *Medicina* is the sum of all that knowledge, of all discourse generated in the technical pursuit of health, and contains within itself many more singular sums, ways of constituting and conjoining these parts, which each present themselves as complete and which can each stand for the whole. It is, however, synecdoche by tacit agreement; agreement on the teleological formation of *medicina* and agreement that this provides a unity which is, at some implicit level, not disrupted by the disagreements about the means to that end.
These diverse applications, or interpretations, of the formative principle of *medicina/iatrikê*, brought into being and ordered different bodies of medical knowledge, which overlapped with, were partially reorganised versions of, the more organically emergent bodies of knowledge associated with the folk traditions. Such folk medicine might simply be left in its organic state, presented and justified as such in a very open way, or, it might be more self-consciously and circumspectively presented, as possessed of a certain innate superiority, if not exclusivity; either way it was knowledge of medically effective things in the world that was thus organised. More explicit epistemic principles established at least three bodies of medical knowledge: knowledge of what has happened in the past, for the *empirikoi*; knowledge of the method for the *methodikoi*; and knowledge of the human being in their cosmic context, but as essentially medical object, for the *logikoi*. This medical rationalisation of the human being strove for a comprehensive congruence; a smoothness and completeness of fit between explananda and explanation, between these explananda and their explanations and others in the same world, and between the explanation and itself. The relevant phenomena were caught in, and patterned by, the forcefields generated by the mutually implicatory interaction of these congruities within the overall discursive framework.

The human being thus rationalised is, however, a discursive fiction. There is no such thing, only men and women. The human being as experientially known through medical history, or around whom other patterns of medical knowledge have grown up, has also always been either male or female. The *methodos* too is a method for dealing with actually existing, that is inherently and inevitably sexed, human beings in a medical context. It is this issue, the problematic created by sexed humanity for *medicina* as a knowledge project pursued within a certain set of social and cultural networks, that is the subject of study here; and that problematic is not evenly distributed across humanity, but has collected around woman.
PART TWO

BEFORE GALEN
This second part examines woman as she is constructed in a set of medical texts roughly spanning the period between the inauguration of the Augustan political system and the inauguration of the Galenic medical system. This set of texts, though only a fraction of a much greater original whole, is large and diverse, requiring careful arrangement to make it analytically tractable. A series of organisational principles have thus been employed, exploiting the internal distinctions, structures and patterns within this body of material that most easily and usefully lend themselves to a clear and thorough exposition of the subject under investigation here. This is, therefore, only one way of ordering this rich and varied literary collection, inevitably obscuring some of its divisions and affiliations while highlighting others.

The first organisational device is to separate the texts that are located within the sectarian tradition of Hellenistic *iatrikê* from those outside it, and to use the tripartite division between the *empirikoi*, *logikoi* and *methodikoi* to arrange the material for which it is thus apposite. The identification of the tradition within which a text stands is not unproblematic, since no extant work gives its own position a proper name.¹ Most, however, make their location reasonably clear by means of the authorities they cite, both positively and negatively, by the definite lines of affiliation and repudiation they draw for themselves, and by the type of knowledge they present and its - implicit or explicit - constitutive principles. This internal situation can occasionally also be correlated with some external labelling. The vast majority of surviving texts are then found to place themselves either loosely in the Rationalist tradition or in traditions outside, but neither unrelated to nor unaffected by, the sectarian structure.

¹There are works from this period whose titles, or other imprints, suggest that they did do just this, e.g. Apollonius *Mys Peri tês Herophilou hairesèos* (Galen *Diff. Puls.* 4.16 [Vili 747 K]).
The second step is to order these parts, and it is the non-sectarian that here takes precedence. This is partly for chronological reasons, since, despite there being some overlap and considerable uncertainty, the centre of temporal gravity for the texts within the sectarian framework lies in the mid-second century AD, and that of those outside it, almost one hundred years earlier. It is also due to the presence of Latin texts in the latter category, texts which stand at various points of intersection between the Greek and Roman medical traditions, and more or less explicitly articulate their stance, thus providing a certain cultural orientation for the rest of the material. Thirdly, though the infrastructural patterns of each chapter are dictated by those of the works which they cover, there is a continuous attempt to align them, both with each other and with the whole discursive formation of medicina as it has been outlined.
CHAPTER 3

THE MEDICAL WOMAN
BETWEEN FOLK TRADITION AND PHILOSOPHY

It is a varied assortment of texts which come under scrutiny in this chapter, nonetheless, the features they share make their juxtaposition productive. The literary works of members of the Roman aristocracy rub shoulders with those of Greek freedmen, favoured court physicians and an ex-soldier, as well as those claiming to be written by kings or dictated by gods, all in the context of a wider pattern of complex cultural interactions. Almost all these texts were written primarily for the same audience, the educated elite of the Roman empire as it was concentrated in its capital, but some of their authors do so from the inside and others from a more or less distant outside; all are attempting to organise and present forms of medical knowledge, drawing for the main part on the traditions of Hellenistic iatrikê to which the relationships of belonging and remoteness are reversed. Woman is caught up in this exchange, is part of these projects, in a number of different ways.

AUTHORS AND TEXTS

The text with the broadest medical scope in this assortment is that of A. Cornelius Celsus, written most probably during the reign of Tiberius. Originally part of a much larger work entitled simply, Artes, the eight books de medicina were intended to provide a synthetic account of all that men of the Roman elite should know about the medical art, alongside similar accounts of agriculture, rhetoric and other bodies of technical knowledge. Celsus is following an established Roman encyclopedic model, most closely that of Varro whose nine book Disciplinae preceded Celsus’ Artes by about half a century and also encompassed medicina and architecture together with the more customary

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1For a general introduction to author and text, with further bibliography, see e.g. G. Serbat’s introduction to vol. 1 of the Budé edition of Celsus (1995) viii-lxxv.
components of a Roman gentleman's cultural formation.² Celsus, however, diverged from Varro on at least one important point, namely in his attitude to Greek ideas and practices. Unlike his predecessor, Celsus made no polemical attempt to define himself against Greek intellectualism and its products, but rather used this existing structure and substance to shape his own, individual, version of medicina, the romanitas of which was largely implicit. He refashioned parts of the Hellenistic tradition in a recognisably Roman idiom, and was able to do so because of the space opened up by the development of the concept of the ars itself and its place in elite culture.

Celsus' position is initially set out in the prooemium to the De Medicina (Med.). He outlines a history of the medical art from its rude Asclepian beginnings to the complexities of the present day, a history which he readily admits has been essentially Greek, though this is because it was in Greece that indolence and luxury first began to wreak havoc upon human health (with Rome not far behind); and it is in relation to this Greek history, or at least its most recent phase, that he locates himself. This most recent phase is that of the sects, and Celsus presents his interpretation of the views of the empirici, those who profess a rationalis medicina, and those who follow the methodos, in order that he may steer a sensible middle course between them, and elaborate his own perspective as an independent seeker after truth.³ He reclaims reason from the Rationalists, basing it solely on manifest causes and forcing it into an awareness of its own inevitable fallibility, to establish a medical art which is both rationalis and conjectural, and to which experience, knowledge of the general and particular and considerations of hidden causes must be added by the artifex/artist for its good practice.⁴ Applying these principles, Celsus proceeds to provide prescriptions for the preservation of health, and an ordered description of types of diseases, and their treatment by regimen, pharmacology and surgery; all of which imply a certain, common, understanding of the way the body works and interacts with its environment that is never

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³Celsus Med. pr. 45 (CML I 24,24-30). H. von Staden "Media quodammodo diversas inter sententias: Celsus, the 'rationalists', and Erasistratus" in G. Sabbah and P. Mudry (eds) La Médecine de Celse (1994) 78 n.3, plausibly suggests that Celsus' characterisation of "rationalism" is derived from an Empiricist doxography, and his other sectarian outlines must be similarly derivative.

⁴See esp. Celsus Med. pr.46-8; 66 and 74 (CML I 24,30-25,15; 28,4-7 and 29,15-27).
really made explicit, at least not systematically.\(^5\) He operates, therefore, not within the framework of any one sect, but within the framework of *medicina* as it was constructed and contested by all the sects, and within the wider framework of Roman culture.

A text with a rather different range and attitude, but produced for similar purposes from a similar social position is the *Naturalis Historia* (*NH*) of Pliny the Elder. Pliny was an *eques* whose career combined the customary military and administrative services, ending when, while commander of the fleet at Misenum, he got rather too close to the eruption of Vesuvius in AD 79.\(^6\) The *NH* had been dedicated to Vespasian’s son and heir, Titus, about a year previously, and before that Pliny had written a number of technical treatises, on grammar, oratory and javelin throwing from horseback, a biography of his patron, Pomponius Secundus, and both specific and general historical works, all now lost.\(^7\) The subject of the *NH* is, as Pliny puts it, “the nature of things, that is life”, and he begins by describing this in its entirety, delineating the all-encompassing and divine union of *mundus*/world and *caelum*/firmament which is, “at once the work of the nature of things and the nature of things herself”.\(^8\) He then proceeds through the various parts of this whole, its terrestrial and heavenly structure, their internal and interactional patterns, rhythms, and less regular phenomena, followed by its contents, that is the lands as they are lived and their peoples, animals, plants and minerals. Knowledge about these latter items is primarily ordered according to their utility for humanity, and most prominent among them is the medical. Not only is this a recurring theme throughout, but thirteen of the thirty-seven books are primarily devoted to *medicina* derived from living things and waters. In one sense, this arrangement is a product of Pliny’s literary project. This is an essentially practical account of the way things are, it is an elucidation of the world as it was engaged with by a member of the Roman elite, presented in order to improve the terms of that engagement; but Pliny frequently goes further, claiming that the world,

\(^{5}\)This understanding might be loosely described as Hippocratic, though it was shared much more widely than that might suggest. It is also true, as H. von Staden points out in “Medi quodemmodo diversae inter sententiae” (1994) 81-2, that it is individual “rationalists” that Celsus mainly engages with in the course of the book.

\(^{6}\)For a full discussion of Pliny’s career see R. Syme “Pliny the procurator” *HSCP* 73 (1969) 201-236.

\(^{7}\)Pliny the Younger Ep. 3.5.3-6.

\(^{8}\)rerum natura, hoc est vita Pliny NH pr.13 (I 4,14-15 Mi); idemque rerum naturae opus et rerum ipsa natura NH 2.1.2 (II 128,20 M).

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Pliny’s account of the *natura rerum* is unified and unmediated, not broken up into, and seen through, separate disciplines as in the encyclopedias, though he sees himself as covering much of the same ground. This difference of perspective is brought out most clearly among medical matters, where Pliny decries the supersession of the use of the easily accessible and intrinsically appropriate remedies provided by the world in which humans live, by an essentially Greek version of medical practice designed for the purposes of murder and profit. His account of the development of the medical art, therefore, contrasts strongly with that of Celsus, for Pliny sets himself in complete opposition to this art, and all the *medici* in and of it, advocating instead a return to the direct and traditional Roman relationship with the healthful and therapeutic provisions of *natura*. Pliny’s medical history is thus a tale of degeneration into increasingly obscurantist divisions, personal extravagance, populism and demagogy in the callous professional quest for fame and fortune; a degeneration to which his fellow citizens, with the exemplary exception of Cato the Censor, have been insufficiently resistant, colluding in their own decline. The story of Roman deterioration under the influence of luxury and indolence, mixed up with Greek ideas and values, is a familiar one, here given a particular medical twist. So too is the fact that Pliny’s position, rather like Cato’s before him, is somewhat compromised by the dominance of Greek names, particularly of *medici*, among the lists of sources for each book he ostentatiously presents at the beginning of the work.

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9For fuller discussion of these issues see M. Beagon *Roman Nature* (1992) 26-54.

Among these lists of authorities, and greatly concentrated in those for the medical books, are the female names which have already been discussed. Pliny's attitude to these female authorities is somewhat ambiguous, but this is part of a general pattern. For, while all of his authorities, listed and cited, are intended to impress, some are meant to impress simply by their quantity, by the sheer breadth of scholarship they signify, not by their quality. The repetition of others' words can be done in homage, in an attempt to associate author and authority, or in condemnation, aiming at dissociation and definition against, or in abstention, leaving the relationship open or empty. Pliny does engage in citation of this first kind, but its other two modes are just as important, used alongside unattributed indirect speech, concessive clauses and exclamations of amazement, as the means by which Pliny achieves completeness of coverage without completeness of commitment. Rather than omit information he arranges it in a hierarchy of security, of credibility; a hierarchy based on consistency with his own world view, not just in respect of what the truth should look like, but also who can speak it and how it may be spoken. Thus, though he is operating broadly within the richly patterned, correlative and connective world of popular complicity, where sympathy, similarity and analogy are all potent and easily accessible forces - the same world as was more explicitly exploited by the *magi* - the latter's statements about it and the ways it can be manipulated for human ends are to be disbelieved and despised, basically because they are the wrong sort of people after the wrong sort of ends. This too was the world of Elephantis and company, who are neither so alarmingly and organisedly alien as the Plinian *magi* nor solidly dependable; but whether their sex has anything to do with this status is unclear.

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11See p.30-32 above.

12See P.M. Green *Prolegomena to the Study of Magic and Superstition in the Natural History of Pliny the Elder* (1954) for elaboration of this point. For Pliny, as Green argues, the *ars magica* was inseparable from the *magi*, and a dangerous, foreign creed; but this particular conception left him space to accept or assume the truth of traditions unconnected with the *magi*, however "magical" they may look to the modern eye, and he was obviously predisposed to accept the truth of local folk traditions.

13Pliny gives contradictory indications on this point. He is scornful, for example, of the uses of things from the female body reported "not only by *obstetrices* but also by *meretrices* themselves" (28.20.70 [IV 300,3-4 M]) but approvingly recounts the story of the discovery, in a dream, by a soldier's mother of a cure for the bite of a rabid dog (25.6.17-18 [IV 121,22-122,4 M]). He is caught between his promotion of traditional medical lore for its content and relation with *natura*, and the rather dubious (in his terms) character of its purveyors.
The intended audiences of both Celsus' and Pliny's texts were clearly male, but the exhaustiveness of the encyclopedic genre meant that woman was included among the things about which men should have medical knowledge. This stands in contrast to the only comparable extant work from the Greek world - Plutarch’s *Hugieina Paraggelmata/ Instructions for Health* - written perhaps not long after the death of the emperor Titus in AD 81 by a cultivated *littérature* and local dignitary from Chaeronea in Boeotia.\(^\text{14}\) In this treatise Plutarch does organise and present medical knowledge to other men pursuing a similar mode of existence to his own, but he followed a rather different and more circumscribed literary model.\(^\text{15}\) What these men are told is to know their own bodies and the way they may be healthfully lived in, that being essentially through habitual moderation. Women provides examples of, and temptations towards, immoderation, but no more; since Plutarch does not address them he does not elucidate them either.\(^\text{16}\)

Presenting a similar sort of medical knowledge to Pliny in a similar sort of way, but from a different perspective, is Dioscorides’ *Peri Hulês Iatrikês/On Medical Materials (HI)*, probably written in the decades before the *NH*.\(^\text{17}\) This too is an ordering of things in the world for medical purposes which strives to be comprehensive, and which organises its voluminous material primarily by its worldly type, that is as it is derived from animals, herbs, trees, minerals and so forth. For Dioscorides, however, it is the next organisational step he takes - that of arranging the items within these primary classes according to their *dunameis/properties or powers* - that is crucial, distinguishing him (so he claims) from his predecessors. Dioscorides was born in Cilicia, probably studied at Tarsus and served as a soldier in the legions, becoming a Roman citizen at some point

\(^\text{14}\)For Plutarch’s biography see D. Russell *Plutarch* (1972); and see also J. Boulogne "Plutarque et la médecine" *ANRW* II 37.3 (1996) 2762-2792.

\(^\text{15}\)Plutarch describes his discourse as aimed at "*ἄνδρες φιλόλογοι καὶ πολιτικοί/men of learning and state*" (Mor. 137C). His literary model seems to be drawn from the medical profession, with its tradition of dietetic writing.

\(^\text{16}\)e.g. Mor. 134F - women as negative example; 125A - women as temptation.

\(^\text{17}\)An impressive array of spurious works cluster around Dioscorides’ name, in which group I would include the *Peri Haplôn Pharmakôn or Euporista*, the only such text some still claim to be authentic. Like M. Wellmann “Dioskurides (12)” *REV. I* (1903) 1140, I see this treatise as a later reworking of Dioscoridean material, standing in roughly the same relation to Dioscorides as the *Medicina Plinii* does to Pliny. For a survey of Pseudo-Dioscoridean works, and the scholarly debate over the *Euporista* (spanning over four centuries and including M. Wellmann’s reversal of his position cited above) see J.M. Riddle “Dioscorides” in F.E. Cranz and P.O. Kristeller (eds) *Catalogus Translationum et Commentariorum* IV (1980) 116-143, and see J.M. Riddle *Dioscorides on Pharmacy and Medicine* (1985) 13-4 for dating.
in the process. He locates himself firmly within the pharmacological tradition of which he speaks in his preface, he is critically engaged with it from the inside, and is writing primarily for an audience that is similarly positioned. In his prefatory remarks, Dioscorides' justifies his work to its dedicatee, Arius of Tarsus (a noted physician and perhaps Dioscorides' teacher), by listing the shortcomings of this tradition thus far: the omissions, imprecisions, confusions, lack of autopsy, greater interest in cause than effect, and mistaken organisational strategies which mar its literature, faults which his compendium remedies, but, after this, Dioscorides' text is the least rhetorical and sparsest in style in this assortment. The elite of the empire are, however, addressed indirectly, as the reference to Arius' friendship with the consular Laecanius Bassus illustrates. Dioscorides' reputation among them is to be established less through actual encounters with his work than through an awareness of its achievements in systematising a knowledge with which they are partially familiar and on which any medical practice partially depends.

The methodological strictures of the preface to the HI, in particular its stress on practical experience, on autopsy and testing, and the sniping at the Asclepiadeans' obsession with causes and corpuscles, should not be mistaken for a systematic or sectarian allegiance to the empirikoi. For this broadly empirical strand is enmeshed in various assumptions that might be described, equally loosely, as rationalist. Dioscorides is clearly, though rarely explicitly, engaged in mapping the dunameis of his materials onto a range of pathological and physiological processes and states. The vector he employed is now only dimly discernible, but that the correlation contained an explanatory dimension of the kind Empiricism found antithetical is obvious, moreover, these dunameis play a central role in his order of knowledge as a whole. John Riddle's verdict, that Dioscorides is, "not

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20For Bassus see Dioscorides HI pr. 4 (1.3 W) and PIR² 5.1 (1970) no.31. He was consul in AD 62 and, ironically, is reported by Pliny (26.4.5 [IV 175,23-176,4 M]) to have died from an ill-advised self-help approach to a carbunculus on his left thumb.

easily categorised within the swirl of his period's controversies", seems, therefore, fair, though it must also be emphasised that this "swirl" certainly affected him.\textsuperscript{22} Dioscorides, like others before (and after) him, brought some of the methodological concerns and persuasive premisses that animated the foundational debates of the sectarian strands of Hellenistic \textit{iatrikê} to bear on the layers of knowledge concerning curative substances which had accumulated on and around folk traditions, refashioning parts of these traditions so that they conformed more closely to the conception of medical knowledge now being jointly constructed by the social elite and their physicians.

Dioscorides shares sources, such as Nicander, Crateuas and Sextius Niger, with Pliny, though he is considerably more reticent about them.\textsuperscript{23} In general, Dioscorides processes the material he uses much more; he forces it more systematically into his own, unified and coherent, structure rather than leaving it as a more or less organised sequence of excerpts. He cites only in agreement and for the sake of added authority, having made his critical stance towards his predecessors plain in the preface. He does, however, make occasional use of indirect speech to distance himself from some of his information, thus establishing a hierarchy of knowledge and, by implication, of curative efficacy. Of most things Dioscorides is certain and he is able to state them without qualification, but about some he is sufficiently uncertain to include them only as the beliefs of unnamed others; in the realm of certainty healing actions are assured, outside it they remain only a possibility. Not too much should be read into the fact that the type of reports he finds unconvincing are more or less susceptible to categorisation under the modern rubric of "magic", however, and the laudatory claims that Dioscorides systematically distinguished "magical elements" from "rational processes", or "the supernatural" from "the natural" must be made with care.\textsuperscript{24} For, items of the same kind as those that Dioscorides distances himself from, mainly amulets, are also sometimes fully and unconditionally incorporated into the text, and he articulates no concept of "nature" or "the natural" (and

\textsuperscript{22}J.M. Riddle \textit{Dioscorides on Pharmacy and Medicine} (1985) 13.


\textsuperscript{24}See e.g. J.M. Riddle \textit{Dioscorides on Pharmacy and Medicine} (1985) 84, for these kind of claims.
thus of anything contrasting to it), using the term *phusis* solely to denote the individual essence of a thing, and then only rarely.\(^{25}\)

If its interpretation is guided by the internal contours of the work rather than current concepts and concerns, Dioscorides' reported speech can be taken rather more literally, as presenting unconfirmed stories that he is, therefore, epistemologically unable to utter in his own voice. He is simply applying the medical and compositional programme he announced at the outset, with its twin goals of fullness and investigative rigour, and constructing a complete record while not following those he criticises for simply repeating tales told to them or words read.\(^{26}\) Confirmation of the truth of an assertion might come either from Dioscorides' own experience or from its fit with his general explanatory framework and understandings. This latter path is less open to the parts of the folk tradition furthest from the more theoretical currents of medical thinking, but it is certainly not closed and could always be circumvented by direct observation. A focus on the *dunameis* inherent in things, for instance, means that the move from the conviction that, as the main ingredient of a poultice, dock dissolves scrofulous swellings, to the idea that it might be equally effective in an amulet is not a great one and requires no shift of explanatory registers.\(^{27}\) It is simply the scrofula-dissolving power of the plant, an aspect of its *phusis*, that is at work in both cases. Thus, both are "natural" in the sense of "in the nature" of the plant, and "rational" in the sense of being within the frame of reasoning Dioscorides (and others) employed, but not in the sense of being counterposed to modern perceptions of "the supernatural" and "the magical".

In taking the contents and categories of the world that human beings inhabit as their guide to organising medical knowledge, both Pliny and Dioscorides were largely limited to dealing with "simples", that is medicaments derived from a single constituent. Remedies requiring many ingredients, coming from different classes of things, are not classifiable in this scheme, and knowledge about them was generally arranged either according to the

\(^{25}\) e.g. Dioscorides *H* 4. 74 and 119 (II 241, 6-9 and 269, 6-9 W) - amulets; 1.14,3 and 3.62,1 (I 20,5 and II 73,7 W) - natures.

\(^{26}\) Dioscorides *H* 1.1 (I 189,15-19 W).

\(^{27}\)Dioscorides *H* 2.114,3 (I 189,15-19 W).
part of the human body they were directed at (*kata topous*) according to places) or according to an internal typology (*kata genê*) according to genera), rather than as they emerged from sorts of things in the world. Collections of such compound *pharmaka* seems to have been one of the main manifestations of medical writing in early imperial Rome, undertaken by a wide group of, largely Greek and often unsectarian, *medici* - such as Heras the Cappadocian, Scribonius Largus, Servilius Damocrates, Andromachus the Younger, Asclepiades Pharmakion and T. Statilius Crito - who ministered to the elite of that city, including the emperor himself.28

The only such complete work to survive is Scribonius Largus' *Compositiones/Compounds* (*Comp.*), in which the recipes are ordered first by location, running from head to toe as was customary, then, after an interlude incorporating theriaca, antidotes and simples, ordered by type, covering *emplastra* (plasters), *malagmata* (emollients) and *acopa* (for pain relief and general refreshment). The collection was dedicated to Gaius Julius Callistus, a freedman of the emperor Claudius, around AD 47, by a man who, whatever his own origin, followed the model for a successful medical career at Rome that had been established by Greeks, both freed and free.29 Scribonius located himself broadly within the Hellenistic medical tradition, described both Apuleius Celsus of Centuripae in Sicily and Tryphon of Cretan Gortyn as *praeceptores* teachers, and, though the *Comp.* is written in Latin, this seems to have been specially designed for its intended imperial readership, and wider resultant circulation.30 He specifically expressed his gratitude to Callistus for passing onto the emperor "my Latin medical writings", and Greek citations from some

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28 These collections mostly survive only as fragments embedded in Galen's massive pharmacological treatises, more or less clearly labelled, and having been more or less substantially reorganised and reworked in the process of their extraction and incorporation, so see C. Fabricius *Galen Exzerpte aus älteren Pharmakologen* (1972) 183-185 and 242-246 - Heras; 189-190 - Democrats; 185-189 - Andromachus; 192-198 and 246-253 - Asclepiades; 190-192 - Crito, for works and biographical notes; and see also, on Crito, J. Scarboroah "Crito, physician to Trajan: historian and pharmacist" in J.W. Eadie and J. Ober (eds) *The Craft of the Ancient Historian* (1985) 387-405.

29 Most have labelled Scribonius a Greek freedman (see W. Schonack *Die Rezeptsammlung des Scribonius Largus* [1912] 7-19 and K. Deichgraber "Professio medici: zum Vorwort des Scribonius Largus" *Abhandlungen der Akademie der Wissenschaft und der Literatur* [Mainz] Klasse 9 [1950] for the fullest discussion of his biography), but this is challenged by M. Kaplan *Greeks and the Imperial Court* (1990/1977) 100-104, and V. Nutton "Scribonius Largus, the unknown pharmacologist" *Pharmaceutical Historian* 25/1 (1995) 5-9 has suggested that he was a Sicilian who bridged both worlds; in a sense, however, it is his indeterminacy that of most historical interest. Callistus' career is, somewhat extravagantly, discussed by B. Baldwin "The career and work of Scribonius Largus" *RhM* 135 (1992) 76.

30 *Scribonius Comp.* CLXXI and CLXXV (81,22 and 83,8 S) - Apuleius and Tryphon. Scribonius' Tryphon *praeceptor* is probably Tryphon the elder, who ended his career at Rome (see Diller "Tryphon (28)" *RE* VIIA [1939] 1745).
of his other works (one with a Greek title) in Galen and elsewhere, suggest that this
specification is to be taken in the context of an oeuvre which was generally Greek.\textsuperscript{31} Scribonius’ Latin certainly cannot be taken as an act of patriotism, a rebellion against the
tyranny of the Greek language as the only legitimate vehicle for the presentation of
medical knowledge denounced by Pliny, for there is no intimation that the rest of the
text, with its essentially Greek technical vocabulary sometimes not even translated, is part
of such a project.\textsuperscript{32}

In addition to flattering Callistus, Scribonius uses the dedicatory epistle which prefaces
the \textit{Comp.} to set out and commend his approach to the medical art in general, an
approach in which the art is ethically constituted, with pharmacology playing a central
role on account of its proven efficacy in bringing the \textit{misericordia}/compassion and
\textit{auxilia}/assistance to humanity that \textit{medicina} promises. Scribonius’ twin starting points
are the Hippocratic oath’s injunction against the giving or demonstrating of any
medicament to a pregnant woman by which the embryo would be expelled, and
Herophilus’ dictum that "drugs are the hands of the gods".\textsuperscript{33} From the first he
constructed a broader and more elaborate "medical humanism" in which the greatest care
of the physician is due to everyone in equal measure, for:

\begin{quote}
\textit{qui enim nefas estimaverit spem dubiam hominis laedere, quanto scelestius
perfecto iam nocere iudicabunt.}
\end{quote}

How much more evil would they judge it to harm a fully formed [human being]
who consider it wicked to injure the uncertain hope of a human being.\textsuperscript{34}

\textsuperscript{31}scripta mea Latina medicinalia Scribonius \textit{Comp.} ep. 13 (5,5 S). Quotes in Galen include \textit{Comp. Med. Loc.} 3.3
and 4.4 (XII 683 and 764 K). Galen came to Scribonius through previous compilations which may on occasion have
incorporated Latin material (see e.g. the citation of Aelius Gallus at XII 625 K), but the vast bulk of this tradition was
Greek and this is the most likely place for Scribonius to fit into it.

\textsuperscript{32}Pliny \textit{NH} 29.8.17 (IV 374,3-9 M); this is Kaplan’s interpretation in \textit{Greeks and the Imperial Court} (1990/1977)
100-101, but for discussion of Celsus’ efforts to forge a Latin medical vocabulary, which stand in contrast to
Scribonius’ lack of interest in this area, see D. Langslow “The development of Latin medical terminology: some working
hypotheses” \textit{PCPhS} 37 (1991) 106-130. Langslow has also suggested to me that Greek syntactical and grammatical
tendencies are discernable in Scribonius’ Latin.

\textsuperscript{33}medicamenta divum manus asse Scribonius \textit{Comp.} ep. 1 (1,2 S); and ep. 5 (2,20-23 S; cf. the rather more narrow
formulation in the surviving text of the oath itself \{CMG I.1 4,16-7\}).

\textsuperscript{34}\textit{Comp. ep.} 5 (2,23-5 S). See L. Edelstein “The professional ethics of the Greek physician” \textit{BHM} 30 (1956) 391-
419 for a discussion of the difference between Scribonius’ and Hippocratic ethics; and also K. Deichgräber “Professio
medici” (1950).
From the second he concludes that the mission of medicina demands that more attention should be given to pharmacology than some were willing to allow, and, in particular, to those drugs which have been tested by use and experience but overlooked in the excitement of current theoretical debates.\textsuperscript{35} Within this overall framework, this guarantee of his methods, Scribonius deploys both the creators and previous recipients of his recipes to secure their individual effectiveness; most of the former are practising medici and chirurgi, but they are joined by "a certain respectable Roman matron" and "a certain little lady from Africa", and the latter are drawn from the imperial household, past and present, with particular prominence being given to its women.\textsuperscript{36} Antonia, Octavia, Livia and Messalina all appear as habitually employing some of the concoctions Scribonius presents, from tooth powders to salves for nervous conditions.\textsuperscript{37}

Scribonius' rhetoric is neither of systematisation nor completeness, but of the selection of the best, nor does he offer explanations for his cures, which include amulets and are, in general, composed of a number of exotic ingredients which are sometimes specified in such a way as to produce a rich range of possibilities regarding what it is about the item that is being harnessed for healing.\textsuperscript{38} Sexual difference plays a part in this prescriptive pluralism. The respectable Roman matron's remedy for the morbus comitialis (epilepsy), for instance, comprises ivory scrapings and Attic honey mixed together with blood from a tortoise and a wood pigeon, recently captured.\textsuperscript{39} If the epileptic to be treated is a girl, the animals should be female, and if a boy, male. There are, here, aspects of an alignment between therapeutic substance, patient and illness, and of procedural power, laid over any curative properties which may inhere in these

\textsuperscript{35}These references to use and experience should not, however, be taken in a sectarian sense and to label Scribonius as an Empiricist, he clearly falls outside or between those divisions, see W. Schonack Die Rezeptsammlung des Scribonius Largus (1912) 67-9.

\textsuperscript{36}Romae quandam honestam matronam Scribonius Comp. XVI (20,8 S); muliercu quaedam ex Africa CXXII. (65,5-6 S).

\textsuperscript{37}e.g. Comp. CCLXXI (116,12 S); LIX (35,10 S); LXX (39,15 S) and LX (35,20-1 S).

\textsuperscript{38}e.g. Comp. CLXXII (82,7-13 S) - an amulet for hydrophobia made from hyena skin; XLIII (29,21-5 S) - involving an owl's brain and XIII (20,1-3 S) - crocodile testicles.

\textsuperscript{39}Comp. XVI (20,8-25 S).
materials in themselves. There is, however, an implicit understanding of somatic functioning and the systems of disease and its removal in this work.

The final two sets of texts to be examined simultaneously stand apart from, and have much in common with, both the simple and compound pharmacological traditions already outlined. These are: an astrological herbal, probably originally a Hermetic composition, but to which an introduction in the form of an autobiographical letter from one Thessalus (usually labelled philosophus in Latin, but also astrologos in Greek) to "Germanicus Claudius, King and God eternal" became attached either during or not long after the reign of this Emperor (that is either Claudius or Nero), and which then seems to have circulated in both versions, the Thessalus recension being better preserved in later Latin translations; and a treatise on the therapeutic use of birds (in particular, vultures), cast in epistolary form with a range of writers and recipients, including, as cited by John Lydus in the sixth century, Aretas, Phylarch of the tented Arabs, writing to the Emperor Claudius. These two are, in a sense, simply the most distinctive and best studied representatives of a larger constituency of iatromathematical and astro-botanical treatises that survive both in their Greek originals and later Latin translations, mostly cast in a Hermetic mould, but which remain too shadowy in terms of date and context to be included here. However, the existence of such works in so many, so variously

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40 The initial grouping together of the Greek and Latin Thessalus manuscripts was made by F. Cumont "Écrits Hermétiques II. Le médecin Thessalus et les plantes astreales d'Hermès Trismégiste" RPh 42 (1916) 99-108, and they are edited, together with the more straightforwardly Hermetic version of the same basic text, by H.-V. Friedrich (Thessalos von Tralles [1968]). The dedication is best preserved in a Latin manuscript and reads "Thessalus Philosophus Germanico Claudio regi et deo eterno salutem et amorem" (46,4-5 F). The identification of this Thessalus with the flamboyant Methodist physician Thessalus of Tralles who wrote medical missives to Nero, is also Cumont's, but his view has been much criticised since (e.g. Diller "Thessalos(6)" RE VI.2 [1936] 180-182) and has very little to recommend it. For the medico-ornithological tract see F. Cumont "Le sage Bothros ou le phylarche Arétas?" RPh 50 (1926) 13-33; the text is variously recorded as being sent from the sage (and sometimes King of the Persians) Bothros to a king or humanity in general, or from Alexander, King of the Romans, to the province of Babylonia, as well as to Claudius (John Lydus Mens. 4.104). There were Kings of the Nabateans called Aretas, but unlike A. Momigliano (Claudius [1961/1934] 91) I think it most improbable that an Arab leader would actually have sent such a tract to Claudius. However, it is clear that these addresses to Julio-Claudian emperors would make most sense during, or not too long after, the reigns in question.

41 Two versions of a single, Hermetic, iatromathematical treatise in which parts of the body are assigned to specific heavenly bodies (melothesia), are printed in I. Ideler (ed) Physici et Medici Graeci i (1841) 387-396 and 430-440. A more complex Hermetic text in which body parts, plants and stones are arranged according to the 36 decans, has been edited by C.-E. Ruelle "Hermès Trismégiste: le livre sacré sur les décanes" RPh 32 (1908) 247-277. More specific astro-botanical treatises, in which therapeutic herbs are organised according to the signs of the zodiac and the planets, are catalogued and transcribed from various manuscripts in CCAG e.g. IV 134-136 and VI 83-84 (two versions of the same unattributed herbal); VII 231-236 (Hermetic herbal); IX.2 129-135 (attributed to King Alexander); XII 126-155 (unattributed). These are what I would describe as the dedicated medical treatises of these various traditions, as distinct from works such as the Kyranides which cover medical objectives amongst a range of others.
ascribed, manifestations, suggests that these kinds of treatises circulated widely in antiquity, and serves to emphasise the diverse ways in which medical knowledge was constituted, authenticated and transmitted in this era.

Thessalus adopts and adapts almost all the modes of claiming medical authority employed in the wider constituency which he represents here, and can thus be used to illustrate them. First there is the address to the emperor, for which there are good precedents in both the medical and Hermetic traditions. However, in all of these, an authoritative authorial persona is also assumed, of either a specialist (as in the Hippocratic pseudepigraphica) or general (as in the case of the Phylarch Aretas or King Alexander) character; whereas Thessalus' strategy is rather different, his authority is not vested in his name, but in his narrative, his account of the special circumstances in which he came to acquire the knowledge he is now advocating, in which he himself came to gain authority, and through which he intends to regain it in each reading. The climax of this narrative is Thessalus' encounter with the divine, in which the god reveals to him that which makes the knowledge he presents particular and powerful, that guarantees its absolute and complete efficacy; and this moment occurs also in the Hermetic versions of this text and is encapsulated in the formula of divine transmission from Hermes Trismegistus to his disciple - Ammon, Asclepius or whoever - which opens many other such treatises. In the lead up to this climax, however, Thessalus draws, sometimes subversively, on both the aretalogical tradition and that of iatric biography.

Thessalus begins by following the usual path of the intending iatros as he travels from his home in Asia Minor to Alexandria, where he studied with "dialektikoi

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42Medical precedents include letters purporting to be from Hippocrates to King Demetrius (Hippocrates Pseudepigraphic Writings [1990] 104-106) and from Diocles to King Antigonus (Paulus Aegineta 1.89), and for Hermetic examples see A.-J. Festugière La Révélation d'Hermès Trismégiste I* (1989 [1942]) 324-331.

43I disagree, therefore, with A. Scott's suggestion ("Ps.-Thessalus of Tralles and Galen's De Methodo Medendi" Sudhoffs Archiv 75 [1991] 106-110) that this Thessalus is intentionally imitating the Trallian's letters to Nero, though a looser nominal invocation may be at work.

iaiotro/dialectical doctors". He then turns off down a rather different, but just as well trodden, path to knowledge as he discovers a treatise by the legendary Egyptian King Nechepso containing "twenty-four therapies of the whole body and all diseases according to the zodiac and through herbs and stones" in a library; but the moment of traditional triumph turns into humiliating defeat as his every effort to make practical use of this work meet with failure. Driven out of Alexandria by the ridicule of his "homo-technoi/colleagues", and too ashamed to return home, Thessalus wanders Egypt in search of some contact with, or from, the gods, which he eventually achieves in Thebes, though the offices of an old priest. The meeting with Asclepius/Hermes, who reveals that the missing element in Nechepso's system is the times and places in which the herbs must be gathered, and promises Thessalus immortality, is shared by both versions of the text and prefaces in each case the same catalogue of medically effective herbs arranged under their zodiacal sign or planet, and in which the best time for collection precedes a listing of the conditions for which they are therapeutically useful, either alone or in compounds. There is then an epilogue in which the recipients of the text are advised to guard, even encrypt, its contents, for its advantage will be lost if it passes into too many hands. "No longer will people dedicate themselves to the different sects of iatrike nor will they yearn to be among the texts of the ancient physicians", instead they will be attracted to the present work as it holds out the possibility of curing the diseases of the whole body.

It is perhaps not surprising, given the extravagant claims made about the completeness and absolute power of this knowledge, and the denigration of both the tradition of

\[\text{References:}\]

1. Thessalus 1 pr. 3-5 (45,9-47,3 F). Galen refers to Herophilus as "the dialectician" at MM 1.3 (X 28 K) which may give some clue as to the type of medicine he was learning.
2. Thessalus 1 pr. 9-24 (47,15-53,18 F). Nechepso was a well known astrological authority, and figures in a number of other traditions of occult knowledge also, see Kroll "Nechepso" RE XVI (1935) 2160-2167.
4. Thessalus 2 epil. 2-3 and 5 (263,2-7 and 13-15 F).
5. Thessalus 2 epil. 4 (263,7-12 F).
Hellenistic *iatrikê* and other astro-botanical systems, as represented by the inadequacies of King Nechepso, that the zodiacal and planetary herbal which makes up the bulk of the text is actually rather unremarkable. It is similar to other examples of the genre, and together they all recommend applications of the same kind as those of the other authors introduced so far. The treatise is distinct only in so far as it actually passes into the pharmacological traditions represented by those such as Dioscorides and Scribonius Largus, whereas the others remain more on its borders. The celestial order is basically an organisational device which imparts a sense of totality and completeness, rather than a providing a richly associative framework on which everything else hangs; the focus has become more technical, concentrating almost exclusively on named conditions rather than the problems of everyday life; and compounds predominate over simples, often elaborately discussed with reference to the qualities involved, or the movement of *hugroi* liquids and *pneumata* through the body's *poroi* passages.51 The treatise on bird-lore (the *liber vulturis*, as it became known in the Latin tradition), however, stands in contrast to this in its reliance on association and analogy and its broader engagement with human existence.

All these writers engaged with different parts of the field of medical knowledge in different ways and for different purposes, the three being inextricably intertwined in the production of their works. Woman is thus constructed as an object of medical knowledge through the interaction of these three dimensions; she is constituted from and in the content, form and orientation of the texts. It is the results of this complex constitutive process in these particular cases, the sexual structure and substance of these literary remains, that must now be examined in detail. The structure, as well as the substance, is particularly important since none of these texts contain any separate and sustained treatment of woman, instead she appears episodically, dealt with piecemeal as and when it seems appropriate and necessary in the work. Her absence as well as her presence thus becomes significant, and the pattern of her exclusion and inclusion helps shape her positivity.

51Thessalus 2.3.1-3 (*Aeizidôn* /house leek, the herb of Jupiter) - qualities; 1.9.4-5 (*Anagallis* /scarlet pimpernel, the herb of Sagittarius) - *poroi* (215,2-12 and 155,2-15 F). The identification of ancient plants is far from secure, especially since the terms of classification have changed so radically over the centuries, and these names, and those offered subsequently, should be seen as rough guides to the type of plants concerned, no more).
SEXUAL STRUCTURE AND SUBSTANCE

The diversity of these texts makes their ordered alignment for any analytical purposes rather awkward. Celsus, while not devoting much attention to physiology as such, establishes a certain human norm as a clear point of reference for the medical enterprise - by means of a discussion of the state of health and various anatomical accounts - and also covers the fall from health, and diseases in themselves, before going onto the main business of their prevention and cure; but those solely engaged in various kinds of cataloguing, or organisation into groups, of medically effective things in the world, take this norm, and deviations from it, for granted. It is whole, living, human beings, in sickness and in health, that give these works purpose and shape their endeavours, but they do not appear as such; it is only their medically affected aspects, segments or points, the specific targets of these materials and actions, that are manifest. Pliny, on the other hand, does both, but separately and in his own distinctive manner. He first establishes a human norm, though as a point of reference for an enterprise rather more than medical, and then switches to cataloguing medically effective things in the world, as part of a wider classification of things according to the effect they have on humans more generally. For him the link between the two lies in the proper, epistemic and ethical, relationship between humans and their world, not in the mechanisms of disease, so he largely omits these from consideration.

The order followed in this chapter reflects this basic division in orientation. First, woman's relationship to the human norm established by Celsus and Pliny is examined, and then her relationship to disease, to the passage into certain sorts of abnormality, mostly as described by Celsus. In a sense this progression is then repeated, or at least paralleled, in tracing first the female targets of medical effectiveness, or intervention, that are regular features of female existence (largely concerned with menstruation and reproduction), and then those that are definitely pathological, seeing this too in relation to the whole human being who, implicitly, stands behind and gives meaning to, these parts, and to the general patterns of intervention. In the first section, Dioscorides and Pliny predominate, while everybody joins in towards the end.
Celsus establishes his human norm right away. The first book of the Med. opens:

\textit{sanus homo, qui et bene valet et suae spontis est, nullis obligare se legibus debet, ac neque medico neque iatroalipta egere. Hunc oportet varium habere vitae genus: modo ruri esse, modo in urbe, saepiusque in agro; navigare, venari, quiescere interdum, sed frequentius se exercere.}

The healthy person, who is well and his own master, should not be constrained by rules, and should have need for neither a \textit{medicus} nor an \textit{iatroalipta}. He should lead a varied kind of life: sometimes in the country, sometimes in the city, and mostly on his estate; he should sail, hunt, rest sometimes but more often exert himself.  

The \textit{sanus homo} is, therefore, a man of the Roman elite who is able to live and act appropriately without recourse to professional medical attention. This specification becomes even clearer as Celsus proceeds to outline the correct conduct for the maintenance and intensification of this state, not just in terms of the contents of that conduct, but in the very assumption of individual control over all these facets of existence. The tacit exclusivity of the narrative, and its maleness in particular, is, however, explicitly contradicted at two points within it. For Celsus states that considerations of "changes, somatic type, sex, age and time of year" are all relevant in formulating and following a healthy lifestyle. He then proceeds, however, to treat all these variables except sex, though he does allow a \textit{vulva/womb} to appear in a list of body parts badly affected by cold.  

In this initial establishment of a human norm, this description of what \textit{medicina} is all about maintaining and restoring, there is, therefore, a gap between the way in which Celsus conceives of, and actually carries out, his project, a gap which is reflectively

\footnote{Celsus \textit{Med.} 1.1,1 (CML I 29,26-30).}

\footnote{novae res et corpora genera et sexus et aetates et tempora anni Celsus \textit{Med.} 1.3,1 (CML I 32,8-9).}

\footnote{Celsus \textit{Med.} 1.9,3 (CML I 41,16-17). Celsus' use of \textit{vulva} as a specific term for womb, in contrast to more equivocal Republican terminology is noteworthy, and part of his wider efforts to develop a Latin medical vocabulary. See J.N. Adams \textit{The Latin Sexual Vocabulary} (1982) 100-109 and H. von Staden "\textit{Apud nos foediora verba: Celsus' reluctant construction of the female body}" in G. Sabbah (ed) \textit{Le Latin Médical} (1991) 281-284.}
invisible and into which women fall. His conception was of humanity in general, his execution is limited to males of the leisured classes, and the difference between the two passes unnoticed. Later on, as the social and idealistic dimension of human health, the sense in which to be healthy is to be socially functional in accordance with a certain ideal, fades into the background and more narrowly somatic considerations come to the fore in the discussions of diseases and their cure, this gap closes and the human body clearly comes in two types. That the gap has closed from the female side, that she has now joined a narrative and a humanity generally assumed to be male continues to be apparent, however, in the periodic appearances she makes. This is what Heinrich von Staden has labelled Celsus' "reluctant construction of the female body", the way in which the male is the model and:

The female appears as an obligatory detour, as a reluctant yet necessary afterthought, and as a phenomenon requiring description and explanation outside the normal categories of bodily things.  

Pliny initially offers a much more broadly conceived definition of humanity in which its sexed nature is never in question. This breadth comes from the shape of his overall project, from the fact that he is describing human beings as types of things in the world, special types of things but things like the other animals, plants and minerals nonetheless; not as specifically medical objects of any kind. His main concern is to place humanity in its proper, pre-eminent, place in the world, in its proper set of relations with its surroundings and their inhabitants, which leads to human action about health through the understanding of that relationship, not through the understanding of humanity in and of itself.

Pliny begins book seven of the NH with the features he considers most quintessentially human, and these are the misery and helplessness of the newborn baby (whose only innate activity is to weep, all else having to be learned). Both these characteristics continue through life in the sense that grief, greed and internal strife are exclusively

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66Pliny NH 7. pr 1-5 (II 1,1-3,14 M).
human and that humans must mobilise external resources, which they do not possess of themselves, to live. The definitional strategy then pursued is basically one of the exemplification of extremes, organised, after a kind of introductory preamble, roughly in the sequence of birth, reproduction, life and death. The limits of collective human existence, of human society, are established first, by enumerating the exotic peoples who cluster around the edge of the known world, like the Sciapodas (umbrella footed people) of India and the Ethiopian Menismini (who live on apes' milk), and Pliny then proceeds to the limits of individual human existence, its beginnings and their production, its lived potentialities, and its endings. The narrative is partially normative, making general statements about such things as human generation, proportions and signs of impending death, but largely illustrative. Generalisations are instantiated, and, more often, a collection of instantiations stands in the place of a generalisation. What it is to be human is essentially demonstrated by example, by lists of persons known to have been born after pregnancies of exceptional length or brevity, or feet-first, or resembling Pompey the Great, or known to have possessed exceptional size, strength, sight, memory, courage or intellectual ability, or known to have been exceptional achievers in a range of artistic, scholarly, military or political spheres, or known to have met remarkable deaths, or known for any number of other things. There is a general, though non-linear, progression in the narrative from what are bad examples of humanity to particularly good ones, from those which delineate its boundaries to those which are paradigmatic of its positivity.

Women are more often bad examples of humanity than good, indeed it is questionable whether they can be good examples of humanity, rather than womanhood, at all. They help define limits far more than they provide paradigms. A human society needs women, as the androgynous Machyles indicate, but their peculiarities, particularly reproductive ones, make any such society liminal. It is women who are responsible for prodigious births, Pliny mentions no fathers in this context; and only females are subject to complete sexual change, their occasional transformation into males being well attested by reliable

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57 Pliny NH 7.2.23 - Sciapodas; 7.2.31 - Menismini (II 9,6-7 and 12,3-7 M).

58 Pliny NH 7.2.15 - Machyles; 7.2.23 and 7.2.29-30 - reproductive oddities (II 6,15-17; 9,2-4 and 11,15-17 M).
witnesses, suggesting that femaleness is somehow a less stable human state that maleness.\textsuperscript{57} These sections lead into a general treatment of reproduction, in which Pliny is concerned to describe its most prominent features as they were seen by a man of the Roman elite involved in the production of legitimate heirs, and in so doing to point up the singularity of humanity; a singularity which rests mainly on the unfixity and variety of human generation.

He starts by pointing out that only humans have no set season for intercourse and birth, and that pregnancy may last from six to over ten months, with even a thirteen month pregnancy having been deemed possible in law for the purposes of inheritance.\textsuperscript{60} Other relevant regions of variation include the fact that children may resemble their parents (in respect of scars and mutilations as well as general appearance), their more distant ancestors, somebody entirely different, or none of these, their fate being in part decided by the thoughts and circumstances of the reproductive partners during conception.\textsuperscript{61} About the ability to produce children, the only certainty is that it is impossible for women over fifty (though men are subject to no such age limit), otherwise it too varies, in respect of number, sex, timing and ease of children born; its variation being largely a property of the woman, though sometimes of a partnership, such as that of Livia and Augustus.\textsuperscript{62} There are, however, some fixed points in this flexible scheme. A male foetus is always recognised by the good health and colour of the pregnant woman, and movement in the womb from the fortieth day of pregnancy, whereas "everything is the opposite in the other sex": the load is burdensome, it is accompanied by some swelling, and movement only begins on the ninetieth day.\textsuperscript{63} Girls are generally carried in the left side of the womb, boys in the right, and girls develop more quickly but are delivered

\textsuperscript{57}Pliny NH 7.3.33-5 - prodigies; 7.4.36 - becoming male (II 12,15-13,16 and 13,17-14,4 M). Males may be castrated, but this is a rather different kind of transition, since eunuchs are like women but not actually women and it occurs through active intervention not by spontaneous somatic alteration.

\textsuperscript{60}Pliny NH 7.5.38-40 (II 14,11-15,9 M).

\textsuperscript{61}Pliny NH 7.11.50-7.12.52 (II 18,6-19,6 M).

\textsuperscript{62}Pliny NH 7.13.57-7.14.62 (IV 21,4-22,11 M).

\textsuperscript{63}contraria omnia in altero sexu Pliny NH 7.5.41 (II 15,10-15 M).
with greater difficulty. Perhaps most distinctive, however, is the fact that woman is the only animal to menstruate, and there is "nothing more monstrous" than this monthly female flux. It sours wine, ruins crops, dulls mirrors and the edges of blades, corrodes metal, kills bees and maddens dogs, among other things, but also provides the material for generating humans. Pliny provides a very compressed, and somewhat unclear, Aristotelian account of the respective reproductive roles of the menstrual fluid and the male seed, the former being acted on by the latter, in the manner of rennet, to ensoul and embody the resultant conglobation.

In contrast to this rich female involvement in the earlier part of the book, only a few of the subsequent categories of exceptional individuals admit women as well as men, and then the two usually compete separately. The smallest woman is not the same as the smallest homo/human, the longest lived women are listed as such, the woman most outstanding in her resistance to torture has a male counterpart, and, in the field of prophecy, the Sibyl has two. Women are able to compete on equal terms in the realm of pietas, and have their own class of pudicissima femina/most chaste woman (the male equivalent being simply vir optimus/best man) or being related to three distinguished men. All of these qualities, from smallness to prophecy, from pietas to pudicitia are typically female, there is no encroachment on the male domains of public life, or cultural achievement.

Pliny returns to humanity in the latter part of book eleven of the NH, where he presents a comparative survey of all the component parts of animals, including humans. This is paralleled by Celsus' adumbration of the internal parts of the human being prior to discussing their individual ailments in the opening sections of book four of the Med., and

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64 Pliny NH 7.4.37 and 7.6.41 (ll 14,7-10 and 15,10-15 M).
65 nihil...magis monstrificum Pliny NH 7.15.63-64 (ll 22,12-19 M); cf. 28.23.77-78 (IV 302,12-303,9 M).
66 Pliny NH 7.15.64-66 (ll 22,19-23,15 M).
67 Pliny NH 7.13.66 (ll 23,14-17 M).
68 Pliny NH 7.16.75 - smallest woman; 7.48.158 - longest lived; 7.23.87 - most enduring; 7.33.119 - most prophetic (ll 28,14-15; 54,21-55,7; 31,3-8; 41,10-13 M).
69 Pliny NH 7.35.120 - pudicissima femina; 7.41.133 - multiple relations (ll 41,18-22 and 46,18-47,3 M).
his description of the configuration of the bones before discussing their repair in book eight. All these accounts proceed from head to toe, but while Celsus' do so with economy, simply presenting the information he considers to be therapeutically requisite, Pliny's rambles expansively, plentifully illustrating its delineation of the particular place of humanity among the animals. The theme of differentiation and similarity, within and between sorts and types of living things, is thus central for Pliny but incidental for Celsus.

Human beings, reports Pliny, are distinguished from the other animals by the hairiness of their heads, a feature shared by men and women (at least among the intones gentes/unshorn peoples), except that women are less prone to hair loss (and eunuchs completely immune). In case this situation should be misinterpreted as meaning that women and eunuchs are, by virtue of their permanent hirsuteness, somehow more distinctively human than men, Pliny adds that baldness is also exclusive to humanity. Moving inside the head, the human brain is described as proportionately the largest amongst those creatures so endowed, with the man's being bigger than the woman's. Teeth are also more numerous in males than females, not only among humans but also among cattle and pigs.

Pliny's account of the thoracic interior is entirely generic, except that, appended after the discussion on the bladder, is a chapter which opens:

Feminis eadem omnia praeterque vesicae iunctus utericulus, unde dictus uterus; quod alio nomine locos apellant, hoc in reliquis animalibus vulvam.

There are in women likewise all of these things and, in addition, a little vessel (utericulus) joined to the bladder, from which it is called "uterus"; which they call with a different name - "the places", and, in the rest of the animals - "vulva".

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70Pliny NH 11.47.130-1; cf. 11.39.230 (ll 325,1-14 and 357,12-15 M).
71Pliny NH 11.49.133 (ll 325,6-326,1 M).
72Pliny NH 11.63.167; cf. 7.16.71 (ll 336,17-18 and 25,8 M).
73Pliny NH 11.84.209 (ll 350,20-351,1 M).
It is mainly this latter item which features, largely in a culinary context, in the rest of the
passage, though Pliny does add that in women the womb has two cavities, and, whenever
it moves, fatally hinders the breathing. It is at a similar juncture in Celsus' first, organic, narrative that sexual differentiation makes its sole appearance. The point of
divergence is here, however, the bladder itself, which is of a unitary constitution but
placed differently in men and women. It is on the left side in the former, but situated
centrally, above the genitals and supported by the vulva/womb, in the latter. The urinary
passage which descends from the bladder is longer and narrower in men, shorter and
wider in women, and passes into the colis/penis and the vulvae cervix/neck of the womb
respectively. While the colis requires no further elucidation, the vulva does, in terms of
its size, morphology and orientation. It is described as being pretty paltry in
virginibus/in young virgins, and not much larger than a fist in mature women, unless they
are pregnant; it begins with a straight narrow neck and widens into a larger vessel, and
orientation; turns slightly to the right before passing over the rectum and is attached to
the ilia. This too is the region of osteological difference between the sexes, for, though
the hip bones themselves provide undifferentiated protection for the womb, bladder and
rectum, the pecten (pubis) bone is straight in men but curved outwards in women, "so
as not to impede birth". This is one of the very few functional arguments in Celsus' anatomy.

Pliny discusses the generic constituents of bodies, such as fat, marrow, and bones,
immediately following his enumeration of parts, and then examines the joints and
terminations of limbs, the breath and the voice, and, finally, nutrition. Here it is
reported that the blood of males is darker than that of females, that females have finer
hair, narrower feet, are (except in leopards and bears) weaker, and have (except in cattle)
a thinner (exilior) voice than males. However, it also seems that men and women are
more like each other than the males and females of other animals. Men are, for example,

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26Celsus Med. 4.1,11-13 (CML I 151,18-30), and see H. von Staden "Apud nos foediora verba" (1991) 276-284.
27ne partum prohibeat Celsus Med. 8.1,23 (CML I 372,10-11).
28Pliny NH 11.90.221 - blood; 11.94.229 - hair, the section also repeats and refines the previous remarks about
female resistance to baldness (though they may lose hair from their head and gain some around the mouth after the
cessation of menstruation); 11.105.253 - feet; 11.110.263 - strength; 11.112.269 - voice (II 354,18; 357,5; 365,13-
14; 369,10-11 and 371,12-13 M).
the only male creatures to be subject to bloody fluxes (sometimes regularly) and to have breasts, and in a few women there is a *prodigiosa* genital similitude to men.\textsuperscript{77}

In these anatomical passages, both authors demonstrate the "reluctance" of their construction of the female body most clearly. Celsus’ delineations divide at the analytic points where it becomes impossible to maintain the unitary character of the human being as an object of medical knowledge, but the division is by way of a digression from the main story, which it then rejoins. In Pliny’s account, the womb is a corporeal and textual appendage, an extrinsic addition to the main, tacitly male, body of the narrative. The whole human being who stands behind these dissections, however, is of a rather different character in the two texts, formed by their different overall constitutions. For Celsus, the whole human being is a normative entity, providing the standard for *medicina*, and this whole human norm is exactly the same in a medical context as it is in a social or political one, indeed it is this coincidence that gives purpose to his work. Thus the *sanus homo* is a physically and culturally functional man of the Roman elite. For Pliny, the whole human being is an example of, and largely subsumed within, humanity, which provides a kind of cosmic norm against which the rest of the world can be measured, ordered and made sense of. Humanity, as a species, crucially contains two types of human beings, and though only one can really represent it as such, when humanity is being measured against itself, the external standard is set by both together, and this typology radiates outwards as an important element in Pliny’s anthropocentric method of simultaneous classification and comprehension of things in the cosmos; a radiation which reflects back on its centre, arranging and explicating the world in relation to humanity, humanity in relation to the world, and humanity in relation to itself, in a single, mutually reinforcing and implicatory, web.

This outward sexual spread passes first through the other animals in which there is also conceived to be a division of reproductive roles and thus a direct line of comparison with humanity, then into those plants and minerals which, though not understood to procreate sexually, were nevertheless divided into females and males and thus bound up and ranked

\textsuperscript{77}Pliny NH 11.90.223 - bloody fluxes; 11.95.232 - breasts; 11.109.262 - genitals (ll 355,7-14; 358,9-10 and 368,18-19 M).
in a familiar relationship of hierarchical sameness and difference with themselves. Continuity is maintained in the categorisation despite the loss of reproductive signification. Male plants are larger and rougher than females; and, among the carbunculi (red gem stones), sandastroi (transparent stones containing glittering particles) and sarda (reddish stones), for instance, the male stone is characterised by the brilliance and vitality of its lustre, compared to the weaker, softer glow of the female, and impotent magnetite is also female. All this, however, falls within a knowledge project which is coextensive with the world, not narrowly medical like Celsus’, though in some ways woman is positioned similarly within both. She is part of what is being comprehended, that is an object of knowledge, part of the system of comprehension, the mode of knowledge, but not truly counted among the comprehenders, the knowing subjects who, for both Celsus and Pliny, must also be knowing agents, must act on their knowledge; for agency, in its full sense, is exclusively male.

Diseases and Women

Celsus’ coverage of diseases is much more semiotic than aetiological; his project is nosographical, descriptive of the indicators of illness in its many forms, both future and present, not pathological, and he rejects more sophisticated classificatory schemes for a simple division between diseases of the whole body and those of its parts, which are discussed individually. He clearly subscribes, however, to a loosely Hippocratic model of sickness as generated through the interaction between body, lifestyle and environment, a generation that has a regularity and predictability which implies causal connection within the framework of a qualitative, and affective, continuity between human beings and their world; and is more directly dependent on various Hippocratic works.

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Footnotes:

78 For general discussion of the sexual division of plants see C. Gorm Tortzen "Male and female in Peripatetic botany" C & M 42 (1991) 81-110 and M. Negbi "Male and female in Theophrastus' botanical works" JHS 28 (1995) 317-332. It should also be noted that sexual reproduction was thought to be radically more restricted among the animals than it is today, was only considered to occur in the date palm among the plants, and not at all among minerals, though some stones were thought of as spawning new ones.

79 Pliny NH 16.62.145 and 24.92.143 - male plants tougher; 37.25.92-3 - carbunculi; 37.28.101 - sandastroi; 37.31.106 - sarda; 36.35.128 - magnetite (III 38,6-9; IV 101,12; V 421,18-422,5; 425,2-5; 427,11-13; 353,12-13 M).
particularly the *Aphorismoi/Aphorisms* (*Aph.*) for much of what he has to say about disease.

Women have a particular relationship to the conditions of their existence in this pathogenic context, as the paradigmatic possessors of softer (*molliora*) bodies. This means that they are usually prone to *lippitudo* (inflamed and running eyes), *tormina* (the gripes) and fevers in a dry winter with north winds or a wet spring with south winds, but enjoy good health in a dry autumn with north winds. Men, as a group, are not referred to in this way, though they may implicitly be included among the *duriora*/tougher who fare rather badly in this same kind of autumn. All women are *molliora*, but there are a number of other variables, such as age, which must also be taken into consideration. One aspect of this is the infant illnesses which cease, "neither with puberty nor with the first sexual acts nor, in the female, with the first menses", may become more deep-seated, a formulation in which the (doubly) sexually specific nature of the final phrase calls into question the genericity of its predecessors and thus establishes physical maturation as differentially marked between the sexes. Lastly, a woman may or may not be pregnant, and in the latter case it is not only her own health which is at issue, but also the health of the pregnancy and that which she bears, both of which are adversely affected by wet winters and cold, dry springs. She herself is especially threatened by acute diseases and *tormina*. Pliny too considers that different groups of the population may be differentially affected by diseases, for example,

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60 Celsus Med. 2.1,13 and 16 (CML I 48,4-7 and 17-20); cf. Hippocrates Aph. 3.11 and 14.

61 Celsus Med. 2.1,16 (CML I 48,20-22).

62 Celsus Med. 2.1,17-22 (CML I 49,1-50,10); cf. Hippocrates Aph. 3.18.

63 *neque pubertate neque primis coitibus neque in femina primis menstruis* Celsus Med. 2.1,20 (CML I 49,18-21); cf. Hippocrates Aph. 3.28. In general *pubertas* seems to mean attain manhood rather than puberty, as its wider usage indicates. See also Pliny NH 28.10.44 (IV 291.7-9 M), where *primo coitu* is an alternative to *primoque feminarum mense* as the dissolver of youthful disease.

64 Celsus Med. 2.1,14 (CML I 48,7-10).

65 Celsus Med. 2.6,8 and 2.8,13 (CML I 57,10-14 and 69,5-13); cf. Hippocrates Aph. 5.30 and *Proorrhētikon* (*Prorrh.*) 2.22.
stating that _lichena_ (a disfiguring skin complaint) left women, slaves, and the lower orders untouched when it arrived in Italy during the reign of Tiberius.⁸⁶

Celsus makes no subsequent reference to the quality of the female body as such, instead a particular feature of her somatic economy emerges as being of special pathological significance. Not only is a girl's first period the marker of her maturation, but menstrual regularity thereafter is integral to her well-being. The cessation of the menses forebodes acute pains in the head, or disease in another part of the body; it removes the protection women otherwise have against _podagra_ and _chiragra_ (gouty afflictions of the feet and hands) and a weakness in the eyes which affects night vision; and, if it supervenes upon _tabes_ (a wasting sickness) complications occur which make these women (and _virgines_) the most difficult to cure.⁹⁷ Women's lesser susceptibility to the _morbus comitialis_ is not so qualified, but the disease itself may be lifted by the first sexual act in boys or the first period in girls.⁸⁸ Scribonius, by contrast, picks up this same point in a different way; women are less easily cured of epilepsy than men, and both boys and girls may be released from this disease through sexual activity.⁹⁹ This sexual activity is, however, described in sexually differentiated terms, boys engage in _complexus/_sexual embrace, girls in _devirginatio/_devirgination.

That, for Celsus (as for the Hippocratic writers he is often following), these are facets of a conception of female corporeality as intrinsically unstable, requiring a recurrent outflow of blood in order to maintain its precarious internal balance and therefore health, which is otherwise jeopardised by the build up of a dangerous sanguinary excess somewhere in the body, is confirmed by the explicit linkage between menstruation and other forms of blood loss. A woman is freed from vomiting blood by menstrual discharge or a nose-bleed; the perilous conjunction of menstrual stoppage and _tabes_ is

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⁸⁶Pliny _NH_ 26.3.3 (IV 175.7-10 M).

⁸⁷Celsus _Med._ 2.7,7 - menstrual stoppage, cf. Hippocrates _Prorrh._ 2.26; 4.31,1 - _podagra_ and _chiragra_ (eunuchs and boys before having had sex with a woman are similarly infrequently affected), cf. Hippocrates _Aph._ 6.28-30; 6.6,38 - night vision; 2.8,7 and 25 - _tabes_, cf. Hippocrates _Prorrh._ 2.7 (CML I 60,12-13; 183,22-23; 274,10-12; 67,21-68,3 and 72,17-19).


⁹⁹Scribonius _Comp._ XVIII (21,1-3 S).
relieved by a sudden haemorrhage or the bloody bursting of a sore; non-menstruating women should be bled intermittently; and, there is a correlation between non-menstruation and sanguineous expectorations. Other aspects of this fluid economy are suggested by a connection between lactation and menstrual failure outside the context of childbearing, and the fact that blood suffused breasts are predictive of furor, though he never discusses the role of menstruation in reproduction, or in normal female functioning more generally, as such. This narrow, corporeal, understanding of female health contrasts starkly with the cultural well-being of the sanus homo.

The Normal Woman Revisited

Menstruation also enjoys pride of place in Dioscorides' and Pliny's orderings of points of medically effective contact between various types of things in the world and women, but this profusion is the product of quite a different set of attitudes and concerns from those of Celsus, illustrating the reversal of perspective between the two. The vast majority of these materials, which total well over a hundred in Dioscorides and just under this figure in Pliny, are described simply as having the power to put the menses in motion. Dioscorides most frequently uses the verb ageinito to drive and its derivatives in this connection, alongside kineinito to move and other words invoking drawing down and expulsion, and the theme is so persistent that it sometimes appears in the initial listing of the dunameis of an item, before the delineation of any more specific medical applications. The plant kostos, for instance, has "heating, diuretic and menses-driving

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^Celsus Med. 2.8.16 - vomiting blood, cf. Hippocrates Aph. 5.32 and 33; 2.8.7 - tabes; 6.18.9C - venesection; 4.11.2 - spitting blood (CML I 70,2-4; 67,21-68,3; 295-6; and 162,15-16). Intermittent bleeding is also advised for men, who may become dependent on a regular flux of haemorrhoidal blood, so bringing the sexes somewhat closer.

^Celsus Med. 2.8.41 - lactation, cf. Hippocrates Aph. 5.39; 2.7.27 - furor, cf. Hippocrates Aph. 5.40 (CML I 76,18-20 and 64,1-3).

^See I. Fischer Gynäkologie (1927) 8-9 for references to each formulation.
power".94 Pliny uses ciere/to move and its cognates, as well as the more vigorous trahere/to pull, and pellere/to drive, together with a number of even vaguer formulations about helping (adiuvare/prodesse) the menses.95 Within this horde there are a few explicit references to cases of menstrual retention, and there are also substances that check or restrain menstruation, which is occasionally specified by Pliny as excessive, but otherwise left unadorned.96 Pliny comes closest to Celsus, particularly in the cases in which the menses themselves drop out leaving, "abundantiam mulierum/women’s excess", as the object of treatment.97 The most striking aspect of all this, however, is the basic independence of menstruation, and the ability to affect it, from any pathological concerns, and though the only recipe targeted at the menses by Scribonius is for cases of their retention, Thessalus includes one that simply "katagein/brings down" the katamēnia, as well as one compound for stopping them if their flow is para phusin/contrary to nature.98

Isidor Fischer has suggested that the primary purpose behind moving the menses was, in fact, abortion, since pregnancy was an obvious cause of their cessation, and, based on modern research into the effects of these substances, Riddle concludes that "Dioscorides intended an emmenagogue action to be interchangeable with an abortifacient action".99 However, modern preoccupations should not be allowed to distort the ancient order of things. What is being presented is a range of menses-regulating potentialities inherent in the world which, because of the link between menstruation and childbearing, might be humanly employed in a number of ways; but these possibilities are left entirely open, and

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94Dioscorides - H/ 3.2.4,2 and 55 (ll 35,2 and 69,4-5 W); 5.54,2 and 61 (ll 31,18 and 33,15 W) - menstrual retention; 1.125,2 (ll 114,12 W), 3.43 (ll 55,10 W) and 5.146 (ll 102,3-5 W) - stopping the menses. Pliny NH 20.86.258; 21.89.158; 22.71.147 and 74.158; 27.13.30 (ll 377,13-14; 430,2-3; 486,12-13 and 489,10-11; IV 239,4 M) - menstrual retention; and e.g. 23.71.138 - stopping excess; 23.32.68 and 23.60.112 - just stopping (IV 44,14-15; 22,6,7 and 35,21 M).
95Dioscorides - H/ 3.2.4,2 and 55 (ll 35,2 and 69,4-5 W); 5.54,2 and 61 (ll 31,18 and 33,15 W) - menstrual retention; 1.125,2 (ll 114,12 W), 3.43 (ll 55,10 W) and 5.146 (ll 102,3-5 W) - stopping the menses. Pliny NH 20.86.258; 21.89.158; 22.71.147 and 74.158; 27.13.30 (ll 377,13-14; 430,2-3; 486,12-13 and 489,10-11; IV 239,4 M) - menstrual retention; and e.g. 23.71.138 - stopping excess; 23.32.68 and 23.60.112 - just stopping (IV 44,14-15; 22,6,7 and 35,21 M).
96e.g. Pliny NH 24.42.72 (IV 78,14-15 M).
97Scribonius Comp. CVI (57,11 S); Thessalus 1.5,3 (kuklaminos/cyclamen, the herb of Leo) - brings down, and 1.4,1 (sumphuton/comfrey, the herb of Cancer) - stopping (108,11-13 and 104,8-9 F).
98I. Fischer Gynäkologie (1927) 8; J. Riddle Contraception and Abortion from the Ancient World to the Renaissance (1992) 50.
that is important. There is also little indication that this regulation was seen as the practical result of a conception of menstruation as the key to female health, it seems more likely that, in so far as these authors draw on popular medical traditions, the number of entities that are classified as potentially regulative of menstruation must reflect a general concern of women, their wish to be able to affect these processes, but for reasons as much reproductive as healthful, and more habitually homoeostatic than actively therapeutic.

An examination of the specific points of medically effective contact with the reproductive process itself that appear in these texts, and the patterns they make, helps to clarify these matters, as well as being significant in its own right. The first point of potential intervention into the procreative process is *sullêpsis/conceptus*, the taking hold of the seed and any other necessary fluids in the womb.\(^\text{100}\) In Dioscorides, only three items (hare rennet, darnel and carrot) have a particular application which "assists towards *sullêpsis*.\(^\text{101}\) Pliny suggests that rather more substances (also including the carrot) help (or occasionally cause) *conceptus*, though some of these suggestions remain unendorsed.\(^\text{102}\) He also describes a number of things which more generally promote female *fecunditas/fertility*, or are good for *sterilitas/barrenness* in women; there is only one equivalent male application.\(^\text{103}\) Celsus includes only one remedy for non-conception.\(^\text{104}\) The proportions, however, are reversed with the results. Pliny mentions only one item (an amulet made from the worms out of a hairy spider and deer skin) which prevents *conceptus*, which he excuses on account of the existence of women of excessive *fecunditas*, but otherwise refers to things that cause *sterilitas* primarily in order

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\(^{100}\) *Conceptus* can also mean that which has been conceived, that which is carried in the womb, though Pliny usually uses *partus* (also meaning birth) in this case.

\(^{101}\) Dioscorides *HI* 2.75,1 and 100 (I 150,12-3 and 175,6-8 W); 3.52,2 (II 66,8-9 W). All are variations on *sullêpsis*.

\(^{102}\) Pliny *NH* 20.3.6 and 15.32; 22.40.83; 24.6.12; 27.40.63; 28.27.97 and 28.77.255; 30.43.125 and 128; 31.7.10 (III 304,5-6; 312,5-6 and 466,2-3; IV 58,6-7; 248,17-19; 308,25-309,2; 363,13-14 and 466,6 and 7-8; V 5,3-4 M). He also includes a Magian recipe for forcing an unwilling woman to conceive - 30.49.142 (IV 472,4-5 M).

\(^{103}\) E.g. Pliny *NH* 20.22.48; 28.77.248; 30.44.130 and 131 - *fecunditas* (III 316,12-13; IV 361,6-8 and 466,20-21 and 467,7 M); 28.13.52; 31.4.8 - *sterilitas* (IV 293,17; V 4,11-12 M); 28.77.249 - *male* (IV 361,8-9 M).

\(^{104}\) Celsus *Med.* 5.21,7 (*CML* I 207,32).
to prevent their being given to women, and even, on occasion, to men.*° In Dioscorides, on the other hand, procreative prohibitors are plentiful and discussed in some detail. Most frequent is the simple statement that a given substance is atokios (an infertility agent), while drug actions may be described as "extinguishing gonê/generation" or "producing asullêpsia/non-conception".°° Methods of application may be left entirely open or the specifications may include not just vehicle and quantity but also timing. Several are taken or applied before intercourse (one after), or they may follow the purging of the womb or childbirth.°° In the former instances it is clear that it is only a temporary measure that is being taken (however often), while others indicate a more long-term perspective. Where the sex of the users of the material is specified, either explicitly or implicitly, they are always female, but this occurs in only half the cases. Moreover, "it is reported that drinking [periklumenon/honeysuckle leaves in olive oil] for 37 days makes [people] agonous/seedless", and similar things are said of the lower part of the xiphion/gladiolus root, suggesting that the physical part of the control of reproduction was not popularly assumed to be an exclusively female occupation.°°

Also focused around this reproductive starting point, though extending some way to either side of it, are various items that may be utilised in order to affect the type of procreative outcome there will be, not just to assist in its achievement per se. These are, overwhelmingly, measures to determine the sex of any progeny. Sullêpsis itself may be sexed, or intervention may take place shortly afterwards (a conceptu or circum conceptum), relying perhaps on the ongoing moulding by the womb of what it contains,

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°°e.g. Pliny NH 29.27.85 - ne concipiant (IV 398,13 M); 20.44.114 and 31.7.10 (III 335,6-7; V 5,6-7 M); 27.17.34 and 27.55.80 (IV 240,12-13 and 253,18-19 M) - the first two concern sterilitas generally, the second pair are specific to women; 24.47.78 (IV 80,14-15 M) - ivy makes even men stériles, this obviously being a tougher job than having the same effect on women.

°°e.g. Dioscorides HI 1.77,2 and 179,3 (I 77,7 and 250,5 W) - krístas irre; 3.45,1 and 58 (II 57,10 and 71,2-3 W) - γανή οξύνων; 4.185 (II 334,6-7 W) and 5.80 - σωληψίας σωιτ (III 52,18 W). For a discussion of the efficacy of these items see J.M. Riddle Dioscorides on Pharmacy and Medicine (1985) 58-64.

°°e.g. Dioscorides HI 1.77,2 (I 77,7 W) - before intercourse; 1.159,3 (I 225,10-11 W) - after; 4.19 (II 184,10-12) after katharsis; 2.120,3 (II 194,5 W) - after birth.

°°ἐκ ἡμέρας δὲ τριάκοντα εἰσὶ προθέτα άγάπων σωιτ ἴσωροιν καὶ ἔμπροποιοι οὗτοι Ιωακείος Dioscorides HI 4.14,2 (II 180,9-10); and 4.20,2 (II 185,12-3 W). Whether the people saying these things had a one or two seed model is, of course, not revealed.
as suggested by the phrase "mares figurat/it forms males" in one such case. Pliny provides the largest number of these substances, while Dioscorides is more selective. The thistle, the aristolochia/birthwort and crataegonon/persicaria plants, the uterus, testicles or rennet from a hare, and cock's testes, if used appropriately (usually taken internally) are said to produce male offspring; while the plants linozostis (a mercury), satyrion (an orchid), thelygonon/arsegonon, cynosorchis (an orchid) and phyllon/dog's mercury offer the full choice. The two options are covered either through a correlation between the sex of the plant employed and that of the child generated or through a similar correlation with a part of the root, the larger part always being linked to males and the smaller to females. In the case of the cynosorchis, the sex of the procreative partner consuming the root section must also be appropriately aligned with that of the progeny. In that of the crataegonon both partners must take it in wine for forty days before conceptus, otherwise only the woman seems to be involved. Dioscorides' greater discrimination is demonstrated in his repetition of this motif only in his accounts of the linozostis, krataiogonon and orchis, though he is clearly drawing on the same sources as Pliny for many of the other entities listed above. Neither author fully commits himself to that which he reports, but the multiple connections between things that enrich the traditions upon which they rely are again revealed nonetheless. The recognition of a morphological resemblance between the tubers of the orchis and the human testicles, was reflected in their homonymy and the cluster of properties inhering in the plant, and the seeds of the arsegonon plant were similarly described, its name, as

109 e.g. Dioscorides HI 4.189.2 - σέληνης θήλεως παιδία (II 337,8 W); NH 26.91.162 - feminam concipi (IV 229,1 M); 28.77.248 - mares concipi (IV 361,5 M); NH 25.18.39 and 30.43.123 - a conceptu (IV 128,23 and 465,10 M); 28.77.254 - cirsce conceptum (IV 363,6 M); 25.54.97 - a conceptu...mares figurat (IV 148,21-22 M). Vaguer terms like poiein, gignere and generare also appear in this connection.

110 Pliny NH 20.99.263 - thistle; 25.54.97 and 28.77.254 - aristolochia; 27.40.62 - crataegonon; 28.77.248 - hare products; 30.43.123 - cocks' testes; 25.18.39-40 - linozostis; 26.63.97 - satyrion; 26.91.162 - thelygonon/arsegonon; 27.42.55 - cynosorchis; 27.100.125 - phyllon (III 268,8-13); IV 148,21-22; 363,6-7; 248,13-16; 361,4-5; 469,9-11; 128,20-129,4; 207,11-13; 229,1-3; 249,12-13 and 288,11-12 M). Interestingly, though aristolochia is the herb of Pisces in Thessalus (1.12,1-11 [175,1-187,15 F]), reproduction does not appear anywhere in the substantial chapter enumerating its properties.

111 Linozostis, phyllon and perhaps thelygonon/arsegonon fall into the former category; satyrion and cynosorchis into the latter.

112 Dioscorides HI 3.124 - krataiogonon; 3.126,2 - orchis; 3.189,2 - linozostis (II 135,3-7; 137,1-3 and 337,6-9 W); but compare, for instance, 3.128 (III 138,5-139,8 W) on phyllon to NH 27.100.125 (IV 268,11-12 M) on the same plant.
well as that of its colleagues the thelygonon and crataeogonon, also clearly articulate their character.

The next procreative period is also open to the influence of a whole host of materials, and here the differences between the approaches of Dioscorides and Pliny to intervention in the reproductive process become even clearer. One aspect of this difference is that, while the pregnant woman herself is almost excised from the HI, she appears reasonably regularly in the NH, though what she carries still receives most of the attention. The only exceptions to the invisibility of the female body which sustains the embrunon in Dioscorides are his reports of two plants (kuklaminos and onosma) which are said to cause miscarriages (examblaóskein/ektitróbsekein) if stepped over by a pregnant woman, and his more straightforward statement that if a pregnant woman takes a concoction of thelupteris (a fern) the result will be no different (this also causes asullépsia in non­pregnant women). Pliny records similar sayings about the onosma and filices/ferns (including that called thelypteris by the Greeks), and adds reports that stepping over a vipera or amphisbaena (both snakes), or a raven’s egg, or smelling the dracunculus/arum plant or setting eyes on a female sea-hare has the same effect (abortum facit). Pliny’s phrasing is often admonitory, warning or enjoining those women not to come into contact with these things, something which Dioscorides seems entirely unconcerned about, and he also instructs that ruai/rue and sisymbrium/water cress are plants that should be similarly eschewed, for the partus is killed by the former and expelled by the latter. There are a couple of other items which Pliny advises should be simply avoided by the gravidae or praegnantes, and there are other things that may be of equally vague assistance to them; the benefits which may accrue to the partus itself are, however, more elaborately expressed. It may be continere/held fast, custodire/preserved,

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113HI 2.164,1 - kuklaminos; 3.131 - onosma; 4.185 - thelupteris (l 229,13-4; ll 141,4-5 and 334,6-7 W). cf. the story that oxuakantha has a similar effect if it gently strikes the belly of a pregnant woman three times (1.93 [l 85,14-6 W]).

114Pliny NH 27.86.110 - onosma; 27.55.80 - filices; 30.43.128 - vipera and amphisbaena; 30.44.130 - raven’s egg (causes miscarriage through the mouth!); 24.92.143 - dracunculus; 32.3.8 - sea-hare (IV 263,8; 253,18-19; 467,2-3; 101,10; V 51,5-6 M).

115Pliny NH 20.51.143 and 20.91.248 (III 343,26-344,1 and 374,1-2 M).

116e.g. Pliny NH 23.80.153 and 25.34.71 - to be avoided; 23.26.53 and 28.77.247 (IV 49,19; 140,1-2; 17,20-18,1 and 360,16 M).
either unqualifiedly or specifically contra abortus/against miscarriage, or maturare/quickened.\textsuperscript{117}

Dioscorides makes no reference to this kind of effect, listing only things that move or harm, rather than hold or shelter, the embrunon. It can be driven (agein), drawn/drawn down/attracted (helkein/katasp/ephelkein/episp/), cast or shaken out (ekbalkein/ektinasen).\textsuperscript{118} The vocabulary is forceful, the force being apparently exerted on the embrunon not by the woman, and there is no indication given of whether the embryo survives these actions. This is not, however, due to Dioscorides’ reticence on such matters, and absolutely no ambiguity attends the substances which destroy (phtheirei) or kill (kteinei) the embryo, or extract it after death.\textsuperscript{119} He is concerned only to describe the dunameis of things, the results of their various applications to the human body, endorsing their efficacy without passing comment on anything else. Pliny, however, having earlier announced that, unlike the wicked Greeks, he will not mention abortiva/abortifacients, amatoria/love potions or any other magica portenta/ominous magic, indeed having suggested that abortiva are worse than poisons since there are some circumstances in which the latter may be beneficially employed, presents much of the same material in a quite different way.\textsuperscript{120} With four exceptions, he qualifies any movement of the partus with the condition that it is already dead, though the language remains otherwise similar.\textsuperscript{121} His disembodied references to putting it in that state are as discouraging as those addressed to the pregnant woman, and so are his reports of substances abstractly productive of miscarriage (abortus facere), except for a couple of

\textsuperscript{117}e.g. Pliny NH 28.27.98 - continere; 28.77.246 - custodire; 30.43.124 - custedit partus contra abortus; 30.42.123 - maturat (IV 309,8-9; 360,14 and 465,16-17 and 11-12 M).

\textsuperscript{118}e.g. Dioscorides H/1 1.19,4 - 
\textsuperscript{119}The exceptions are NH 20.40.105; 23.53.99; 24.97.154 (III 333,2; IV 31,15 and 105,5-6 M); 26.90.153 - for a dead or stuck partus (IV 225,3 M). References to extracting the dead foetus number 25 and can be found, together with a discussion of their relationship with Dioscorides, in I. Fischer Gynäkologie (1927) 6-7.
statements clearly ascribed to others. Dioscorides thus pursues a policy which may be described as pro-knowledge, offering a reproductive regulation which is numerically weighted towards prevention; Pliny pursues a pro-natalist policy and edits his information accordingly.

Celsus also gives only two recipes, and describes surgical operations, for drawing out a dead foetus. He claims this surgical process is among the most difficult there are, attended by great danger but revealing the mirabilis/amazing nature of the vulva. It is this, therefore, that may have caused its detailed inclusion, rather than any other considerations. Thus, more striking than the content and direction of his references to reproduction is their relative paucity, a reticence Scribonius and Thessalus take even further. Despite the manifest differences in how they present knowledge about it, both Dioscorides and Pliny see the world around them as richly provided with materials affecting, or effective in, human generation, largely, but not exclusively, as it was undertaken by women; whereas Celsus, Scribonius and Thessalus either see no such thing, perhaps because they are looking the wrong way, at the human being rather than at the world through the human being, or choose to ignore it, for whatever reason. Celsus certainly considered that there were limits to the proper and necessary male medical knowledge, and that pudor/modesty and the artis praecepta/principles of the art may make conflicting demands which are only partially alleviated by using Greek technical terminology rather than words of homespun coarseness. Scribonius may also have been mindful of his audience, and it is interesting to note that he never attaches the name of any lady of the imperial household to a specifically female remedy. Thessalus' silence on these matters emphasises the technical, specialised, character of his text, how distant it is from the broader engagement with everyday life (of which reproduction is an essential element) that is so evident in tracts that superficially seem to share many features with it, such as the Kyranides, with its similar correlations of stars.

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122 e.g. Pliny NH 21.84,146; 27.113.139 and 28.77.251 - warnings against killing the partus or miscarriage (III 427,7-8; IV 273,1-2 and 362,3-4 M); 20.84.226 - neutral report of causing miscarriage from Olympias (III 366,17-18 M).

123 Celsus Med. 5.21,5 and 5.25,13 - recipes; 7.29,1-10 - surgery (CML I 207,28-29; 214,15-16 and 356,5-358,16).

124 Celsus Med. 6.18,1 (CML I 290,12-17); and see H. von Staden "Apud nos foediora verba" (1991)
herbs and stones. Indeed, perhaps this technical ambition and concomitant disengagement from the mundane occurrences of childbearing, is also part of Scribonius' and Celsus' agendas, in contrast to the more inclusive approach of Dioscorides and Pliny. Whatever the case, however, the attitudes to the relationship between medicina and reproduction evinced in these texts are clearly different in several ways.

For birth itself, both Dioscorides and Pliny offer a range of materials which may be generally beneficial - assisting or speeding it up - or specifically helpful in a difficult case. Both include a number of amulets for these purposes, and Pliny also records some rather more complex procedures, such as successfully concluding an arduous birth by throwing a light cavalry spear - pulled from a human body without its touching the ground - over the house in which the woman is in childbed. The liber vulturis also recommends that vulture feather under the right foot immediately brings about birth when the woman herself is unable to do so. Following this, the removal of the afterbirth (the deutera/secundae and locheia), general post-parturient purging and the bringing on, or halting, increasing or improving, of lactation may all be pharmacologically effected.

Pliny also refers to treatment of hairiness of the breasts resulting from giving birth, and this is also more generally actionable problem. Similarly, a range of materials and recipes are variously offered for keeping the breasts firm and upstanding, or preventing

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125 e.g. Dioscorides H I 3.14,2 - speedy birth (II 180,8-9 W); Pliny NH 22.44.89 - helping (III 467,20 M); H I 1.47,2 (I 45,11-2 W) and 24.13.22 (IV 61,14-15 M) - for difficult birth. Pliny and Celsus also provide for the pains of giving birth - NH 28.77.249 (IV 361,14 M) and Med. 5.25,14 (CML I 214,17).

126 e.g. Dioscorides H I 5.142 and 154 (III 100,16-7 and 105,2-3 W) and NH 28.9.42 (IV 290,11-13 M) - amulets; 28.8.34 - missiles (IV 288,8-287,10 M).


128 e.g. Dioscorides H I 3.4,4 and 31.1 (II 7,20-8,3 and 40,14 W), Pliny NH 27.94.120 (IV 267,3-4 M) - afterbirth; H I 3.71 (II 82,6-7 W) and NH 20.81.214 (III 363,16-17 M) - purging; H I 1.103,2 (I 95,78 W) and NH 24.59.100 (IV 87,11 M) - increase milk; 4.78,2 (II 240,10-12 W) and NH 23.32.67 (IV 22,9 M) - stop milk production. In Pliny, measures to affect the milk may be specifically directed at the nutrix/wet-nurse rather than the mother.

129 e.g. Pliny NH 26.92.163 - hairiness from birth; 32.46.129 - general mammary hairiness (IV 229,9 and V 93,3-4 M).
them from growing. These latter substances may be operative specifically in young girls rather than being of general application, and on one occasion Dioscorides proffers a male parallel - non-development of the didumoi/testicles in paides/boys - and there are other things that have a more global power to keep boys (or possibly children of both sexes) immature (anêbes) or inhibit pubertas. Pliny says quite plainly that knowledge of these pubertas preventing powers is of interest to slave dealers and, though he does not say it, being able to make the female body more marketable would have been similarly appealing. The market in women, of course, extended, in a more metaphorical sense, far beyond the edges of the auction block, and it may be that the comparative reticence on this point reflects the rather more blurred boundaries between aspects of female servitude and the overall cultural construction of womanhood than between their male counterparts. It is also the case, however, that the normal woman is consistently characterised by a profound concern with her appearance more generally. The vast majority of cosmetic measures are specifically labelled for women, and not only does Pliny constantly inveigh against female vanity, but the far more rhetorically restrained Celsus complains that "to treat pimples, spots and freckles is almost absurd, but it is not possible to tear women away from care for their appearance".

Therapeutics and Women

There is also a distinctive pattern of female pathological conditions and cures that emerges across all these texts, focused on the regions around the womb and breasts. It is the former that enjoys the most popularity and variety in terms of diseased dispositions which may be materially alleviated. The womb and its surrounding area may become:

130 e.g. Pliny NH 25.35.154; 30.45.131 - keeping breasts firm; 27.53.78 and 32.46.129 - stopping breasts from growing (IV 166,17-18; 468,5; 252,17-18; V 93,4-5 M); Dioscorides HI 4.19 and 78,2 (II 184,9-12 W); 5.149 (III 102,14-15 W) - stopping breasts from growing.


132 Modern commentators also highlight tampering with the male slave's body and overlook the treatment of the female body, see e.g. K.R. Bradley Slaves and Masters in the Roman Empire (1987) 115-6.

133 Pae ne ineptiae sunt curare varos et lenticulas et ephelidas, sed eripi tamen feminis cura cultus sui non potest Celsus Med. 6.5,1 (CML I 257,30-258,1); and see e.g. Pliny NH 21.88,153; 21.91,159; 22.47.98 and 32.27.84 (III 429,9-10; 430,19-20 and 471,6-7; V 77,21 M).
cold, fluid or haemorrhagic, inflamed, distorted, constricted, lax, inflated or swollen, closed, ulcerated, fistulated, subject to growths or malignancies, indurated, painful, irritated or prolapsed; all states which are relieved by any number of remedial substances. These are all common diseased dispositions, to which most parts of the body are susceptible; though the womb’s attraction of the whole gamut of such conditions in Dioscorides and Pliny is organically distinctive, and not replicated by other authors. Celsus somewhat compensates for his reluctance over these common conditions with his detailed discussion, under the general heading of internal wounds, of the wounded womb. The effects of such a piercing of the uterus are notable, they include pain, profuse bleeding, vomiting, speechlessness and mental derangement and disorientation. Celsus himself draws attention to the experiential similarity between dying from a wound in the womb and one in the heart, and otherwise this collection of symptoms most clearly resembles that following a wound inflicted on the brain or its covering; both heart and brain being particularly critical for life. He also speaks of the surgical repair of abdominal rupture from uterine exit, and Pliny mentions damage to the womb following parturition, but the vast majority of these myriadal uterine disorders are without cause or context, being simply one point of useful pharmacological purchase suspended among others.

In Dioscorides and Pliny the breasts are susceptible to a similar, if smaller, group of common conditions: inflammation, swelling, skleria/duritia (induration or hardening) and

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1. ^e.g. Dioscorides HI 1.4,2 (I 10,6 W) - cold; HI 1.70,2 (I 67,2 W), Pliny NH 29.9.32 (IV 379,2 M) - fluid; HI 4.36 (II 196,7-8) - haemorrhagic; HI 1.7,4 (I 12,18 W), NH 28.13.50 (IV 293,7 M), Celsus Med. 5.25,3 (CML I 213,10) - inflammation; HI 1.32,2 (I 37,12 W), NH 24.13.23 (IV 61,15-16 M) - distorted; HI 1.23 (I 28,6 W) - stricture; HI 1.13,3 (I 18,12 W) - laxity; HI 3.31,2 (II 41,10-11 W), NH 29.11.45 (IV 383,12-13 M) - inflated; HI 2.3 (I 197,3 W), NH 28.28.110 (IV 312,23-24 M) - irritated; HI 1.101,2 (I 93,11-2 W), NH 22.15.31 (II 449,20-450,1 M), Med. 6.18,10 (CML I 296,24) - prolapse. The total references in Dioscorides and Pliny each reach into triple figures, and this includes, in Pliny, many materials simply labelled "for ills of the womb" or something similar, e.g. 21.73.123 (IV 421,1-2 M); and Thessalus also includes a compound plaster from kallitrichon/herakleion (Venus’ herb) that cures all diathesis in the womb (2,6,5 [243,6-7 F]).

2. ^Celsus Med. 5.26,13 (CML I 217,29-34) cf. 5.26,3A (CML I 216,4-7).

3. ^Celsus Med. 5.26,14 - wounded brain (CML I 218,1-7).

various kinds of ulceration and malignancy, and some of these conditions may result specifically from giving birth. Celsus is again more referentially reluctant, noting only that *carcinomata/cankers* and *strumae/growths* may appear on the breasts as well as other places. Mammary *duritia*, accompanied by persistent pain, is also the only specifically female ailment to which Scribonius devotes a whole chapter, and therefore recipe, though this is due to a dispute about its curability. He treats suppurations of the breasts like any other break of fleshly continuity, including war wounds.

Distinct from the other conditions of the womb, and organically and sexually unique, is *husterikê pnix/strangulatio vulvae/uterine suffocation*, which starts from the womb, and can be treated as such, or as something affecting the whole woman, who may then require reviving after an attack, like an epileptic, and can be classified according to her condition. Thus, in Dioscorides, the phrase "*husterikai pniges*" is equivalent, for example, to "*asthmatikoi*" (those suffering from respiratory disorders) or "*nephritikoi*" (those with kidney problems) in delineating a class of sick persons, and in Pliny *strangulatio vulvae* is the only disease that attains any kind of independent existence, escaping from a purely therapeutic context to appear in both his holistic and *membratim* descriptions of humanity. Celsus, in his head-to-toe enumeration of the ailments affecting each part, opens the chapter following that on the intestines and bowels: "From the womb of a woman there arises a violent malady", a malady which knocks its sufferers down and out in a manner comparable to epilepsy (through there are differences of

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138 e.g. Dioscorides *H* I 3.44,2 and 122 (II 58,13-14 and 133,7 W) - inflammation; *H* I 4.68,4 (II 226,12 W) and Pliny *NH* 21.77.132 (III 423,24-25 M) - swelling; Dioscorides *H* I 154,2 (II 106,9 W) and Pliny *NH* 20.44.114 (III 335,10 M) - hard; *NH* 27.40.63, 30.43.125 (IV 249,1 and 465,21-466,1 M) and *H* I 3.92 (II 162,1 W) ulceration and malignancy.

139 Celsus *Med.* 5.28,2A and 5.28,7A (CML I 236,16-18 and 240,14-16). There are more references to the breasts as good indicators of the status of pregnancy.

140 Scribonius *Comp.* C II (54,17-55 S).

141 Scribonius *Comp.* CCVI (95,18 S).

142 e.g. Dioscorides *H* I 1.33,2 and 2.81,2 (I 37,25-38,1 and 165,2-3), Pliny *NH* 20.57.182 and 21.86.149 (III 349,22-23 and 428,3-4 M) - womb/woman. *H* I 2.154,2 (I 220,12 W) and 5.128,1 (III 96,4 W); *NH* 20.87.238 (III 370,11-12 M) - rousing sufferer.

143 See e.g. Dioscorides *H* I 1.1,3 and 72,2 (II 2,12 and 83,12-3 W); Pliny *NH* 7.52.175 and 11.84.209 (II 61 and 351 M), for the latter see p.111-112 above and in the former (part of the sections on death) Pliny reports that women, by virtue of the mobility of their wombs, are especially prone to fall into a death-like condition from which they can be revived by the correct treatment.
Celsus also, implicitly, rejects the notion that any actual movement of the womb is involved in this ailment, as it is on the Hippocratic model, while the terminology Pliny uses about the uterine state underlying *strangulatio* (*conversione* and *versa*) is ambiguous as to whether change in location or just configuration has occurred, and Dioscorides makes no explicit reference to the condition of the womb at all, but drops contradictory hints about it, on the one hand, sometimes connecting *pdist* and uterine distortion (*diastrophê*), and, on the other, occasionally employing fumigation as a remedy (though more often to rouse the victim that to influence the womb itself). Thessalus also recommends sitting over boiling *artemisia/mugwort* or wormwood (the herb of Scorpio) as a therapy for a woman having suffocation of the womb, but without further explanation. Similarly, the *rhoos gunaikeios/profluvia feminorum/female flux* presumably starts from the womb, but has spread outwards, becoming attached to women generally rather than any particular part of them.

Scribonius makes no direct reference to the womb at all, though it may be included among the "muliebria loca/female places", the *duritia* of which may be softened by an antidote for lower back pains and paralysis. It is more likely, however, that this is a designation for the female genitalia, not reaching as far as the womb. Pliny also speaks of the *muliebria loca* (or *partes/part* on occasion (though he more often mentions the *virilia* without any additional noun), and Dioscorides uses the even vaguer "*gunaikeia/female [things]*". Celsus is rather more expansive on at least one treatment affecting this area, describing the surgical procedure in cases where...
agglutination of the female genital opening does not allow intercourse, a condition which may occur in utero or from ulceration and subsequent symphysis. This comes after his almost complete inability to mention the female genitalia in his pharmacological books, however, where an apologia for the medical need to deal with the partes obscenas/obscene parts introduces a passage that is almost exclusively male.

This genital manoeuvre and the embryotomy that immediately follows it are labelled as peculiarly (propriè) female operations, and come after instructions covering most shared or exclusively male procedures. Prior to this, Celsus had noted sexual variations in essentially the same technique for the removal of bladder stone, and also the manual drawing off of urine which may be necessary in similar conditions. Or, rather, he had specified the ways in which the treatment of women diverged from the male standard just outlined, reflecting the difference in their external and internal somatic configuration. This difference is broadly beneficial, and women require shorter, less curved, catheters which are easier to insert and manipulate, and are more easily rid of their smaller bladder stones. If a more complex operation is necessary, the surgeon should insert his fingers into the anus in virgines (as in males) and per naturale/through the vagina in women, and his incision is also differentially located between the two. Finally, there is no need to be alarmed, "if more blood flows out of a female body". Similarly, Dioscorides' pessoi are presumably, like Celsus', an exclusively female form of pharmacological application, inserted in the vagina, and injections and fumigations may also be, implicitly, similarly directed.

Therapeutic variation also occurs on account of the delicacy of the female body in Scribonius and Pliny. As a general principle, Scribonius considers that medicaments may be more or less effective on account of "the variety of bodies and the differences of ages,

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150Celsius Med. 7.28.1-2 (CML I 355,16-356,4). The obstruction developed in utero is a membranum.

151Celsius Med. 6.18.1-11 (CML I 290,12-297,8); woman appears only briefly in sections 9 and 10.

152Celsius Med. 7.26,1A-C - urine; 7.26,4 - stone (CML I 345,32-346,25 and 350,29-351,9).

153si plus ex muliebr corporis sanguinis profuit Celsius Med. 7.26,4 (CML I 351,9).

154On pessoi see Celsius Med. 5.21,1 (CML I 207,11-12).
times and places", and makes particular reference, among this variety, to the *tenera corpora/delicate bodies of women and children*. This requires a special, slower application of some eye salves and may also be why there is a specific salve labelled as "more useful for women". Pliny separates the category of those with *mollis* or *teneris* bodies (or souls) from women, he even separates the somatically womanly from women, though the pairs are clearly connected. Hellebore is not prescribed for the former, while being prescribed less for the latter than for men. Celsus himself advises that frictio/massage (one of the *communia auxilia/universal aids, used in both sickness and health*) be provided in differential quantities (measured by the number of times the hand passes over the body) to men and women, and according to age, on account of their differential *vires/strength*. He does not hold, however, with the traditional prohibition against employing an even more universal aid, venesection, in pregnant women, or the old or young. Experience has shown that there is no unvarying rule in such cases, and that a woman who is pregnant and healthy may be bled safely (with good aftercare to ensure that there is still enough nourishment for two), whereas a woman who is not pregnant but weak will be in greater danger from such a treatment.

This, then, is the pattern of medically affectable female parts that emerges from all these texts, despite their compositional variation; but it is the very existence of this pattern, its outline as it is discernibly threaded through the textual fabric, and threaded through in a particular way, that is its most distinctive feature, overshadowing the rather assimilative colours and textures that fill it out. For, the breasts, womb and other peculiarly female parts of the body become diseased and cured largely in the same way as any other somatic area, and though there are some points of specification, these are not much elaborated as such. Childbirth as a cause of various ailments is obviously unique to women, and the sheer range of things that can go wrong with the womb is almost as

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116 corporem varietatem differentiisque aetatem temporumque aut locorum Scribonius Comp. code (117,20-1 S).

117 magis mulieribus prodest Scribonius Comp. XXXIII (26,17-8 S) and XX (21,23-4 S).

118 Pliny *NH* 25.25.61 (IV 136,13-17 M).


120 Celsus *Med.* 2.10,1-4 (CML I 77,22-78,12).
impressive as its ability to put women into a state closely resembling death. It is this uterine suffocation that is made the most of, but its femaleness and singularity is somewhat undermined by comparisons and connections with epilepsy. The subtlety of this specificity, however, is less significant than its very being. This is a pattern that stands out from the rest of the text, where, though there is the occasional inkling of a pattern for children, the elderly, or even men, the first two are mere shadows of the female, and the last is simply the basic textual material showing its true colours.

Celsus' nosography clearly follows his anatomy in this respect and, in his description of diseases which affect a particular part of the body, the medical fiction of the unitary human being breaks down in the lower abdomen, but is soon restored; the elision between the fictional unit and the male is then emphasised in the passage on seminal flux which comes shortly after that on the uterus, for this cannot be assumed to apply to both men and women, but Celsus gives no indications on the issue. That it definitely does apply to men is sufficient for its incorporation in the main narrative. Similarly, the female surgical operations in this area are marked either as minor amendments to, or major deviations from and thus placed after, the dominant, implicitly or explicitly, male model. These techniques are either similes/similar in women, or propri/peculiar to women; in both cases women must be specified away from the rest of humanity.

Pliny articulates the same order slightly differently in each of the multiple strands which are woven into his work and world. In the books where organisation by type of disease plays a major role, while male ailments such as those of the testicles (always external and therefore tacitly male in the NH) appear in their proper place, in their correct location in the head-to-toe sequence of parts, and without either introducing any break in the continuity of the narrative, or requiring any sexual labelling or any suggestion that this is any different from the coverage of the bladder or whatever else has preceded it, female conditions and complaints are excluded from this textual tour, and thus from the body it travels. Instead they are collected together and appended in a chapter which comes after all the main disease types have been dealt with, after all the somatic pieces have been

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160 Celsus Med. 4.28.1-2 (CML I 182,8-18); cf. Med. 4.26.11 - pain descends to groin and testicles following wound to kidneys (CML I 217,24-25).
enumerated, and together with chapters on other extraneous subjects such as infant illnesses, soporifics, depilatories and aphrodisiacs. Where Pliny organises his material by types of things in the world, as he does predominantly and Dioscorides does completely consistently, woman appears throughout, she is one of the categories into which they sort medical knowledge about the contents of the world, but of a particular kind. For each entity the listing of its powers and particular effects may include, for instance: heating or purging, driving of the urine or menses, benefit to the inflamed kidneys or breasts, and help for the pleuritic or sufferer from uterine suffocation; from which range a category that might be called "specifically relevant to women" emerges, and these measures are often named as such. However, while comparable classifications also emerge from this sorting, they are all along the lines of something like "specifically relevant to the kidneys" (a cluster which could be formed from references to the organs themselves, their functions and people characterised as nephritikoi), not anything like "specifically relevant to men" - Pliny provides a handful of explicitly and exclusively male remedies and Dioscorides none at all.

Rather it is this category of "implicitly relevant to men" that stands behind, and imparts coherence to, these otherwise discontinuous units of effective contiguity between external things and the human being as a medical construct; it is a category that comes so close to being coterminous with Dioscorides' project as a whole, and with a central chunk of Pliny's, indeed with the medical project itself, that its categorical status is concealed. There is, however, a small gap between the male and the human as an object of medical knowledge who defines the boundaries of these endeavours, for the difference between this category "specifically relevant to women" and any other kind, like that comprising everything connected to the kidneys, is that it is additional rather than integrative. It is this that cannot be integrated into the whole medical man standing behind the order of knowledge presented in the text but must be added to him to make a woman and thus complete humanity. There is no suggestion, however, that this supplement would in any way change the nature of what was being supplemented, and the units themselves are all presented as commensurate. As an abstract process, driving the menses is homologous

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161The female chapters are NH 26.90.151-26.92.163; 28.77.246-256; 30.45.123-30.44.131 and 32.46.129-134 (IV 225,11-229,13; 360,7-466,10; V 92,23-94,19 M).
to driving the urine, but the framework which gives these processes meaning places them on either side of the fundamental divide between the generic/male and the specific/female.

Scribonius and Thessalus also operate with two categories, the generic and the female, but the selectivity of their texts reduces the impact of this division, as does Scribonius’ particular deployment of imperial women. Both aspire to a certain sort of completeness, of wholeness, and woman is a necessary part of this, but they do not attempt exhaustivity. Their selectivity, moreover, shares a certain technical preference for the diseased rather than the normal or reproductive, woman, whereas it is only the latter who appears in the liber vulturis.

THE FRAGMENTATION OF THE MEDICAL WOMAN

It is now time to take a step back from the structure and substance of these texts, through which woman is articulated as an object of medical knowledge, and return to their overall shape and orientation as set out at the beginning, to outline the trajectory that these literary projects, and the woman in them, describe.

Woman is not the starting point or standard for anything, she does not give definition, purpose or meaning to any of these works, but is engendered in their realisation. She is not constituted by, but occasionally caught up in and flung out from, the circle which passes from the (reading or writing) medically knowing subject, through the medical knowledge about themselves, (as a whole, in parts, in relation to their world), to medical action, action which confirms the knower’s subjecthood and thus completes the circuit; a circle which Celsus, and Pliny (within a wider arc), most clearly describe, and which makes sense of what they are doing. Nor is it she who lies behind the categories into which Dioscorides, and Pliny also, sorts his medical knowledge of the world’s materiality, it is not woman who provides the identity of the whole project, who makes
it coherent and sensical. Rather, she is one of the categories herself, she is a creation of the second order.

This difference between the sexes is one of the modality of thought, and its textual instantiation, of the discursive matrix through which knowledge attains its form, it is not corporeal, though it is has bodies in its grip. Indeed, in many ways, it has the effect of minimising, or at least putting restrictions on, corporeal difference. For, though difference has itself become a female property, however wide or full that differential gap becomes, the female is still, structurally, a variation on the male. The gap is here filled with some distinction in somatic texture, in bodily parts and process (particularly reproductive ones), in illness and cure, but none of these becomes anything more than a gap, none are developed into a coherent system of difference, let alone something sufficient to support separation, to give woman an independent and positive identity in herself. Celsus perhaps offers some pointers towards (or away from) such a system based on menstruation, but otherwise, even reproduction, which is presented as the most sexually separate, indeed at points verges on being exclusively female, is not treated systematically. The disembodied, synecdochal, way in which it is dealt with militates against its identification with womanhood in any deeper or holistic sense. Indeed, this is, in many ways, paradigmatic of the fragmentation that is the condition of the medical woman in this set of texts.
CHAPTER 4

SECTS AND THE MEDICAL WOMAN

The original hairesis, that of the empirikoi, and the more recent, but just as committed hairesis of the methodikoi, remained robustly intact in the early Roman empire; while the logikoi, who had been committed to their distinct and divergent theoretical lineages - such as the Herophilean or Erasistratean hairesis - rather than to the Rationalism foisted upon them by their rivals, lost the specific identities of the former and had to make do with the generic identity of the latter, though they never embraced it with much enthusiasm.¹ Textual survival from this era is roughly in inverse proportion to sectarian commitment: Empiricist medical writing is only fragmentarily preserved in the works of others, only one substantial Methodist treatise is extant, and the largest group of texts locate themselves firmly in the Rationalist tradition, but generically rather than specifically, and while they do sometimes name that tradition, they never actually name themselves.² Living lines of orthodoxy have been replaced by a common canon of ancient authorities. A shared theoretical framework has been assembled, or perhaps arrived at by process of accretion and assimilation, from all these sources, and some others. The internal aetiological singularity of the pathology of, for example, Herophilus and Erasistratus, has been superseded by a multifactorial analysis. Doctrinal irreconcilability has become difference of emphasis. The question then arises whether the members of this group are, in fact, best labelled as logikoi, or as bearers of the newest sectarian title, that of the eklektikoi/episunthetikoi: do these texts, in whole or in part, represent, or did they represent to their authors and audience, a new, homogenised Rationalism, which had become not just a shared theory of knowledge, but also a shared conceptual vocabulary and understanding, or do they similarly represent Eclecticism?³ In the absence of any

¹See p.57-60 above.

²This pattern of transmission is partly shaped by the differential compatibility of these traditions with Galenism (Galen being later considered to be a Rationalist, see e.g. Agnellus Lectures 4 [22,33-24,1 SC609]; [Johannis Alexandrini] Commentaria in Librum De Sectis Galeni [Comm. Sect.] 2ra,33-5 [16 Pritchett]); and though different conditions in the Western Empire and its successor states led to a distinctive pattern of transmission which favoured Methodist texts more, it favoured them in later Latin versions, not the Greek original (see M.H. Green The Transmission of Ancient Theories of Female Physiology and Disease through the Early Middle Ages [1985]).

³On the eklektikoi/episunthetikoi see p.59-60 above.
self-reflective or self-representational discussion on the subject, the issue cannot be resolved, but what remains clear is that this group of works has much in common with each other, and all collectively refer back to Rationalist traditions, so they are here maintained as a unit, under a somewhat blurred rubric.

The sectarian categories with which all these texts operate, provide therefore, a convenient organisational device for this chapter, as they did for those that originally lived and wrote them, but their hupostasisation and monumentalisation should be resisted. They were essentially flexible tools for the ordering of tradition, the forging of identity and authority, in the complex and competitive world of Roman medicine. Moreover, this is not the only area of doubt and difficulty in dealing with a set of texts that are often anonymous or pseudonymous (or as good as), and where the chronology is largely vague and relative. It should be stressed, therefore, that it is only the most plausible reconstruction of a series of dynamic processes that is elaborated here.

**RATIONALISM/ECLECTICISM**

The literary corpus of early imperial Rationalist/Eclectic medicine proposed and examined here comprises four sets of texts. These are: the fragmentary writings ascribed to Rufus of Ephesus; the four surviving works of Aretaeus the Cappadocian; the pseudo-Galenic treatises *Eisagôgê ê iatros/Introduction or the Physician (Intro.)*, and *Horoi iatrikoi/Medical Definitions (Def. Med.)* and the texts whose authors are designated as *Anonymus Londinensis (Anon. Lond.)* and *Anonymus Parisinus (Anon. Paris.)*. Other scattered shards of recorded medical knowledge will be incorporated where possible. The uncertain and disputed nature of much of the evidential terrain requires detailed discussion of the whole collection, which also allows the overall shape and texture of the corpus to be described.
Rufus' biography is obscure, but his most active and productive period was under Trajan. Only traces of his huge literary output remain, but they have been sufficient to establish his Rationalist credentials. The eclecticism of his Rationalism has also been noted. A handful of extant, independent treatises are supplemented by a range of more or less dislocated fragments preserved in the Byzantine encyclopedias, medieval Arabic compilations and Latin translations. Partly encouraged by this fractured existence, some anonymous texts were subsequently attached to Rufus' name, but are now rejected as pseudepigraphical. One of this group - *Peri Anatomês tôn tou Anthrōpou Morîôn/On the Anatomy of the Parts of the Human Being (Anatomês)* - is relevant to the subject of this survey. Its structure and scope closely parallel Rufus' *Peri Onomasias tôn tou Anthrōpou Morîôn/On Naming the Parts of the Human Being (Onomasias)*, with variation in the detail of style, substance and emphasis. This correspondence is the only real clue to its date and provenance. So, though this work must be returned to its nameless state, its points of contact with Rufus (and with the pseudo-Galenic *Intro.*) establish a clear rationale, both analytic and heuristic, for treating the three together in the framework of this study.

Aretaeus the Cappadocian is even more of a mystery figure. The only source of information about him is his surviving work, two pathological treatises - *Peri Aition kai Sêmeiôn Oxeôn Pathôn/On the Causes and Signs of Acute Affections (ASOP)* and *Peri Aition kai Sêmeiôn Chroniôn Pathôn/On the Causes and Signs of Chronic Diseases (ASChP)* - and two therapeutic - *Oxeôn Nousôn Therapeutikon/The Therapeutics of Acute Diseases (ONTh)* and *Chroniôn Nousôn Therapeutikon/The Therapeutics of Chronic Diseases*.

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*Suda P 291.*

*See J. Ilberg *Rufus von Ephesos* (1930) and A. Sideras "Rufus von Ephesos und sein Werk im Rahmen der antiken Medizin" *ANRW* II 37.2 1077-1253. Only Th. Puschmann *Alexander von Trelles* I (1878) 53 defined Rufus as Pneumatic.

*See A.M.A. Abou-Aly *The Medical Writings of Rufus of Ephesus* (1992) 119-190 for detailed discussion of his medical system.

*The creation of a Rufine corpus was largely the work of C. Daramberg and C.-E. Ruelle in *Oeuvres de Rufus d'Éphèse* (1879), and the judgments of J. Ilberg (*Rufus von Ephesos* [1930]) on the authenticity of these works have been mostly followed since. More attention has been given to Rufus' transmission in Arabic more recently, and new works have been ascribed to the Ephesian (M. Ullmann ed) *Rufus von Ephesus: Krankenjournaie* [1978]); while I share F. Kudlien's doubts about their identification (*A new testimony for Erasistratus?* *Clio Medica* 15 [1981] 137-142), these studies have generally helped to give Rufus greater solidity and definition. See A. Sideras "Rufus von Ephesos" *ANRW* II 37.2 1077-1253 for the most recent general survey.
Diseases (ChNTh) - but their interpretation in this respect is controversial. Their date is generally agreed to fall somewhere in the first two centuries AD, and that will suffice for the present study. There is also broad consensus on Aretaeus' Pneumatism, with more or fewer qualifications. This also would suffice here, except that the label is mistaken. The two lines of argument advanced to support this view: that Aretaeus' extant work is dependent on the Pneumatic Archigenes of Apamea, or independently expresses a clearly Pneumatic perspective, are weak and fallacious respectively. The dependence on Archigenes is not proven, and, even if it were, would not be conclusive on the point of Aretaeus' school allegiance. The question of the theoretical shape of Aretaeus' writings is more decisive.

It is the conception of the eponymous pneuma itself, as presented in Aretaeus' works, which is the insurmountable barrier to his identification with the pneumatikoi, about whom little is known beyond the fact that they considered both all things according to nature and all disease to be "constituted and controlled by the all-pervading pneuma alone". For the Aretaean pneuma lacks systematic elaboration of any kind. It is most often just the inhaled breath, essential to life, but without any active physiological role, while on other occasions it is a general term for any vapour in the body. It resembles the loosely conceived pneuma of the Hippocratic Corpus more than the sophisticated creation of Hellenistic medicine and philosophy, and this vague nature simply does not permit the pneuma to play the determining role in disease. Instead it is one possible participant among many in the patterns of illness, generally eclipsed by organic inflammation or ulceration.

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9The arguments about chronology are reviewed, not entirely happily, in S. Oberhelman "On the chronology and Pneumatism of Aretaeus of Cappadocia" ANRW II 37.2 (1994) 941-986.

9Debate has centred around the question whether Aretaeus represents "orthodox" or "eclectic" Pneumatism; see e.g. M. Wellmann Die pneumatische Schule bis auf Archigenes (1895) and F. Kudlien Untersuchungen zu Aretaios von Kappadokien (1963).

10In den δύσκολα δείγματα πνεύματος...αναστάσει της και διακύκλου [Galen] Intro. 9 (XIV 699 K, and p.77 above); cf. Galen CC 2,1-6 (CMG Supp Or II 54,3-576,5 [Arabic] and 134,3-36 [Latin]).

11Pneuma as result of respiration e.g. ASOP 2,1,1 and 2,3,3 (CMG II 15,4-5 and 22,16-7); pneuma as noxious vapour in the gut e.g. ASOP 2,6,1 (CMG II 25,10-13).

12Organic inflammation is the underlying diseased disposition in most of the acute affections e.g. pleuritis (ASOP 1,10,1 [CMG II 12,13-18]); peripneumonia (ASOP 2,1,2 [CMG II 15,16-19]).
causal role in disease clearly underlines its limitations. There are two forms of sunanchê (an acute and complex type of suffocation): one arises from inflammation of the respiratory organs, the other from the pneuma itself. This latter suggestion, however, requires justification, which it receives in the form of a statement that bad breath, from the Charonaean caves or a rabid dog, is already known to cause illness. The point is not the amazing properties of pneuma, but that "diseases resemble deleterious substances, and people vomit from pharmaka just as from fevers". It is possible for the symptoms of an ailment to be generated from a substance, taken internally like pneuma, rather than an underlying disposition of the body, like inflammation of the respiratory organs. Thus, Aretaeus is no Pneumatist, rather he is drawing on a common Rationalist vocabulary of theoretical concepts, and arranging them in an individually distinctive way.

The pseudo-Galenic Intro. and Def. Med. have had a more varied scholarly life. Their most recent treatment is by Jutta Kollesch, in a study focused on the Def. Med., but with its general conclusions partially extended to the Intro.. For she includes them both in a group of ancient "medizinischen Lehrbücher" surviving complete, or in fragments, and sharing a common structure and method of composition. They are, however, not identical in form. The Def. Med. is, as its title suggests, a collection of definitions relevant to medicine, while the Intro. is a more unified text, combining catechistic foundational sections with descriptive substantive parts. Both contain, to varying degrees, loose and indeterminate aggregations of a range of divergent, or even contradictory, opinions, alongside univocal segments.

Kollesch advances two central arguments concerning the Def. Med., one about its chronological position, the other about the character of the text. She uses the scanty internal evidence to place the treatise between the reigns of Nero and Marcus Aurelius, the boundaries being furnished by the reference to Agathinus the Spartan, and the

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13Aretaeus ASOP 2.7,1 (CMG II 7,25-8).
14Aretaeus ASOP 1.7,2 (CMG II 8,13-17).
15άτι ρα καὶ σῶσι φαρμάκων δηλητηρίων Ινελαι, καὶ ἀτι φαρμάκων ἵμιωσι, διότι πυρετῶν εἶναι Aretaeus ASOP 2.7,3 (CMG II 8,20-21).
omission of Galen respectively. Within that span, the late-first century is preferred, as eminent physicians of the early second century, such as Soranus of Ephesus and Archigenes of Apamea, are also absent. These temporal indicators are all weak, but Kollesch's conclusion is the best in the circumstances, and is somewhat strengthened by the fact that the *Def. Med.* contains a lengthy treatment of pulse-lore, a subject on which both Archigenes and Galen wrote copiously and influentially. For any work following them to fail to mention their views would be surprising. This dating is somewhat qualified by the rest of Kollesch's thesis. For she considers the *Def. Med.* to be a collection of doxographic fragments, drawn from diverse locations and combined without any attempt at synthesis or reconciliation, within the overall structure of a medical handbook. As with the rest of that genre, it will have been subject to continuous revisions, both acquiring new material, and reformulating and shedding the old, across the generations of users. Thus the late first century is the date for the initial compilation, the starting point for subsequent gains and losses, with the production continuing to be source driven, expressing no perspective of its own. The question of sectarian affiliation is, therefore, misguided; instead, this work offers a glimpse of a fluid process of medical learning which valued inclusive totality over systemic unity. Her assessment of the *Intro.* is along similar lines, though neither so stringent nor so thorough.

Kollesch's scepticism is extreme, though her detailed survey of the material, and, in particular, the manuscript tradition, remains invaluable. To equate heterogeneity with either randomness or completeness is a mistake, and almost all of the late antique accretions to the *Def. Med.* she identifies could have arrived earlier. On the contrary,

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17 J. Kollesch *Untersuchungen* (1973) 60-66. M. Wellmann *Die pneumatische Schule* (1895) 65, had placed it in the third century AD, or later, but largely on the basis of his picture of the evolutionary course of Pneumatism, rather than any more concrete considerations.

18 A key moment in the life of this text must have been its entry into the Galenic corpus, which seems to have involved at least a tampering with the prooemium. This is the most likely explanation for the appearance of Theuthras as dedicatee, in imitation of the Teuthras to whom Galen's *Peri tôn Sphugmôn tôn Eisagomenois* (*Pus.*) and his Hippocratic glossary are dedicated (VIII 453 and XIX 62 K). Its dubious ascription to Galen is referred to in a scholion on Oribasius' *Coll. Med.* 47.5 (CMG VI 2,1 250,29) which predates the sixth century AD. The pseudo-Soranic *Quaestiones Medicææ*, a late antique Latin text which draws heavily on the *Def. Med.* tradition, has a different prooemium.

19 J. Kollesch *Untersuchungen* (1973) 30-35.
a process of selection is implicated in the composition of both the *Def. Med.* and the *Intro.*; its objective may not have been theoretical coherence or clarity, but it was still selection. The Empiricists receive little space in either work, and the Methodists are similarly short-changed. An eclectic Rationalism dominates, either implicitly or explicitly. This is reflected in both shape and content. The epistemological and foundational introductory segments of both texts make this particularly clear, and both expound a Rationalist division of the parts of medicine. The *Intro.* promotes a five-fold partition into physiology, aetiology/pathology, semiotics, regimen and therapeutics, while the *Def. Med.* prefers Athenaeus of Attaleia's version, with *materia medica* replacing semiotics. These schemata structure the rest of the treatises, providing a sustained Rationalist framework. The eclectic way in which this framework is filled out is also obvious.

A comparison between the sections of the *Intro.* outlining the rival medical systems with their adherents, and the authorities subsequently cited, confirms this conclusion and adds a greater self-consciousness to the Rationalist label for this work; for the names that occur within the text are overwhelmingly those listed as leading *logikoi*. This chapter also contributes to establishing tentative chronological co-ordinates for the treatise. A definite *terminus post quem* is provided by two physicians active in the reign of Trajan - Soranus and Archigenes - and a much more uncertain one by the inclusion of Sextus Empiricus. This latter figure is traditionally placed in the late second century AD, but the most thorough recent examination of the evidence concludes that "one cannot do any more than set a limit on the possible dates of Sextus which range from AD 100 to the first part of the third century." Thus his appearance here in a listing which is relatively full and otherwise weighted towards an earlier time frame may affect views on his dating as much as that of the treatise in question. The work certainly, however, omits any reference to Galen, itself no firm guide but of some significance here on account of the theoretical orientation of the work. So, all this would suggest the second

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20 *Galen* *Intro.* 7 and 8 (XIV 686-695 K); *Def. Med.* 11 (XIX 683-4 K).

21 *Galen* *Intro.* 4 (XIV 683-4 K).

half of the second century AD, over fifty years after the *Def. Med.*, as the most plausible, but by no means certain, date.\(^{23}\)

Greater precision regarding theoretical provenance is not really possible, for the reasons Kollesch enumerates.\(^{24}\) No coherent system or clearly dominant layer emerges from the heterogeneity of these texts. However, some of the strands woven into them are identifiable. Stoicism, mediated to some extent by Pneumatism, is a strong contributor to the *Def. Med.*, and the combination of an Egyptian colouring with detailed doxography and Hippocratism in the *Intro.* speaks of reliance on the Alexandrian Rationalist tradition.\(^{25}\) However, these influences may have been indirect and have certainly been supplemented from other directions. It is therefore more useful to classify both treatises as generically Rationalist/Eclectic, while containing material that provides more specific information. This composite character does reveal something about developments in early imperial medicine.

The untitled work of *Anon. Lond.* and the *Diagnòsis peri tôn Oxeôn kai Chroniôn Nosèmatôn/Diagnosis of Acute and Chronic Diseases* of *Anon. Paris.* are two quite different texts, linked by the vexed question of medical doxography. The former exists in a single papyrus, and it is unclear whether it was ever intended for publication.\(^{26}\) It dates from the first or second century AD. The last authority cited is Alexander Philalethes, a pupil of Asclepiades of Bithynia who went on to become head of the Herophilean school in Asia Minor at the end of the first century BC.\(^{27}\) The final, physiological portion of the work is largely engaged with the ideas of Alexander and


\(^{24}\)Her refutation of Wellmann’s classification of the *Def. Med.* as systematically dependent on Pneumatism (*Die pneumatische Schule* [1895] 65-84) is certainly successful.

\(^{25}\)See A.E. Hanson "Papyri of medical content" *YCS* 28 (1985) 25-37, for discussion of the Egyptian element.

\(^{26}\)D. Manetti "Doxographical deformation of the medical tradition in the report of the Anonymus Londinensis on Philolaus" *ZPE* 83 (1990) 219-230, challenges the usual classification of the text as something akin to lecture-notes and convincingly argues that this is rather the author's own copy, showing the process of his work.

those who influenced him. The middle section, on the aetiology of disease, has its origin in the Peripatetic Iatrikê Sunagôgê/Medical Collection, which was in some sense a parallel undertaking to Theophrastus' Phusikai Doxai/Opinions in Natural Philosophy. Its structure, method and restriction to authorities from the fifth and fourth centuries BC, reflect that source. The opening of the text is lost, and the few remaining definitions give little clue to authorial identity and intentions.

The work of Anon. Paris. is a much more polished product. It survives in a minor manuscript tradition and is a systematic work on acute and chronic diseases. It is rigidly structured, containing sections on the causes, signs and therapy for each ailment. Attention has focused on its aetiology, for these sections are largely doxographic, citing, wherever available, the causal explanations of Hippocrates, Diocles of Carystus and Erasistratus for each disease. The source of this material is unclear, but despite the fact that the last authority - Erasistratus - is from the early third century BC, all the indications are that the text is of a much later date. The structure and scope of the work clearly corresponds to the equivalent treatises by Aretaeus and Soranus, dating from the early imperial period. The fact that, generally speaking, the same diseases are presented in the same order in all three traditions suggests strongly that the genre had

28The suggestion that this section is dependant on Soranus - M. Wellmann "Der Verfasser des Anonymus Londinensis" Hermes 57 (1922) 398-429 - is completely unfounded.

29The precise attribution of the Peripatetic source is not important here (see H. Diels "Über die Excerpte von Menon's iatrike im dem Londoner Papyrus 137" Hermes 28 (1893) 417-420 and D. Manetti "Note di lettura dell'Anonimo Londinese - Prologomene ad una nuova edizione" ZPE 63 (1986) 57-74 for discussion), nor is the exact form of anonymous' access to it, though Diels' suggestion of transmission through Alexander Philalethes' Areskonta is completely unsubstantiated. For Peripatetic doxography generally see eg. J. Mansfeld "Physikai doxai and Problemata physika from Aristotle to Aetius (and beyond)" in W.F. Fortenbaugh and D. Gutas (eds) Theophrastus: his Physiological, Doxographical and Scientific Writings (1992) 63-111.

30See I. Garofalo "Prologomene all' edizione dell' Anonymus Parisinus Darembergii aive Fuchsi" in A. Garzya (ed) Tradizione e Ecototica dei Testi Medici Tardoantichi e Bizantini (1992) 91-106, for manuscripts and titular variation. The full edition by Garofalo was to be published earlier this year, but was still not available at the time of writing, so I have had to rely on earlier, partial publications.


32Soranus' works on acute and chronic diseases are preserved only in the Latin version of Caelius Aurelianus, their structure is, however, unlikely to have undergone much change in the process.
become standardised, probably in the first century BC.\textsuperscript{33} The similarity to Soranus is, however, only in terms of arrangement. The aetiological substance of the text places it firmly within the Rationalist tradition.

There are a range of other medical remnants surviving in an even more disembodied and difficult state. The Byzantine encyclopedists, beginning with Oribasius in the mid-fourth century AD, selected, arranged and, to some degree, edited excerpts from the works of earlier physicians, many of whose opinions and prescriptions are preserved only in this filtered form.\textsuperscript{34} Most of these authors fit into wider patterns of citation, allowing some parts of the background to be filled in. The "Pneumatic" lineage, which started with Athenaeus of Attaleia, passed into the imperial period with Agathinus the Spartan and then proceeded to his pupil, Archigenes of Apamea, who flourished under Trajan, is relatively well attested and represented in the sources.\textsuperscript{35} This line continued with Herodotus, and perhaps also Apollonius of Pergamum, Philumenus and Antyllus, the last two of whom probably overlapped, temporally, with Galen.\textsuperscript{36} More likely to be outside, but not unconnected with, this descent group are Leonides the Episynthetic and Heliodorus, both of whom are best placed before, or roughly contemporary with, Archigenes.\textsuperscript{37} All of these physicians, however, are clearly located within the Rationalist tradition and require integration into this survey as far as possible. Moreover, some of them, despite the dilapidated condition of their extant writings, were preeminent figures on the stage of early imperial medicine. Archigenes and Heliodorus, for instance,

\textsuperscript{33}From the citations in Caelius Aurelianus, the evolution of the division of nosological writing into separate treatments of acute and chronic diseases can be traced to the late second and early-first century BC, Themison of Laodicea, a pupil of Asclepiades, being the first to deal systematically with both (\textit{CP} 2.44 and \textit{TP} 1.3 [CML VI 1.1 156,21-22 and 426,25-428,7]).

\textsuperscript{34}The degree of editing increases with time, but comparison between encyclopedic excerpts and the originals from which they were taken (where they survive) indicates that this editing was competently carried out.

\textsuperscript{35}e.g. Galen \textit{Diff. Puls.} 3.6 and \textit{Peri Diagnôseôs Sphugmôn} 1.3 (VIII 674 and 787-788 K); \textit{Suda} A 4107.

\textsuperscript{36}For Herodotus see Galen \textit{Diff. Puls.} 4.11 (VIII 750-751 K) and \textit{Peri Kraseôs kai Dunameôs tôn Haplôn Pharmakoû} (\textit{SMT} 1.39 (XI 432 K). Apollonius and Antyllus have no existence outside the encyclopedias, though Antyllus has quite a substantial one inside them. A manuscript of Philumenus’ work on poisonous animals survives, providing some indication of date and genealogy as it refers to Archigenes, Soranus and Herodotus. Herodotus, Philumenus and Antyllus appear in the Rationalist section of the sectarian listing of the \textit{Anon. Bamb.} (6r - 66 Stoll), in that order and after Archigenes.

\textsuperscript{37}Soranus knew of Leonides (Caelius Aurelianus \textit{CP} 2.7 [CML VI 1.1 134,14]) and Juvenal knew of Heliodorus (6.373).
were of sufficiently wide renown for their names to appear metonymically representing their profession in the satires of Juvenal.\textsuperscript{38}

The evidential foundations having been laid, substantive building may now commence. It will proceed according to a simplified version of the five part division of Rationalist medicine outlined above. First is the definition, description and functional conceptualisation of woman's body contained in physiology. Second, the perspectives on female diseases provided by pathology. Third, the specificities of the regimens and therapies recommended for women.

\textbf{Physiology: the medical woman }\textit{kata phusin}

Fundamentally, there is no physiological distinction between the sexes. The various compositional schemata outlined in the \textit{Anon. Lond.} and the pseudo-Galenic \textit{Def. Med.} and \textit{Intro.} are entirely generic.\textsuperscript{39} At its most basic material level, whether expressed in terms of substantial or qualitative elements, humours, corpuscles, solids and liquids and \textit{pneumata}, or anything else; humanity is a unity. It is not until these constituents take their final form in the human being that sexual differentiation enters the picture. Fortunately, it is here that the evidence is concentrated, as Rufus' \textit{Onomasias} and pseudo-Rufus' \textit{Anatomês} may be combined with the relevant sections of the pseudo-Galenic works. All these texts are perhaps best understood as derived, however indirectly, from commentaries on anatomical demonstrations. They are thus only part of a process of corporeal elucidation and interpretation, but the bodies have gone and only their literary projections remain. The distance they have travelled away from these missing bodies varies. The definitions of organs in the \textit{Def. Med.} contain no indication of their somatic location, but rather explain, in an interlocked way, their construction and function. Greater bodily proximity, however, is evident in the \textit{Onomasias}, where Rufus is mainly

\textsuperscript{38}Juvenal 6.236; 13.98; 14.252 - Archigenes - and 6.373 - Heliodorus. Extensive paraphrases of and, on occasion, quotations from Archigenes' works on the pulse appear in Galen's treatises on the same subject and papyri fragments of Heliodorus' \textit{Cheiourgoumenes/Surgery} have been found.

concerned to correlate terminology and topography, though function is never far away.

The anatomical texts share a certain structure. All separate the study of the observable exterior of the body from its concealed interior, and both sets of descriptions descend from head to toe. Since the outside is the point of departure, where both sides are included, it is in the region of the chest that sexual differentiation first enters the narratives. Only Rufus refers to this, as the external part of his pseudonymous parallel is lost and the Intro. provides a more curtailed account. He remarks simply that the words which distinguish between the first growth of the breasts at puberty - "kuamos/bean" - and the finished product - "askoma/swelling" - are properly applied only to women. The rest of the vocabulary is unsexed. More detail appears further down the somatic chart, and Rufus provides a revealing description of the female genitalia which follows a clearly labelled description of their male counterparts of almost twice the length:

The genitals of women: some call the final triangle of the lower stomach the "comb" (kteis), others the "epision". The cut in the genitals is called the "cleft" (schisma). The fleshy muscle in the middle is the "rose-bud/bride" (numphê) or "myrtle-berry" (murton). Some name it the "hupodermis", others the "kleitoris", and say that lascivious touching of this part is "to clitorise" (kleitoriazein). The "myrtle-lips" (murtocheila) are on either side of this piece of flesh. These Euryphon also calls "overhanging banks" (kremnoi). Nowadays, the myrtle-lips are called "wings" (pterusgômata), and the

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40The exterior/interior distinction is discussed at [Galen] Intro. 11 (XIV 709 K).

41Rufus Onomases 91-92 (145,6-8 DR); cf. Pollux Onomasticon 2.163.
myrtle-berry is called the "rose-bud/bride". Contrary to post-Freudian expectations, the centrepiece of this exposition is the clitoris. It has accumulated the most names, generated a verb which recognises it as a locus of erotic stimulation and pleasure, and defines the position of, and one word for, the labia. The numphê maintains its presence in the truncated, and rather unclear, sketch of the female pudenda in the Intro.. It is accompanied only by the kolpos/cavity (generally used of the vagina but confusingly here a synonym of kteis) and the pterugômata/wings, but has acquired an additional qualification. For, the anonymous author reports, this "small piece of flesh....on account of its great protrusion, requires excision in girls among the Egyptians".

The richness of the vocabulary is also striking. Rufus' project in Onomasias is to establish a complete anatomical nomenclature. The terms he collects seem largely to be drawn from common, presumably including sexual, usage, and even when they have been coined specifically by ancient physicians such as Euryphon, it is on the same, metaphorical, basis as most of the others. Parts of the body are named according to their resemblance to, and broader associations with, other parts of the world. The most current word for the clitoris - numphê - works on both these levels, evoking a similarity of form between the clitoris and a rose-bud, together with the coy image and erotic connotations of the young bride. The sexual focus of this particular somatic region gives the multiplicity of linguistic links an added dimension, but simply accentuates the general way in which the body is semantically woven into the broader physical and cultural

42 Rufus Onomasias 109-112 (147,5-11 DR). I have tried to show the linguistic links that are being made in the translation, and chose "rose-bud/young bride" from amongst the many significations of numphê on the basis of a scholion on this text which explains that the numphê resembles a rosebud (240,8-9 DR), and on Soranus' reference to young brides in this context (Gun. 1.18,2 [CMG IV 12,20-22] and p.000 above). See also P.land. V. 82 from the first century BC and Pollux Onomasticon 2.174 from later in the second century AD.

43 [Galen] Intro. 10 (XIV 705-6 K).


45 Euryphon of Cnidos was the reputed author of the Hippocratic Hai Knidioi Gnômai (Galen Els îo Hippokratous Epidemîôn Hupomnêmate [Hipp. Epid.] VI 1.29 [CMG V 10,2.2 54,1-3]) and appears in the Anon. Lond. (V,1 [32 Jones]) and is therefore located somewhere in the late fifth or early fourth centuries BC.
fabric. This involvement in terminology is also reflected in the other anatomical texts, and pseudo-Rufus takes the relationship between word and referent a step further when he announces in his introductory section that he will now proceed to outline "the disposition and naming that phusis (nature) provides for the parts".47

The hidden depths of the human interior contains a single differentiated zone, that of the generative organs. Rufus again presents the fullest account, and one which carefully circumscribes the limits of that differentiation. Unlike its external counterpart, the internal narrative does not simply divide into parallel male and female versions, but maintains a generic/male line, from which the female is only occasionally separated. The passage is preceded by an unsexed description of the organs below the diaphragm and opens:

Τὰ δὲ σπερματικὰ ἄγγεια ἐστὶ μὲν τέσσαρα, δύο μὲν κρυσσειδῆ, δύο
dὲ ἄθενειδῆ· ἐκαλοῦντο δὲ καὶ γόνυμοι φλέβες. Καὶ τῶν κρυσσειδῶν,
tὰ πρὸς τοῖς διδύμοις, παραστάτας· ἐνίοις δὲ καὶ πάντα παραστάτας
cαλεῖν διαφέρει οὐδέν. Σκεπτέον δὲ καὶ εἰ τοῖς θήλεις τὰ αὐτὰ
πεποίητα, ὅσπερ καὶ τοῖς ἄρρεσιν. Ἡροφίλῳ μὲν γὰρ οὐ δοκεῖ τὸ
θῆλυ κρυσσειδεῖς ἔχειν παραστάτας· ἐν δὲ προσβάτου ύστερα εἶδομεν
ἐκ τῶν διδύμων πεφυκότα τὰ ἄγγεια κεχρυσμένα ἐκατέρωθεν·
συνετέρητο δὲ ταύτα εἰς τὸ κοίλωμα τῆς ύστερας, ἀπὸ δὲ υπόμυξιν
ὑγρῶν πιεζόμενων ἀπεκρίνετο· καὶ ἦν πολλῆ δόκησις σπερματικὰ ταύτα
eἰναι, καὶ τοῦ γένους τῶν κρυσσειδῶν. Τοῦτο μὲν δὴ οἶδον ἐστιν,
αἱ ἀνατομαὶ τάχα δείξουσιν.

The seminal vessels are four in number, two being varix-like, two glandular. They also used to be called "generative veins". And the parts of the varix-like ones that are adjacent to the "twins" (didumoi) are [called] "supporters" (parastatai), but to some people it makes no difference to call all the seminal vessels parastatai. One must examine whether in females, too, the same vessels have been constructed as in males. For, while Herophilus thinks that the female does not have the varix-like parastatai, we have seen, in the case

47 ἦν παράσχε τοῖς μέρεσι π θόνῳ θέοις τε καὶ δημιουργ [Rufus] Ανατομῆς 2 (168,7-169,2 DR).
of the uterus of a ewe, vessels which have become varix-like growing out of the didumoi, from both sides. These opened directly into the cavity of the uterus, and when they were compressed, a somewhat mucous liquid was excreted from them. And there was a widespread belief that these vessels are seminal, and belong to the varix-like kind. Dissections will perhaps show of what nature these are.\(^{48}\)

A generic section on the muscles of the groin and lower back is then followed by:

`"..."`

The reproductive part of women is [named] "mètra" or "hustera". Hippocrates calls it both "delphus" and "gonê". The projections onto the upper parts of both sides of it are [called] "horns" or "tentacles", as are the supporting vessels outside it. Its central and upper parts are the "base", on both sides are "shoulders", and the summit is the "throat" or "neck".

The "mouth" of the "neck" is the first opening. Hippocrates names this "the amphidion", from the circular rings of the plough. Then, the adjacent cavity is the "female sinus", and together with the visible parts [comprises] the whole genitals. Around the didumoi are the sheath-like and flayed (dartoi) tunics, and a nerve comes down into the double cavity which is called "aortër" and "kremastër", and small veins [also come down],

\(^{48}\) Rufus Onomesthes 184-7 (158,15-159,10 DR).
through which the didumoi are nourished.\textsuperscript{49}

The flow of the narrative is interrupted only twice. The first time is to debate the presence of the varix-like \textit{parastatai} in females. A not insignificant question, since in the Herophilean model which Rufus is here reworking, the varix-like \textit{parastatai} play the most important role in the manufacture of generative seed.\textsuperscript{50} However, on this point Rufus contradicts the great Alexandrian anatomist by suggesting complete equivalence between the sexes. The second time, the exclusively female organs of reproduction are clearly signalled and described. Thus, internally the female emerges as a variation on the male theme. She has, in some form, everything that he has - \textit{parastatai}, didumoi and seed - plus a womb, with accompaniments.

The accounts of the human generative organs in the pseudo-Rufine work and the \textit{Intro.} occupy a rather uneasy position between sexual similarity and separation.\textsuperscript{51} Both commence with an unmarked passage containing different configurations of seminal vessels, described in more or less detail, which implicitly hints at being more male than generic and is followed by a specifically female section. Pseudo-Rufus is more structurally ambiguous, a point which is underlined by the Herophilean heritage of the contents, but the \textit{Intro.} links the two halves of its disquisition with the statement that, "in women the uterus is similar to an inverted scrotum".\textsuperscript{52} It then passes onto embryology, pausing only to relate that it is through the many veins anastomising with the womb that the blood is purged which is retained on conception and contributes to the nourishment and formation of the foetus. This oblique reference to menstruation is the only one in the entire treatise. The delineation of the uterus by pseudo-Rufus is almost as terse, partly as a result of textual corruption. It gives a location, an analogy to the shape of a physician's cupping-glass, and an announcement that this is "where sexual intercourse is accomplished".\textsuperscript{53} Even further ambiguity is produced by the compositional method of

\textsuperscript{49}Rufus \textit{Onomases} 193-198 (160,6-161,3 DR).


\textsuperscript{51}[Rufus] \textit{Anatomês} 56-64 (182,1-183,11 DR) and [Galen] \textit{Intro.} 11 (XIV 719-20 K).

\textsuperscript{52}ταίς δὲ γυναικὶ ἡ ὀστέρα ἐκαεν λοχή ἀνεπτυμένη [Galen] \textit{Intro.} 11 (XIV 719 K).

\textsuperscript{53}ἐνδα καὶ αἱ εὐφυείαι περιοδίται [Rufus] \textit{Anatomês} 64 (183,7-11 DR).
the *Def. Med.* None of its three entries for the *didumoi*, *parastatai* and *mêtra* makes any
direct reference to the sex of the bodies containing them; though the priority of the
*paratastatai*, in terms of seed production, is clear, whoever has them.54

Seed - *sperma*, *gonos*, *gonê*, *thorê* - appears as a general somatic constituent as well as
being localised in the seminal vessels. Rufus includes it in a list of *perissômata*/residues,
alongside such other items as saliva, mucus, sweat, earwax, milk and both
*katamênia*/menstrual fluid and the female flux.55 Whereas milk is produced solely from
nourishment, seed is concocted from nourishment together with *pneuma*. A similarly
nutritive origin for seed is presented by *Anon. Lond.*.56 The *Def. Med.* offers a series
of variations on the theme of semen as moisture containing an ontologically generative
faculty, either *logos*, *pneuma*, or part of the soul.57 The message that the human body
*kata phusin* is a reproductive body is also underlined by a whole sequence of definitions
in the *Def. Med.* that could be headed "procreation", and the discussion of the co­
ordination and classification of human functioning in the *Intro.*.

The *Def. Med.* does not provide a continuous narrative, outlining the process
of reproduction from start to finish, but a series of explanations collected around points
where the story requires elaboration. It draws structural and material support for this
from the doxographical tradition of natural philosophy.58 However, this is far from
being its only source or influence, and the shared substance has been adapted in a number
of ways. The point of departure for this sequence is the seed, not this time its
ontological status but its mode of production. The pangenesis debate is reworked, not
entirely successfully.59 Then, "it is asked if the female seminates just as the male
does". The rigidly male parameters of the discourse are again manifest. The question is not an open one, such as: what does the female contribute to generation? But, rather, whether she is, in this particular respect, the same as the male. The response to this inquiry is positive:

καὶ γὰρ τὸ θήλυ τὴν αὐτὴν ὁπεξὶν ἔχει καὶ κοιμᾶι τῶν αὐτῶν νοσημάτων καὶ φανερῶς διὰ τῆς ἀνατομῆς δείκνυται τούς σπερματικούς ἔχον πόρους καὶ τὸ μέγιστον τοῦ σπερμαίνειν μαρτύριον αἰ ὁμοίητης τῶν γενομένων πρὸς τὰς τεκούσας· ὅτι δὲ συμβάλλεται μαρτυρεί Ἰπποκράτης λέγων ἐν τῷ περὶ παιδών φύσεως· ἡ γονὴ μείνῃ ἀκ' ἄμφοῖν ἐν τῆι μήτρῃ τῆς γυναικὸς, πρῶτον μὲν μίσγεται ὁμὸν ἀτε τῆς γυναίκος οἰκ. ἀτρεμεοῦσας, ἀνθρόπεται δὲ καὶ παρίστηται θερμαμόμενον, ἐπειτὰ πνεῦμα ἰσχεί.

For the female has the same desire (orexis) and shares the same diseases and it has been clearly demonstrated through dissection that she has the seminal channels; and, the greatest testimony to her semination is the resemblance of offspring to their mothers. That [the seeds] are combined, Hippocrates testifies to, saying in the work On the Nature of the Child:

"If the seed from both [parents] remains in the uterus of the woman, first it is mixed together, seeing as the woman does not keep still, and it is gathered together and thickened by heating. Then she holds back the pneuma." 61

This rather cryptic argumentation requires some elucidation. There are five items of evidence deployed. The first, that women experience the same orexis/desire as men, only works on the basis of an essentially spermatic model of this desire. The orexis in question requires semen. Women experience this orexis, therefore they must have semen. Its content is unclear, as orexis is the most general philosophical term for desire or appetency. It is neither specifically sexual nor intrinsically located at any particular


[^61]: [Galen] Def. Med. 440 (XIX 450 K); cf. Dox. Gr. V.5, which treats the same subject but with none of the same material.
point in the interlocking realms of body, nature, soul or mind. The simplest way to meet the requirements of being seminally driven and identical in both sexes would be to understand this *orexis* as a physical desire for the expulsion of seed, caused by its somatic presence, that is a physical desire for some kind of sexual act. It need not be a reproductive act, but a reproductive act needs this *orexis*, and, in a two-semen model, needs it in both participants. Second, the diseases women share with men are presumably *saturiasis* and *gonorrhoea*, both of which involve the dysfunctional emission of seed. To be afflicted with *saturiasis* or *gonorrhoea* requires seed. Women are so afflicted, therefore they must produce seed. The third proposition is a simple proof from anatomy, though many would have found it unconvincing. Fourth is the genetic testimony. The resemblance of children to their mothers indicates not just the existence of female semen, but its active contribution to the offspring. Finally, Hippocrates is called as a witness. Though neither the most coherent, nor convincing, argument for the existence and function of female seed, the overall impact of the section is to emphasise the analogy, even unity, between men and women.

The next segment of the sequence covers conception and foetal formation, development and status. The first stage is explained:

αἰτία συλλήψεως ἡ τῆς μήτρας σύμμετρος θερμασία καὶ ἡ πρόσφατος τῶν ἐμμηνίων κάθαρσις καὶ ὅρεις· ταύτα γὰρ ὑμοῦ συνελθόντα κατέσχε τὸ σκέρμα

The causes of *sullēpsis* (capture/retention) are the balanced heat of the uterus, the recent passage of the monthly purges and desire (*orexis*). For when these combine simultaneously, the seed is retained.
These causes, it seems, are necessary conditions, not active agents, the conjunction of which results in the retention of any seed that arrives. *Sullēpsis* is that retention, understood separately from the arrival, and therefore entirely female. On this interpretation, however, the presence of the *orexis* appears incongruous. If the previous assertion of sexual symmetry in this respect is to be maintained, the *orexis* belongs to the arrival of semen, not its reception. Its reallocation represents, instead, a reproductive asymmetry. In the two-seed model, women both excrete and retain semen (her own and others'), but these two actions are conflated, and the latter treated as determinant. Thus, a contrast with the purely ejaculatory male role is emphasised. However, that conception requires a female *orexis* which precedes, and is therefore independent of, the arrival of the male semen, is nonetheless noteworthy.

An individual woman’s womb might be incapable of attaining this retentive state, through excess coldness, fattiness or another malformation, just as an individual man might be unable to get generative semen to its required destination, on account of congenital deformation, castration or disease. Foetal formation is the product of the interaction of uterus and seed, a process analogous to the pouring of molten lead into a mould. There are a number of variables on both sides of this equation which affect its outcome. Sex is seminally determined. According to some, seed from the right produces males, from the left females; for others it is the temperature that counts, the hotter seed making males, the colder females. Twins and triplets are caused by the excessive heat of the womb. Monsters result from either uterine flexure or the wrong quantity of semen. All these definitions are formally ambiguous about the origins of the seed involved,

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68This section of the text is, I think, sufficiently coherent and continuous to sustain this kind of argument, though it is possible that the two *orexeis* are actually unconnected. The problem would not then entirely vanish, however.


however, the underlying structure is clearly derived from a one-seed model. A polarity of reproductive role again prevails over any theoretical symmetry.

The first specific formation of the conceptus is the chorion, the enveloping tunic through which it is nourished. The material for this nourishment is provided by the katamēnia/menstrual fluid. This is usually evacuated for the women’s health, but its real function occurs after this has been halted by conception, and it then passes to the foetus and the production of milk. Once formed, the foetus poses the problem of its existential status. What is conceived is a distinct entity, not just part of the mother, but its location on the scala naturae is more controversial. Some consider it to be an animal, since it moves, others classify it as a plant, since it does not move itself, and Asclepiades considers it to be like a sleeping animal, possessing capabilities which remain dormant until birth. Finally, childbirth may be impeded by the condition of the mother, the foetus or the external environment. The problems attending the woman are twofold: psuchikos/psychical or sômatikos/somatic. The former included being in a state of jealousy, grief, pain or some other pathê/affection. The latter comprises narrowness of passages, excess fat, first pregnancy or atrophy of the womb. Other difficulties result from the death, multiplicity or monstrosity of the foetus, and the climate.

This episodic explanation of procreation reveals a basically mechanical process. Humans are essentially reproductive, and the substance of this essence is seed. This essence demands its own expulsion and may then be materially embodied in the woman’s womb. Sex is determined in this moment of expulsion; semen and uterus then interact to provide foetal form and definition, which is filled out by the nourishing properties of the katamēnia. The details of the mode of foetal exit are left vague, but seem to be

pneumatically prompted. There are certain necessary conditions for the successful accomplishment of the key stages, but, if fulfilled, progress is automatic. The mechanistic quality of the conspectus offered is emphasised by its largely synecdochal rendition. This is centrally a tale of the conjunction of womb and seed to produce an embryo, in which the whole beings involved rarely feature. Moreover, the occasional appearances are somewhat shadowy, and, given the partial protagonists, almost entirely female. Tellingly, she achieves most substance during parturition. The man’s role in reproduction remains assumed and unspoken throughout, it is the woman’s that requires explication. There is asymmetry of both place and perspective.

Reproduction makes a rather briefer appearance in the Intro., in the course of a summary description of the hierarchy of human functioning. At the top of this hierarchy are the psychikai dunameis/psychical faculties of sensation and prohairesis/deliberative choice; next are the phusikai energeiai/natural activities of generation - comprising conception and foetal formation - the management of the bodily economy - comprising appetite (orexis), ingestion, concoction, distribution, conversion into blood and separation of excretions (including milk) - and growth; and after that comes the hektikon/cohesive function of simply maintaining somatic unity. Some deliberative choices are made by the psuchê alone - to reason and consider - others are (like sensation) joint undertakings of psuchê and sôma/body - that is movement from place to place or for the reception or evacuation of something. Since this latter category, presumably, includes sexual intercourse of any kind, reproduction would, in its totality, seem to be a complex activity, involving both psychical and natural faculties, both body and soul. Moreover, the division between the different parts of the process is interesting. Sexual activity is a matter of deliberation, in which the psuchê is implicated. Procreation is just something that happens, it is a simple matter of bodily mechanics, of phusis.

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78 [Galen] Def. Med. 453 (XIX 455 K). The use of the word ekdromê/forth to describe the birth, also suggests that the foetus, not the mother, takes the active role in this event. Such an understanding of parturition was commonplace, see A.E. Hanson "Continuity and change: three cases in Hippocratic gynecological therapy and theory" in S.B. Pomeroy (ed) Women's History and Ancient History (1991) 73-110.

79 [Galen] Intro. 13 (XIV 726-7 K).
This division places a Stoic gloss on a configuration that most probably originated in the medical schools of Hellenistic Alexandria. For, though the author starts with the pneumatic tripartition of the Stoa - into the psuchikon, phusikon and hektikon pneumata - this last does little work thereafter, and the centring of the first two pneumata in the brain and heart respectively also reflects Alexandrian anatomical understandings, in contrast to the unitary conception of the soul in Stoicism and its location of the hegemonikon in the heart. It is basically the separation of the nervous and vascular systems which seems to be elaborated here.

The koinê of Rationalist/Eclectic physiology is thus apparent. This set of texts, despite their divergent modes and purposes of production, utilise a collective conceptual vocabulary to represent the human being kata phusin. This common understanding and expression rests on a common system of knowledge, composed not just of a formal epistemology, but also a Foucauldian episteme, "in which knowledge, envisaged apart from all criteria having reference to its rational value or to its objective forms, grounds its positivity". This epistemic substratum is shaped and ordered, made coherent, by the logic of resemblance and analogy and the principle of hierarchy. From a more specific, and further compounded, conjunction between the two emerges a shared approach to the fact that there are two types of human being kata phusin. The hierarchy in this case is that of the absolute over the relative, which also provides a location on the abstract scale of similitude. The unmarked, unqualified and unspecified human being is male, or, more precisely, the male is the human being unmarked, unqualified and unspecified. He is absolute humanity. The female is the marked, qualified and specified version. She is relative, and it is, therefore, entirely with her that the measure of both similarity and disparity resides. The name of sexual difference is woman, but so is the name of sexual sameness. This fundamental formation in the field of knowledge is most clearly visible in the structure of the anatomical narratives and the formulation of the repeated question, are women the same as men? The positivity it grounds is elaborated

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60 Zōtikon, not phusikon, pneuma would be more decisively Alexandrian, but the two terms are used interchangeably in the Def. Med.; and see also Calcidius Timaeus 246.

61 The brain/nerve part of this picture is confirmed at Intro. 11 (XIV 710 K).

along this line of investigation. The inquiry is targeted, not universal. Differences of external appearance are obvious, as is the unity of the basic material constituents and what it is that makes human beings what they are. The areas of uncertainty cluster around the physiology of reproduction. Answers tend towards affirming the correspondence of men and women, achieving varying degrees of proximity and even complete parallelism. However, the story does not end there, for outside the common/male core are the qualifications and modifications. These are not insignificant, for it is the woman's womb, not her parastatai, seed or orexis, that determines her role in the physical process of reproduction, and it is very different from that of a man. Nevertheless, it is only in this vicinity, beyond physiological configuration and physical desire, that deep disjunction between the sexes really appears.

Pathology: the medical woman para phusin

Within the Rationalist/Eclectic medical system, physiology and pathology are continuous. Diseases proceed along causal and somatic pathways which have already been mapped out in the explanatory description of the human being kata phusin. Thus, the extent to which a specifically female pathology is delineated in this context will be shaped by the patterns of physiological differentiation between men and women. The expectation, therefore, is differences of detail not kind; the circumscription of some female space in the common framework of the understanding and classification of human illness. Susceptibility to, and the precise manifestation of, diseases might vary between the sexes, but not their fundamental character or nature. This projection can be thoroughly examined and tested in both the several treatises entirely devoted to diseases, either comprehensively or selectivity, and the relevant portions of the general pseudo-Galenic texts. This investigation should also, by virtue of the linkage it is exploring, further illuminate female physiology, seen through its patterns of illness.

Sexual variation in the susceptibility to, and seriousness of, the same diseases is not infrequent in the more detailed pathological treatises, though they disappear when the
accounts become more abbreviated. The two variables are often linked, and appear alongside similar distinctions between young and old. They are of most interest when accompanied by causal explanations. Aretaeus states, for example, that women are more disposed to tetanos (a convulsive stretching) than men, because they are cold, but recover more easily, because they are wet. Rufus reports that women are less prone to kidney stones than men, since their passages are wider and sexual activity is less hard work for them. In a similar vein, Philumenus offers the lower frequency, and easier cure, of elephantiasis (a very severe skin disorder) among women and eunuchs as a sure sign (tekmērion) that sexual intercourse is especially damaging in this disease. This scale of susceptibility may be recreated, or just extended, within the female sex. Thus, an extract from Archigenes and Leonides on karkinōmata (crablike tumours) in the breasts preserved by Aetius of Amida, remarks that these are more common in women than men, especially women with large, well-fleshed breasts. The difference between male and female breasts is simply quantitative, and the likelihood of karkinōmata increases with size across this divide. Also, according to Aretaeus, abscesses around the tonsils are common in prepubertal girls, but not adult women, a distinction which also affects male relationships to diseases such as epilepsia.

The ways in which diseases negotiate the zones of specific, and qualitative, anatomical and physiological differentiation between men and women is more complex. There is some simple local variation within a disease-type. Thus, for example, the basic diseased states such as inflammation, ulceration and swelling may afflict both the uterus in women and the scrotum in men. Similarly, tetanos, which is generally caused by a blow or

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83 The pathological part of the pseudo-Galenic Intro., for example, is entirely generic.
84 Aretaeus ASOP 1.6.3 (CMG II 6.2-3); old people are similarly susceptible on account of their coldness.
85 Rufus Peri tôn en Nephrols kai Kustei Pathôn (NKP) 3.8-10 (CMG III 1 116,8-10).
87 Archigenes and Leonides ap. Aetius Tetrabiblon (Tet.) 16.42 (60,5-8 Z).
88 Aretaeus ASOP 1.9.4 and ASCOP 3.4.1-2 (CMG II 11,22 and 38,12-21).
89 e.g. [Galen] Def. Med. 298-9, 303-4 and 429-32 (XIX 428-30 and 448 K); Aretaeus ASOP 2.11,6 (CMG II 34,8-10).
a wound, may, in women, result from a miscarriage, and bladder affections may be generated by inflammation, or numbing, of the womb, as well as conditions of the rectum.\textsuperscript{90} The bringing up of blood may be produced by a diversion of menstruation, as from a diversion of a habitual nosebleed.\textsuperscript{91} However, that failure of the menses may, alongside various excesses of lifestyle, lead to \textit{mania} (chronic psychical derangement), seems less proportionate and the womb is also marked out as special, pathologically, and therefore physiologically. This singularity is expressed most graphically by Aretaeus, who devotes separate chapters to its acute and chronic affections. It is distinguished both quantitatively, being a focus for generic pathological activity, and qualitatively, being the source of three uniquely female afflictions. The first, and most dramatic, is \textit{husterikê pnix}/uterine suffocation, an acute and dangerous condition produced by an upward movement of the womb.\textsuperscript{92} Its signs resemble those of \textit{katochê}, a form of suffocation shared with men, but its aetiology and therapy are different. Second, movement in the opposite direction results in prolapse.\textsuperscript{93} Last is the female flux, an irregular, but sustained, flow of material of varied colour, consistency and volume from the uterus.\textsuperscript{94} It is the mobility of the womb, described by Aretaeus as animal-like, that really stands out from the general pathological background, and has obvious physiological implications.\textsuperscript{95}

A second set of differentiated diseases starts out from the male side of the equation. The two most important are \textit{saturiasis}, an acute, continuous and painful tension of the genitals, and \textit{gonorrhoa}, a chronic, involuntary flow of seed. Aretaeus categorically denies that women can be affected by the former:

\begin{itemize}
\item \textsuperscript{90}Aretaeus ASOP 1.6,2 and 2.10,2 (CMG II 5,27-8 and 31,12-3); Rufus NKP 11,1 (CMG III 1 160,15-17).
\item \textsuperscript{91}Aretaeus ASOP 2.2,3 and 9 (CMG II 17,19-20 and 19,11-16).
\item \textsuperscript{92}Aretaeus ASOP 2.11,1-6 (CMG II 32,21-34,10); [Galen] \textit{Def. Med.} 300 (XIX 428 K).
\item \textsuperscript{93}Aretaeus ASChP 2.11,9-11 (CMG II 81,25-82,16).
\item \textsuperscript{94}Aretaeus ASChP 2.11,1-5 (CMG II 80,3-81,6); [Galen] \textit{Def. Med.} 301 (XIX 429 K) and Archigenes ap. Aetius \textit{Tet.} 16.63 (89,3-20 Z).
\item \textsuperscript{95}In this Aretaeus is more directly Platonic than Hippocratic, see Timaeus 91a6-d6 and A.E. Hanson "Continuity and change" in S.B. Pomeroy (ed) \textit{Women's History and Ancient History} (1991) 81-87.
\end{itemize}
It is said that women also suffer from this affection, and that both the impulse to sexual activity and all the other things are the same. I, however, believe that excessive lust occurs in moist women, for evacuation of their plethos, but not at all. For their nature, being cold, is not arranged [for it], nor has woman the parts for erection, like a satyr, from which the affection is named. For neither do men become diseased from suffocation from the uterus, as man does not have a uterus.\textsuperscript{96}

He also draws a clear distinction between the sexes in terms of gonorrhoea. For women in this condition:

\begin{quote}
\textit{άναισθητος δὲ ἡ ῥοή τοῦ γούνου γίγνεται. νοσεύον δὲ καὶ γυναῖκες τήνδε τὴν νοῦσον, ἀλλ’ ἐπὶ κηρυμοίσι τῶν μορίων καὶ ἡδονὴ προκέεται τής ἡ βορῆ, ἀτὰρ καὶ πρὸς ἄνδρας ὁμιλή ἀναισχύντω· ἄνδρες δὲ οὐδ’ ὄλως ὀδαξοῦνται.}
\end{quote}

The seed is poured forth by them with titillation of the parts and pleasure, and shameless intercourse with men, but men are not at all irritated [in this way].\textsuperscript{97}

Instead, male gonorrhoea completely robs its victims of all vitality:

\begin{quote}
\textit{καὶ ἡμέας ἄνδρας ποιεῖ ζωοῦσα ἡ βορῆ, θερμοῦς, ἐνάρθρους, λασίους, εὐφώνους, εὐθύμους, κραταιοὺς νοήσαι τε καὶ μέξαι· δηλοῦσι οἱ ἄνδρες. οἰοὶ δὲ οὐκ ἐνεστὶ ζωοῦσα ἡ βορῆ, ρικνοί, ἀσθενεῖς, ὀξύφωνοι, ἀτριχεῖς, ἀγένειοι, γυναικῶδεσς· δηλοῦσι οἱ εὐνοῦχοι.}
\end{quote}

\textsuperscript{96}Aretæus ASOP 2.12,4 (CMG II 35,5-12).

\textsuperscript{97}Aretæus ASchP 2.5,1 (CMG II 71,13-16).
For the seed, being alive, makes us men hot, firm-limbed, hairy, well-voiced, well-spirited, mighty in thought and deed, as men demonstrate. But when the vital seed is not present, they are shrivelled, feeble, shrill-voiced, hairless and beardless, effeminate, as eunuchs demonstrate.\textsuperscript{98}

The account of \textit{saturiasis} by Anon. \textit{Paris.} is restricted to men by the use of the specific term \textit{kaulos}/penis, rather than the generic \textit{aidoion}/genitals.\textsuperscript{99} Both Rufus and the \textit{Def. Med.} deploy this looser language for both affections, but while the latter is elsewhere committed to complete equivalence between the sexes in this regard, the former is consistently ambiguous.\textsuperscript{100} There are also minor diseases which are clearly exclusively male, such as \textit{hupospadias}, in which the urethra opens onto the underside of the penis.\textsuperscript{101}

The initial expectations have, therefore, largely been substantiated. A specifically female pathology comes into focus only occasionally, and it is mostly discernible only in the detail. Disease types are usually generic, but with space for variation, including by sex, within their defining parameters. This variation can be of susceptibility and seriousness, or locality and instance of cause and symptoms. Even where variation becomes disjunction, and the sexes separate, it is really only at the extremes of this spectrum. Uterine suffocation, for all its drama, is, in a sense, simply a magnified case of differential causation. Moreover, it is only Aretaeus who gives the condition real prominence, and he clearly stands on one side of a debate about the existence of peculiarly female diseases. The other texts tend to the opposite view, a position which Aretaeus himself recognises. Soranus of Ephesus also refers to this dispute, and lists various authorities on either side, of whom Lucius the Asclepiadean, who thinks that there are affections unique to women, and Alexander Philalethes and Apollonius Mys,

\textsuperscript{98}Aretaeus \textit{ASchP} 2.5,3-4 (CMG II 71,24-8).

\textsuperscript{99}Anon. \textit{Paris.} 16 (RhM 58 [1903] 113-4). This anatomical specificity did not, however, prevent a Byzantine annotator appending a story about a woman affected by \textit{saturiasis}.


\textsuperscript{101}e.g. [Galen] \textit{Def. Med.} 413 (XIX 445 K).
who do not, are all Rationalists of around the Augustan era. Indeed, the fact that *saturiasis* was extended to women by some medical authors of this period is a striking example of the strength of the analogy between the sexes, or the continued assimilation of women into the male model. The male appropriation of generic or absolute humanity is also evident more generally.

The physiological perspective is also revealing. A mechanistic model of female sexual desire is again assumed - moist women are more lustful since the seed expelled in sexual activity relieves their excess - and several new areas of sexual differentiation also emerge. First, Aretaeus' judgement that women are, in some global sense, colder and wetter than men. Second, the womb appears as possessing unique physiological properties of movement; it is the only exception to the general applicability of the same basic pathological processes to both sexes. Third, Aretaeus suggests that maleness, or at least many of its characteristics, are generated and maintained by the presence of vital seed in the male body. This situation is superimposed on a pre-existing *phusis*, and the interaction of *phusis* and levels of vital seed, which can be altered by sexual self-control, or its lack, and by castration, produces a continuum of maleness. The more vital seed, the more male, the better, and eunuchs are so little male as to be non-men. Where this conception leaves women, to whom Aretaeus grants seed, but without any specific physiological function except a loose connection with erotic pleasure, is unclear. The implication may be that female seed, unlike male, is not *zôousa/wiiaï* or generative, but merely titillating. If so, femaleness would result from a lack, rather than any positive seminal action. This would again supervene on an underlying *phusis* that is itself unsexed, but by its particular condition, being cold or hot for instance, establishes a predisposition towards femaleness or maleness.

**Therapeutics: the cure of the medical woman**

Rationalist therapeutics traverses the continuity between physiology and pathology in the opposite direction, aiming to return the human being *para phusin* to their *kata phusin*

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102Soranus *Gun.* 3.2.1 (*CMG* IV 94,21-95,4). For Apollonius and Alexander see H. von Staden *Herophilus* (1989) 532-554; Lucius' chronology is more conjectural.
condition by travelling back along roughly the same route as the original journey. Its
guiding principle is that "opposites cure opposites", and it has three operational modes:
surgery, pharmacology and regimen (in reverse order of preference). Textual accounts
of therapeutics might, in this period, follow this structure or adopt a different
organisational strategy. One repeated division is into works Peri Poionenon
Boethematon/On Performative Remedies (PB), Peri Kenoumenon Boethematon/On
Evacuative Remedies (KB) and Peri ton exothen Prospiptonon Boethematon/On externally
Effective Remedies (EPB); and another is by disease. The early imperial therapeutic
arsenal thus arrayed comprises almost endless variation on a restricted number of central
themes, not only concerning the main lines of active intervention against the diverse
affections, but also in the whole panoply of ancillary measures. Each category of
care and class of treatment is carefully sub-divided and often described in exhaustive
detail. This survey follows the primary, tripartite classification and uses it to explore
sexual differentiation in both the actual administration of the basic therapeutic elements
and the applicability of treatments. Other, wider, patterns in the medical
conceptualisation of woman are inevitably illuminated in the process.

Classical surgery consists of a small set of basic techniques collected into operations by
the physiological and pathological understandings that shaped the medical systems of
which they were a part. Both the technical and operational sides are represented in the
surviving literature, classified and arranged in various ways. Sexual differentiation
appears in a few of the delineations of basic techniques preserved in the Byzantine
encyclopaedias, and some of the operations described in these compilations, and in
treatises structured by disease, are sex-specific, but most surgical procedures are
presented in a generic manner. The fractured nature of the material, with much of
it uprooted from its original textual framework and so losing its organisational logic and
nuances of expression, means that both surface configurations and the underlying patterns
are difficult to discern.

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103 The former pattern is preferred by the later physicians associated with "Pneumatism".

104 This may, on occasion, tend to the male e.g. Antyllus' and Heliodorus' instructions for the surgical removal of
apostema is largely generic but also contains details of the operation in respect of the male genitals, prompting a later
copyist to insert a female parallel (Oribasius Coll. Med. 44.5.15-16 [CMG VI 2,1 119,16-23 with apparatus]).
There are two surgical procedures where the method of application is described differentially for men and women. The first is that most ubiquitous of remedies in imperial medicine - venesection. Antyllus’ account of the preparation required prior to the actual incision contains two qualifications to the main narrative. In "women and those who have flabby muscles" or are generally "delicate" the ligature is better positioned differently, and left looser, to prevent the appearance of compression marks on the arm, which may in some cases lead to *erysipelas* (a skin disease) and *apostemata* (abscesses). This structural pattern of divergence of women from the male absolute is now familiar. The particular form of divergence in this case seems to be a simple matter of lack of muscular development and general fragility, rather than a more global inferiority in the quality of the flesh. The second technique is that of setting dislocated joints. Heliodorus, the noted surgeon, outlines a threefold classification of procedures to be followed in this situation. It is the first - the *palaistrikoi tropoi* ways of the palaestra or manual methods - which are the most suitable for women and others with soft bodies, on account of their gentleness, whereas men are better treated by the second - the *methodikoi katartismoi* methodical settings - which also employ everyday implements and are thus more forceful. The third - the *organikoi katartismoi* instrumental settings - involved the use of specially constructed instruments. Again it is a general lack of strength that characterises women.

There was surgical intervention in the female body as part of the treatment for a number of conditions, ranging from the totally generic, through the anatomically and sexually specific exemplifications of common disorders to those exclusive to women. Philumenus’ final resort to surgery for a variety of warty excrescences on the womb is simply a subset of the general surgical procedure to deal with *thumoi, murmêkioi* and *akrochordones* whenever necessary. It is only the topography that varies. Similarly Aretaeus prescribes venesection for *melancholia* that has appeared after either suppression of the

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106 Antyllus *KB* ap. Oribasius *Coll. Med.* 7.9,1-12 (CMG VI 1,1 210,10-211,22).

107 ἔτι δὲ τῶν νεκρῶν καὶ τῶν τούτων μῆς πλαστοῦ ἐξομιστ...ἔτι γυναικῶν καὶ τῶν τρυφερῶν Antyllus *KB* ap. Oribasius *Coll. Med.* 7.9,3-4 (CMG VI 1,1 210,21-22 and 28-29).


109 Philumenus *Ap. Aetius Tet.* 16.106 (154,4-23 Z); he claims to have practised part of the procedure on his wife!
menses in women or haemorrhoidal flux in men. A homology between all these processes is thus established. Menstruation and haemorrhoids perform the same physiological function (the difference being that this function is universally necessary among women and only selectively so among men), so their interruption has the same pathological result. They can both be replaced by phlebotomy which, as it forms part of a single pattern with either, may thus restore regularity as well as alleviating some immediate symptoms. Identity of healing mechanism is thus assumed despite any differences in application between the sexes. A more qualitative disjunction between men and women is illustrated in the inclusion of venesection in the extensive curative programmes promulgated for uterine suffocation by Aretaeus and Philumenus, and, even more clearly, in the latter's instructions for the surgical extraction, if necessary by dismemberment, of the foetus and for numphotomia/clitorodectomy preserved in the encyclopedia of Aetius of Amida. This latter operation, which should be taken in conjunction with the comment about clitoral excision in the pseudo-Galenic Intro., stands out from its background in a number of respects and requires further examination.

Philumenus provides an introduction to his fairly detailed technical description of numphotomia:

'Ἡ λεγομένη νύμφη...μεγεθύνεται δὲ τινών ἐπὶ πλέον τῶν γυναικῶν αὔξησιν λαμβάνων, καὶ εἰς ἀπρέπειαν καὶ αἰσχύνην γίνεται. ἄλλα καὶ παρατριβόμενον συνεχῶς ὑπὸ τῶν ῥατίων ἐρεθίζει, καὶ τὴν πρὸς συνυσσάιν ὧμην ἐπεγείρει, διότι πρὸ τῆς μεγεθυνούσεως ἔδοξε τοῖς Αἰγυπτίοις ἀφαίρειν αὐτῷ τὸτε μάλιστα, ὡπότε πρὸς γάμον ἄγεσθαι μέλλων οἱ παρθένοι.

The so-called νυμφή...increases its size more in certain women, taking part in their growth, and it tends towards unseemliness and shamefulness.

But it is also aroused by being continually rubbed by the clothes and it

109 Aretaeus ChN 1.5,7 (CMG II 157,14-19).

110 Aretaeus ONTh 2.10,1-6 (CMG II 139,28-141,19); Philumenus ap. Oribasius Sunopsis (Sun.) 9,45,1-7 (CMG VI 3 305,10-28) and ap. Aetius Tet. 16.23 and 103 (30,15-33,30 and 152,15-153,10 Z).

111 [Galen] Intro. 10 (XIV 705-6 K); and see p.148 above.
excites the urge for sexual intercourse, on account of which the Egyptians decided to remove it, before the enlargement, especially at the time when the girls are about to be given in marriage.\textsuperscript{112}

That is, he offers a justification, or explanation, for what he casts as a general practice among the Egyptians, a practice which, by implication, has a wider applicability, before giving instructions on how to carry it out.\textsuperscript{113} This justification, or explanation, operates according to two normative principles: the principle of the physical normality or conformity of women, and the principle of the sexual and social normality of the female role in marriage. These principles were so powerful that they could justify a pre-emptive surgical strike of a kind otherwise unknown in the classical medical repertoire; and that means of a kind that has no male equivalent, though the practice of male circumcision, at least as practised by Jewish communities, was a familiar feature of the Roman world.\textsuperscript{114} The systematic mutilation of female genitalia was susceptible to explication; it could be completely reformulated in the language of imperial medicine as it declaimed to its audiences in a way that less radical alterations to the male genitalia could not.

The pharmacological division of imperial medicine repeats a similar pattern. The extra exterior opening of the female body established a specifically female mode of application for a largely shared set of \textit{pharmaka}, therapeutically deployed within a completely unified framework. This was a simple question of topography, brought into focus by the significance of the body’s boundary in a curative system based on the intentionally instituted interaction of various parts of the external world with various parts of the human body; there were no apparent hierarchical connotations, and it provided an entrance both to the somatic interior generally and to a specific organ. Aretaeus urges

\textsuperscript{112}Philumenus ap. Aetius \textit{Tet.} 16.105 (15215-153,22 Z). This may be an extract from his \textit{Gunaikeia}, referred to in a scholion on Oribasius \textit{Coll. Med. lib. inc.} 13 (CMG VI 2,2 100,16).

\textsuperscript{113}Whether clitoridectomy was, in fact, a general Egyptian practice (and of what antiquity), is unclear since there is little evidence for it other than in Greek sources such as these medical writers, Strabo (17.2.5) and Philo (\textit{Questions and Answers on Genesis} 3.47), though many of these are of Alexandrian provenance. Certainly the reasons for any such practice are irrecoverable.

\textsuperscript{114}Male circumcision does appear in the medical record as a therapeutic possibility in response to some serious, and already existing, diseases and thus as a quite distinct phenomenon from \textit{numphotomia} (e.g. Oribasius \textit{Coll. Med.} 50.7,1-5 [CMG VI 2,2 59,12-23]). Male castration is also described, but again the context is quite different for it is presented as a regrettable operation that unscrupulous persons purchase for slaves (Paulus Aegineta 6.68 [CMG IX,2 111,19-112,5]).
that purging downwards is not neglected in the treatment of *pleuritis*, "in men injecting oil of rue into the gut, and, in women also into the womb", thus emphasising again the universality of pharmacological mechanisms and the interchangeability of various bodily processes. More specifically, Antyllus asserts that "pessoi/pessaries are only applied to the uterus" and the three types - emollient, astringent and anastomising - are used against a range of this organ's disorders, such as inflammation or ulceration. It is not just the disposition of the womb that may be addressed with drugs, but also its functions in menstruation, pregnancy and parturition. According to Antyllus, for instance, *kolluria/salves* may be administered to the uterus (unless inflamed) to provoke the menses or expel the embryo, and the latter may also be achieved by sternutatory *pharmaka*. These are particular mobilisations of general therapeutic principles, as is clear from the author's explanation of his present extension of the use of *kolluria* from their exclusively ophthalmological origins and the broad range of other applications attributed to sternutatories, (including for the purpose of expelling items that have become lodged in the ears!). Antyllus, Aretaeus and Philumenus all provide descriptions of the classic Hippocratic fumigation therapy for those afflicted with the most extreme and sexually divisive of uterine diseases - suffocation. Sweet smelling fumes are introduced into the vagina through a reed while the woman simultaneously inhales fumes of an unpleasant odour, thus inducing the womb, through repulsion and attraction, to return to its position *kata phusin*. The narrative is most graphic and fully explanatory in Aretaeus, who endows the uterus with explicitly animal like qualities of independent movement, while the rationale behind this method is left rather vague in the others, particularly since Antyllus also recommends some kind of fumigations for those suffering from *epilepsia* and *asthma* (difficulty in breathing).

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115 ἀντηλίας μετ' εἰς τὸ ἐντορνον παγίνω πάσαν εὐχετον, γυναιξί δὲ καὶ ἐς ἀντέξῃ Αρεταῖος ΟΝΘ 1.10,16 (CMG II 117,18-19).

116 κεσοῦ μετ' ματρὶ νοσηλεύεις Αντηλίας ΕΡΒ ap. Ορίβασιος Κολ. Μεθ. 10.25,1-4 (CMG VI 1,2 67,33-68,17); cf. Archigenes ap. Aetius Tet. 16.86 (133,15-134,11 Z).

117 Αντηλίας ΕΡΒ ap. Ορίβασιος Κολ. Μεθ. 10.23,1-19 and 10.30,1-10 (CMG VI 1,2 64,15-66,34 and 71,31-72,27).

118 Αντηλίας ΕΡΒ ap. Ορίβασιος Κολ. Μεθ. 10.19,1-10 and 10.20,1-4 (CMG VI 1,2 61,18-63,8); Aretaeus ΟΝΘ 2.10,1-6 (CMG II 139,26-141,19); Philumenus ap. Orbissors Sun. 9.45,1-7 (CMG VI 3 305,10-28).
The realm of *diaita*/regimen is of considerably greater complexity, and requires renewed engagement with Foucault's history of sexuality and the self, and woman's problematic position within it. Women occasionally appear in his specific discussion of the place of *aphrodisia* in dietetics as an art of living, but are completely omitted from the general introduction. It is, therefore, totally unclear whether the general principles established at the outset are applicable to women and, thus, on what terms they enter the later narrative. This omission could be said to be a reflection of a similar absence in the medical and philosophical texts of Classical Greece on which Foucault's fundamental analysis of regimen rests, and which are implicitly, but nonetheless clearly, designed for men only. This exclusivity is, however, part of the phenomenon which requires consideration. Moreover, the silence is decisively broken in the transition to the Roman era, something that Foucault fails to notice while remarking on the general "intensification" of dietetic themes in the imperial period. Now there are specifically female regimens, as well as not infrequent inclusion of women in the general discussion of dietetic therapies. It is the portion of this material originating from the first two centuries AD that will be examined here, and the question of woman's relationship to Foucault's construction of the male self will form part of that examination for, despite its flaws, his overall vision remains compelling.

Oribasius preserves two entirely female regimens, both created by Rufus of Ephesus. Since the simple, unadorned title "*Peri Diaitês*" signifies a regimen for men, some qualification is necessary to clarify the situation in these cases and Oribasius provides "*Peri Parthenôn Diaitês/On the Regimen of Girls*" and "*Diata Gunaikôn/Regimen of Women*". Proceeding chronologically, the "*Peri Parthenôn Diaitês*" presents a regimen radically at variance with the Foucauldian model. The female self is entirely absent from a text that establishes a relationship between those in whose care and control the girls fall and the wayward and problematic bodies of their charges. The objective of this relationship is to ensure that the girl passes through puberty at the right age and

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120 Whether these were originally independent treatises or sections of a larger work is unclear, see A. Sideras "Rufus von Ephesus und sein Werk im Rahmen der antiken Medizin" *AMRW* II 37.2 (1994) 1171-1174 for discussion.

without disaster so that a productive marriage may follow. As Rufus explains, modern girls who, unlike their Archaic ancestors, enjoy an abundance of food and a shortage of physical activity build up a dangerous somatic excess which not only leads to disease but also hastens the onset of puberty and incites to sexual intercourse. The only solution to this problem is rapid marriage, for conjugal relations relieve the excess (both directly and indirectly), but childbearing at this age is fraught with danger, so the better course is to avoid this situation entirely by ensuring that puberty occurs "at the proper time of nature" and thus the girl is given in marriage late enough to survive child bearing and produce sound offspring. It is to this end that Rufus has designed this regimen, a regimen which does not have much to say about young girls but starts in earnest as puberty approaches. Now a girl’s meals must be structured and moderated; meat and other strong foods are not to be provided. She is ordered to exercise - to walk, even run, or play with a ball - vigorously enough to stir the innate heat and warm the bodily hexis while remaining female and not becoming manly. Wine is strictly forbidden, though it had been innocently enjoyed in infancy:

ως μη ζεούση τη φύσης τό καθ' έαυτήν καὶ τό παρὰ τού ὦνου σύμμαχον γίνεσθαι. αἱ δ' ὑδροποσίαι καὶ εἰς σωφροσύνην συνεργούσιν, ὁ δ' ὦνος ἀκολαστοτέρας ποιεῖ.

So that the seething in her nature and in that of the wine do not become allies. Drinking water contributes to sophrosunê/modération, wine makes [girls] akolastoterai/more intemperate.

Particular care must be taken over the first menstrual period, the course of which is inevitably arduous, and varies according to the nature and form of each girl.

The intrinsic instability of the female body, its innate tendency to excess which is exacerbated at certain points in the life-cycle and by certain aspects of lifestyle, is the starting point for this narrative. This instability is both a physical and a familial phenomenon, it is driven by a flawed interaction between the body and its environment,
and produces a somatic reconstitution which is socially and medically dangerous. The process of stabilisation is not in any way reflexive; it is an external imposition, achieved initially by something perhaps better described as regimentation than as regimen, then marriage and procreation. Even the opposition between *sophrosunê* and *akolasia* is presented, not in subjective terms but as an opposition between two substances - water and wine - and their interaction with a seething somatic state. The equation is also heavily weighted in favour of *akolasia*, which appears in an intensified form and is the inevitable result of wine consumption, while water only aids the attainment of *sophrosunê*, with the other factors involved left unspecified. Some of the drama of the piece is rhetorical, designed to promote medical intervention in these areas of life, and Rufus’ approach in particular, but this simply serves to accentuate the sharp contrast between this programme for the formation of a properly socially and physically constituted reproductive body and the male mainstream of the dietetic tradition remains.

The tone of the "*Diaita Gunaikôn*" is quite different and more commensurate with that of its male counterparts. It is clearly envisaged that the woman herself will institute the programme and thus a gap opens up between female body and female self which the regimen aims to organise. This resemblance of form breaks down, however, around the contents, for:

*Τὰ σώματα τῶν γυναικῶν υγρότερα καὶ ψυχρότερα εἶναι πᾶς ἀν ὀμολογήσειν. Θερμότερον οὖν διαιτᾶσθαι αὐτάς προσήκειν, ὅπως τὰς τῆς κράσεως πλεονέξιας ἐκανωθῶν αἱ διαιταί.*

The bodies of women are wetter and colder, as everyone would agree. So it is appropriate for them to be given a hotter regimen, in order that the regimen might balance the excesses of their *krasis*.124

Thus, for women the struggle is to establish the somatic balance with which men are, by definition, endowed and so dietetically need only to maintain and reinforce. This inherent female disequilibrium is countered by physical activity (optimally road walking and riding in carriages), massages, drying mineral baths, vocal exercises (the recitation of lyric poetry and declamation are best) and a careful diet, avoiding cold and wet foods

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124Rufus ap. Oribasius Coll. Med. lib. inc. 20,1-2 (CMG VI 2.2 109,26-28); Aretæus would certainly agree - see p.160 above.
(such as fish) in favour of those that are hot and dry (such as honey) and eating always in moderation followed by a short period of post-prandial repose. The male standard is a constant point of reference throughout this narrative, starting with the comparatives of its opening lines. A woman must engage in physical activity "no less than a man", while baths are "less suitable" for women than men, unless of a specifically drying quality, and excess, though a danger shared with men, is something quintessentially female. The \textit{ponoi} most recommended for women are, however, clearly restricted in comparison to the range recommended for men, even if this contrast is not conceived of quantitatively. The classic exercises of the gymnasium, a place of social as well as functional significance, are all missing in this case.

The \textit{diaita gunaikōn} thus emerges as essentially corrective. The relationship it establishes between self and body is that the former is informed of, and thus able to compensate for, the excesses of the latter. For women this is the form that having a proper concern for the body takes, and it flows from their relativity. The female somatic \textit{krasis} is expressed purely comparatively, as wetter and colder and therefore excessive, and this comparison \textit{in itself} compels a certain response. The link between excess and disease lurks under the surface throughout, but is nowhere made explicit. It is enough that women should deviate from the absolute standard for remedial action to be required. This means measures which contrive to approximate the female body more closely to the male model, at least in terms of its qualitative composition. Regimen is inherently processual, so whether this goal is attainable, even as a kind of dynamic equilibrium, is unclear.

Several of these themes recur in the fragmentary texts treating dietetic elements in a therapeutic framework. There is again a differential distribution of prescribed \textit{ponoi}. The \textit{poioumena boèthēmata} (performative remedies) that Antyllus explicitly recommends for women are all at the softer end of the spectrum. Jumping and strolling, for example, are both effective in cases of retention of the menses, but no mention of female disorders

\footnote{\textit{κοπεῖν τοῖς χρή τῇς γυναῖκας οὐκ ἔλασσον ἀνήρος} Rufus ap. Oribasius \textit{Coll. Med. lib. inc.} 20,3\ldots\textit{(CMG VI 2,2 109,28-9)}\; and 20,13\ldots\textit{καὶ ἀνὴρ β' ἀνήρ γυναῖκι ἐπιστήματα} (CMG VI 2,2 110,11-13).}
appears in the excerpts on such activities as running, swimming or wrestling. This pattern is confirmed by the description of *cheironomia/chironomic* exercises as being "between dance and shadow-fighting" and used in place of the latter in the case of women, children, old men and those very weak and frail in body. The perceived antagonism between women and wine also finds further reflection in the inclusion of sex in Herodotus’ list of variables that must be taken into consideration in therapeutic wine giving, with such a treatment being more suitable for men than women and requiring a particular form of administration (involving bread and warm water) in the latter case, as well as for children and the elderly.

A new angle on the innate imperfections of women’s somatic configuration is provided by the lengthy passage "Peri Hugieinês Anaphônêseôs/On Healthful Declamation" attributed to Antyllus by Oribasius. Here women, together with children and eunuchs, are described as inherently weak-voiced on account of the narrowness of the *poroi/channels* that riddle the flesh. These *poroi* are part of an integrated pneumatic system within the body, of which the vocalisation process is a part, so their dimensional deficiency has a detrimental effect on the quality and tone of both voice and flesh as the flow of *pneuma* is impeded. Vocal quality had a heightened significance in the Roman world where oratory, and oral performance more widely, played such a fundamental role, and the various themes that converge around rhetorical display as a form of male self-presentation in the Second Sophistic have been explored illuminatingly by Maud Gleason. She is, however, overly pessimistic when she asserts that this intrinsic deformation of the *poroi* excludes the possibility of women achieving any beneficial physiological reform through vocal *askêsis* as men may do if they follow the suggested

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126Antyllus *PB* ap. Oribasius *Coll. Med.* 6.31,5 - jumping; 6.21,2 - strolling; 6.22,1-12 - running; 6.27,1-5 - swimming and 6.28,1-4 - wrestling *(CMG VI 1,1 185,2-4; 177,14-16; 179,29-180,20; 183,20-34 and 183,36-184,8).*


128Herodotus ap. Oribasius *Coll. Med.* 5.27,2 and 13 (CMG VI 1,1 144,10-14 and 145,3-5).

129Antyllus *PB* ap. Oribasius *Coll. Med.* 6.10,1-25 (CMG VI 1,1 160,11-164,14). This attribution has been challenged by H. Schöne *Περὶ ἐγκυῆς ἀκαδημοῦ* bei Oribasius *Coll. Med.* VI.10* Hermes 85* (1930) 92-105, but his argument from inconsistency is unconvincing on such a small sample.

Rather, this feature of the female body entrenches the sexual hierarchy; women can improve their general physical condition but they can never completely overcome the disadvantage with which they start, so men, with their innately perfect poroi, will always be ahead.

Finally, regimen merges into what might be described as "nursing", for considerable attention was devoted by imperial physicians to the circumstances in which treatment occurred. The question that arises in this context is not whether distinctions were made between the sexes regarding the best disposition and decoration of the sick-room or similar recommendations, but whether, except in the cases of specifically female diseases, the paradigmatic patient was conceived of as anything but male. For, while Antyllus remarks in the course of his discussion of beds that an inclining bed which places the feet higher than the head is good for those afflicted with the female flux and Philumenus orders that a woman with an inflamed womb be placed in a warm, dark room, kept quiet and prevented from moving her legs, the details of the therapeutic narrative in generic affections seem often to assume a male subject. The substantial section devoted to the issue of sexual activity and the treatment of epilēpsia by Aretaeus explicitly focuses on the transition to manhood, and he probably has men in mind when he describes intercourse with a woman as bad for the head and nerves in those suffering from kephalia (chronic headache).

Thus, while surgery and pharmacology largely track pathology in terms of the patterns of sexual differentiation that emerge, with only numphotomia really breaking new ground, regimen presents a distinct set of problematics. Here woman, or the female body, is treated holistically and, to some extent, in her social context, as opposed to the more partial and abstract approach of the other two therapeutic modes. As in the physiological texts, as the female body becomes more complete, functional and relational, its specificity

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132 Aretaeus ChNTh 1.4,14-5 and 1.2,18 (CMG II 155,20-23 and 148,28-149,1).

133 Antyllus EPB ap. Oribasius Coll. Med. 9.14,6 (CMG VI 1,2 15,21-24); Philumenus ap. Aetius Tet. 16.79 (123,5-126,4 Z).
and disparity are accentuated. A certain amount of thematic repetition and elaboration, as around women's inferior relativity, also provides further continuity.

Therapeutics completes this exploration of the literary remains of the early imperial Rationalist/Eclectic medical system in pursuit of its constitution of woman as an object of medical knowledge. She has been captured in a series of partial images, denied completeness by both the fragmentary nature of the material and its internal logic. This partiality forms a coherent pattern. The medical subject is humanity - in sickness and in health - a unitary category but exemplified only in sexed bodies. This unity underlies all these texts, represented in male form. There are, however, certain points at which men cannot stand for all humanity, therefore woman emerges, clarifying both her own being and the male character of the main narrative. This inability is an internal function of Roman medical discourse as a mode of the social constitution of the human being as an object of knowledge, and through her episodic emergence female humanity is constructed as a composite of difference and identity with man within this discursive framework. To comprehend women medically it is necessary to read the whole text and interpret the generic as amended by the specific. Difference in this context is not a neutral or reciprocal relationship but hierarchical and unidirectional. Man occupies the absolute position from which, at times, woman diverges, and on which she is completely dependent, for the female sex is not explicable in its own right, but only in relation to the male. The substance of this difference is less fixed than the structure in which it is formed, and its borders are disputed; each writer negotiates the terrain individually, though within a shared tradition. The specifically female territory, as it extends beyond, but remains anchored in, the unqualified human core, is primarily physiological, comprising aspects of anatomical configuration, the dynamics of reproductive function and a certain distinctive somatic quality, or qualities, linked to a distinctive somatic economy. The particularities of female pathology and therapeutics follow this basic formation with varying degrees of precision and elaboration, bringing a range of social considerations more clearly into focus.
METHODISM

Methodism is the sectarian success story of early imperial Rome. Celsus, writing under the reign of Tiberius, refers to followers of Themison of Laodicea for whom the art of medicine is encompassed by a *methodos*, and Pliny the Elder alleges that "no actor, no charioteer was attended by greater crowds as he went out in public" than Thessalus of Tralles, the Neronian physician who vigorously reshaped and flamboyantly promoted the Methodist creed. His account is undoubtedly exaggerated and intended to ridicule both Thessalus and the credulous masses, in whose esteem he was swiftly supplanted by a practitioner of astrological medicine, but Thessalus' impact was clearly impressive. The names of many other *methodikoi* appear in the medical literature, moreover, attesting to the vibrancy of the sect to the end of the second century AD, when Galen composed his various polemics against them, including the monumental *Therapeutikês Methodou/On the Therapeutic Method (MM).* Nor did doctrinal development and debates within Methodism come to an end with Thessalus, and these doctrines also had a wider influence on the contours of imperial medicine, contributing to the eclectic developments in the Rationalist tradition.

The literary remains of Methodism stand in some contrast to its popularity in early imperial Rome and present their own particular complex of methodological problems. The centrepiece of this study is the *Gunaikeia/Gynaecology* of Soranus of Ephesus, an eminent Methodist physician active at Rome in the reigns of Trajan and Hadrian, and the only Methodist author of this period whose writings survive in any form. This text, however, has had to be reconstituted from a gynaecological miscellany contained in a single fifteenth century manuscript, and is incomplete. Also extant in Greek, from amongst his substantial literary output, are treatises *Peri Epidesmôn/On Bandages* and

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134nullius histionum equorumque trigerii comitator egressus in publico erat Pliny NH 29.1.5,8-9 (IV 371,5-6 M); Celsus Med. pr.11 and 54-7 (CML I 18,27-19,3 and 26,9-29).

135The fullest lists appear in [Galen] *Intro.* 4 (XIV 684 K) and Galen MM 1.7 (X 52-3 K).

136See G. Rubinstein *The Riddle of the Methodist Method* (1985) for a thorough examination of all the evidence for the method and its evolution.

137For an excellent biographical and bibliographical survey of Soranus see A.E. Hanson and M.H. Green "Soranus of Ephesus: methodicorum princeps" *ANRW* II 37.2 (1994) 984-1075.
Peri Semeiôn Katagmatôn/On the Signs of Fractures, perhaps from a larger, general Cheirourgoumena/Surgery, and an epitome of a life of Hippocrates probably ultimately derived from Soranus' ten books on the Bioi Iatrôn kai Haireseis kai Suntagmata/Lives of the Physicians, their Sects and Writings.138 A sizeable selection of excerpts, overwhelmingly drawn from the Gunaikeia, are preserved by the Byzantine medical encyclopedists and various other Greek fragments also survive. However, the main route of indirect transmission is through various stages of redaction in the later Western Empire.

In late-fourth century or early-fifth century AD North Africa, the Methodist physician Caelius Aurelianus latinised about ten of Soranus' works, but only his rendition of the tracts on acute and chronic affections remains virtually intact, accompanied by parts of his Genecia/Gynaecology and several other texts which stand in a rather more attenuated, relationship to both Caelius and Soranus. The Genecia survives as the main component of a compilation with the later and more abbreviated latinisation by Mustio (or Muscio). Different attitudes have emerged to the status of these texts as sources for Soranus. Some scholars have assumed the activity of translation to be transparent, perhaps combined with a certain editorial function, while others have conceived of the process as creative and interventionist.139 Ann Ellis Hanson and Monica Green take a more nuanced view, distinguishing between the various texts, and conclude that the Genecia is an adaptation not a translation, "Soranian" rather than "Soranus".140 This line will be followed here. The focus will be maintained on the Greek text of the Gunaikeia, supplemented by the fragments from the Byzantine encyclopedias and the Latin Genecia in areas where the original is lacking or uncertain, and drawing on the wider range of Soranian material where this illuminates the central theme.
Soranus' *Gunaikeia*

In writing a treatise specifically dedicated to woman as an object of medical knowledge, Soranus seems to be following a Rationalist tradition rather than any Methodist precedent. He himself refers to works called *Gunaikeia* by Diocles of Carystus, Cleophantus and Alexander Philalethes, as well as the *Maiôtikon/Midwifery* of Herophilus, and behind all these stand the various gynaecological texts of the Hippocratic Corpus.141 His different approach to the subject is, however, clearly demarcated and advertised in the opening sections of the treatise which discuss the parts into which it should be divided. In his characteristic "hamartographic" manner he passes through a catalogue of others' errors in this area to arrive at his preferred, two-fold, division into the part concerning the *maia/midwife* and the part concerning the things which fall to the midwife.142 The first category consists in a descriptive evaluation of prospective and present midwives and the second is further subdivided into things *kata phusin* and things *para phusin*, the former comprising "*ton phusikon/the physical*" (in which seed and generation are considered) and "*to hugieinon/the healthy*" together with the "*maiôtikon/obstetric*" (which included the care of the pregnant and parturient woman together with the rearing of children), the latter comprising affections treated by regimen, surgery and pharmacology.143 However, since *to phusikon* contributes only to learning, and not to the present *telos*, it will be omitted in this case. The treatise follows this arrangement. An examination of the midwife and *to hugieinon* (from which *to phusikon* is not totally excluded) forms the first book, the second is devoted to *to maiôtikon*, the third to dietetically susceptible affections and the fourth covers those which require surgical and pharmacological intervention.

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141Soranus *Gun.* 3.2.1 - Diocles; 4.1.2 - Cleophantus; 3.43.1 - Alexander (CMG IV 94,19-20; 129,20; 122,3-4).

142Soranus *Gun.* 1.1.1-1.2.3 (CMG IV 3,4-4,11). For Soranus "hamartography" see W.D. Smith *The Hippocratic Tradition* (1979) 224.

143Soranus *Gun.* 1.2.1-2 (CMG IV 3,13-4,6). The distinction between *kata phusin* and *phusikon* being drawn here is unclear and probably not captured by the use of the word "physical" in the latter case, but "natural" is just as unhelpful. The contrast between *to phusikon* and *to hugieinon* and *maiôtikon* seems to be one between general theory and specific exemplification.
Soranus sets stringent standards of entry into, and excellence in, midwifery. The suitable woman must meet certain physical, educational and ethical criteria, and to excel she must excel in all these departments and in the practice in which they are brought to bear. The *aristē maia* best midwife must be, for instance, robust, though not necessarily young; not only literate, but also well-versed in theory; disciplined, discrete and modest; constant and reassuring in her care, unswayed by dreams or omens or anything similar. She must, moreover, be a follower of the *methodos*, not a Rationalist or an Empiricist, recognising the common and particular features of each case, and taking the treatment from them rather than from causes or repeated observation of what usually happens. Soranus is quite explicit that he is describing an ideal, and it is, moreover, an ideal with a particular purpose; for it is this idealised figure that imparts definition and force to the work. Soranus unifies his subject on a sociological rather than philosophical level, it is defined through the person and purview of the *maia*, not by any more fundamental markings on the field of knowledge; but this is not just any midwife but the *aristē maia*, and it is to a more general, concomitant, optimisation that the text is dedicated. This treatise presents to the men of the Roman elite the means by which their womenfolk may receive the best possible medical service from the best possible midwives; the means being basically adherence to Soranus’ instructions by all concerned. To what extent any of this was ever attained is another matter.

The *aristē maia* might be a Methodist, but the administrative partition of the midwife’s province deploys categories drawn from more traditional divisions of medicine, and, despite having rejected the relevance of the *phusikon* to the present goal, Soranus now considers it necessary "to describe the nature (*phusis*) of the female parts (*gunaikeioi topoi*)" before passing onto an account of the female *hugieinon* proper. Moreover, despite classifying the knowledge gained from dissection as medically "*achrēstos/useless*" (though an addition to the general sum of human learning), he will include it in his

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144Soranus *Gun.* 1.3,1-5 - suitability; 1.4,1-5 - excellence (*CMG* IV 4,13-5,3).

145Soranus *Gun.* 1.4,2 (*CMG* IV 5,14-16).

146τῆς φύσης τῶν γυναικείων διαγράφοντα τόκων *Soranus Gun.* 1.5 (*CMG* IV 6,4-5).
teaching so that he cannot be accused of discounting its utility through ignorance.147

This reluctant description of the gunaikêioi topoi then opens:

*H ἐστὶ πάντων τῶν ἕναν αὐτῆς γεννωμένων ἐμβρύων, ἀνεφιέσθη δὲ τὰς ἑχούσας αὐτὴν μητέρας ποιεῖ, κατὰ δὲ τις, ὅταν μέτρον ἔχει χρόνου πρὸς κάθαρσιν καὶ ἀποτέλεσθαι ὡστερα δὲ διὰ τὸ ὅστον ἀποδιδόναι τὰ ἑαυτῆς ἐνεργήματα, ἡ διὰ τὸ ἐσχάτην κείσθαι πάντων τῶν σπλάγχνων, εἰ καὶ μὴ ἐκρίβειαν ἀλλὰ κατὰ πλάτος· δελφὸς δὲ καὶ τὸ ἀδελφὸν αὐτὴν εἶναι γεννητικήν.

The mêtra is also called "hustera" and "delphus": "mêtra" because it is the mother (mêtêr) of all those borne of it, or because it makes mothers of those who possess it, or, according to some people, because it has a measure (metron) of time for menstruation and parturition; "hustera" because it manifests its activities last (husteron), or because it lies after all the viscera, if not precisely, at least broadly speaking; "delphus" because it generates siblings (adelphoi).148

Soranus then proceeds to describe the location, size and form of the mêtra, all of which change with age, being deflowered (diakoreuomenē) and childbearing. It is shaped like a cupping-vessel, and exemplifies the principle of the nested body, whereby individual organs recall or replicate the structure of the whole; for the uterus has a stomion/mouth, trachelos/upper neck, auchê/neck and throat, ômōi/shoulders and pleura/sides before it reaches the puthmên/bottom.149 The stomion, with its ability to dilate at certain times, is perhaps the most important of these; and in the as yet undeflowered its texture is similar to the sponginess of the lungs or the softness of the tongue, whereas in women who have had children it becomes hard, so Herophilus says, like the head of an octopus or the top of the trachea.150 The body of the uterus as a whole is composed of two

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147Soranus Gun. 1.5 (CMG IV 6,8-11)
149Soranus Gun. 1.9,1-2 (CMG IV 7,22-8,7).
150Soranus Gun. 1.10,1-3 (CMG IV 8,8-24).
coats positioned in relation to each other like the layers of papyrus, one nervous the other fleshy, which are stretched and filled out by childbirth.\textsuperscript{151} Two arteries and two veins grow into the womb, one of each being linked to each of the \textit{didumoi} attached near the uterine neck.\textsuperscript{152} These \textit{didumoi} are loosely glandular - flatter, rounder and broader than in males - and their \textit{spermatikoi poroi}/spermatic channels empty into the neck of the bladder, so that, "the seed of the female seems not to be retained for generation, as it is excreted to the outside".\textsuperscript{153} This passage ends with an assertion that the \textit{mêtra} is not "\textit{kuriotês}/essential" to life, since it not only prolapses, but can also be completely removed without causing death.\textsuperscript{154} In disease it may sympathetically affect the gullet and meninges, and it has a \textit{phusikê sumpatheia} with the breasts, as womb and breasts follow each other, act in concert, through the different stages of productive female life.\textsuperscript{155}

The size, formation and placement of the "\textit{gunaikeios kolpos}/female sinus", or "\textit{aidoion}/genitals" is described more briefly, but also alters over the course of a woman's life.\textsuperscript{156} The key moment of change here is that of defloration, when, as Soranus explains, the folds in the sinus are spread apart, bursting the vessels which held them together and casing pain and loss of blood; this understanding being contrary to the view that ascribes this pain and bleeding to a rupture of a membrane across the sinus.\textsuperscript{157} Outside the female \textit{kolpos} are the "\textit{pterogumata}/wings", arranged as if they were its lips, and ending, anteriorly, in the so-called \textit{numphê}.\textsuperscript{158} This is a small piece of flesh, like a muscle,
that takes its name from the way it "hides similarly to newly wed brides (numpheomensai)". Lastly is the opening of the neck of the bladder, a vessel which is different in men and females in itself, being larger and with a curved neck in the former, and smaller and straight-necked in the latter.

Soranus is, then, loquacious in his reluctance. He offers a rich prose of the female flesh which fuses and emphasises many of the features of anatomical writing already noted. Words slip seamlessly from explanandum to explanation, always ordered by the logic of resemblance, which links both parts of the language and parts, and processes, of the body, within and across their various registers, through the similarity and identity of their morphology and meaning. The \textit{phusis} of the female \textit{topoi} includes their nomenclature. Some of this vocabulary is, like the basic substance of the account, derived from Herophilus, but Soranus has clearly put a considerable effort into expanding this as fully as possible. The other most notable features of this narrative are its procreative periodicity, the changing contours of all these parts over reproductive time, and the incursion of the male standard at all available points of comparison. This is, very definitely, the anatomy of a working, generative, woman; and behind her is the medical man.

Soranus now proceeds to the \textit{erga/actions} of the uterus, namely: \textit{katharsis}/menstruation, \textit{sullépsi}/conception, \textit{kuophoria}/pregnancy, and \textit{apotexi}/parturition; in that ("\textit{phusikè}/natural") order. His discussion of the first \textit{ergon} also begins with terminology. The \textit{emmênion}/monthly [flux] is also called \textit{katamênion}, for the same reason of regularity; and \textit{epimènia} on analogy with the food prepared for seafarers, the traveller's place being taken by the conceptus in this case; and also \textit{katharsis}, because some consider it to be a purging of excess. Soranus himself defines the \textit{katamênion} as "blood, or an

\begin{enumerate}
  \item \textit{Soranus Gun.} 1.18,2 (CMG IV 12,20-22).
  \item \textit{Soranus Gun.} 1.18,3-4 (CMG IV 12,22-27).
  \item \textit{Soranus was the author of a lost work on the Etymologies tou Sòmatos tou Anthropou/Etymologies of the Body of the Human Being (Orion Etymologicon 34.9).}
  \item \textit{Soranus Gun.} 1.18,4 (CMG IV 13,1-4).
  \item \textit{Soranus Gun.} 1.19,1 (CMG IV 13,6-10).
\end{enumerate}

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analogous liquid, excreted naturally at definite times, mostly through the *mètra*, a
definition that allows for the considerable variation he sees as characterising this female
phenomenon.\textsuperscript{164} Much of the rest of this section is taken up with outlining this
variation in timing, quantity and so forth, and censuring those who hold a too rigid view
of the matter. This *kata phusin* variation even encompassed non-menstruation, not only
in the young and old, but also among vocal competitors, those whose whole body is
"andrôdês/mannish", the long-term sick and the pregnant.\textsuperscript{165} The common factor in
all these cases is that there is no material to excrete, since it has all been used up.

This point rather prejudges the discussion that follows on whether *katharsis* is
*sumpheteros/helpful*, either in respect to health or childbearing.\textsuperscript{166} Views and
arguments on the issue have varied, and Soranus reports the opinions of those who
consider it helpful for both, for neither, and good for the health of some women and bad
for others, in order to refute them in favour of the position advocated by Themison and
most "of us", that *katharsis* "does not contribute to health but only to childbearing, for
*sullēpsis* does not occur without *katharsis*.\textsuperscript{167} His only positive support for this is the
evident existence of non-menstruating women in the best of health. Soranus’ Methodist
disdain for speculative physiology means that the processes of basic bodily functioning
are not revealed, however, from this and the previous passage it is clear that he thinks
of the female somatic economy as excessive but self-regulating. Within the general
framework of surfeit, each individual woman’s body finds its own balance and a
menstrual flow that is essentially malleable is the main mechanism by which this is
achieved. So Soranus’, and other Methodists’, much vaunted rejection of the Hippocratic
model of menstruation as essential to female health is, therefore, somewhat tempered by
the shared assumption that the female body is, in general, a thing of excess.

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\textsuperscript{164} \textit{Soranus} Gun. 1.19,3 (CMG IV 13,13-15).
\textsuperscript{165} \textit{Soranus} Gun. 1.23,1 (CMG IV 15,22-17).
\textsuperscript{166} \textit{Soranus} Gun. 1.18,4 (CMG IV 13,1-4).
\textsuperscript{167} \textit{Soranus} Gun. 1.29,6 (CMG IV 19,34-36).
\end{flushright}

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Sullêpsis is next on Soranus’ programme, but that is only because he missed out the business of defloration, so he now proceeds instead to an examination of the relationship between diênêkê partheneia/perpetual virginity and health, set out in the same "hamartographic" fashion as that of menstruation.168 Soranus’ conclusion is that permanent partheneia is healthful (for women and men), which can be deduced from the fact that intercourse is harmful in itself, and is confirmed by the lesser susceptibility to disease of women who, on account of service to the gods or legislation, have renounced intercourse.169 However, the continuation of the species, the "universal logic of nature", demands otherwise, so the next section deals with the time at which partheneia should, in fact, be brought to an end.170 The rightness of this moment is determined solely by woman’s procreative function, or, even more narrowly, the procreative function of the womb. It is no good being guided by the hormai urges of the girl herself, for these may be prematurely aroused if she has not been properly brought up, but menarche is an infallible sign of the readiness of the womb to fulfil its reproductive role. It should not be too far exceeded either, as that also makes childbearing more dangerous. Defloration should, therefore, be organised at the time at which the generative organs are perfected and able to sustain sullêpsis, as signified by menarche.

The relentlessly reproductive message continues with a guide to recognising women capable of conceiving, offered:

'Επεὶ τέκνων ἐνεκὰ καὶ διάδοξης, ἀλλ' οὐχὶ ψυλῆς ἡδυπαθείας αἱ πολλαὶ γάμοις συγκαταζεύγνυται, παντελῶς <δ' > ἐστὶν ἄτοπον περὶ μὲν τῆς προγονικῆς αὐτῶν εὐγενείας ἐξεταζεῖν καὶ τῆς τῶν χρημάτων περιουσίας, περὶ δὲ τοῦ πότερον δύνανται συλλαμβάνειν ἡ μή...

Since most women are joined in marriage on account of children and inheritance, not merely for a pleasant life, so it is utterly absurd to enquire about the excellence of their lineage and the abundance of their wealth, but not about

168Soranus Gun. 1.20,1-1.32,3 (CMG IV 20,2-22,5); and see J.R. Pinault "The medical case for virginity in the early second century C.E.: Soranus Gynecology 1.32" Helios 19 (1992) 123-139 for a discussion that takes a rather different interpretative line from mine.

169Soranus Gun. 1.32,1 (CMG IV 21,23-29).

170τῇ κοιτῇ δὲ τῆς φύσεως λόγῳ Soranus Gun. 1.32,3; and then 1.33,1-7 (CMG IV 22,1-5 and 22,7-23,16).

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whether or not they are able to conceive.\textsuperscript{171}

Soranus considers general health and a good, moderate, constitution to be the best indicators, rather than recommending any more specific investigation.\textsuperscript{172} After marriage the issue is then the best timing of intercourse in order to achieve \textit{sullēpsis}. The ideal moment is when a menstrual purge is ending, the impulse (\textit{hornē}) and desire (\textit{orexis}) for intercourse are present and the body is in a globally balanced and pleasant condition.\textsuperscript{173} The woman should also not be drunk during intercourse, rather her soul should be in a well-balanced state, thus her children will not be somatically misshapen by her drunken fantasies, nor deranged in soul.\textsuperscript{174} Though the woman herself would be the best judge of much of this, and it is her condition that is cast as crucial, it is actually not clear that the judgement is hers. In particular, the analogy with the farmer taking care to throw his seed over good, sound land suggests that control rests with the man.\textsuperscript{175}

Having gone through all this, it then seems rather late to ask whether \textit{sullēpsis} is actually healthful, and somewhat ironic to answer in the negative.\textsuperscript{176} However, completeness demands that the question be put, and the reply is cast as an injunction to care and control rather than desist. Not everything that is useful is healthful, and it is the former that takes precedence.\textsuperscript{177} If, for the Hippocratic writers, to be a healthy woman is to be a reproductive woman, for Soranus (and others among the \textit{methodikoi}), to be a woman is to be reproductive (the exceptions only serving to prove the rule), which is not healthy but useful; and it is towards this utilitarian end that Soranus directs his efforts.\textsuperscript{178}

\textsuperscript{171}Soranus Gun. 1.34,1 (CMG IV 23,18-21).

\textsuperscript{172}Soranus Gun. 1.34,2-1.35,8 (CMG IV 23,23-25,9).

\textsuperscript{173}Soranus Gun. 1.36,2 (CMG IV 25,16-21).

\textsuperscript{174}Soranus Gun. 1.39,1-3 (CMG IV 27,28-28,5).

\textsuperscript{175}Soranus Gun. 1.39,3 (CMG IV 28,1-5).

\textsuperscript{176}Soranus Gun. 1.42,1-5 (CMG IV 29,17-30,8).

\textsuperscript{177}Soranus Gun. 1.42,2 (CMG IV 29,22-23).

\textsuperscript{178}For other contrasts and comparisons between Soranus and the Hippocratic Corpus see e.g. M.H. Green \textit{Transmission} (1985) 11-36 and 55-64 and A.E. Hanson "The medical writer’s woman" (1990).
Though this conceptual re-ordering means that the possibility of being a non-menstruating, non-generative, but healthy, female is opened up (in fact this is the optimal situation in terms of female health), she would be useless; and it should also be noted that there is little or no suggestion of any female choice or control over which category she will inhabit. So, for Soranus, the normal course of a woman's life involves menstruation, marriage and childbearing and he intends his text to facilitate that progression but, equally, he wishes to clear out clusters of false beliefs along the way, to define his position and authority against these errors and their perpetrators, and a key false belief is the view that a woman's failure to conform to this norm is detrimental to her health; it is not, rather it is detrimental to humanity.

Soranus now proceeds more straightforwardly through the signs of *sullêpsis* (rejecting any notion that the sex of the conceptus can be discerned at this point), the care of the woman having conceived (which is actually the care of what she has conceived since her behaviour can damage it, in body or soul), the care of the woman during the period of *kissa* (characterised by nausea and cravings for unusual foods), and from then up until birth. He also provides a sketchy account of events inside the woman following *sullêpsis*, and of the signs that this course of events is coming to a premature end. The book then concludes with a discussion of the use of *phthoria* (things that destroy that which has been conceived) and *atokia* (things that prevent *sullêpsis*). Soranus sides with those who prescribe *phthoria* selectively, in cases where giving birth would be particularly dangerous not when its refusal is on account of *moicheial* or vanity, and who also prefer to employ *atokia* anyway. He then provides a range of instructions and recipes to achieve both outcomes. Here then are the first real indications of female agency, for it is presumably adulterous and vain women who might make these demands, and all the directions and substances are for her.

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178Soranus *Gun*. 1.43,1-1.44,3 - signs; 1.45,1-3 - non-discernment of sex; 1.46,1-1.47,4 - care of woman having conceived; 1.48,1-53,3 - *kissa*; 1.54,1-56,7 - up till birth *(CMG IV 30,10-31,23; 31,26-32,13; 32,15-34,34; 35,2-39,5; 39,7-41,14).*

180Soranus *Gun*. 1.57,1-1.58,4 and 1.59,1-2 *(CMG IV 41,16-44,4 and 44,6-18).*

181Soranus *Gun*. 1.60,1-1.65,8 *(CMG IV 45,2-49,8).*

182Soranus *Gun*. 1.60,2-4 *(CMG IV 45,8-19).*

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The second book covers the birth itself, its immediate aftermath, and many aspects of early child-rearing; and it is the organisational and social elements of the account that are most interesting, and most revealing of the elite-milieu in which Soranus operated. Though Soranus is liberal and detailed in the instructions he gives, birth is the domain of the maia, together with her female helpers; there is no hint that any iatros should be present. It is also the responsibility of the maia to make an assessment of the newborn’s physical fitness for rearing, a report that would presumably be taken into consideration by the man with whom the decision actually lay (that is the man in whose potestas the child would be). The next important decision, the selection of the wet-nurse, is more the concern of the mother, if she has elected not to breast-feed herself, as Soranus clearly expects her to do and offers lengthy advice accordingly. One of the many characteristics of a good wet-nurse enumerated is her Greekness, so that the nursling may be accustomed to the "kallistê dialektê/most beautiful speech", and Soranus later alleges that, in contrast to those of the Greeks, Roman women are insufficiently dedicated to the bringing up of their children, perhaps again a recommendation about who they should employ to do it for them.

The shift from the kata phusin to the para phusin is then affected with a discussion of whether there are pathê/affections peculiar to females, this being the most programmatic treatment of sexual differentiation in the work. Soranus’ predecessors are again divided on the issue, and their opinions and supporting reasoning can be elaborately hamartographically arranged. He rejects the positive answer to the question, including the argumentation utilising the view of Aristotle and Zenon the Epicurean that the female differs from the male in nature (phusei), the female being imperfect, the male perfect. Soranus accepts the contrary doctrine, while dismissing all the explanations

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183Soranus Gun. 2.4,1-2.6,5 (CMG IV 52,17-55,10).
184Soranus Gun. 2.10,1-5 (CMG IV 57,18-58,9).
185Soranus Gun. 2.19,1-2.20,3 (CMG IV 66,6-69,5). He does say that, all things being equal, a mother’s milk is best, but then goes on to make things pretty unequal, giving the mother plenty of good reasons not to breast-feed.
186Soranus Gun. 2.19,15 - Greek nurse; 2.44,1-2 - Roman women (CMG IV 68,24-25 and 85,7-19).
187Soranus Gun. 3.3,1-3 (CMG IV 95,6-17).
offered, for instance by Herophilus and the Asclepiadeans, except those of Themison and Thessalus. He concludes:

"Hmēieis méntov κατὰ φύσιν ἴδια πάθη λέγομεν γυναικῶν (οἴον τὸ συλλαμβάνειν καὶ ἀποτίκτειν καὶ γαλακτουργεῖν, εἰ ταῦτα βούλεται τις τὰ ἔργα πάθη προσαγορεύειν) παρὰ φύσιν δὲ κατὰ γένος μὲν οὐδομῶς, κατʼ εἶδος δὲ καὶ κατὰ μέρος. Ὁσον μὲν γὰρ ἐπὶ τοῖς ἀναβεβηκόσι, κοινῶς τοῖς ἄρρεσι νοσεῖ τὸ θῆλυ στεγνοπαθοῦν καὶ ρευματιζόμενον δέκεις ἡ χρονίως τὰς τε αὐτὰς τῶν καρων διαφορὰς υπομένου καὶ τὸ μέγεθος τῆς νόσου καὶ τὴν ἀτονίαν τῆς δυνάμεως καὶ τὰς ἐν τοῖς ἄλλοτρίως, ἐλκεσι τε καὶ τραύμασι, διαφορὰς· δοὺν δὲ ἐπὶ τοῖς κατὰ μέρος καὶ εἰδικὴν ἔχουσι τὴν παραλλαγῇ, ἰδίως κέχρηται πάθει, τοῦτ' ἔστω συμπτωμάτων χαρακτήριου διαφόρως. Ὡθεὶν καὶ ὑπὸ τὴν αὐτὴν κατὰ γένος ἄγεται θεραπεῖαι.

Now we say that there are affections kata phusin peculiar to women - such as to conceive, give birth and lactate (if one wishes to call these activities affections), but that there are no such para phusin affections, in genus, but only in species and sub-species. For in respect to the former, the female suffers disease in common with the males, being constricted or fluid, either acutely or chronically, and submitting to the same periodicity and magnitude of the disease, to collapse of strength, and to the differences in external things - ulcers and wounds. Only in so far as they have variation in the species and sub-species, is she subject to peculiar afflictions, that is to say [the variations] in the different characteristics of the [accidental] symptoms. Therefore she is subject to the same generic treatment.

This final distinction follows the contours of the methodos; what Methodists consider the fundamental and therapeutically significant features of the pathological landscape are common to humanity, it is only in the accidental detail that specifically female aspects emerge. Difference is minimised but its one-way character reinforced.

188Soranus Gun. 3.3.4-3.5.2 (CMG IV 95,17-97,4). Unfortunately the substance of Themison’s and Thessalus’ argument is lost through corruption of the manuscript.

189Soranus Gun. 3.5.1-2 (CMG IV 96,22-97,3).
The general principle of pathological and therapeutic identity between women and men is exemplified in the discussions of the various conditions contrary to nature affecting women that follow, and the more restricted definition of that state which had been formulated in the section on the healthy is reinforced. Thus, in beginning again with katharsis, Soranus stresses that non-menstruation is not, in and of itself, a pathological state. The condition of menstrual retention is merely a para phusin subset of non-menstruation more generally, and its diagnosis must proceed by discounting the other possibilities, then it may be treated. Treatment of kata phusin non-menstruation, on the other hand, is useless and dangerous, except in cases where katharsis is sought in order to allow sullêpsis. The regimen of these women must be softened, as far as possible, so that the femaleness of their bodies may be intensified.

Much of the rest of book three, on the diseases that are treated dietetically, is taken up with the recognition and cure of the now familiar, and always generic, diseased dispositions of the womb, such as inflammation, hardening, inflation and so forth. Husterikê pnix also makes an appearance, but less in the context of this larger grouping than in proximity with epilêpsia, apoplêxia (sudden collapse), katalêpsia (acute, feverish seizure), lethargia (acute, feverish stupor) and aphonia (speech loss) caused by worms; that is the affections with which its identifying symptoms are shared, and from which it must be carefully distinguished. An inflamed and retracted diathesis of the womb is part of this process, among other things, no more. In a sense, therefore, Soranus takes the focus away from the uterus, though the antecedents of husterikê pnix are linked to the female reproductive cycle and include recurrent miscarriages, long widowhood and the end of childbearing. And he strongly condemns the use of odiferous therapies and irritating applications, "for the uterus does not creep out, like a wild animal, from its lair, delighting in fragrant odours and fleeing unpleasant ones". His curative

[190]Soranus Gun. 3.6,2-3.8,3 (CMG IV 97,12-98,21).
[191]Soranus Gun. 3.9,1-2 (CMG IV 98,22-31).
[194]Soranus Gun. 3.29,1-11 (CMG IV 112,4-113,27).
programme is instead derived from his classification of the *pathos* as *stegnon/constricted, violent* and either acute or chronic, with adaptations for local specificities.\(^{195}\) The book concluded with a chapter on *agonia* and *asullèpsia*, (failure to produce children) lost from the Greek manuscript, but preserved in the latinisations.\(^{196}\)

Also included in this book were *saturiasis* and *gonorrhoia*, since Soranus considers that both occur in women as well as men.\(^{197}\) The former is more frequent in men but has a similar effect in women, by slightly different mechanisms. It causes them to develop an unrestrainable urge for sexual intercourse and, on account of the sympathy between the inflamed uterus and the meninges, produces a certain derangement of thought and shamelessness.\(^{198}\) In *gonorrhoia* the emission of seed has become disjoined from intention (*prothumia*) and tension (*entasis*) of the parts, indeed the whole condition is characterised by the opposite of tension and results in a general weakness and dissolution of the body. Seed and sex have not become completely separated, however, and Soranus’ therapy includes the injunction "not to show her comely images in paintings nor tell her stories about sex".\(^{199}\)

The last book, on diseases requiring pharmacological or surgical treatment, opens with a discussion of difficult labour, in which Soranus clearly expects an *iatros* not only to be consulted but also to take charge, and he covers all the various possible causes of such difficulties together with their remedies.\(^{200}\) The last resort in such cases is extraction by hooks or embryotomy, for "even if the foetus is destroyed, it is necessary to protect

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\(^{195}\)Soranus *Gun.* 3.28,1 (CMG IV 110,20-23).

\(^{196}\)Caelius Aurelianus *Genecia* 2.64 (92-93 Drabkin); Mustio 2.51 (75,6-76,19 Rose/S).

\(^{197}\)Soranus *Gun.* 3.25,1-2 - *saturiasis*; 3.45,1-3.46,5 - *gonorrhoia* (CMG IV 109,2-8; 124,8-125,13).

\(^{198}\)The urge for sexual intercourse and the disturbance of reason are included as concomitants of this affection in both men and women by Caelius Aurelius in his latinisation of Soranus treatise on acute affections (CP 3.176-8 [CML VI 1.1 396,1-24]). He adds that women are more violently afflicted in these respects but, though the original Greek might have included some statement along these lines, the rhetorical elaboration Caelius provides is more idiomatic and cannot, in this form, be ascribed to Soranus. For discussion of similar problematics in Caelius see P.H. Schrijvers *Eine medizinische Erklärung der männlichen Homosexualität aus der Antike* (1985) esp.1-3 and 17-25.

\(^{199}\)μὴ ἔν τινας περὶ τῶν συνελθόντων λόγων δήγεῖσθαι Σοράνως *Gun.* 3.46,4 (CMG IV 125,4-5).

\(^{200}\)Soranus *Gun.* 4.1,1-4.13,2 (CMG 129,4-144,8).
the pregnant woman". After procedures for removing any parts of the afterbirth that may be retained, Soranus' attention shifts to various sorts of ulceration, growths, and so forth, that may afflict the uterus or genitals, among which was a chapter entitled "peri hupermegethous numphias kai numphotomias/on the excessively large clitoris and clitoridectomy". Apart from this empty chapter heading, latinisations by Caelius and Mustio, and a section in the seventh century AD Byzantine encyclopedia of Paulus Aegineta which is sufficiently similar to the Latin versions to suggest that, ultimately, it comes from the same source, also survive. It is, however, not possible to say whether the presentation of the operation as an organic part of the surgical repertoire in these later texts, as a straightforward response to the medical problem of excessive growth of the numphê in some women deployed after the fact, is Soranus' or, rather, a result of the loss of an original, Egyptian frame of reference in the course of transmission. This kind of material is certainly most susceptible to excision in this way. More securely attributable to Soranus is the formulation, repeated in all the later adaptations, that describes the affected women as subject to tension of the part and sexual desires like men. Thus the issue of the control of female sexuality remains a real one, regardless of the universality or selectivity of the procedure. The final chapter surviving in Greek is on the prolapse of the womb, a condition that may result from a psychical, as well as physical, blow or event, such as having children die or hearing of the approach of enemies, and which has to be excised if all else fails.

In concluding this analysis of Soranus Gunaikeia, and in thinking more generally about the genre of dedicated gynaecological writing it represents, it is necessary to make some attempt to place it in the context of the oeuvre as a whole, problematic as that is. For it then becomes apparent that woman's position in the domain of medical knowledge as it is articulated by Soranus is actually the same as that in the Rationalist/Eclectic corpus, despite the obvious differences in the kind of works that were composed, and have

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201 Kai ypar ei to kynfê mnemonic, têz krfphótes twnê atanavkaiot Soranus Gun. 4.9,1 (CMG IV 140,2-6).
202 Only the chapter headings of all these are preserved in the Greek, see CMG IV 146,24-147,7.
203 Cælius Aurelianus Geneicia 2.112 (113 Drabkin); Mustio 2.76 (106,1-9 Rose/S); Paulus Aegineta 6.70 (CMG IX 2,2 112,22-30).
204 Soranus Gun. 4.35,1-4.40,1 (CMG IV 147,9-152,21).
survived. Soranus has simply reached the point of textually separating the medical mainstream as it flows from the man, but encompasses humanity, and its specifically female subsidiary, which is contained within its own borders and can represent no-one else. Treatises with generic titles such as those books on acute and chronic affections, the original architecture of which is preserved in Caelius Aurelianus' latinisation even if the substance has been reworked, take their shapes from absolute/male humanity. They cover all the affections which befall man, noting in the narrative any peculiarities of their distribution between the sexes, and over the ages of man, but omit those that are exclusively female except in an entirely subordinate way. Uterine suffocation, for instance, appears only under other headings, so that its various, common, cognate affections may be distinguished from it. The unqualified bulk of the narrative is the male representing humanity as an object of medical knowledge, and it is he who provides the definition for the medical project as a whole. The work clearly and specifically labelled Gunaikeia is positioned as an adjunct to this generic majority of Soranus' oeuvre; it is a collection and elaboration of all the points at which man cannot stand for all humanity, the points at which the representational strategy breaks down and women become more than an annotation. Its specification and organisation through the figure of the aristê maia not the iatros only serves to underline this subordinate situation.

The contents of this collection endow Soranus' woman with a certain positive characterise of her own, as well as crystallising her relative, dependent status. This character is essentially reproductive, and the fact that this is often at odds with her health, but wins every time, only serves to underline its significance. The pathê (or whatever they are called) kata phusin peculiar to women are procreative processes, and these shape and order both the kata phusin half of the work and the female body itself. Everything is geared towards childbearing and rearing, though the woman herself hardly gets a look in as it is her parents, her husband, her iatros, her maia, that must organise her for this purpose. But woman's essentially teleological existence remains physiologically vague - that these procreative processes are useful and should function as such (and not as the foundations of female health) is clear, but how they function is not. So it is this function

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200 Caelius Aurelianus CP 2.77 - catalepsis and 3.54-5 - apoplexia (CML VI 1.1 178,6-10 and 324,22-29); TP 1.71-2 - epilepsy (CML VI 1.1 470,17-21) and 4.109 - worms (CML VI 1.2 836,12-18).
itself, narrowly construed in terms of its goal and utility rather than any of other somatic or existential ramifications or dimensions it may have, that defines her; woman remains the largely sociological category she began as, observed in both her normal and abnormal manifestations. The austerity of the *methodos*, and the sharp line it draws between requisite knowledge and interesting erudition, between the evident and the questionable, engenders a similarly austere medical woman. The female is the kind of human who performs a certain kind of useful productive role; only that is absolutely evident and necessary.

**EMPIRICISM**

The roll call of Empiricist physicians of the early empire is perhaps less impressive than that of the Methodists but more than sufficient to indicate that the current retained an integrity and vitality throughout the period. It also seems to have been a place of lively internal debate and substantial literary production at this time. The most noted figure is Menodotus of Nicomedia, perhaps active in the early years of the second century AD and described by the pseudo-Galenic *Intro.*, together with Sextus, as having greatly strengthened the sect, as well as being listed by Diogenes Laertius as a prominent Pyrrhonean Sceptic, illustrating the links between that philosophical school and medical Empiricism in this period. He authored a polemic against the doctrines of Asclepiades of Bithynia, presumably including a refutation of his attacks on empirical medicine, contributed to programmatic discussion on the legitimacy of certain forms of reasoning - the "transition to the similar" and *epilogismos* - and, so Galen alleges, stated that the *telos* of the doctor is fame or profit. These are, however, tantalising glimpses of a system of medical thought and its population which is largely lost. No independent treatise survives and the most substantial description of Empiricism comes from the far from impartial stylus of Galen. The fragments that have been preserved in

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207(Galen) *Intro*. 4 (XIV 683-4 K); Diogenes Laertius 9.116. His chronology, as for all his imperial Empiricist colleagues, is entirely relative and very fragile.

208(Galen) *Subf. Emp*. 11; 4 and 12 (84; 49-50 and 87-8 Dgr); Galen *PHP* 9.5,6 (*CMG* V 4,1.2 584,26-30).
others' collections are largely of a therapeutic character, often simply recipes, though
sundry other reports also occur more widely. The only such texts that deal with women
are attributed to Lycus of Naples, placed by Karl Deichgräber in the mid first century
BC, but there must have been many more.\(^{209}\)

Two more general views concerning women as an object of medical knowledge and
attributed to the Empiricists are also of relevance, though the indirect and vague nature
of the reportage limits the work they can do. Soranus lists those of the Empiric sect as
assuming that there are affections peculiar to women, but does not specify which
empirikoi or what arguments they deploy.\(^{210}\) Of those that he includes, conclusions
based on the existence of gunaikeioi iatroi that treat women's ailments and people's
recourse to midwives in cases where women are affected by something not shared with
men, would perhaps be most congenial to an Empiricist.\(^{211}\) On a related subject, Galen
derides the empirikos who prescribes differently for children, women and the soft fleshed,
on the one hand, and young men, farmers and sailors on the other, but not on the basis
of an understanding of the interaction between bodily krasis and pharmaka.\(^{212}\) Both
perspectives reflect the distinct articulation of the general and the particular in
Empiricism, and the greater weight it gives to individuality in the examplification of
disease and other medical matters.

Lastly, the empirikoi took a view on the vexed question of the eight month child
(believing that some such children lived) which found its way into the doxographical
tradition of natural philosophy where it is reported as being the same as that of two
Rationalist physicians of the fourth century BC - Polybus and Diocles.\(^ {213}\) This is,
again, an indication of the wider ambit of Empiricist medicine and the undoubted
participation of its proponents in the central debates about women and reproduction that

\(^{209}\) K. Deichgräber *Die griechische Empirikerschule* (1930) 204-5.

\(^{210}\) Soranus *Gun.* 3.2,1 (*CMG* IV 94,17-19).

\(^{211}\) Soranus *Gun.* 3.3,1 (*CMG* IV 95,6-10).

\(^{212}\) Galen *MM* 3.4 (X 195 K); cf. 3.3 and 7 (X 183 and 207 K); see also p.286 and 290-292 below.

\(^{213}\) *Dox. Gr.* V 18,3; for a general discussion of this problem see A.E. Hanson "The eight month child: obsit omen" *BHM* 61 (1987) 589-602.

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marked the classical medical landscape, but the contents of their contributions are now, regrettably, irrecoverable.

CONCLUSION

There is a certain continuity, if not uniformity, in the constitution of woman as an object of medical knowledge across the two sects about which it is possible to say anything of substance, or at least across their literary remains. These sects all describe a similar trajectory, guided by the assumption that women and men are positioned differently in relation to the telos of human health; a difference that inheres less in any asymmetry between the respective relationships between men and health on the one hand, and women and health on the other, than in the discrepant relationships between men and humanity and women and humanity respectively. For it is from man's absolute grip on humanity that his normative and active grip on health derive, while woman is pushed to the margins on all counts. She is more female than human; her health is similarly relativised, it may be good in itself but still not up to the standard which is the real goal of the medical art, and its attainment is not taken to be primarily and essentially her own concern. This relativism is most explicit in Rufus' regimens, where women must continuously seek to approximate themselves to the perfection of the male, but for Soranus too, women's essential role compromises their health in a way that can have no male equivalent; and both have difficulties with female agency.

The filling out of these trajectories is more distinctive, as the hierarchy finds clear physiological expression among the Rationalists/Eclectics, but far less among the methodikoi. For the former, woman may be constitutionally colder and wetter, as well as diverging from, or providing variations on, the male theme in a number of more specific ways; for the latter, these constitutional matters are a medical irrelevance, and

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214 J.-J. Rousseau perhaps most famously articulated this differential relationship, of closeness and distance, between the human, the male and the female in his remark that: "The male is only a male now and again, the female is always a female..." Emile V (Trans: B. Foxley : 1993 [1762] 388).

215 Presumably men too should not completely abstain from intercourse on account of their health, but this is a small burden compared with that which women must carry.
though Soranus assumes women in general to have an excessive somatic economy (something closely bound up with their qualitative disadvantage for the others), the implicitness of this understanding reflects its lack of real importance in his system. Soranus takes, and works with, things as they are, without elaborating or elucidating them; indeed he is very critical of such attempts and their results. There are variations too among the Rationalists/Eclectics in their characterisation of the medical woman in disease and cure as well as according to nature, but within a common conceptual and comprehensive *koinê*. For absolutely all, moreover, hierarchy means commensuration, means men and women understood within a single framework or scale, the chronic imbalance of which reinforces rather than undermines its unity.
PART THREE

GALEN
Even taken together, all the extant texts discussed thus far are equivalent to only a fraction of Galen’s surviving literary legacy, but the imposing bulk of this legacy seems to have acted as an impediment rather than an invitation to its study. As Vivian Nutton acutely observed over two decades ago: "The twenty-two volumes of the last edition of the collected works of Galen occupy a smaller place in the affections of classical scholars than on the library shelf", and though these volumes have received more attention (if not affection) since, much more is still due. In particular, Galen has been relatively neglected in the substantial mobilisation of medical writings for the study of women in antiquity over the same period; a neglect that owes much not only to the size, but also to the systemicity, of Galen’s extant oeuvre. For Galen’s treatment of the female portion of humanity cannot be separated from his treatment of the whole, from a treatment of a breadth and depth which few predecessors or contemporaries aspired to match, inside or outside the discipline of medicine. There is no discrete, synthetic treatise dedicated to gynaecology in this massive textual corpus, no clearly signposted or explicitly privileged path to the medical woman Galen constructs; rather it is necessary to encompass it all in search of this part or facet, to proceed by a kind of differential calculus on an integer that is as close to the original whole as possible.

This holism, and the surviving breadth and depth of Galen’s project should, however, act as incentives for investigation rather than their opposite. Here is a medical woman who is not just rich in description but also in explanation, who is part of a whole way of knowing about the world for medical purposes that remains substantially intact, not broken into tiny pieces. So the rather daunting task that is attempted here is an examination of woman as she is constructed by Galen in the course of forming and articulating a totalising system of medical knowledge, an examination based on having looked at everything, on a kind of total immersion in the world of Galen’s works, no less. Of course, what is actually presented here is, by necessity, extremely elective, not exhaustive. It is one way of ordering the material, privileging one pattern, or set of

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1V. Nutton "Galen and medical autobiography" *PCPhS* n.s. 18 (1972) 50.
patterns, among the many possible; but this account derives whatever strength it does possess from its status as a distillation, a differentiation, of the extant whole nonetheless.

The first point of order is to try and separate Galen's authorial and authoritative persona, the way he announces and justifies himself and his project from the body of knowledge the constitutive principles of which this persona sets out and secures. That is to defer the investigation of the woman incorporated in this body of knowledge until after some of the terms and conditions of her textual existence have been established. The two chapters of this part of the thesis follow this sequence, therefore, with the first as preparation for the more substantial second.
CHAPTER 5

WOMEN, POWER AND KNOWLEDGE
IN THE WORLD OF GALEN'S WORKS

At the core of Galen's literary project, as with those of the other medical authors of this period, is the public articulation of the authoritative art of medicine, this authority deriving from the ideal constitution, and conjunction, of both the art and its author/practitioner. For Galen the best constitution of the art is a relatively straightforward, and essentially teleological, matter, however, the body of knowledge he considers requisite to that telos is vast and elaborately epistemologically and methodologically regulated; reaching right to the founding principles of both the cosmos itself and the speaking of truth about it. The ideal author or practitioner of this art is thus constituted as someone who is equipped by birth, education and ethical formation to be able to grasp and utilise this great epistemic edifice, and who singlemindedly dedicates themself to this (and its) goal. Galen's claim to medical authority, and for the authority of his medicine, is rooted in his, and its, conformity, even identity, with the twin ideals he establishes, and around and through that he weaves a wider rhetorical web in which he seeks to entrap the assent of his audiences. The individual elements of this (and some of its combinations) are familiar, but Galen's persuasive profligacy, his strident self-promotion, the extreme to which he has taken the mutual dependency of the relationship between art and practitioner, author and oeuvre, take everything at least a stage further than anything else extant. Galen lives his technè through his texts, he appears in his works as a moral and rational being, as a social and medical practitioner, as an epideictic advocate of his art, and appears in complete congruence, even unity, not only with the picture of the perfect iatros they contain, but also with their doctrinal content, their formulation of the external world.

This chapter of general introduction to Galen's constitution, justification and promotion of the iatrikè technè, and of himself as its ideal exponent, starts, therefore, with Galen's biography as it embraces his concept of the perfect iatros, and works outwards from it along various other lines of legitimation to the edges of the art itself. In both sections

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the particular purpose is that of locating the place of woman within this configuration of art and authority, a place that is both relative to the whole and absolutely of it. Her relativity depends on how Galen orders relations between men, women and the goal of the medical enterprise - human health - in defining iatrikê on the one hand, and how he orders the set of relations between women as persuasive, persuadable and persuaded (in respect to this definition and its realisation) and the male arrangement of the same categorical pattern on the other; the two hands being clasped firmly together. Whatever her relative position, however, Galen’s woman is absolutely of a piece with the rest of the epistemic project; there is no distinction of claim, she is as authoritative, and authorititative in the same way, as everything else.

Authority through Biography

The biography begins, of course, with Galen’s birth and parentage, but, as has been mentioned, it is in a sense preceded by his concept of the perfect iatros, of his formation and action in absolute conformity with the demands of the iatrikê technê; or at least the two exist in such a close embrace that original and reflection, actual and ideal, have lost any distinguishability they may once have possessed. There are now simply two simulacra, both shaped by the realities of life as it was and should have been lived in order to meet certain expectations and attain certain objectives, each fashioned in the other’s likeness. To start this account off on a properly circular trajectory, therefore, it is worth citing a passage from the treatise Pros Patrophilon peri Sustaseôs iatrikês/To Patrophilus on the Constitution of the Medical Art (CAM), a propaedeutic work that aimed to instruct Patrophilus, an eager young student of medicine, in the proper order in which the medical art should be learnt, an order derived directly from its structure. In the course of his didactic exposition Galen summarises the qualities required for the completion of this learning, for someone not only to be able to set out on the road to

1CAM was originally the second section of a larger work Peri têsTechnôn Sustaseôs/On the Constitution of the Arts (Lib. Prop. 11 [SM2 120,17-18]) which aimed to show that the structure of every art derived from its goal, see D. Dean-Jones Galen "On the Constitution of the Art of Medicine" (1993) 67-8 and also S. Fortuna "La tradizione del De Constitutione Aris Medicæ di Galeno" Boll. Class. 3,11 (1990) 48-77. See also Dean-Jones 71 and 133-134 for discussion of the identity of Patrophilus.
truth but also to reach its end. These qualities, which are frequently referred to throughout his works, are seven: a quick nature; training from childhood, especially in arithmetic and geometry; attention to the best of his generation; studiousness; a desire for truth above all else in life, "despising all the other things that are sought after by most"; command of a method for separating truth from falsity and the practice of that method.

Thus the objective standard is set and the story about to unfold can be easily measured against it, or vice versa.

Proceeding now along this circular path in the opposite direction, the point of departure becomes not the conception of the medical art itself, but Galen’s birth in Pergamum in AD 129. It was his father, the architect and landowner Nicon, whom Galen described as having a formative influence on his early years. Not only did he instruct his son in arithmetic, logic, geometry and grammar, as he had been instructed in turn by his father and grandfather, but he also provided his offspring with moral guidance, through both direct advice and the shining example he set in his attitude to, and conduct of, life. It was the virtues of the philosophers - dikaiosunê/justice, andreia/manliness, sôphrosunê/moderation and phronesis/intelligence - that Galen recalled his father advocating, to good effect; and it was his elevation of truth over glory, and, most especially, his control of the pathê/passions that set the ideal standard in behaviour for Galen to emulate. This noble perfection, however, was not matched by his wife. "But
my mother”, says Galen, “was so very prone to anger that sometimes she bit her handmaids; she constantly shrieked at my father and fought with him - more than Xanthippe did with Socrates.”

This nicely contrasting picture fits admirably into familiar patterns of classical self-formation and self-presentation in which the maleness of self-mastery and the femaleness of its lack were integral, a point Galen makes explicit with his evocation of Socrates and Xanthippe. It is also a theme to which Galen returns as he continues to assert his moral superiority over his professional and social rivals, that is other iatroi and other members of his class who have chosen to pursue a different course of life and thus, explicitly or implicitly, challenge the great value he places on his own. Women are never in direct competition with him in either of these categories, and are never addressed in any of his diatribes on the degenerate elite who should know better, rather they are useful symbols of what he despises. The insatiable desire of women for pearls, other jewels, and the most elaborate and costly clothing, all for their personal adornment, stands as an example of the worst kind of bodily greed that must be completely excised through the discipline of the soul, and the women of Rome rarely appear without reference to their wealth, truphê/luxury and vanity, even though these have beneficial side effects in ensuring the presence in the city of various valuable medical materials. More elaborately, in the Protreptikos ep’ IatrikênlExhortation to the Medical Art (Protr.), Galen sets up an opposition between Tyche and Hermes as representing the dichotomy between the contemptible and creditable ways of life, with the followers of the former ranging from

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9μητέρα δ’δραγματίστην, ως δόκησε μετ’ θυσία τίς βασιλείας, ὡς δὲ κεραυνόν τε καὶ μάχησα τῷ πατρὶ μάλλον ἐς Σακχηστήν Σωκράτους Galen Aff. Dig. 8,1 (CMG V 4,1.1 27,23-28,1).

10Other, more speculative, interpretations of this passage might see this behaviour as expressing the frustration of a wealthy woman with her restricted life, or suggesting that Nicon’s conduct towards his wife was rather less exemplary than that towards his son; it should not, however, be taken as literally as it has been by most modern scholars.

11General treatises such as MM and Praen. contain strong strands of moral polemic directed against both these groups, see V. Nutton “Style and context in the Method of Healing” in F. Kudlien and R.J. Durling Galen’s Method of Healing (1991) 1-25 and "Galen and medical autobiography" PCPhS 18 (1972) 50-82 for discussion of both these. Entirely ethical works include Aff. Dig., Pecc. Dig. and the Peri Éthôn/On Morals (Aff. Dig. 6,1 [CMG V 4,1.1 19,8]) which survives only in an Arabic summary.

12Galen Aff. Dig. 9,4 (CMG V 4,1.1 31,15-20); and see e.g. MM 8,5 and 13,22 (X 574 and 934 K) and Comp. Med. Loc. 1,2 and 2,1 (XII 434 and 512 K). Some men may follow women down the path of dissipation, as those men who are shockingly imitating rich women in the unnatural practice of sleeping during the day and waking only at night in Eis to Hippokratos Prognostikon Hupomnêmate (Hipp. Prop.) 2.11 (CMG V 9,2 270,10-12) show.
Croesus and Polycrates through the more ordinary idle and ignorant rich to demagogues, prostitutes and despoilers of temples, and those of the latter including Homer, Hippocrates and Plato among the foremost of the kosmioi/honourable men who pursue the technai.\textsuperscript{12} Tyche's sex is, moreover, a clear sign of her wicked worthlessness and capricious lack of judgement. Her traditional depiction "in the form of a woman", Galen holds to be a "sufficient indication of folly (anoia)", the rudder, unstable pedestal and covered eyes simply serving to reinforce the basic point.\textsuperscript{13}

At fourteen, after his convenient completion of what he prescribed as essential basic training for any aspiring iatros, Galen, who always learnt more quickly than everybody else, began to attend various philosophers at Pergamum, covering most of the major schools of the time.\textsuperscript{14} This non-exclusivity was again at the behest of his father who investigated the lives and views of all these teachers, accompanied his son to them, and advised him to make up his own mind in an informed and critical manner about the different groupings.\textsuperscript{15} And, again, both these things - non-partisanship except for the truth and a thorough philosophical grounding - were, for Galen, indispensable aspects of the good physician.\textsuperscript{16} This grooming for a philosophical life was, however, diverted when, a couple of years later, vivid dreams impelled his father to push Galen also towards the medical art.\textsuperscript{17} His first teacher in this department was Satyrus, the pupil of Quintus, who was in Pergamum with Rufinus while he oversaw the building of the temple of Zeus Asclepius; the orator Aelius Aristides also encountered both these men in the city.\textsuperscript{18} In Pergamum he also studied with Stratonicus, the pupil of Sabinus the

\textsuperscript{12} Protr. 4 and 5 (CMG V 1,1 118,8-120,23).

\textsuperscript{13} ἐὰν εἴδει γυναῖκας...τοῦτοι ἢ ἄνδροι οὐμαλοὶ Galen Protr. 2,2 (CMG V 1,1 116,5-9).

\textsuperscript{14} That is the Stoics, Platonists, Peripatetics and Epicureans, omitting only the Sceptics, see Galen Aff. Dig. 8,3 (CMG V 4,1.1 28,9-17). His comparative quickness appears at Ord. Lib. Prop. 4 (SM2 88,17-19).

\textsuperscript{15} Galen Aff. Dig. 8,4 and 6-7 (CMG V 4,1.1 28,17-19 and 28,25-29,2).

\textsuperscript{16} See, for example, his attitude to the medical sects outlined in SI, and the arguments enumerated in Ἡ τινα, ἄριστος ἰατρός καὶ Φιλόσοφος/That the Best Physician is also a Philosopher.

\textsuperscript{17} Galen Ord. Lib. Prop. 4 (SM2 88,15-17); MM 9,4 (X 609 K); Praen. 2,12 (CMG V 8,1 76,29-77,2).

\textsuperscript{18} Galen Lib. Prop. 3 (SM2 87,8-10); AA 1,1-2 (I 80-82 and 90-92 Garofalo); the text names the temple builder as Kostounios Rouphinos but H. Hepding "ΡΟΥΦΙΝΟΝ ΑΔΣΟΣ" Philologus 88 (1933) 90-103 identifies him as L. Cuspius Pactum eios Rufinus, consul in AD 142 and commemorated as a major builder in Pergamum, and also suggests a connection with Nicon. Aelius Aristides 3,8-9 (where Aristides blames Satyrus' prescription for making him
Hippocratic, Aesculapius, Empiric, and perhaps also Aepiphonian, another pupil of Quintus who leaned towards Stoicism. Here too Galen launched his prolific literary career, giving one of his earliest works *Peri Metras Anatomês*/*On the Dissection of the Uterus* (*Ut. Diss.*) to an anonymous *maia*, and an interesting gift of a treatise that itself betrays no sign that it was written for an audience any different from that of his many other short anatomical treatises.

Following his father's death in AD 148/9, and having obtained his inheritance, Galen left Pergamum to pursue his medical education with the most eminent teachers of the day. Nothing more is heard of his mother. He travelled to Smyrna, on account of Pelops, and to Corinth and then Alexandria, the most prestigious centre of medical learning, in search of Numisianius, Quintus' most esteemed living pupil. His familial wealth secured him a richly varied and lengthy period of medical study, despite his relatively late start; though one that is typical in its pursuit of individual instructors and its concern with their pedagogic lineage. On returning to Pergamum in AD 157 Galen was appointed physician to the gladiators by the *archiereus*, a selection that he claims was based on a public anatomical demonstration where he confounded his more senior rivals, and the priest's observation of Galen's total dedication to his art. The confidence of the

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19Lib. Prop. 2 (SM2 97,9-20): cf. *Peri Philebôn kai Artrhôn Anatomês* (*Ven. Art. Diss.*) which was dedicated to one Antisthenes and *Peri Neurôn Anatomês* (*Nerv. Diss.*), as later examples of such treatises. It unfortunately cannot be compared to the ophthalmic work given to a young man at roughly the same time as this does not survive. J. Ilberg, in "Über die Schriftsteller des Klaudios Galenos" *RhM* 47 (1892) 490-492, takes this lack of internal betrayal of the sex of its recipient, or rather its failure to lower itself to a woman's level of learning, as evidence that the form of the treatise as it survives is the product of a subsequent reworking. There is no justification for this view, and even if Galen is recording what seemed in retrospect to be an appropriate fate for this tract, that is itself significant. See also D. Nickel *CMG* V 2,1 60-64.

20Galen *Aff. Dig.* 9,10 (CMG V 4,1.1 32,22) on his inheritance, the rest of the chapter also reveals the comfort of his economic position.


22See M. Kleijwegt *Ancient Youth* (1991) 155-163 for funerary inscriptions of young doctors demonstrating the early age at which education and practice usually commenced.

23Galen *Peri Syntheses Pharmakôn tôn kata Genê* (*Comp. Med. Gen.*) 3,2 (XIII 599f K); *Eis to Hippokratous Peri Agmôn Hupommêmate* 3,21 (XVIIIIB 567-8 K); *Opt. Med. Cogn.* 9,4-7 (CMG Supp. Or. IV 102,7-104,13 [Arabic]) and

24The confidence of the
archiereus in him was borne out, Galen records, by a much reduced death rate among his charges, and a complete cessation of fatalities during his continued tenure of the post under successive holders of the priestly office. His next journey was to Rome, the centre of prestigious medical practice, if not scholarship, where he arrived in AD 162.\footnote{This demonstration is described at Galen Prae. 5,9-21 (CMG V 8,1 96,5-100,6); the public discourses appear at Lib. Prop. 1 (SM2 95,14-96,1) and, with some variation, at Ven. Sect. Er. Rom. 1 (XI 194 K). See generally H. von Staden "Anatomy as rhetoric: Galen on dissection and persuasion" JHM 50 (1995) 47-66 and A. Debru "Les démonstrations médicales à Rome au temps de Galien" AMSCC I (1995) 69-81.}

Galen's initial stay at Rome was, as he tells it, one of unparalleled achievement, recognised for what it was by those that mattered, that is primarily intellectual senatorial circles. He not only accomplished "most praiseworthy predictions and cures in cases involving leading Romans", but also impressed those prominent citizens with his anatomical displays and theoretical disquisitions.\footnote{See V. Nutton "Chronology" CQ 23 (1973) 162-4.} In front of an impressive assembly of philologoi that lasted several days, Galen demonstrated, by speaking to the dissection of pigs and goats, the muscles and nerves involved in producing respiration and the voice, for example, and he discoursed in regular public sessions on the books of the palaioi iatroi.\footnote{See V. Nutton "Chronology" CQ 23 (1973) 162-4.} His polemic against Erasistratus' opposition to venesection, starting from a passage in the Alexandrian's Peri Haimatos Anagôgês/On Bringing up Blood was particularly successful in this series, prompting his friend Teuthras to have him repeat it to a trained speedwriter so that he could make use of it himself, something which the Aristotelian ex-consul Flavius Boethus also organised following his anatomical orations.

There is no reference to women being among the appreciative audiences at these epideictic exhibitions, but they were certainly among the beneficiaries of his therapeutic practice. At least three such cases are clearly located within this period, illustrating the place of the encounter between male doctor and female patient in this self-presentational narrative and some of the features of this encounter itself.
None of these women are named: two are referred to by their husband’s names - the wives of Justus and the consular Boethus - and the other simply by her age and symptoms. Nor does Galen establish any kind of relationship with them, in contrast to, for example, his treatment of the philosopher Eudemus who is actively engaged in his own prognosis and cure, but deals mainly with their customary maiai, maids, husbands and other household members, also with other iatrioi. He is always in righteous opposition to the other physicians, but may be helped or hindered by the midwives, who are in the closest contact with the female patient. There is never any suggestion that there are any women in the entourage that accompanies Galen to the homes of his wealthy patients.

Different diseases are involved in each case, there being nothing particularly female about the lovesickness that afflicts Justus’ wife, while the wife of Boethus is suffering from female flux with grave complications, and the anonymous young woman dies from a condition caused by stoppage of the menses; and Galen displays a different skill and makes different points in each. The first is an example of brilliant diagnosis, recalling but surpassing the legendary diagnosis by Erasistratus of Antiochus’ lovesickness at the Seleucid court; the second an extraordinary cure, against all the odds and all other advice; and the third a death that could have been averted if Galen had been able to overcome the greater trust placed in more senior, and already familiar, iatrioi by the woman’s household, and the wrongheaded dogmatism of those iatrioi in refusing to prescribe the one thing that would have saved the woman - phlebotomy. The first two come in a directly self-aggrandising narrative sequence, the third in a polemic on Erasistratus and venesection. It seems, therefore, that, despite the distinctive construction of woman as patient, and irrespective of any specificity in her suffering, she is certainly

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28Galen Praen. 6 - wife of Justus, and 8 - wife of Boethus (CMG V 8,1 100,7-104, 19); Ven. Sect. Er. Rom. 1 - anonymous woman (XI 188-190 K).

29Galen Praen. 2-3 (CMG V 8,1 74, 12-88,13) - Eudemus.

30Lovesickness was so unspecifically female that when Galen refers to this story again at Hipp. Prog. 1.8 (CMG V 9,2 218,17-219,5) the wife of Justus has been transformed into a young man.

31For the Erasistratus-Antiochus story, and the similar tale involving Hippocrates and Perdiccas (that Galen has allowed to contaminate the story he refers to), both of which appear in a number of genres in the early empire, see J.R. Pineult Hippocratic Lives and Legends (1992) 81-77.
able to operate as a general example, a showpiece for Galen's practical, and universally applicable, acumen and expertise. She also operates as evidence for the general principles about the functioning of the human body and the ways in which it may alter, and be altered, on which this practice was based. The balance between these two, mutually dependant, aspects of the art clearly lies with the former, the skilful bringing to bear of theoretical truths in challenging circumstances, in the two cases presented in the *Peri tou Proginôskein/On Prognosis* (*Praen.*), and with these truths themselves in that from the *Peri Phlebotomias pros Erasistrateious en Rômêi/On Venesection against the Erasistrateans in Rome* (*Ven. Sect. Er. Rom.*), reflecting the different orientations of the two treatises.  

"My reputation stood high among all....great was the name of Galen", he crows, following these and other successes; but his rivals, disproved and humiliated at every turn, "vanquished by me in every aspect of their art", spread slanderous rumours abroad, alleging that Galen was just lucky, took great risks, and relied on mantic rather than iatric techniques. Indeed, after his cure of Boethus' wife he claims that his fame became such that he was fearful that he would be prevented from leaving Rome to return home after a stay of four years, and therefore had to sneak away, leaving false trails as he went. A few years at Pergamum, which he passes over in virtual silence, seem to have changed his mind, however, and he was brought back by an imperial summons, such as he had earlier tried to avoid, first to Aquileia and then to Rome and responsibility for young Commodus' health. He avoided accompanying Marcus Aurelius on his German campaign by pleading that Asclepius, his "patrios theos/paternal god", commanded otherwise, an instruction such a pious emperor could hardly contradict; and later cured not only the son but also, and more remarkably, the emperor himself,

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29Indeed, in the *Ven. Sect. Er. Rom.* and its companion pieces on phlebotomy, women are made to work particularly hard to prove universal therapeutic points, see p.249-251 below.

33κολλη δέκα παρά τάσιν ἢ...μέγα τοῦκλα Γαληνθόδ...ἐγκὶ παριτί μέρει τῆς τέχνης ἢν ἔμη παγκόσμων Galen *Praen.* 5,4-5 (*CMG V 8,1 94,14-5 and 16).

34The implication in the account of this at *Praen.* 9,1-4 (*CMG V 8,1 116,23-118,15) is that his return home was motivated by the situation in Pergamum itself, by an end of *stasis* there, though later at *Lib. Prop.* 2 (*SM2 96,16-19*) he claims to have fled the plague. See V. Nutton "Chronology" *CQ 23* (1973) 164-5 for reasons to prefer something like the former version.

36Galen *Praen.* 9,5-7 (*CMG V 8,1 118,16-33) and *Lib. Prop.* 2 (*SM2 98,11-99,18.*
who called him thereafter "first among physicians". A number of vignettes from the *domus Caesaris* now join Galen’s repertoire of self-aggrandising stories.

This second, much longer, stay at Rome also differed from the first in its focus on literary production rather than epideictic performance; an indication of confidence in an authority successfully claimed and a renown established which could be extended and consolidated in writing and on terms more his own, though the competition with rivals never ceased and his position had to be constantly restated. Galen claims that he retired from public teaching and demonstration altogether, but friends persuaded him back before the crowds in defence of his great work *Peri Chreias Moriôn/On the Usefulness of the Parts (UP)* and some anatomical commentaries. Confronting his detractors over a collection of animals and a pile of books, he proceeded to prove that everything he had said was correct, and that whenever previous authorities disagreed they were in error, allowing members of the audience to nominate parts of the body for dissection and discourse. He continued, of course, to let the excellence of his practice speak for him, and two of the female case histories that are most plausibly placed in the earlier part of this period, in the AD 170s, are of particular interest here. The case of the woman who miscarried in the fourth month, and whom Galen alone among all the *maiai* and *iatroi* attending her diagnosed from her pulse as having something still in the womb requiring expulsion and who then miscarried another putrid foetus sixteen days later is salutary. He did, in this instance, explain the situation to the woman, but she is far from being the centre of his attention, what is more important is that this diagnosis, while impressing the attendants, failed to impress the husband, thus showing him to be utterly incapable of examining physicians and really little better than an animal. Galen’s assumption that it is men who will choose physicians, and thus only men that he needs to appeal to and engage with, that is manifest throughout the work *Fi mihnat afḍal al-ażibbâ‘* /On

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36 Galen *Lib. Prop.* 2 (SM2 99,7-13) - Asclepius’ intervention; *Praen.* 12,1-12 - Commodus - and 11,1-10 - Marcus (CMG V 8,1 126,16-130,10).

37 See e.g. Galen *Peri Antidotôn (Ant.)* 13 and 1 (XIV 63-66 and 3-5 K) for remarks about the state of the cinnamon in the imperial *apothēkê* under Septimius Severus and other comments about emperors’ use of theriacs.

38 Galen *Lib. Prop.* 1 - retirement; 2 - return (SM2 96,2-16 and 100,18-102,19), and see again the excellent article by H. von Staden "Anatomy as rhetoric" *JHM* 50 (1995) 47-80.

Examinations of the Best Physicians (Opt. Med. Cogn.) in which this account appears, is contradicted, however, by an equally anonymous Roman woman whose successful cure is described in exhaustive detail in the MM. She actively called Galen in to deal with her bloody, catarrhic expectorations, her decision being informed not just by his general reputation but by her having heard of his particular understanding and approach to the condition and the importance of catching it before the ulcer on the lung became inflamed. She then submitted completely, however, to his prescription, starting with having her head shaved and a medicament made from doves' droppings applied to it, and if he revealed the reasons for his actions to her the ensuing discussion was not judged worth recording.

If traditions and texts other than the Suda are followed, this glittering and most prolific career came to an end in the early years of the third century AD, not in AD 199; and that this majority should prevail has been recently convincingly argued, to considerable agreement, by Vivian Nutton. What is also of interest is that, though Galen seems never to have journeyed far from Rome again, and shows increasing familiarity with Roman words and customs in his later works, his identity as a Pergamene Greek remained unchanged to his death. As Simon Swain has said, his "insulation" from the Roman world is "striking", as is his identification with Hellenic culture and his loyalty to his home city. In his uses of the phrase "par'hêmin", the "us" referred to is almost never located in Italy or Rome, and while the material advantages and achievements of Rome are noted, its cultural and intellectual traditions are either ignored or denigrated.

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40 Galen MM 5.11 (X 368-371 K).

41 V. Nutton "Galen ad multos annos" Dynamis 15 (1995) 25-39 prefers the date of death given in the Arabic tradition of AD 216, but would settle for "after 209" or "after 204".


44 Compare e.g. Galen Ant. 1 (XIV 9-10 K) on Rome as the unsurpassed centre of medical supplies and Hipp. Epid. 6 4.11 (CMG V 10.2.2 211.16-21) on the plenitude and purity of its sources of water with the attack on the poor standards of Roman astrology, with its lack of basic grounding in Greek geometry and mathematics and its woeful neglect of key Greek texts, contained in his commentary on the Hippocratic Airs Waters Places (See G.J. Toomer "Galen on the astronomers and astrologers" Archive for the History of Exact Sciences 32 [1985] 193-206 for the Arabic text and translation of the relevant part of this treatise which still awaits full publication by G. Strohmaier as CMG Supp. Or. VI).
With the exception of his mother, the women of Asia Minor seem also to get off relatively lightly in comparison to those of Rome. The woman from one of the leading families of Pergamum who wanted a child so badly that she agreed to pay an extravagant sum to a young doctor recently returned from Alexandria who had approached her with a promise that she would conceive with his treatment, was led astray by her desire for offspring rather than wealth and lifestyle. And the refinement of her tastes, which cause her to baulk as the partially roasted "polupous" (an octopus or other slimy sea creature) he orders her to eat, together with the fainting and vomiting which follow her taking two bites, for the sake of the promised child, reflect more badly on the remedy than they do on her. It is also the agroikoi/rustic women in the hills around Pergamum with their habitual and ample use of a hair dye called kedria mixed not only with oil but also liquid pitch who provide a point of contrast with the truphòsia gunaikes/pampered ladies who are liable to flee at the smell of such a potent compound, or, if not thus prevented from trying it, may even die from its powerful chilling effect.

One of the issues in the debate about the date of Galen's demise is the authorship of the treatise Pros Pisona peri tês Thêriakês/On Theriac to Piso (Ther.) which cannot have been written before Septimius Severus' Secular Games of AD 204 since it refers to an injury sustained by Piso's son during them. Apart from its allegedly posthumous character, the main objection to its authenticity is the perceived distinctiveness of its rhetorical style, in particular its sycophantic attitude to the imperial household and other members of the Roman aristocracy is thought to sit unhappily with the high moral tone Galen more usually adopts, and its relative lack of self-referentiality is certainly noticable. However, as has been pointed out more recently, these are weak (even

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45 Though Galen recognised that the two were not unconnected, as at Eis to Hippokratous Aphorismoi Hupomnêmate (Hipp. Aph.) 5.59 (XVIIA 858 K) he places the Hippocratic means of discovering whether a woman will conceive in the context of public concern for the continuity of hieratic or royal lineages. This story itself appears at Hipp. Epid. 2 5 (CMG V 10,1 400,43-402,9 [German translation of unpublished Arabic text]) and the real villain of the piece is the Hippocratean Metrodorus, the Alexandrian teacher of this young man, and his associates, who are condemned for the errors of their approach to Hippocrates, with the bad results for their disciples and patients that this tale illustrates.

46 This contrasts with the Roman ladies whose inability to bear stomachic pharmaka is on account of truphê (Comp. Med. Loc. 6,6 [XII 948 K]).

47 Galen Comp. Med. Loc. 1,3 (XII 440-442 K).

dangerous) arguments to make for such a prolific and varied author as Galen, someone who manifestly did tailor texts to audiences, whose precise formulations and theoretical elaborations altered with his focus, who was able, for instance, both to repudiate and devote entire works to the literary and linguistic obsessions of the day, and whose attitude towards the elite was always somewhat ambivalent. Though scathing about the unspecified many who failed to live up to the exacting standards of their birth, he was not backward in praising the few who did. Equally, though eager to disassociate himself from the mass of iatroi who shamelessly pandered to the worst qualities of the rich in their search for lucrative patients, he did so from a position that is inside not outside this competition, it is simply that he appealed to their best qualities, to their reason, knowledge and other shared values. Indeed, he boasts of his success in this department, and the whole process was one of mutual flattery; both Galen and those for whom he provided medical services could feel gratified by the virtuous way in which their association had been formed, by the good taste and educated judgement of all parties.

Galen’s hostility to rich Roman women, as a class, has already been referred to, and he is similarly resentful and disparaging of the (unspecified) basilikai gunaikes/royal women, whose demand for hair dyes and other such deceitful items cannot be refused and resulted in the collection of remedies which often fall on the wrong side of the important kosmètika/ kommòtika distinction (a distinction between the valid enhancement of what there is and the deceit of artificial embellishment) at the beginning of the Peri Sunheseòs Pharmakòn tôn kata Topous/On Compound Pharmaka according to Place (Comp. Med. Loc.). However, a more ambivalent attitude creeps in when he finds a formidable ally in an individual, named, imperial woman - Anna Faustina a relative of Marcus Aurelius -

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50This is one of the key features of the treatise Opt. Med. Cogn. in which Galen tries to alter the way the patient-practitioner relationship was formed, refiguring it on terms dictated by a physician and of a particular ethical character; he cannot take the power of choice away from the patient but he can try and influence the way that choice is exercised by playing to the cultural aspirations and moral ideals of at least some of the elite. For more discussion of the Opt. Med. Cogn. see V. Nutton "A new treatise by Galen" CQ 40 (1990) 236-257.

51Galen Comp. Med. Loc. 1, 3 (XII 443-5 K). He takes over this excuse of compulsion from Archigenes, and takes most of his recipes from Crito, including those of Heraclides of Tarentum, remarking that the truphê of women’s lifestyles was not so great in his day as it is now.
who strongly supports him against the *methodikoi* in his treatment of Commodus. He allows her to speak effusively in his praise, clearly considering this was the kind of judgement upon him that should be publicised, and then ungraciously retorts "You have made me even more reviled by the *iatroi*". In the *Ther.* itself, the nearest thing to an imperial woman is one Arria, whom Galen calls "the dearest thing in all the world to me", and reports that she was also lauded by the emperors (presumably Severus and Caracalla) "on account of her command of philosophy and her particular partiality for the writings of Plato". Not only did they praise her, but, most commendably, cared for her when dangerously ill "like the most experienced doctors", following Galen’s advice, of course, in giving her absinthe to restore the complete loss of appetite that was threatening her life. The surprise of Galen’s sole explicit expression of affection and respect for a woman is mitigated by her intellectual achievement, her conformity with, at least some of, his ideals; ideals which, despite their open figuration as male and as opposed to the female, it seems an individual woman could aspire to, and even attain to some extent.

Arria, and to a lesser extent Anna Faustina, are, however, the only women who feature in Galen’s life as he records it, who appear in his environment as he describes it, on something approaching the same terms as its most important male characters - that is the likes of the consular Boethus, the philosopher Eudemus and the emperor Marcus Aurelius. Galen’s women are mainly passive objects in case histories, empty vessels into which points of medical interest may be poured, and around whom the drama of outstanding diagnosis, prognosis and cure may be effectively performed; they are midwives that he must deal with in the course of this performance, but as subordinates not equals, as attendants on someone else rather than associated with him himself; and

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62Galen *Praen.* 12,5-9 (CMG V 8,1 130,29-132,23).
63έπιτισθήσας με τολά μᾶλλον ή πρόθεσθα ἐκ τῶν ἱατρῶν μοιεσθαί Galen *Praen.* 12,10 (CMG V 8,1 132,25-6)
64τὴρ θεί πίτα μια φιλοτήτη ἀρχίσα..δε τὸ φιλοσοφεῖν ἀρχίσε, καὶ τοῖς Πλάτωνος μάλα τα χαίρει λόγος Galen *Ther.* 1 (XIV 218 K). Groag suggests (*PIR*² A1115-1116) that this Arria may be the wife of M. Nonius Macrinus (*PIR*² M140) who was pro-consul of Asia in AD 170-171 and made an offering for his wife’s health (*ILS* 3988).
65ός οἳ ἐκπεμφόσατο τῶν ἱατρῶν θεράπευον τὴν γυναῖκα Galen *Ther.* 1 (XIV 219 K).
they are symbols of decadence. It is not for them that Galen is writing, as he is for a
certain sort of man well exemplified by certain sorts of men in his texts.

Authority beyond Biography

In moving beyond biography to the art which it so closely tracks, and to its more
methodological means of legitimation, it is fitting to start by returning to the CAM, but
this time to the best constitution of the iatrikê technê from which the model of the ideal
iatros is taken. Following the palaioi/ancients, Galen takes the teleological structure of
the medical art to be common to all the technai, which can then be divided, according
to the form of their orientation to their goals, into four types: the theoretical, such as
arithmetic and astronomy, have as their goal simply the study of their objects; the
practical, such as dance and heraldry, aim to produce actions only; the productive, such
as house-building and sculpture, aim to produce something which remains after any
activity has ceased; and the acquisitive, such as hunting and fishing, aim not to produce
but simply acquire things through their actions. Medicine, like house-restoring or
repairing shoes, was classified as productive, or more precisely, restorative, of its goal -
health. Health is defined as a somatic diathesis where all the natural activities are
unimpaired, a state that admits to difference of degree without yet passing into disease,
that is a diathesis where some of the natural activities are impaired. Among these
differences of degree are distinctions between the bodily kraseis of men and women, as
well as between the old and young, the strong and weak and so on. Thus Galen
constitutes the medical art according to a goal that is a generic unity, specifically divided
by sex, among other things; sexual differentiation within a wider sameness is assumed
from the outset.

56Galen CAM pr-1 (I 227-230 K). The palaioi certainly included the Stoics who defined an art as a system of
cognitions used together towards a goal useful in life (Olympiodorus In Plat. Gorg. 12.1.4 attributes this to Zeno) and
Galen agrees on the qualification of utility in life as he excludes tumbling, tightrope walking, spinning round rapidly
without falling over, making tiny objects and, also, athletics, from the ranks of the arts (Protr. 9 [CMG V 1,1 130,23-
132,6]).

57Galen CAM 9 (I 256-257 K); cf. MM 1.5.4 and 2.1.5 (X 41 and 81 K) and the complex discussion in Thras.
The CAM then goes on to outline the substance of the teleologically requisite knowledge, what it is necessary to know about in order to be able to restore human health, and that is a matter for the next chapter. It is a different constitutive principle that is of concern now - that which regulates the border of knowledge itself, rather than the border of requisiteness, though the two are not really separable, as the border of what is always medical knowledge rather resembles a Möbius strip in this respect. Proceeding in the more epistemological direction, however, Galen clearly articulates a whole method of medical truth as well as presenting a body of medical truths, and though there is a certain discrepancy between the two - method and body are not in total accord - it is still the former that is meant persuasively to secure the latter. So the method will be set out first, and the practice then measured against it.

Galen's major methodological treatise - *Peri Apodeixeôs/On Demonstration* - is lost, so his logical method must, unfortunately, be reconstructed rather piecemeal. It is clear, however, that to proceed methodically, for Galen, was to undertake a project in the right order, to begin at the beginning and go all the way through to the end. Logic was the means for discerning truth and falsehood. The logical method was the key to the systematic search for, and articulation of, truth, and it had two main components, *diairesis* / division and *apodeixis* / demonstration, though it also drew on classical logical traditions more widely. Division cuts genera into species and subspecies of decreasing magnitude until the *inflmae species* are arrived at and it is possible to proceed no further; it is about the correct conceptualisation of things and their relationships. Demonstration finds the most fundamental propositions (experientially proven, agreed or

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60 Greek and some Latinised Arabic fragments and testimonies are collected in I. von Müller "Ueber Galens Werk vom wissenschaftlichen Beweis (ABAW 20.2 (1895) 403-478) to which must be added the Arabic fragments preserved in Rhazes' *Shukûk 'elâ Jâlibûs/Doubts about Galen* (3,12-14,10 Mohaghegh). These do not really help, however, in forming any real idea of how the 15 books of this work were filled except in confirming that it was certainly more than demonstration. Rhazes never takes issue with Galen's logical method in itself (so it remains largely implicit), only with his failures to follow it in various ways, mainly concerned with the theory of vision.

61 e.g. *MM* 1,4 (X 31 K).

62 e.g. *MM* 1,2 (X 9 and 18 K) and see for general discussion J. Barnes "Galen on logic and therapy" in F. Kudlien and R. Durling (eds) *Galen's Method of Healing* (1991) 50-102.

63 Galen frequently asserts the fundamental importance of correct division at e.g. *MMG* (XI 4 K) and works such as *Peri Diaphoras Nosêmatôn* (Morb. Diff.), Diff. Feb. and Diff. Puls. are really built around it. See also P. De Lacy "Plato and the method of the arts" in L. Wallach (ed) *The Classical Tradition* (1966) 123-132 for the general application of division to the arts.
a priori) that entail the goal of the enquiry, and these are formulated in accordance with the ousia/essence of the subject under investigation, both deriving from it and going right to it; it is about definitive solutions to problems. In the Peri tôn Hippokratous kai Platônos Dogmatôn/On the Doctrines of Hippocrates and Plato (PHP), the apodeiktikon/demonstrative or epistémonikon/epistemic premiss (lêmma) heads a fourfold classification of such argumentative propositions. The dialektikon/dialectic or gymnastikon/educative shares the starting point of the apodeictic, but misses the projected target; the pithanon/persuasive or rhétorikon/rhetorical does bear on the matter at issue but comes from an extrinsic source such as a poet, common gesture or etymology; and the sophistikon/sophistic is really an abuse of these, consisting mainly in the fraudulent exploitation of homonyms and figures of speech. There is thus an interplay of degrees of certainty and requisiteness throughout.

This method, or at least its practical approximation, can be seen in action in the PHP and, more appositely, in the opening sequence of the Peri Spermatos/On Seed (Sem.). Galen here announces that he is to adjudicate between the views of Hippocrates and Aristotle on the chreia/usefulness and dunamis/faculty of the seed, not on the basis of competitive plausibility, but by definitely demonstrating that one is right and the other wrong. This demonstration will be based on what is both evident and relevant, and the first step towards it is a specific investigation into whether the seed remains inside a female who is about to become pregnant, an investigation that may proceed in three ways. The first approach is to observe whether there is a correlation in farm animals between retention of the seed and subsequent pregnancy, and Galen finds that there is, absolutely without fail. Secondly, not wanting to be unsupported in extending something apparent in irrational animals to their rational counterparts, Galen asks those women who seem to him more self-attentive whether what happens to them is similar to that occurring

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63 e.g. Galen PHP 2.3.9-11 and 8.1-2 (CMG V 4,1.1 110,22-112,2 and 156,27-158,2).

64 Galen Sem. 1.1.1-2 (CMG V 3,1 64,4-11); he takes the Hippocratic view to be that the seed contained both an active and a material principle, and also that both male and female possessed seed which contributed to generation; Aristotle, on the other hand, took the view that only the male had seed and that this had only an active principle.

65 Galen Sem. 1.1.3-1.2.13 (CMG V 3,1 64,11-68,2217
around them. They answer that they feel a certain contraction of the uterus when they 
grasp (*sullambanein*) the seed, and Galen further supposes that women’s use of this verb, 
and indeed of the word *sullēpsis* itself, derives from this retentive uterine action. 
Thirdly, he reads everything that has been written by physicians on the subject and finds 
there to be a confirmatory consensus there too. So, after further examining the clutching 
closure of the womb in pregnant animals by dissection, and checking that men too have 
experienced this grasping, Galen is certain that the seed does indeed remain inside a 
female about to become pregnant.

Galen has, therefore, established this premiss - that the seed is retained by females about 
to become pregnant - as demonstrative. It is evidently true and it has already been 
decided that it goes to the heart of the matter of the *chreia* and *dunamis* of the seed. This 
truth is secured primarily through Galen’s direct personal observation of the correlation 
of seminal retention and subsequent pregnancy, as he clearly states that this approach is 
best, but the reported experience of women, the opinions of other physicians, even 
etymological supposition, all help. So, though not of the first rank, these female 
informants fare considerably better than the women adduced by the Stoic Chrysippus as 
witnesses to the location of the *hegemonikon* of the soul in the heart and attacked as such 
by Galen in the *PHP*, where he is arguing instead for its location in the brain. It is 
the female habit, "if something does not go down (*katabainei*) with them", of 
accompanying their statement to that effect with a movement of their finger to the region 
of the heart, that Chrysippus uses to support his case, and Galen characteristically both 
condemns this premiss as lying on the borderline between the rhetorical and sophistic, 
and turns it against its originator, claiming that the "going down" in question is not an 
act of understanding, that is of the rational part of the soul, but an act of being affected 
by an insult or threat, that is of the spirited part of the soul, which Galen is quite happy 
to have in the heart. Women are then listed, alongside poets and other *idiotai*/*non-

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66 *PHP* 3.5,8-10 (CMG V 4,1,2 202,14-26).
67 *εἰ γὰρ μὴ καταβαινεῖσαν αὐταῖς τὰ λέγομενα Χρυσίππας ἀπ. Γαλένον *PHP* 3.5,8 CMG V 4,1,2 202,15-16).
commensurate categories is immediately apparent. It is women as a whole, rather than any particular sub-group of them who have nothing of any epistemological worth to contribute, albeit to this specific discussion about the location of the hegemonikon, and in a context where they have been mobilised by an opponent.

In the logical method, the opinions and figures of the iatroi can only ever be pithanon, never apodeiktikon, but Galen both displays and contravenes this principle in the Sem. His exhaustive reading must take second place to his direct observation, and neither Hippocrates nor Aristotle are to be taken merely on their own word, but the terms of this observation are in fact dictated entirely by what has been written, by these very words of Hippocrates and Aristotle. For, though there is no assumption about which of the two authorities is right, there is an assumption that it must be one or the other, so for any premiss to be demonstrative with regard to its essential relevance, it must be formulated in accordance with this assumption and with the conceptual foreclosure it entails; and it is this relevant formulation that has priority, the activity of ascertaining whether it is evident or not is secondary. Thus the condition of requisiteness, as Galen conceives it, radically narrows down the possible premisses, poses questions that are almost entirely closed; and his refusal to take things absolutely on trust actually ends up meaning that he is condemned to repeat the past, to go over the same arguments and evidence again, rather than being freed from it in any way.

Moreover, despite Galen’s theoretical downgrading of the demonstrative efficacy of authorities per se, and his claim that he does not believe Hippocrates “as a witness” but is, rather, convinced by the soundness of his proofs, in practice he more usually engages in the simple citation of names, not the re-presentation of reasoning, and Hippocrates’ is foremost among them. Indeed, the whole network of relationships he establishes

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68 PHP 3.5,22 and 3.8,36 (CMG V 4,1,2 204,30-34 and 232,12-17).

69 See also Galen’s scorn for the attention paid to “muthoi graôd/old wives tales” by Pamphilius at SM7 6 pr. (XI 792-798 K), and his quickness to exploit Chrysippus’ own admission that his loose and lengthy presentational style lays him open to charges of being “graôd/old womanish” (PHP 3.4,15-18 (CMG V 4,1,2 194,36-198,14)), for other reflections of the low value placed on female knowledge in society more widely.

70 See Galen Hoti te tès Psuchês Ethê tais tou Sômatos Krasesin Hepetai (QAM) 9 (SM2 64,10-13) for this critical attitude to Hippocrates, and almost anywhere else for its contravention.
with the authorities and authoritative traditions of the past, which has Hippocrates at its centre, philosophically flanked by Plato, as its defining point of reference and sanction, has an existence that is basically independent of, though not separate from, the strictures of the logical method.\(^1\) These two defining and legitimating structures work together, they are corroboratory and mutually implicatory, but neither is subordinated to the other.

In this network of past physicians and philosophers, beyond the \textit{theios}/divine persons of Hippocrates and Plato, some are damned absolutely, in particular Thessalus of Tralles and his followers, but most appear as both heroes and villains, as having contributed something to the constitution of the medical art which Galen is able to draw out and elaborate, but having also made many mistakes in the process which Galen refutes and corrects.\(^2\) The balance between the positive and negative varies in individual cases and, overall, tends in favour of the latter; but Galen is, nevertheless, continuously engaged with the ideas and identities of his predecessors, tying them all together in such a way so as to, at once, produce, explicate and underwrite his own. The past is moulded into an upward spiral; developments since Hippocrates, particularly in anatomy, but also through the general widening and deepening of medical discourse, fallacy ridden as it has been, have allowed a man of Galen's talents and training to return to the Hippocratic point of departure but at a level above that at which the great man was forced by historical circumstances to operate. The analogy Galen himself adopts is that of Trajan's Italian road building programme, with Galen taking the emperor's role in establishing a smooth, straight, structured system of stone roads over the rough, meandering, and sometimes wild beast infested, pathways that had grown up following Hippocrates' first finding of the way.\(^3\)

It is not just Hippocrates himself that Galen makes use of, but also his voluminous case histories. These cases are endlessly effective for Galen as evidence for his views, as

\(^{1}\)See P. De Lacy "Galen's Platonism" AJP 93 (1973) 27-39 for a discussion of Galen's relationship with Plato in comparison to that with Hippocrates and other figures, such as Aristotle.

\(^{2}\)It is notable that one of the stock phrases of abuse Galen hurls at Thessalus is that he was raised in the \textit{gunaikóntitis}/women's quarters by a father who was, disgracefully, a woolworker (Galen \textit{Cris.} 3 [136,26 -137,1 Alexander] and \textit{MM} 1,2 and 3 [X 10 and 22 K]).

\(^{3}\)Galen \textit{MM} 9,8 (X 632-634 K) and see V. Nutton "The beneficial ideology" in P. Garnsey and C.R. Whittaker (eds) \textit{Imperialism in the Ancient World} (1978) 218-219 and S. Swain \textit{Hellenism and Empire} (1996) 365-6 for discussion of its significance. Galen's penchant for road metaphors is seen again.

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items of medical lore that he can explain and elucidate better than anyone else, as markers of his erudition and of the particular relationship he constructs with the great Hippocrates and his ideas, one that is superior to others'. This utility was as part of a common heritage, collectively agreed to be authoritative, these cases were thus an external force to be harnessed, a shared past over which the battles of the present could be fought with ease and effect. The many women who appear in the annals of Hippocratic practice are no exception, and Galen uses them in all these ways, to illustrate points of both specific and general relevance. He also occasionally rehashes cases of disagreement in order to demonstrate the errors they contain, Erasistratus' treatment of the "girl of Chios" being a prime example of this, and it serves also to underline the strength of the rhetorical tradition in which he is following.

Galen thus clearly conforms to an ideal of manifest mastery of the tradition, demonstrated through its evident absorption and rearticulation in a new and more elaborate order. Deviations from the paths of tradition needed special justification. The unprecedented intrusion of mathematics into the final portion of the book in the UP treating the eyes had its origins in a divine command received in a dream. Galen was told that his task would not be complete until he explained why the nerves joining the brain and eyes cross over, forming a shape like the letter "X", a subject he would otherwise have avoided since it involves the theories of geometry, something to which the public are strongly averse. His recourse to arteriotomy, something usually shunned on account of the risks involved, was also prompted by vivid dreams that impelled him to try cutting the artery between thumb and index finger and allowing it to bleed until it stopped to relieve a long

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74 For the relationship with Hippocrates forged by Galen and his predecessors, and their fierce contestation, see generally W. Smith The Hippocratic Tradition (1979); and on the Herophileans in particular see H. von Staden Herophilus (1989) 427-442 and 453-456.

75 See, for example, the use of female cases from the Hippocratic Epid. in Peri Dusnoias (Diff. Resp.), only the last of which - the cases of the wife of Nicostratus and the daughter of Agasis - are used to illustrate peculiarly female respiratory difficulties (VII 957-959 K).


77 T. Barton usefully refers to this process as "involution" at Power and Knowledge (1994) 91-2 and discusses it in relation to Galen's pulse and urine lore at 152-166.

78 Galen UP 10.12 and 14 (II 92,23-94,9 and 110,7-24 H). The force behind this order is alternately described as a daimôn and a theos.
standing pain in his side, a therapeutic experiment that was entirely successful. No deity is mentioned as appearing in these dreams, but since this account is immediately followed by a story of a *therapeuētēs* of the god at Pergamum who was similarly instructed in a dream for a similar condition, that Galen's narrative was modelled on Asclepian incubation is made pretty plain. Dreams and divinity are flexible and subtle rhetorical instruments for Galen.

One of the notable features of the whole logical method is its integration of reason and experience; the basic framework rests on reason, the substance derives from experience, which Galen defines as ranging from simple sense-perception through the everyday to the special experience of the arts. Reason dictates, for instance, that "where the *archē* of the nerves is, there too is the *hegemonikon* of the soul" is an *epistēmonikon lēmma* in respect to the question of the location of the *hegemonikon*, just as it dictates that the enquiry whether the seed is retained in females about to become pregnant is demonstrative in respect to the *chreia* and *dunamis* of the seed, but dissection (presumably a type of technical experience) proves that this *archē* is in the brain and not the heart, and direct observation proves that the seed is so retained. This alliance is something Galen works out more thoroughly in articulating his position in relation to the sectarian traditions of Greek medicine, for he effectively offers his logical method as an alternative to this sectarianism, building on it and to it in order to encompass the constitution of the *iatrikê technê* itself as an epistemologically secure body of knowledge, appropriately formed and organised in respect to its goal.

In all his works on the medical sects Galen distances himself from all three, from the *logikoi, empirikoi* and *methodikoi*, both separately and taken together. He is opposed

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79Galen *Peri Phlebotomias Therapeutikon* 23 (XI 314-5 K).

80*PHP* 3.8.35 (CMG V 4,1.1 232,3-12). A similar (and roughly contemporary) integration was accomplished by the polymath Ptolemy, see A.A. Long "Ptolemy on the criterion: an epistemology for the practising scientist" in P. Huby and G. Neal (eds) *The Criterion of Truth* (1989) 151-178.

81Galen *PHP* 1.3 (CMG V 4,1.1 66,13-24); and *Serm.* 1.1,3-1.2,4 (CMG V 3,1 64,11-66,1).

to these kinds of *haireseis* in themselves, and calls people "slaves" who proclaim themselves adherents of any one man, holding that individuals should determine their own position from a careful and critical consideration of all the issues, not from unquestioning loyalty to a particular school, loyalty that has been unreflectively inherited from fathers or teachers, or picked up from friends or locality; and he has specific objections to the defining doctrines of each of these groupings as he characterises them. In this latter respect, however, he does not place himself equidistant from all three; but, completely rejecting Methodism, takes a more nuanced view of Rationalism and Empiricism. The *logikoi* go specifically wrong both in so far as they exclude experience from the medical art altogether and in that the logical methods they adopt are flawed, they start from arbitrary and insecure premises and construct weak and incomplete proofs. The *empirikoi*, on the other hand, operate with a stunted version of the *iatrikê technê*, adequate for most practical purposes, but limited and imperfect nonetheless. It lacks the vital understanding and explanation that reason provides, thus imparting an order and coherence, both causal and categorical, to the medical art. So what is required is a combination of the best features of both, a rationalisation of experience, an experientialisation of reason.

That reason and rationalisation should be the dominant partner in this alliance was inevitable, for it provided the structure and systematisation. However, this was a rationalism of Galen’s own making, a rational *method* not a sect, and built around a reason that was not so strong and self-reliant that it could do without the support of experience. Galen did consider that the reason innate in human beings, the *logistikôn* part of their soul, had a particular grip on the nature of things, but that this inherent ability, this comprehensive alignment between humanity and their world, could not simply be left at that, it had to be trained, disciplined and used properly. This training was in the logical arts, in the means of discerning truth and falsehood and in demonstration; this discipline was reason gaining ascendency over the passions and appetites, that is over the other parts of the soul, so ensuring the correct orientation to life; and proper use came not only from putting these into practice but also from working

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83Galen *Ord. Lib. Prop.* 1 (SM2 80.11-82.3).
in conjunction with experience, which provides an essential check and guide for reason. Indeed reason itself demands that experience act in this corroborative and corrective manner. It is according to these principles, and its goal, that the *iatrikê technê* is constituted, and it is according to these same principles that Galen’s life and work have been constituted, and it is on account of their combined congruity that truth, in theory and practice, word and deed is guaranteed.

Galen may have presented his commitment to, his embodiment of, his logical method as total and totalising, reaching right across and through his art and self, his life and work, its epistemic mechanisms may have been continuously reiterated and reenacted, their cogency to those not completely enslaved to unreasonable appetites and unethical lifestyles constantly paraded; however, he clearly did not consider it to be absolutely exclusive. Dialectical, persuasive and even sophistic propositions were all integral, if subsidiary, elements of his legitimation strategy, and the authority of Hippocrates looms large. Compulsive completeness fills every treatise with arguments that are interesting but not strictly relevant; poetry has its place in most, both as ornament, as proof of the author’s culture and erudition, and as load bearing, as proof of doctrine; and he was certainly not averse to word play where it served his purpose. The embodied character of this method is also striking, Galen himself, not his excision, is one of the means of firmly attaching the contents of texts, of the medical system they contain, to the way the world is, or perhaps rather, of attaching the way the world is to the contents of texts; his absolute dedication to, competence and fluency in, truth, as written in his history and present in his writing, are all crucial. Moreover, this is a moral stance, a social location, as much as it is an epistemic or technical one. It is from this pivotal position that Galen’s claim to the authority for medical intervention is launched and pursued down every possible pathway, in both life and art, with authority in theory and practice, in general and in particular, over self and others, being maintained in mutually reinforcing and confirmatory interpellation throughout.

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Art, Authority and Woman

Galen has thus set up and secured woman as an object of medical knowledge both in the same manner to man and quite distinctly - the sameness being technical, pertaining to the place of woman in the constitution of the art itself as it has just been outlined, the difference being social, pertaining to the place of the art in the constitution of society as it emerges in the more biographical sequences - and this latter bears down hard on the former. Technically, woman’s medical objectification proceeded in the same way as that of man, or any other species of humanity that had a particular relationship with the telos of medicine, that is health. Exactly the same type of knowledge about her as about anyone else was required to attain that goal, but since the actual content of that goal was distinct the possibility that the content of that knowledge would also be distinct arose too. This was a question of specific variation within a generic unity, of the proprieties of diairesis, not a divergence in form or kind. The presumption that human beings are differentiated, including sexually, in respect to their kraseis, however, came before the actual definition of health which was itself prior to the actual definition of the iatrikê technê; thus, in some sense, the division, within this teleological conception of the art, of humanity preceded first principles and was outside the realm of critical examination.

All this knowledge, of woman, man, or whoever, was also secured, as far as possible, in the same way; the logical method was applied across the board and was applicable far beyond the boundaries of the medical art. Galen was quite clear that technai were defined and distinguished by their telê, but that their constitutive and methodological principles were shared.\textsuperscript{95} Medical knowledge thus had a status essentially similar to all the other formations of technical knowledge, from astronomy to heraldry, and taking in all the acquisitive and productive arts in between. That is not to say there was no artistic hierarchy, but simply that truth value had a very small part to play in its organisation. Galen is indeed somewhat wistfully aware that the theoretical arts, especially arithmetic and geometry, rank above medicine in any epistemic order, since the latter had a constant

\textsuperscript{95}To demonstrate this was indeed the whole purpose of the two books Peri tês Technôn Sustasedôs which originally preceded CAM Iatrikê Technê (Ars. Med.) 1 (I 306 K) and it is repeated in the preface to this latter treatise (I 225-227 K).
struggle to approximate to the simplicity, clarity and certainty of the proofs of the former, but what it lacks in theoretical purity it makes up for in its practical necessity.\textsuperscript{46} The most clearly evaluative division of the arts Galen makes, however, is between the \textit{logikai}/rational, and or \textit{semmai}/august, that is the medical, rhetorical, musical, geometrical, arithmetic, logical, astronomical, grammatical, legal, and, somewhat sneakily, the plastic and graphic \textit{technai} and those which are despicable on account of the bodily labours they involve, that is the rest, the banausic or manual \textit{technai}.\textsuperscript{87} This is a \textit{diairesis} based not on ends but means, on social not epistemic rank, it is about truth only so far as this too is proper to the same people to whom the rational arts are also appropriate, that is truth and \textit{technê} coincide in one person, not in themselves. Thus, while Galen does make continuous claims for the special validity of his medical knowledge (including that about woman), he makes far fewer for the special validity of medical knowledge (including that about woman) as such, and those he does make refer always to its goal.

As women were located differently from men in the social formation of Roman medicine, however, so they were located differently in its discursive formation, and their relationship to woman as an object of medical knowledge was articulated quite distinctly from that between social men and medical man. Indeed, the process of medical objectification might be described as being exclusive to women. With the possible exception of the \textit{Ut. Diss.}, Galen clearly addressed his writing, his whole endeavour, to men. The named dedicatees, and the audiences more collectively inscribed in his texts, are simply the clearest examples of those whose general orientation to life and to their body, and some of the particular choices they make about them, Galen sought to engage with and shape; lifestyles and choices that are manifestly male. The decisions with which Galen was especially concerned were, of course, those about the medical art, mainly those made by the potential recipients of its many benefits (who were also possible...
victims of its misconstrual), but also by its potential practitioners, and these were essentially the same group. All men should cultivate an art, thus moving themselves away from the irrational animals and towards the gods with whom they share rationality, and the iatrikê technê is best of them all. If this optimum objective was not attained, preference being given to wealth, reputation and political power more or less exclusively, then the least that was to be expected was that a man would be of a sufficiently well formed character and sufficiently knowledgeable to be able to participate properly in various medical processes, to form the appropriate relationships with the appropriate physicians. The hierarchy thus stretched from the perfect embodiment of the art to the man with no more than the capability to recognise him; the scale was a single and unified one and the broadly shared values with which it worked established an effective means for Galen to formulate objectively the identity of the ideal icaros and the iatros as the ideal identity and then to measure himself against his own creation.

All men needed, therefore, some kind of medical expertise and should place themselves as high up this hierarchy as possible, however, this single assessment of physician and layman does not obscure the real issues of choice and consent here, much as it tried to. For, in seeking men’s assent to knowledge about their own bodies Galen constructed the role of the assentor as essentially active, not only because that was the ethical mode of knowledge he had, one in which active understanding, working it through for oneself not taking it slavishly from others, is the key, but also because, in fact, the power did rest with them. What he wanted was for these men to exercise their power properly, he attempted to persuade them to do and think what he considered best, but for themselves, because they had considered the matter fully and grasped the correctness of Galen’s character, approach and views. He could not take the decision, the determination of his fate and that of the other iatroi, away from them, but he could make a virtue of necessity, without even noticing it, and privilege this very act of choice, make the really free and really reasoned choice, his choice. Thus, these men should be objects of medical knowledge only in so far as they actively understood themselves as such, that is in so far as they were epistemic subjects, medical knowers, and in so far as they were going to act on that knowledge, were social agents.

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Women were simply not a part of this pattern, they just did not have the power and choice. Not that Galen actively sought to deny it to them absolutely, but that he assumed it as already denied and thus colluded in its continued denial. The few individual women who did occasionally make the kind of decisions Galen is interested in are insufficient to shift the position of woman, either from her general cultural configuration as *anoia*, particularly subject to unreasonable passions and appetites and thus rightly to a certain control by men, or from her specific medical configuration as an object of male medical knowledge not recuperated by being processually internalised and acted on by women as a group. Both are, of course, interwoven, and both shape the contents of this woman, this object of medical knowledge, contents that will be unpacked in the next chapter.
CHAPTER 6

GALEN'S WOMAN

The movement from the *process* of the constitution of woman as an object of medical knowledge to the contents of this constitution must pass through a more general transition from process to content. This means finally crossing the boundary of requisiteness and outlining the scope and structure of what it was the medical practitioner needed to know about human beings in all their variety in order to be able to restore and maintain their health. The formulation and application of this last constitutive principle was bound up, of course, with the other, more methodological, considerations already described, however, it makes its own distinct contribution to shaping the medical knowledge of woman that Galen presents as an integral part of his whole domain of medical knowledge.

Galen defines the scope and structure of medical knowledge by analogy with the other *epanorthoumenai/restorative technai* in the CAM. Just as the restorer of houses must know the parts of the house, their *ousia/substance, diaplasis/formation, magnitude, number and relationships with each other*, so the medical practitioner must know the same about the simple or homoeomerous parts of the human body, and also about their *energeiai/activities*, which then leads to the equivalent knowledge about the *sundheta/compound or organika/instrumental parts*.¹ This knowledge is teleologically requisite because it is in these things that the *aretê/excellence or kakia/failure* of a complex entity such as a house or human being subsists.² These conditions of *aretê and kakia*, and their internal typologies, must, therefore, be recognisable, distinguishable from each other, and comprehensible, their workings understood so that they can be preserved or repaired as appropriate.

¹Galen CAM 2 (I 230-232 K). Galen's use of these classificatory terms for parts of the body was rather flexible and the lists of them that appear in different works are discordant, but basically the homoeomerous were simple entities in the sense of being constituted of a single substance, such as bone, cartilage, flesh and fibres (see J.M. Forrester "The homoeomerous parts and their replacement by Bichat's tissues" *Medical History* 38 [1994] 444-458 for full discussion and references), compound parts such as the heart, lungs and so on were compounded from these simpler elements and, at MM 1.6 (X 47 K) and *Part. Art. Med.* 3,5 (CMG Supp. Or. II 30,17-20 [Arabic] and 121,26-27 [Latin]) Galen defines an "organ" as a part to which is attributed a single and complete activity necessary or useful to the whole body.

²Galen CAM 5 (I 237-238 K).
Health and sickness are simply specific instances of these flawless and flawed states. Health is when all the bodily activities are unimpaired; health passes into disease when some bodily activity actually becomes impaired, though it may have sustained a certain degree of damage and deviation before that point. That disease may be one of six types, it may pertain to the elemental krasis/blend of the simple or homoeomerous parts, to the formation, size, number and configuration of these in the compound parts or to a breakdown of unity or coherence in either simple or compound parts. These possible points of failure are shared by items such as houses, ships and shoes which are also dependent on their parts and their continued relationship as required. In each of these cases disease is an ametron/disproportionate disposition, an imbalance in the elemental krasis of the homoeomeries, or in the constitution of the organs, or in that in which continuity consists in either, whereas health is summeteron/proportionate; so the therapeutic mechanism, the particular form of restoration in this instance, is neatly summed up in the Hippocratic maxim "opposites cure opposites".

Each of these epanorthoumenai technai, as Galen construes them, is thus coterminous with a knowledge project which encompasses the whole nature of the entity that may become defective and must then be repaired and maintained so that the goal of the art can be achieved; the method of knowledge and the way this knowledge is internally ordered, following divisions of both logical and material interdependence, is essentially the same. Homes and human beings may be different things, may have distinct natures, but what practitioners of the technai of their respective restoration need to know about them in order to be successful has a structural identity that admits only of variation in detail. Thus, since the human body is alive, the iatros must be concerned with activities, not just parts and their conjunctions, and, while restorers of houses seek to put themselves

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3 Galen CAM 9 (I 256 K); MM 1.5 (X 41 K); San. Tu. 1.5,1-29 (CMG V 4,2 8,14-14,28); Peri Aristōs Kataskeuēs tou Somatos hēmōn 1 (IV 737-739 K) and see p.215 above.

4 Galen MM 2.8 (X 125-128 K); San. Tu. 1.1,3 and 1,4 (CMG V 4,2 3,13-17 and 7,27-34).

5 Galen CAM 5 (I 237-240 K).

6 Galen CAM 11 (I 260-281 K); and cf. Eis peri Phusēs Anthrōpou Biblion Hippokratous Hypomnēmata (HNH) 1.20 (CMG V 9,1 33,4-13) and San. Tu. 1.5,11 (CMG V 4,2 9,8-13) where Galen stresses the universality of the understanding of health as proportionate and disease as its opposite, regardless of the entities which were or were not in balance. It should be said that, while this view is decidedly Hippocratic, the phrase itself does not appear in any extant text.
in the epistemic position of the original builder, who fully comprehends his own creation because he knows what each part is for and has allowed that to guide him in his work, the restorer of human beings must aspire to the epistemic position of "divine nature", who stands in roughly the same relationship to her creation as the builder does to his building. This analogy does not obscure, however, the particularity of the way in which the physician usually works with nature, for health is \textit{kata phusin} and disease \textit{para phusin} and there is a certain innate reversion from the latter to the former which the medical practitioner must direct and assist.

Homes and human beings differ not only from each other but also in themselves, including in respect to that quality of their existence with which their respective restorative arts are concerned. All things - houses, ships, furniture, shoes and clothes as well as people - can be constitutionally classified as \textit{aristē}/best, \textit{phaulē}/less good and \textit{nosousa}/diseased; the best being a singular condition and the rest admitting of countless multiplicity. However, irrespective of this breadth of health (or its inanimate equivalent) which contains the difference between men and women, young and old, and so on, as well as all the differences among them, the body of knowledge generated in its pursuit is of a definitely unitary character. This epistemic body shadows a human body that is of both sexes, all ages, all levels of fitness, has all conceivable histories, every possible \textit{krasis} and every known disease, with space for more. It holds within it all human potential that has a bearing on health and its lack.

The medical art was, however, a divided unity; and though one aspect of Galen’s preferred partition pays no heed to these distinctions between kinds of people, the other follows and reinforces them to some extent. The relationship between these two approaches to the division of medicine is rather confused, as is indeed the picture of the whole endeavour, for Galen articulates his compartmentalisation of the \textit{iatrikē technē}

\textsuperscript{7}καὶ φόρος Galen CAM 2 (I 232-3 and 231 K); I take D. Dean-Jones' suggestion that the pair should be taken as a hendiadys (Galen's "Constitution of the Art of Medicine" [1993] 151-152).

\textsuperscript{8}Galen San. Tu. 1.5, 34 (CMG V 4, 211-215); CAM 20 (I 303 K); and passim.

\textsuperscript{9}Galen CAM 9 (I 257 K).

\textsuperscript{10}On the parts of medicine generally see p.62-63 above.

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somewhat inconsistently across his oeuvre, and the treatise entirely dedicated to the subject - the Fl 'ajzâ' l-tibb/De Partibus Artis Medicatiae (Part. Art. Med.) - at least in the Arabic and Latin versions in which it survives, does not greatly clarify matters. Exhaustivity is again Galen’s objective here as he takes a number of initial starting points for a series of total diaireseis of the medical art, cutting it into smaller and smaller sections until its smallest particles are reached; the unwieldy multiplicity that results is fine as long as nothing has been missed out and each approach is carried through logically and completely. The primary and proper partition to which he returns most often, and which he sees as most heuristically effective, however, is that between the two fundamental states of the body, health and disease, and thus between the therapeutikon/therapeutic and the hugieinon/health preserving parts of medicine. From these first genera, diairesis downwards into the detail of their operations and upwards into the detail of the physical knowledge on which they depend, ultimately encompasses everything, but still exhaustively rather than systematically.

Galen also entertains the possibility that a third, intermediate, state exists between health and disease. That is, he occasionally reports the existence of such an intermediate state as an opinion held by others without himself passing judgement on the matter, more often clearly subsumes any such a state within a broad concept of health, but once firmly installs it as a fundamental medical category. This last move is made, however, in Galen’s most succinct second order definition of medicine, that is one that describes it more concretely than as a certain kind of technē constituted according to its particular goal: "medicine", announces the Iatrikê Technê/Medical Art (Ars Med.), "is knowledge

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11The Arabic translation is associated with Hunain, the great ninth century Baghdadi translator of Galen, but seems not to be his work in its entirety (see CMG Supp. Or. II 8-9), and the Latin is that of Niccolò da Reggio, made from the Greek in the early fourteenth century (see L. Thorndike “Translations of works of Galen from the Greek by Niccolo da Reggio” Byzantina Metabyzantina 1,1 [1946] 213-235). The two versions are very close, though a degree of coherence has been lost in translation.

12See esp. Part. Art. Med. 9,4-6 (CMG Supp. Or. II 48,11-26 [Arabic] and 129,4-18 [Latin]).

13e.g. Galen Part. Art. Med. 7,1-5 (CMG Supp. Or. II 42,5-44,10 [Arabic] and 126,1-127,11 [Latin]); Si’1,1 (I 64-65 K); San. Tu. 1.1,1 (CMG V 4,2 3,2-5).

14Galen San. Tu. 4,2-3 (CMG V 4,2 103,7-18), as completely agnostic; Part. Art. Med. 5,4-7 where this possibility that there are those who are neither sick nor well is opened up and 7,2-3 for their location in a poorer sub-set of health (CMG Supp. Or. II 36,13-38,4 [Arabic] and 123,29-124,10 [Latin]; 42,9-21 [Arabic] and 126,6-18 [Latin]) and for variation on this latter view see also HNH 1.20 (CMG V 9,1 33,14-21) and CAM 9 (I 256-257 K); Ars Med. 1 (I 307 K) for full endorsement.
of the *hugieinon* / health preserving, the *nosôdes* / diseased and the *oudeteron* / neutral", and this consists in knowledge of bodies in these states and knowledge of the causes and signs of all these. However, while the old and the young, as well as the convalescent and those on the verge of falling ill, appear in these various works among those somehow separated from health but not yet actually diseased, and therefore potentially contained within any intermediate category, women never do. There is, therefore, no significant female category established in relation to the goal of the medical art, rather, pieces of woman are scattered right across these various divisions and this is reflected in the absence of any dedicated gynaecological treatise from Galen’s oeuvre and the presence, instead, of a whole raft of references in texts treating themes or topics that emerge more readily from the Galenic conception and partition of the medical art. Human reproduction is one such theme, as the *Sem., Peri Kuomenôn Diaplasêôs/On the Formation of that Conceived (Foet. Form.)* and *Ut. Diss.* demonstrate, as well as the parallel passages in larger physiological and anatomical works and the Hippocratic commentaries; this kind of multiple coverage typifying the way that these topics were repeatedly renegotiated in a range of overlapping but distinct treatises, each realising a particular project in relation to Galen’s overall constitution and communication of the *iatrikê technê* and his own identity as an *iatros*. So, what is required is a full

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15 Il terremoto est in Deputatiy a kai nosôdes kai odêtriai Galen *Ars Med.* 1 (1 307 K); and see H. von Staden *Herophilus* (1989) 89-112 for the Herophillean background to this tripartition. I find V. Boudon "L’*Ars Medica* de Galien est-il un traité authentique?" *REG* 109 (1996) 111-158 basically convincing in defence of the authenticity of the *Ars Med.* (contra J. Kollesch "Anschauungen von der ëpyê in der *Ars Medica* und die Seelenlehre Galens" in P. Manuli and M. Vegetti (eds) *Le Opere Psichologiche di Galeno* [1988] 216-218), but think that she is on stronger ground in pointing to both the fluidity and inconsistency of much of Galen’s expression, for instance, than arguing that there are good precedents for this formulation in Galen’s work and wider milieu (on which see also V. Boudon “Les définitions tripartites de la médecine chez Galien” *ANRW* 37.2 [1995] 1468-1490). It is the case that health, for Galen as he is extant, is generally able to contain a wide range of variation and deviation without becoming something else, and though his surviving late antique commentators consider Galen’s and Herophilus’ views on the matter to be concordant ([Iohannes Alexandrinus] *Comm. Sect. pr 2ra, 25-28* [15 Pritchett] and cf. *2va, 53-55* [24 Pritchett] = Agnellus *Lectures* 10 [44,14-18 SC609]) this may be on account of the weight given to the *Ars Med.* and their passion for neat typologies rather than greater intimacy with Galen’s work than is now possible.

16 Of course there are external as well as internal considerations involved in this failure, there is the matter of the audience for any gynaecological treatise, and of what it would say about its author. It was not the kind of thing to dedicate to a senatorial acquaintance, though it might be couched as instructive of the *maiai* who looked after their wives (cf. Soranus p.180 above). That it was the role of the midwives themselves as mediators between male physician and female patient that acted as a barrier to Galen’s writing of any such work, as suggested by J. Lachs *Die Gynäkologie des Galen* (1903), seems implausible given the established tradition of male gynaecological authorship and the fact that Galen does cover the material, just not in a dedicated and distinct textual form.

17 There is also some discussion as to whether Galen did more than promise commentaries on the Hippocratic gynaecological corpus (*Hipp. Epid.* 2 3,17 [CMG V 10,1,1 297,22 - German translation of unpublished Arabic text]). M.H. Green *The Transmission of Ancient Theories of Female Physiology and Disease through the Early Middle Ages* (1985) n.5 118-119 considers that the ascription to Galen of one of the two Arabic commentaries on the Hippocratic *Gynaikaia* so far recorded might be genuine, a possibility rejected by M. Ullmann “Zwei spätantike Kommentare zu der
engagement with these female thematics, to find the points at which, for Galen, the unity of the human being breaks down sexually and the explicatory lines that run from and to them, endowing the medical woman (and man) with a certain epistemic substance in the process. Thus the scattered pieces of woman can be gathered together, as far as possible, to see what is then produced, what kind of a whole they make, respecting Galen's basic division between the healthy, the *kata phusin*, and their maintenance, and the diseased, the *para phusin*, and their cure, and the order of parts within them.

**THE HEALTHY WOMAN**

The main mechanism through which Galen considers the epistemic substance of the medical art to be acquired is through *anatomê* /dissection, the *diairesis* of the flesh. It is through this that the knowledge of the simple and compound parts is gained and mapped onto the parts of medicine (and vice versa). In his most extensive anatomical work, the *Peri Anatomikôn Eneirêseôn/On Anatomical Procedures (AA)* itself, Galen describes the uses of *anatomê* as fourfold: as useful for the natural philosopher who loves knowledge for its own sake, for those who value it only to demonstrate that "nature does nothing in vain", for those who investigate the *phusikai* and *psuchikai* activities and functions of the human being, and for the practitioner who needs to conduct surgical operations. The stress in this work is on these latter two, on the more practical benefits of anatomical knowledge, but this is in part because a more theoretical treatment of the parts of the human body has already been produced in the *UP*, and Galen's commitment not only to the Aristotelian slogan that "nature does nothing in vain", but also to the notion that she does everything purposively and for the best, is as strong in this text as elsewhere in his oeuvre; it is this that completes his system of medical understanding, which gives it the all-encompassing quality that he sees as the only really sound platform for medical intervention. The purpose of the *AA* is to enable its audience

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Hippokratische Schriften. *De morbi mulieribus* Medizinhistorisches Journal 12 (1977) 245-262 in his discussion of these texts.

18 Galen AA 2.2 (I 182 Garofalo). The first eight and a bit books survive in Greek, the rest only in an Arabic translation by Hunain.
to observe in detail the artistry of nature as it is outlined and explained in the UP as well as to restore anatomy to its proper place in the medical art as it is constituted in relation to its goal. Thus, dissection is a rather compromised starting point, with plenty of assumptions, even a whole interpretative framework, behind it, impelling it forward, making it impelling; but it is worth following the course Galen himself prescribes, while keeping in view the process of its prescription as well as its presentation.

The Anatomical Woman

The AA instructs simultaneously on the techniques and truths of anatomy, it is a practical guide to seeing the anatomical body as Galen sees it. The bodies dissected in it are those of various animals of both sexes, ideally humanoid apes, but also many kinds of common livestock and some rarities (such as an elephant), and one of the functions of the narrative is to synthesize this diversity into the shape of a single human being, subject to occasional sexual segregation and comparative digressions on other species. The AA starts its exposition with the muscles of the hand and arm, and then proceeds through the rest of the body both thematically, dividing muscles from blood vessels and nerves, and sectionally, separating head, thorax, abdomen and limbs; in this it broadly follows the pattern of the UP. The various shorter texts which are individually dedicated to these themes are essentially subsequent summaries of the relevant sequences of the AA, whereas those that are sectional, predate the larger treatise and bear more varied relationships to its coverage of the same areas. The Peri Osteôn tois Eisagomenois/On Bones for Beginners (Oss.) is an earlier treatment of a theme largely omitted in the AA.

To take the somatic themes first: muscles are fundamentally male, or at least Galen primarily thinks about muscles in male bodies. In the Peri Muôn Anatomês/On the Anatomy of Muscles (Diss. Musc.), the only extant Galenic anatomical text that proceeds in the traditional head-to-toe fashion, a single narrative takes thin muscles (krêmasterai) down from the flanks to the orcheis, their suspensory function and name suggesting that

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20 It is their resemblance to humans that makes apes so desirable for dissection (e.g. AA 1.2 (I 84 Garofalo)), and see AA 7.10 (II 662-664 Garofalo) for the elephant.
they are more appropriate for external, male testicles than internal, female ones, and
delineates the small muscles of the *aidoion*, which wrap around it, holding it firm during
erectons (*ektasai*) and able to move it upwards and sideways. It is clearly the penis
he has in mind; the female genitalia and womb are left apparently muscleless. It is
noticable too in the *AA*, which keeps both kinds of human body in view throughout, that
when these two kinds really separate out in the book on the generative parts, the male
organs are surrounded with muscles while the female must make do with only the
ligaments joining the uterus to the abdominal wall; ligaments analogous to the *krēmasterai*
of the testicles in males. She is slightly better served by a whole panoply of uterine
attachments, suspensions, interweavings, entwinements and fusions in the *Ut. Diss.*, but
few have any pretensions to muscularity. Bones and nerves are entirely generic, but
the blood vessels must be outlined bearing in mind the existence of both male and female
bodies. In the *Peri Phlebôn kai Artērión Anatomēs/On the Anatomy of the Veins and
Arteries (Ven. Art. Diss.),* veins run to the *orcheis* and the *aidoia*, "whether the animal
be male or female", though the female testicles are much smaller than the male, and the
blood supply to the womb requires considerable elaboration. In the *AA* also, the
sexually distinctive formation of the vascular system in the region of the generative parts
is described in some detail in both the particular book on these parts and that which
follows it on the veins and arteries themselves. In both sequences the asymmetry of
the blood vessels as they descend differently down the left and right sides of the body,
and the rich venous communication between reproductive organs and chest, are
emphasised.

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22 Compare *AA* 12.2 and 7-9 (I 140-144 and 154-166 Simon). This twelfth book on the generative parts survives
only in Arabic, and Simon's edition reproduces the text in its unbroken manuscript form, the sections cited here, and
hereafter, are those established in Duckworth's translation.

23 Galen *Ut. Diss.* 4,1-7 (CMG V 2,1 40,3-42,13).

24 This genericity holds across the *Oss., Nerv. Diss.* and the *AA*.


26 Galen *AA* 12.1, 2 and 7; 13.3 (139-140; 141 and 161 Simon).
The configuration of the female generative parts themselves presented in the AA, and in the *Ut. Diss.*, deserves to be examined more fully. These parts comprise, according to the AA, the womb, testicles, vagina and seminal ducts; and the fact that the female has testicles too, on which all anatomists (except the execrable Lycus) agree and which is visibly demonstrable, is strongly emphasised. They differ considerably from those of the males, however, being smaller and flatter, and hard and solid in comparison to his sponginess and porosity. A web of blood vessels leads to them and other vessels lead the seed from them, this structure being finer in the female and attaching to the "keraia/horns" of the uterus. Concerning this organ itself, however, more substantial differences open up between Galen's earliest account in the *Ut. Diss.* and the later description in the AA, and still more variation appears in the descriptions in the *UP* and *Nat. Fac.*, which are chronologically intermediate between the two. The *Ut. Diss.* represents the essentially Herophilean starting point from which Galen was to develop something more distinctively his own. In this initial exposition, the shape of the womb is compared to that of the bladder, with the addition of these lateral "horns", but though this imparted a certain binary quality to it, the uterine cavity was not actually divided. In the AA, however, the double constitution of the womb is crucial; and in conjunction with this, its two coats, more nervous on the outside, more vascular on the inside, have become a single, fibrous coat, and, separate from this, a peritoneal covering that envelops the two cavities thus established and unites them as a single unit. The

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27The same area is covered in rather different contexts in the *UP, Sem.* and a range of other works; in fact book 14 and parts of book 15 of the *UP* provide the fullest coverage but it is caught up in a distinctive purposive narrative from which it is hard to extract the "anatomical" descriptions, so it is the simple anatomical accounts that are presented here.

28Galen AA 12.1 (l 137 Simon); cf. *Ut. Diss.* 9,1 (CMG V 2,1 48,5-6) where the existence of female testicles is simply stated as uncontroversial. Lycus had a particularly prominent place among Galen's opponents, receiving repeated passing criticism and the full force of at least two polemics.

29Galen AA 12.1 (l 138-139 Simon); *Ut. Diss.* 9,1-2 (CMG V 2,1 48,5-11).

30Galen AA 12.1 and 2 (l 139-140 and 141 Simon): *Ut. Diss.* 5,1 and 9,4-7 (CMG V 2,1 42,14-22 and 48,18-49,11).

31Herophilus appears by name, and to considerable praise even when being corrected, in this treatise (*Ut. Diss.* 3,2; 5,2; 7,1 and 9,5 (CMG V 2,1 38,3-6; 42,22-29; 46,1-2 and 48,22-24)), and its overall shape also follows a similar pattern to that of previous accounts which depend on Herophilus, however indirectly.

32Galen *Ut. Diss.* 3,1-3 (CMG V 2,1 38,1-17).

33Galen AA 12.2 (l 141-144 Simon), and see also e.g. *UP* 14,4 (l 290,21-291,2 H) on the divided uterus; *Ut. Diss.* 6,1-3 (CMG V 2,1 44,8-18), cf. [Galen] *Def. Med.* 60 (XIX 362 K).
"auchên/neck" of the womb, ending in the pudenda, is a more constant feature; sinewy
and amazingly flexible in its ability to close so tightly on the seed and embryo, then to
open so wide for the foetus to emerge. While the wonder this generates is expressed
entirely generally in the Ut. Diss., it subsequently takes the form of admiration, and
evidence, for its creator.

The Ut. Diss. concludes with a section on what grows in the womb of a woman who has
conceived, and the AA devotes most of its uterine space to the dissection and vivisection
of pregnant goats, before going on to devote even more space to the male reproductive
organs. While the latter provides a simple description of the three embryonic coats -
the amneion, chorion and allantoeidês - and the complex configuration of the blood
vessels that supply the embryo with its vital nourishment as it should appear to those who
follow Galen's procedures, the former adopts a more processual approach. The process
of sullêpsis/conception outlined is, moreover, almost entirely mechanistic. If seed arrives
at the right time - when the mouths of the vessels anastomising into the womb are open
but leaking gently rather than copiously pouring out the monthly discharge - then the seed
can adhere to the roughness in the uterine surface created by these openings, forming the
chorion in preparation for the embruon itself. In subsequent accounts of this moment,
the mechanics of the coming together of seminal/embryonic chorion and uterine coat are
reworked on similar lines but within an understanding of sullêpsis as primarily an activity
of the helktikê dunamis/attractive faculty of the womb as it draws in and then closes
around the seed, bringing its kathektikê/retentive faculty into play; and that this seed
comes from both procreative partners is made clearer as the female seed performs a
separate, ancillary role to that of the male. This conceptual shift means that sullêpsis
is no longer a strictly anatomical phenomenon, it is no longer accounted for by the

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34Galen Ut. Diss. 7,1-3 (CMG V 2,1 44,19-46,14); AA 12.2 (I 140-141 Simon).
35Galen Ut. Diss. 7,2 (CMG V 2,1 46,5-10); AA 12.3 (I 145-146 Simon).
36Galen Ut. Diss. 10,1-17 (CMG V 2,1 50,12-58,3); AA 12.4-6 (I 148-154 Simon).
37Galen Ut. Diss. 10,4-5 (CMG V 2,1 50,24-52,14).
38See the rather long, convoluted and polemical account at Galen Sem. 1.4,1-7,20 (CMG V 3,1 70,25-90,6) for
all this. These faculties really become fully developed in the Nat. Fac. and thereafter, and all organs in the Galenic
body now have attractive, assimilative, retentive and expulsive faculties as well as more specialised ones; indeed, the
womb is the best example of the operation of the retentive and expulsive faculties (Nat. Fac. 3,2-3 (II 145-152 K)).
irregularities of the uterine surface (and timing), but by something more than structure and conformation; and it can thus escape the ambit of the AA, having already been discussed in a range of more physiological texts such as the Sem., Nat. Fac. and UP. This is not to say that the construction of the parts is irrelevant in this facultative conception, indeed the kathektikê and apokritikê/expulsive dunameis of the womb have a perceptible physical manifestation in the oblique and transverse fibres of its coat, but it is to circumscribe the contribution dissection makes to the knowledge of the living human being who may require repair.39

This circumscription becomes clearer in the Foet. Form. which claims to provide an account of foetal formation based on dissection which will resolve the various disputes on the issue that have grown up among philosophers and physicians who have erroneously approached the matter in an entirely theoretical manner.40 The treatise does contain a considerable amount of anatomical narrative, though not all derived from direct observation; but when the crunch comes, on the controversial questions of the order of organic formation and significance, and, in particular, in discussing the role of the seed, phusis, psuchê and the divine creator in the generative process, empirical evidence is rapidly left behind. Galen actually admits that dissection cannot help, for instance, in determining how the tongue works in speech or how the hand works in certain ways, and takes this very failure, the fact that the workings of the human body are so staggeringly complex but so wonderfully fitted to the activities of human life, as proof that the whole thing must have been planned with wisdom and forethought.41

The wonders of the human constitution require some kind of divine entity to have acted so providentially in bringing humanity into being, but Galen is prepared to say no more

39Galen AA 12.2 (I 143 Simon), in the Nat. Fac. (3.11 [II 180-182 K]) these fibres are also joined by longitudinal fibres (see 3.8 [II 169-170 K] for the correlation of longitudinal fibres and attraction), but the account is somewhat confused. It is clear, however, that the argument in the Nat. Fac. formulates faculties in response to the requirements of the manifest activities of the body and its organs and then finds their anatomical signs rather than vice versa.

40Galen Foet. Form. 1 (IV 652-653 K); the work comes relatively late in Galen's oeuvre.

41Galen Foet. Form. 6 (IV 687-702 K); the formulations about seed, phusis, soul and creator here are rather different from those in the Nat. Fac. and UP.
about this agent, about its substance and personality, beyond the fact of existence. Indeed, the interchangeable way in which he uses the feminine and polysemous *phusis* and the masculine and Platonic *demiurgos* as the main terms denoting this entity emphasises its unsettled and unformed character. Similarly, he remains uncommitted on the corporeality and mortality of the *psuchê/soul*, though this question is clearly relevant in discussions of foetal formation as the soul must arise, or be actualised, at some point in proceedings if it is mortal and corporeal, or somehow and at sometime come into community with the body formed if it is not. However, though these things must remain unresolved, since they are not susceptible to the test of experience, about the basic architecture of the system Galen is certain: about the existence of a transcendent, provident *phusis* or demiurge, of equally provident *phuseis* immanent in individual entities, their providence including the implanting of the appropriate faculties in the appropriate organs and their products. Anatomy may collude in this certainty, dissection may reinforce this view of the world, but it cannot prove it, it does not lead inexorably (or even reluctantly) to this conclusion, as Galen implicitly recognises. He actually attempts to demonstrate the providence (or economy) of nature no more in the *AA* than he does in the *Foet. Form.*, relying entirely on its consistent corroboration. Observed phenomena and explanatory schemes are mutually implicatory, Galen works towards achieving the best fit between the maximum number of pieces he understands as being in play, either potentially or actually, and calls it proof. There is a methodical progression neither from sound first principles, nor from sure experience, but a messy, dialectical, meeting between the two in which the most inclusive and well ordered circle of comprehension possible is formed, secure along its circumference, horizontally consistent and supportive, but resting on shaky axioms and undemonstrated assumptions.

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42 *Galen Foet. Form.* 6 (IV 700-702 K); the point is also referred to in his *De Sententiis/On my own Opinions*, see V. Nutton "Galen's philosophical testament: 'On his own Opinions'" in J. Wiesner (ed) *Aristoteles Werk und Wirkung*, II (1987) 40.

43 *Galen Foet. Form.* 6 (IV 799 K) and see R.J. Hankinson "Galen's anatomy of the soul" *Phronesis* 36 (1991) esp. 201-204 for further discussion and references on the general point. The particular question of the soul and foetal development was also discussed in Galen's commentary on Plato's *Timaeus*, see Larrain *Galens Kommentar zu Platons Timaios* fr. 6 and 7 (1992) 67-85 and *De Sententiis* 7 (see V. Nutton "Galen's philosophical testament" [1987] 42).

Objections might also be raised about the other end of Galen's cosmological programme, for the fundamental elemental composition of the parts, and whole, of the human body is similarly derived by a process of finding the best, or preferred, fit between phenomena and presumptions. This mixture cannot actually be apprehended by the senses and so what lies beyond the homoeomeries, the aisthēta stoicheia/sensible elements as Galen also terms them, must be logically deduced, by the formulation and testing of a series of propositions about these more fundamental elements which are consonant with their evident effects in the human body. In particular, their affectability or alterability, and the quality of these changes, as well as the existence of human reproduction means that the simple parts must consist in kraseis/blends of the four elements - earth, air, fire and water - not anything so singular and unaffectable as Democritean atoms, Asclepiadean corpuscles, or things of similar ilk. Moreover, questions were raised at both ends, and Galen was well aware that his mode of understanding was controversial, that it was indeed controverted by those who held a particulate view of the cosmic substance. So his persistent failure to do much more than proceed both ways round a ring, to argue from the manifestly perfect aptness of that which exists, as revealed by dissection, to its intentional design and designer, as well as to argue from these latter to optimal aptness as the only correct exegetical strategy in anatomical explication, and his continued rebuttal rather than refutation of opponents, is rather more problematic than it might have been. However, the persuasive force of demonstration, not in the sense of logical proof but in the sense of enactment, of illustrating the smoothness and congruity, the totalising capability, of his own approach, his own explanatory system, in action, should be no more underestimated than misconstrued.

Galen's extant anatomical treatises as they contribute to this teleological exhibition, therefore, describe a humanity divided in the region of the reproductive parts, but otherwise united. The division is one of approach, not just restricted to the conformation of the organs themselves, but it has clear limits. There are also many more differences in the construction of the male and female body outside the confines of Galen's surviving

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45Galen Hipp. Elem. 1,1-2,2 (CMG V 1,2 58,3-58,10) and Nat. Fac. 1.6 (II 12 K).

46See Galen Hipp. Elem. and, more concisely, HNH 1.10-15 (CMG V 9,1 24,19-30,16); and CAM 7-8 (I 245-254 K).
anatomical oeuvre. He does, for instance, pay attention to the divergence between the breasts of men and women elsewhere, and even sees the formation of such things as blood vessels and flesh as generally sexually differentiated on occasion, but what is systemised within these texts, what is directly revealed by dissection or what dissection is made to reveal directly, is nonetheless significant. Some of these treatises further imply that there is an explanation for the anatomical differences they describe, as they suggest that bodies are formed according to a certain plan of optimisation as realised by a provident and divine entity, so that humanity as it is divided must be for the best, and they mainly refer to the UP for the elaboration of such an explanation (and to some other more specifically explicatory texts). Galen is, moreover, as good as his word, indeed he delivers rather more than he promises since he offers not one explanation but several in the UP and its associates. He also makes it clear that these are not so much explanations as causes, or at least that he sees no distinction between the two.

The Aetiological Woman

Galen sets out his aetiology in the UP, and gives absolute precedence to the aition di'hoi\textit{cause} for the sake of which, that is Aristotle's final cause. The efficient (that by which\textit{uph'hou}), the material (that from which\textit{ex hou}), the instrumental (that by means of which\textit{di'hou}) and the formal (that in accordance with which\textit{kath'ho}) causes all take second place. These causal categories may be deployed at a number of different levels, and more or less completely, but they always maintain their internal hierarchy and direction. Thus, for example, when confronted with the peculiar thinness of the arteries of the lungs, Galen rejects Asclepiades' view that they have become thin from overwork, in favour of its opposite, restoring proper causal priority by positing that these arteries are thin in order that they may work so hard, and because this formation and this function, this thinness and this industry, is the best possible arrangement in the

\textsuperscript{47}Galen UP 7.22 (I 437,441,22 H); MM 5.7 - arteries and flesh (X 334 and 336 K).

\textsuperscript{48}Galen UP 6.12 (I 229,11-18 H); cf. Aristotle Phys. 2.3,194b16-195a3 and Met. 1.3,983a25ff. The schema is basically Aristotelian, except for the intrusion of the instrumental cause and the Stagirite’s greater stress on the formal cause which Galen is wont to ignore completely; and see R.J. Hankinson “Galen’s theory of causation” ANRW II 36.2 (1994) 1757-1774 for further discussion.
On one level this formulation refers the structure of these blood vessels to their energeiai/activities and their chreia/utility, to the action they perform and to the role of that action in the overall functioning of the human being, for as Galen says "the action of a part is prior to its construction and generation and usefulness comes first and action second"; but it also refers their structure to nature's providence. The ultimate answer to the question, dia ti/for the sake of what, the "final Final cause" as Jim Hankinson puts it, is always because it is for the best; it is the "pronoia/forethought" of the demiurge that Galen calls the true "first" cause. This, to modern sensibilities, resembles an explanation rather than a proper cause; as Michael Frede says, "generally our use of causal terms seems to be strongly coloured by the notion that in causation there is something which in some sense does something or other so as to produce or bring about an effect", and being for the best is not that kind of a thing, but it is, nonetheless, for Galen the most important causal concept.

This immediately raises an issue about the criteria by which the best is defined, for the coherence of the whole edifice depends upon them; either on their consistency and self-sufficiency, their inevitability as internal products of the system itself, or their absolute transcendence. Implicitly, Galen assumes there to be a coincidence between the two conceptual paths to the best that he need not bother to elaborate. It is clear, however, that he does not follow the shortest route to circularity and self-conformity, which would be to take the actions of the demiurge as for the best in themselves; he does think they can and should be shown to be for the best. A general principle of generosity is in operation, and the excuse of the limited ability of the human intellect to grasp the almost limitless providence of nature is used in cases where no good reason is readily apparent, but both rest on that which has already been accomplished in terms of revealing the workings of this optimisation; the forethought of phusis has been illustrated sufficiently

49 This is to somewhat simplify the rambling argument to this effect, inter alia, at Galen UP 6.13 (I 340,5-347,14 H).
50 ηι μετακαινη και γεγοσνη με το μερος η εισρεγεια προηγει, τω δι' αξιωματι προηγει μετ η χρεια, δευτερα δε η εισρεγεια Galen UP 11.13 (II 153,20-23 H).
for some things to be taken on trust and human modesty to be pleaded on occasion. So, the extent to which Galen is successful, the extent to which his vision is actually self-regulating about what is for the best or must have recourse to extraneous considerations is one of the things to be watched out for as this exposition proceeds because, ultimately, this is the substance in which Galen’s woman (like everything else) is fixed, this is the "final Final cause" of female existence as Galen describes it.

Among the various reasons offered for why woman is best as Galen understands her to be is one that possesses a certain precedence, as it proves the most functional within his system, joining up the most points into the most satisfactory shape; and though it is never explicitly recognised as such, it seems to be the best place to start nonetheless. Phusis, Galen explains in book fourteen of the UP, would have liked to make her creation immortal, but was thwarted by the innate corruptibility of her materials. She did what she could towards her original objective nonetheless, imitating the good founder of a city who takes thought not only for the initial colonisation but also its continuing maintenance. Thus nature has given to all creatures "organa kuēsis/instruments of conception" and has attached to them a remarkable faculty for producing pleasure, and to the soul which is to use them a marvellous longing to do so, so that she does not have to rely on humans’ good judgement to preserve their genus. Thus far phusis has not discriminated between the sexes, nor indeed have any of her actions necessitated the procreative differentiation of any species, but Galen now launches into a lengthy enumeration of the wonders of the womb and it is not until his exposition is well advanced that he realises he has got somewhat ahead of himself and needs to recount "what kind the male is, and what kind the female, in respect of nature", because it is from this that much else flows.

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53 Galen UP 14.2 (II 285,7-12 H). The rest of this account follows the sequence in this book and more specific references will only be given for direct quotations.

54 Galen UP 14.2 (II 285,27-286,12 H). It should be noted that there is a certain slippage here, for kuēsis is not the only use to which its instruments may be put, and it is clear from the model of sexual desire and pleasure elaborated later in this book (and elsewhere), that Galen considered that simply making sexual activity in itself enjoyable, without restriction on its mode or object, would ensure humanity’s continuation.


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The narrative that follows, however, makes no reference to the exigencies of humanity’s approximation to immortality, but starts from what Aristotle rightly knew but did not develop fully, namely "that the female is less perfect (atelesteron) than the male".56 There are two aspects to this defective state, first that she is colder, and colder animals are less perfect than warmer ones, and second that, though women have all the same parts as men, hers are inside the body and his are outside, which is the perfected position. In fact these turn out to be one, because the failure of her generative parts to emerge externally is itself due to her lack of heat, but this lack is functional, for, as Galen generously admits "it is necessary for there to be a female too".57 Indeed it would be an affront to the good offices of the demiurge to consider that he might make half the species imperfect and mutilated in this way without a good reason. The reason is that the foetus needs plenty of nourishment, which it must take either from that which sustains the woman carrying it or from something surplus to that sustenance; the first being harmful to the woman carrying it, the second only possible if the female is too cold completely to concoct and disperse all the food she takes in.58 The internality of the female generative parts also provide the ideal match to the externality of the male’s, she is optimally constructed to receive and retain seed, and to nourish and perfect what is thus conceived. It is on account of her thermal deficit too that the woman has smaller, less perfect orcheis/testicles and generates scantier, colder and wetter seed. Despite these failings, however, the female seed does contribute to what is generated, and is useful also in impelling the woman towards aphrodisia and in opening the neck of the womb during intercourse with a man.59

Galen claims that he has now demonstrated what everybody knows anyway, namely that it is better to have two generative beings, that this requires that one have parts for receiving, the other for expelling, seed, that these parts be optimally formed and

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56Galen UP 1.5 (II 299,24-300,16 H) and see also e.g. Sem. 2.4,12-22 (CMG V 3,1 174,14-178,8).
57Galen UP 14.11 (II 319,22-26 H) and see also Sem. 2.4,12-22 (CMG V 3,1 174,14-178,8).
58Galen UP 14.5 (II 295,27-296,1 H); cf. Aristotle GA 1.20,728a17-20 and passim.
59Galen UP 14.6 (II 299,19 H).
arranged, and accompanied by the appropriate faculties for their use; and that phusis has efficiently provided humans with all this from a single archê/soure, "that the female is less perfect than the male". That this is so clearly the starting point of his exposition, rather than any more abstract proof of the benefits of reproductive duality, and its ideal organisation, is the main problem in an account that is otherwise quite complete, coherent and cogent within the terms of Galen's medical system. The priority of this statement, and the value judgement in which it consists; the way in which the reasoning is directed by, and returns to, it rather than the dynamics and potentialities of human procreation as conceived more generally, is illustrated most clearly by the weakest link in the explanation, that is as it deals with the location of the generative parts. For Galen fails, both in the UP and in the fuller elaboration of the same point in the Sem., to make a case for the absolute superiority of their externality, and fails to notice that, in his own terms, the case is unmakeable.

The argument proceeds by analogy with the imperfect eyes of the mole and evokes the whole notion of the scala naturae. Some animals, like shellfish, departing only slightly from plants, have no eyes and so sight at all, others a step further up the scale of completion, like worms, have dim traces of both, still closer to the top the mole has well formed eyes which their nature is unable to push properly outside, and at the summit of perfection animals are born with full vision. Women are like moles, but better because of the benefit derived from their incompleteness. However, the analogy is invalid, for while it is possible for Galen to assert that the organs of vision are absolutely better on the outside, it is not possible to make such an argument for the organs of huêsis, where the efficacy of such a location is entirely predicated on the other procreative partner not following suit, perfection of placement thus becomes relative, interdependent, and equally applicable to both sexes. The basic point about women's thermal deficit, and the key importance of the innate heat in Galenic physiology on which it depends, is not altered, but the suspicion that, for Galen, difference is essentially hierarchical and that whatever applies to women will always be worse is reinforced. As Galen basically confesses in

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60 Galen UP 15.1 and 14.6 (Il 337,8-18 and 301,14-16 Il).
61 Galen UP 14.6 (II 297,26-299,19 Il) and Sem. 2.5,48-69 (CMG V 3,1 190,6-194,20).
his line that, "it is necessary that there is a female too", if the demiurge had been able to achieve human immortality, the combination of humanity and deathlessness would have been an exclusively male preserve.

Following on from this explanation of why there are females in the human species, and in what it is that they consist, comes an explanation of how this sexual division is reproduced in the world; indeed the two are interwoven. This process of foetal differentiation is also treated extensively in the Sem. where Galen is more concerned with the refutation of various opposing perspectives, and it appears too in some of the Hippocratic commentaries which intimate that the driving force behind the whole explicatory edifice Galen erects here is the ubiquitous Hippocratic aphorism: "male embryos mostly on the right, females on the left". Two factors, two causes, are at work, one residing in the seed, the other in the womb, importantly composed of two cavities; and behind them is the asymmetric configuration of the blood vessels as they descend to these generative parts in both men and women. For, on the right side of the body, blood arrives at the uterine sinus and/or orchis having been purified by the kidneys, on the left, it arrives still full of perittomata/residues, watery and serous; and pure blood is hotter than its residue laden equivalent. Thus, as they assimilate the nourishing blood, and it affects their krasis, the organs on the right become hotter than those on the left, so seed coming from the right orchis is hotter than that from the left, it is received by a hotter or colder cavity of the womb; and everybody knows that males move and stay hotter than females. Now Galen, against such heavyweights as Aristotle and Athenaeus of Attaleia, is insistent on female semination, that this is crucial to her sexual desire and sexual pleasure, and to the successful accomplishment of any reproduction, becoming mixed with its male counterpart in the womb where the two then move as one; however, in all this discussion of the interaction of womb and seed it is

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62 Galen UP 14.7 (II 302,1-310,7 H).

63 Galen Sem. 2.5,1-78 (CMG V 3,1 178,16-196,21). Hippocrates Aph. 5.48 (4 550 L), on which there is a specific Galenic commentary at Hipp. Aph. 5.48 (XVIII 840-841 K) and which also appears at Hipp. Epid. 6 2,46 (CMG V 10,2,2 119,1-6); see too Hipp. Epid. 26 (CMG V 10,1 385,31-386,22) [German translation of unpublished Arabic text] and UP 14.4 (II 293,2-4 H). This, and Galen’s references to the treatment of the same subject in his (lost) treatise Peri têς Hippokratour Anatomês/On the Anatomy of Hippocrates (Sem. 2.5,38 [CMG V 3,1 186,19-20] and UP 14,4 [II 293,13-18 H]) suggest that this was where he first provided such elaborate support for this aphorism.
only the male who provides the latter. Nonetheless, this does not serve to make the contest even, as Galen admits at the end of this sequence in the UP:

τῷ τοίνυν διστήν μὲν ἄρχην εἶναι τῆς τῶν ἀρρένων γενέσεως, ἐν μὲν
toῖς θῆλεσῳ τὴν ἐξ ἐξηκείνται εἴης τὸν ἑξῆς ἀρχῶν, ἐν δὲ τοῖς ἄρρεσι τὸν ἑξῆς ἀρχῶν, ἓξαυτήν ἐξομοιούν ἑωτή τὸ κυούμενον, ὡς ἀν καὶ χρόνος πλέουν πλησιάζουσαν, εὐλόγως ὡς ἐπὶ τὸ
tὸν ἐν μὲν ἄρρεσα τῶν ἐμβρύων ἐν ταύτῃ, τὰ δὲ θῆλεσκα κατὰ τὴν
ἀριστερὰν εὑρίσκεται.

Since there is a twofold source (archē) for the generation of males, the right uterus in the females and the right testicle in the males, and since generally the uterus is the better able to make the foetus like itself because it is associated with it for a longer time, there is good reason for the fact that for the most part the male embryos are found there and female [embryos] in the left uterus.65

It is thus not so much the heat of the conceptus itself as the heat of its surroundings that is most effective in determining the sex of any offspring, or as Galen primarily formulates it, in determining whether a male will be formed or not.

In determining its sex, the hotter environment and internal essence of the male embrunon also determines some of its other characteristics. It is stereoteron/more solid, that is ischutoteron/stronger and eurrosteron/more robust, and moves, is collected and constructed, oxuteron/more briskly; that is its composition starts first and proceeds more energetically but actually takes longer to complete because harder and drier bones, muscles and so forth are formed.66 The softness and weakness of the female continue long after birth, they are somatic features which never cease to be shared with children and are features of both the bodily fabric and faculties.67 It is the weakness of her

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64Galen UP 14.7 and 11 (II 302,18-21 and 319,22-320,19 H); and this is one of the central lines of argument in the Sem., see esp. 2.1-4 (CMG V 3,1 146,4-178,15 H).
65Galen UP 14.7 (II 309,18-25 H); trans: M.T. May (637), slightly amended.
66Galen Hipp. Epid. 6 2.46-47 (CMG V 10,2.2 118,23-123,6); cf. Hipp. Epid. 2 3 (CMG V 10,1 297,28-298,39).
67Galen e.g. Hipp. Epid. 6 2.47 (CMG V 10,2.2 122,15-123,6); MM 5.7 and 8 (X 336 and 342 K); GMM 2.11 (XI 137 K).
central *phusikê dunamis* which brings women's growth to an end before men's, and a lack of facultative force in the nerves and muscles which means that women cannot be ambidextrous, but "must be content to use the right hand only moderately". There are, however, changes that do occur in the course of female life, in particular with the arrival of the *katamênia* and breasts, which parallels the testicular swelling, and deepening and roughening voice of maturing boys.

The connection between these two, the uteri and breasts, the menses and milk (*"adelpha/siblings" as Hippocrates called them to Galen's recurrent approval*) is crucial, for, in the absence of pregnancy, each month *phasis* evacuates the surplus accumulated on account of women's lack of heat through the vessels attached to the womb, the same surplus that nourishes the embryo through the same vessels when she is pregnant, and is then, in the eighth month, diverted to the breasts through the veins which run directly to them from the womb, to become milk. This is the only reference Galen makes to menstruation in the *UP*, and a similar reticence marks the rest of his physiological canon, though the monthly purges are a prominent feature of his pathological and therapeutic writings. There is, of course, a considerable correspondence, not to say overlap between these genres, however, and it is of particular interest to find Galen developing an argument from nature for the physicians' use of phlebotomy centred around menstruation in the *Peri Phlebotomias pros Erasistraton/On Venesection against Erasistratus* (*Ven. Sect. Er.*), an argument his target, Erasistratus, should have found persuasive since he was counted among those who considered *phasis* to be *technikês*.

Galen rhetorically demands:

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68 Galen *Hipp. Aph.* 7.43 (XVIII A 147-149 K, where Galen also reports that this is why Amazons cut off their right breast, in order to release reserves of strength to the right hand); *Hipp. Epid.* 6 2.47 (CMG V 10,2.2 122,19-23) - *phusikê dunamis*.

69 Galen *Hipp. Epid.* 6 4.28 (CMG V 10,2.2 245,24-29); *Hipp. Aph.* 3.28 (XVIII B 640 K); *Hipp. Epid.* 2 1 (CMG V 10,1 174,16-24 [German translation of unpublished Arabic text]).

70 Galen *UP* 14.8 (II 310,8-313,7 H).

71 See *At. Bil.* 7,15-39 (CMG V 4,1.1 88,2-91,16) for a discussion of menstruation straddling both health and disease.

Does she [nature] not evacuate all women every month, by pouring forth the excess of the blood? For it is necessary, I think, that the female genus, who stays at home, neither leading a life of hard work nor coming into contact with direct sunlight, and because of both these things generating plêthos, should have a natural remedy - the evacuation of the plêthos...If you knew what great benefits the female genus enjoys as a result of this evacuation, and how she is harmed if not purged, I don’t know how you could still hesitate and not eagerly evacuate excess blood by all means.73

Indeed, phlebotomy not only imitates the good deeds of nature in respect to the menses, but also in respect to lactation, conceiving and carrying a foetus and post-parturitive purges; all of these are nature’s way of relieving female plêthos.74

There is thus a blurring of causal sequence to the point where it is best to speak of correlation, as phusis, exploiting the elision between her transcendence and her individual immanence established by the repeated reenactment of any initial creation, responds, has responded and will go on responding, to a flawed female lifestyle which is so absolutely predictable, as it has been and will be, that the response persistently precedes the living. The dim inactivity of female domesticity is as inevitable as the build up of plêthos in a body unexercised and underexposed to the sun, they are both solid foundations on which to construct an explanation for menstruation, as they are causally conjoined through the good intentions of a nature for whom everything is in the present tense, and in a potentially casual relationship with everything else. There is, moreover, nothing but this

74 Galen Ven. Sect. Er. 5 (XI 164 K).

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dual inevitability standing behind this virtuous circle of excess and evacuation. There is
no higher purpose to this surfeit suggested, and this circle contains the best in itself:
where there is regular excess it is best to have regular evacuation. In the UP, on the
other hand, phusis has her sights on a greater goal, the continuation of the species, and
she has instituted both the plêthora and its relief to this end, and therein lies the best.
Indeed, the Ven. Sect. Er. rather suggests that childbearing might itself result from the
poor lighting and lack of hard work characterising the homes in which women spend their
days, being another cunning means of getting rid of any excess. Of course, this is an
essentially polemical text, reputedly a written version of an extempore discourse on the
subject, and it predates the UP, but it illustrates nicely the assumptions with which Galen
was working, the shape of his argumentation and the interchangeability of many of its
parts - the interchangeability of lines of reasoning, of bodily processes, of nature and
habit, somatic and social circumstances - and gives a foretaste of further multiplicities to
come.75

Lactation too is rather more than a prophylactic purge in the UP, and nature's
optimisation of the location of the breasts is fully explained in the book on the thorax.76
Created for the sake of milk, a highly elaborated nutriment, they are ideally placed near
to the heart, the centre of the innate heat, and somewhere well-supplied with good blood,
which thus provide the material and power for milk production; and they offer protection
and insulation to the heart in return, mostly and most usefully in the colder female.
Neither this nor their non-lactation is taken by Galen, however, as an adequate reason for
the non-elevation of the breasts in men, a problem he raises only to defer.77 This
deferral seems to have been permanent, but its significance lies in the unique formulation
of a question in terms of the failure of the male to be like the female. There is,
however, no mention of any female testicular development coinciding with the arrival of
the breasts and katamênia, such as appears in the accounts of the male passage out of
childhood, though there must have been some, for children in general were, by

76Galen UP 7.22 (I 437,13-441,22 H).
77Galen UP 7.22 (I 441,9-12 H); the male breasts and nipples should really have given Galen more difficulty.
definition, without seed.\textsuperscript{78} This is another example of the way that, despite his protestations, Galen fails fully to integrate the female seed into his physiological programme, it being particularly prone to vanishing where it threatens to encroach on the male reproductive role rather than merely bearing a passive and flattering resemblance to him.

The thermal deficit of the innate female krasis which holds this vision together is overlaid and somewhat altered in a passage from \textit{Peri tôn en tois Sphugmois Aitiôn/On the Causes of the Pulse (Caus. Puls.)}, one of the works that compose Galen’s monumental treatment of the human pulse in all its variety and its medical relevance.\textsuperscript{79} For here he provides an exhaustive exegesis of a statement made and referred to elsewhere in his sphygmological writings, namely that:

\begin{quote}
ανδρες μὲν οὖν γυναικῶν ὁς ἐπίπαν μείζονα πολλῷ καὶ σφοδρότερον ωσαύτως πολλῷ καὶ βραδύτερον ὀλίγῳ καὶ ἀραιότερον ἰκανῷ τὸν σφυγμὸν ἐξονσον.
\end{quote}

Men have, in general, a far greater (meizona) and similarly far more vehement (sphodroteron), and slightly slower (braduteron) and appropriately rarer (araioteron) pulse than women.\textsuperscript{80}

His explication starts with a restatement of the principle that the magnitude of the pulse depends on the magnitude of the innate heat, so men being not only hotter but also much hotter than women their pulse will be that much greater.\textsuperscript{81} However, the route to this much hotter male existence is not a simple one, and it is related to the crucial role of the qualifying epipanlin general in the proposition. For the actually existing krasis of any individual is a product not only of the particular mix with which they were born, but also

\textsuperscript{78}e.g. Galen \textit{Hipp. Epid.} 6 1.5 (CMG V 10.2.2 21,3-4). The words belong to Herophilus, but they express a truism.

\textsuperscript{79}For Galen’s pulse-lore generally see T.S. Barton \textit{Power and Knowledge} (1994) 152-163 and C.R.S. Harris \textit{The Heart and Vascular System in Ancient Greek Medicine} (1973) 397-431.

\textsuperscript{80}Galen \textit{Caus. Puls.} 3.2 (IX 107 K) and also \textit{Puls.} 9 (VIII 463 K). These are all technical terms of classical sphygmology: a classical pulse consists in a diastole (expansion), a pause, a systole (contraction) and another pause; both diastole and systole are separately possessed of magnitude, measured in all three dimensions of the artery, of force, and speed, while the length of the pauses determines the density or frequency of the pulse (being either puknos/dense or araios/rare); it is also possessed of a number of other qualities, such as hardness/softness and regularity/irregularity.

\textsuperscript{81}Galen \textit{Caus. Puls.} 3.2 (IX 108 K).
their way of life. So, take a man very phlegmatic (that is cold and wet) by nature and a woman very choleric (that is hot and dry), have him dwell in Pontus and her in Egypt, and let him pursue an idle and dissipated lifestyle, and her, on the other hand, work hard in the open air and follow a moderate regimen, and the woman’s pulse will be greater than the man’s. However, this is the reverse of the normal course of events, because generally the differences in way of life between men and women widen rather than narrow their connate krasic gap. Thus, through female lassitude and male labours, the hotter natal krasis becomes far hotter and the pulse follows. So too with the vehemence of the pulse, where the innately better tonos/tone of men’s arterial coats is further improved by exercise while women’s inferiority is worsened, their poorer arterial tonos further relaxed, by an absence of exertion. But even this is not enough, and woman is now really punished for her earlier presumption, as she is allotted a pulsative faculty only half the strength of a man’s, something which has an impact on the size of the pulse which is additional to that of the innate heat, and she also has to suffer a somatic hexis/state which is completely clogged up with every sort of evil humour and was all squashed up anyway, all of which cancels out any advantage she might have gained from the soft pliability of her arterial coats, and thus her pulse must become quicker and more frequent in order to compensate for its smallness and feebleness, though it only regains part of the ground previously lost.

Thus Galen’s initial generosity, his admission that his generalisations are just that and that the system is flexible enough for a woman to have a larger (and clearly better in Galen’s view) pulse than a man, is buried under an avalanche of actual male superiority in every arena, a superiority which has to be worked on very hard in places, in particular to prevent women from gaining any benefit from the softness of their arterial coats in comparison with the hardness of men’s. It definitely is an avalanche rather than a

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^2Galen Caus. Puls. 3.2 (IX 108-109 K).
^3Galen Caus. Puls. 3.2 (IX 109 K).
^4Galen Caus. Puls. 3.2 (IX 109 K).
^5Galen Caus. Puls. 3.2 (IX 110 K).
^6Galen Caus. Puls. 3.2 (IX 111-115 K); cf. MM 5.7 (X 334 and 336 K).
carefully ordered descent, for *krasis* and *hexis*, *tonos* and *dunamis*, nature and habit, are juxtaposed not articulated or interrelated; precariously piled one on top of the other until the man is so far above the woman that it is a wonder she manages to have a pulse at all. Perhaps most could be traced back to that moment of meeting between the relative heats of seed and womb, but that is not done as Galen seeks to multiply factors in response to the need to explain each differential quality of the pulse as distinctly as possible, and to accumulate degrees of superiority and inferiority. Moreover, in stressing the impact of habit and regimen, of lifestyle, the pulse becomes a moral issue, it is almost as if women have chosen to squander their natural resources, or at least may be censured for their forfeit.

Galen should, in fact, shoulder rather more of the responsibility for women's poor condition himself, for he makes no effort to improve it. His treatise *Hugieión/Healthful Conduct (San Tu.*)*, though couched in entirely generic terms, is clearly for men. In mapping out a healthy life course in which choices must be made about occupations, whether it be soldiering, farming or something more cerebral and elevated, and such choices then affect the ability and inclination to form an ideal attitude to the body and follow an ideal regimen in which the gymnasiu[m plays an integral part, Galen clearly defines the sex of his audience.*77 The inclusion of the menses among a list of habitual evacuations which may be retained in the lead up to fatigue and disease reflects a residual tendency to completeness, nothing more.*88 There are some women who appear in a more fully-formed fashion, but these are the nurses who have oversight of the beginning of this male life course, and whose own regimen is as important as that of their charges, for it determines the quality of their diet.*89 Galen follows common custom in demanding sexual abstention from these women, for, either by provoking menstruation or resulting in pregnancy, good blood that should be going into milk becomes diverted elsewhere.*90

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*77 Galen *San. Tu.* 1.12,6-12 - occupations; 2.8,1-10,12 - gymnasium (*CMG V* 4,2 28,32-29,19 and 59,23-65,5).

*88 Galen *San. Tu.* 4.4,6 and 24 (*CMG V* 4,2 107,30 and 109,25-6).

*89 Galen *San. Tu.* 1.9,1-9 (*CMG V* 4,2 21,34-23,3).

In the commentary on the Hippocratic treatise *Peri Diaitês Hugieinês/On Healthful Regimen (Salubr.)*, Galen cannot avoid the issue of a specifically female regimen, however, as the text says:

\[\text{tàς γυναικας χρη διακτάσθαι τῷ ξεροτέρῳ τρόπῳ καὶ γὰρ τὰ ἔνορα στίκαι ἐπιτηδειότερα πρὸς τὴν μαλακότητα τῶν σαρκῶν καὶ τὰ πόματα ἀκρητέστερα ἀμείνῳ πρὸς τὰς ὑστέρας καὶ τὰς κυτροφίας.}\]

Women should employ a regimen of a rather dry character, for food that is dry is more suitable to the softness of their flesh, and less diluted drinks are better for the womb and for nourishing pregnancy.\(^9\)

Perhaps emboldened by the fact that this section of the work was generally held to be by Polybus, Hippocrates' student and perhaps amanuensis, rather than the master himself (though Galen considered it to be in accordance with Hippocratic *technê*), the commentary contradicts the lemma, or at least qualifies it quite considerably.\(^9\) Women who are wet *para phusin*, that is who have a duskrasic nature or diseased disposition, do indeed require drying, but women are also wet *kata phusin* and this wetness needs to be protected, though it may require moderation.\(^9\) Similarly, men, who are drier than women *kata phusin*, only need to be moistened when they greatly exceed their proper dryness.\(^9\) Galen thus takes the opposite line, not only to this Hippocratic author but also to Rufus of Ephesus, and considers that women should not actively attempt to approximate their somatic *krasis* to men's, but should guard its imperfections, for that is what constitutes health for them.\(^9\) Galen has good reason for taking this approach, for without female imperfection reproduction would not be possible.

This then is how the main explanation of why woman is, and is as she is, runs, it being for the best in the sense that humanity thus comes as close to immortality as possible; a

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\(^9\)Galen *HNH 3.25* (CMG V 9,1 107,3-6). Galen commented on a composite work consisting of the Hippocratic *Nat. Hom.* and *Salubr.* as we know them, acknowledging its uneven, multiple character at the outset (*HNH pr* [CMG V 9,1 7,21-8,18]).

\(^9\)Galen *HNH pr* and *3.pr* (CMG V 9,1 8,16-18 and 89,14).

\(^9\)Galen *HNH 3.25* (CMG V 9,1 107,7-12).

\(^9\)Galen *HNH 3.25* (CMG V 9,1 107,12-16).

\(^9\)See p.172-173 above for Rufus
sacrifice was required and woman is it, continues to live and make it. Of course, that is rather to simplify matters, for this line of argument was an elaborate affair, picked up and worked with at many different points, these points being recognisable as much through family resemblance as through actual advertisement of ancestry, and sometimes threatening to compromise, obscure or otherwise alter each other, but a certain broad consistency has been apparent. Now come other explanations that could be described as alternatives, except that Galen never saw it that way. They are parallel possibilities, parallel causal assemblages.

One such parallel explanation is also presented in the UP, and might lay claim to a kind of formal precedence over all others, though it hardly ties in with the rest of Galen’s writings. For, at the outset of this great teleological show-piece, Galen lays down a set of criteria for optimisation rather different from the consistent compromise between the ideal and the attainable which results from having the material with which phusis must work operate as a uniformly constraining principle upon her freedom of action. Instead he arbitrarily specifies in advance that certain outcomes are best by putting the souls of animals prior to phusis, and instituting them as goals at which she must aim in constructing their bodies - she should, and has, constitute bodies appropriate to their souls, that is optimal. The body is the "organon/instrument" of the soul, Galen announces at the outset of the UP, "and consequently animals differ greatly in respect to their parts because their souls differ". As illustration of the principle that "in every case the body is adapted to the dunainai/faculties and ethē/characteristics of the soul", Galen offers the hooves and mane of the horse, deriving from its swift, proud character, the teeth and claws of the brave, fierce lion, and the unarmed fleetness of the timid hare and deer. To human beings (anthropoi), sophoi/clever, theioi/god-like,
eirēnikoi/peaceful and politikoi/social as they are, phusis gave something rather different; instead of dedicating the human body to a set and singular way of life, she invested it with enormous potential.\textsuperscript{100} Hence, just as reason is an "art for the arts in the soul", the means by which humanity may acquire a whole range of skills rather than be restricted to one innate capability, so the hand is "an instrument for instruments in the body", the means by which humanity constructs and makes use of a whole range of tools and implements for the full living of human life; building houses and city walls, weaving nets and cloaks, raising altars and statues to the gods, making lyres and spears, writing laws and commentaries on the theories of the arts.\textsuperscript{101}

This picture has a certain appeal, but it clearly falls foul of the principle that this system should be self-regulating, in its optimisation above all else, for it immediately begs the question of the design and realisation of the psuchai. Where do they come from if they are prior to phusis and to bodies, and for the sake of what is, for example, the lion’s soul fierce, the hare’s timid, and the human’s clever, god-like, peaceful and social? The implication is some sort of immortality of the soul, not individually but by species, the basic template for the soul of each kind of living creature has a permanent existence, though this does not explain the characteristics of each soul. This certainly was how Rhazes, the great Persian philosopher-physician of the late ninth and early tenth century, understood this passage, and he also saw it as either compromising, or rendering untenable, Galen’s assiduous agnosticism on the question of the soul’s substance and relationship with death.\textsuperscript{102} Galen does have a defence to this, following the kind of careful logical distinctions drawn in the De Sententiis, and he might say that there is an important difference between making a statement which deals primarily and directly with the question of the immortality of the soul and which cannot but be based on unsound foundations, and making a statement that has an incidental bearing on the question, but

\textsuperscript{100}Galen UP 1.2-4 (I 2,11-6,17 H).

\textsuperscript{101}\textit{τοῦ τεχνητοῦ ἐν τῇ ψυχῇ κατὰ λόγον ἐν τῷ σώματι τὸ δημιουργικὸν ἐν τῷ φυσικῷ}. Galen UP 1.4 and 2 (I 6,15-17 and 2,11-3,24 H).

\textsuperscript{102}Rhazes Shukuk (14,10-15,6 Mohaghegh).
which is based on its own, sound, foundations, and he is prepared to make the latter but would be foolish to make the former. Some sympathy with Rhazes' criticism, and his general frustration with this as a way of proceeding, must remain, however.

In the basic outline of the principle that "the body is adapted to the faculties and characteristics of the soul", there was no reference to the sexual differentiation of souls, only to differentiation by species. However, in the eleventh book of the UP when it comes to explaining the hair on the head, and introducing the notion that, in her abundance, phusis may aim at beauty as well as functionality of form, Galen says:

καί γάρ οὖν καὶ αἱ κατὰ τὰ γένεα τρίχες οὐ μόνον σκέπουσι τὰς γέννας, ἀλλὰ καὶ πρὸς κόσμουν συντελοῦσι. σεμνότερον γὰρ τὸ ἀρπεν φαίνεται καὶ μάλιστα ἐν τῷ προιέναι κατὰ τὴν ἡλικίαν, εἰ παντοκύδων αὐτῷ καλῶς αὐτὰ περικέοντο. καὶ διὰ τοῦτο τὰ τέ μήλα καλούμενα καὶ τὴν βίνα ψιλᾶ καὶ γυμνὰ τριχῶν ἡ φύσις ἀπέλειπεν. ἀγριον γάρ ἐν οὕτῳ ἐγένετο καὶ θηριώδες δόλον τὸ πρόσωπον, οὐδαμῶς οἰκείων ἡμέρηκ καὶ πολιτικὰ ἦσσ...ἀλλὰ μὴ καὶ γυναικὶ τὸ ἄλλο σώμα μαλαικόν ἔχουσα καὶ παιδικὸν ἀεὶ καὶ γυμνὸν τριχῶν οὐκ ἐμέλλεν οὐδ’ ἡ τοῦ προσώπου ψυλότης ἀκοσμίς ἔσεσθαι καὶ ἄλλως οὐδ’ ἔχει τοῦτο τὸ ἱφον οὕτω σεμνῷ ἡθος ὡσπερ τὸ ἀρπεν, ὡστ’ οὐδ’ εἶδους αὐτῷ σεμνοῦ δει. δέδεικται γὰρ ἢδη πολλάκις, εἰ μὴ ἀρα καὶ διὰ παντὸς τοῦ λόγου, τοῖς τῆς ψυχῆς θέσει φυσίων οἰκείων ἡ φύσις ἀπεργαζομένη τὸ τοῦ σώματος εἴδος. ἀλλ’ οὐδὲ σκέπισις μέντοι τινὸς ἐδείκτο περίττης τὸ θῆλυ γένος ἀλεξητηρίου πρὸς κρύος οἰκουροῦν τὰ πολλά, κεφαλῆς μέντοι κομώσης ἐδείκτο καὶ σκέπης ἐνεκα καὶ κόσμου, καὶ τούτ’ αὐταῖς ἢδη κοινὸν πρὸς τοὺς ἀνδρας.

The hair of the beard not only protects the jaws but also contributes to their good order (kosmos): for the male seems more august (semnoteron), especially as he grows older, if he has everywhere a good covering of hair.

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104Pace R.J. Hankinson who describes this agnosticism as "remarkable and admirable" in "Galen's anatomy of the soul" Phronesis 36 (1991) 203.
On this account also nature has left the so-called "apples" (cheeks) and nose smooth and bare of hair; for otherwise the whole countenance would have become savage and bestial, by no means suitable for a civilised (hêmeros) and social (politikos) animal...On the other hand, for women, the rest of whose body is always soft and hairless like a child's, the bareness of the face would not be unseemly (akosmos), and besides, this animal does not have an august (semnos) character as the male has and so does not need an august form. For I have already shown many times, if not throughout the work, that nature makes the form of the body appropriate to the characteristics of the soul. And the female genus does not need any special covering as protection against the cold, since for the most part women stay at home, yet they do need long hair on their heads for both protection and good order, and this they share with men.¹⁰⁵

The structure is all too familiar, the male is described as the standard from which the female then deviates, but the manner of her deviation is striking. Women, since they like men have bare cheeks and nose, are presumably admitted to (or at least are not excluded from) the psychically hêmeroi/civilised and politikoi, the latter being one of the defining characteristics of the human soul as they appeared at the outset and the former having been subsequently cited as such (for example as the reason why humans have fewer canine teeth than lions and wolves).¹⁰⁶ Unlike their male counterparts, however, they are not semnos in soul, and therefore need not be in body either. The basic unity of the human psuchê might thus be preserved by constructing a hierarchy of its dunameis and êthè around Galen's rather casual approach to the matter, and understanding there to be a first order identity of soul between the sexes, in those qualities in which the essence of humanity consists, but a second order distinction, where, at the least, men are soulfully semnoi and women are not, and there is space for further variation.¹⁰⁷

¹⁰⁵Galen UP 11.14 (ll 154,4-155,6 H).

¹⁰⁶Galen UP 11.9 (ll 138,2-5 H).

¹⁰⁷Some of the arguments of the QAM could also be accommodated in such a hierarchy, though this would be a contravention of its spirit.
The causal effect of women’s housebound lifestyle seems to be separate from the qualities of the soul, this is *phusis* demonstrating her *pronoia*/forethought on her own account, and it recalls the explanation of menstruation in the *Ven. Sect. Er.*. It is not that she has designed women for domesticity, but that, knowing in advance that this will be her lot in life, she has responded accordingly. So too in the case of the soul, the concealed cultural value judgement that classifies women as not *semnoi* is not caused by nature, but acts causally on her. *Phusis’* knowledge that beards are better, a verdict with which not all Romans would have agreed, even under Marcus Aurelius, functions slightly differently, recuperating the optimisation criteria for the system itself. She may be inherently correct either because of her own inherent correctness or because of the inherent correctness of her view itself, either way nothing else is required and Galen is unconcerned. The best lies in the beard itself, not in matching some aspect of human physical formation to some aspect of human social formation, the value of the latter being left outside the demiurgic circle. In none of these cases, however, is the concern to naturalise the conventions of the Roman sexual order, but rather to bring these conventions to bear on nature, and through her, on the physical order of humanity. Nor is this naturalisation’s mirror image, but a way of tucking in loose ends, of ensuring that everything about the human being, down to the last hair, has an *aition di’hol/a* cause for the sake of which, and the reason that cultural configurations are available for use in this way is that they are no less secure than physical ones, no less fixed or variable, no less a part of what it is to be human, what is in the world, and there is nothing at stake in the direction in which the argument runs between the two.

The relationship between this line of soulful and social division between the sexes and that of imperfection and coldness is expressed through the passage that immediately follows that just quoted:

\[ \text{ἄλλα μὴν καὶ δι’ ἄλλην τινὰ χρείαν ἀναγκαίαν αἰ ὑπὸ τῶν γενείων}
\[ \text{εἰσὶ τρίχες ἡμῖν αἰ ὑπὸ τῆς κεφαλῆς. ἔτειδη γὰρ ἢ ἐκ τῶν χυμῶν}
\[ \text{ἀναλυμίασις ἐπὶ τὴν κεφαλὴν ἀνάφερεται, μᾶλλον τοῖς παχυτέροις}
\[ \text{αὐτῆς περιττώμασιν εἰς τροφὴν τῶν τριχῶν ἡ φύσις καταχρήσται. ἔτει}
\[ \text{δ’ ἀνδρᾶσιν, εἰς δόσιν θερμότεροι γυναικῶν, εἰς τοσοῦτον καὶ ταυτὶ τὰ}
\[ \text{περιττώματα πλεῖο, διττὴν καὶ τούτως κένωσιν ἐξεύρεθαι ἡ φύσις, τὴν}

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τ' ἐκ τῶν τῆς κεφαλῆς τριχῶν καὶ τῆν ἐκ τῶν κατὰ τὰ γένεια.

But it is also on account of another necessary usefulness (chreia) that we have hairs both on our jaws and head. For, since the exhalation from the humours is carried up to the head, phusis employs the thicker residues especially for the nourishment of the hairs. So, in men, who have as much more of these residues as they are hotter than women, phusis has devised these two evacuations, that from the hairs of the head and that from the hairs along the jaws.\(^\text{108}\)

There is thus a conspiracy of causes, final, efficient, material and instrumental, all producing male beards and their female lack, and there are now a number of reasons why, ultimately, this is for the best: it is better in respect to the soul, way of life and internal economy of the body and phusis mediates between all of them, obviating the need for any more precise articulation. All may coexist and collaborate, none are counterposed.

Outside the UP another, testicular, avenue to sexual differentiation is opened up in the Sem. where Galen refutes those who considered the testicles to contribute nothing to the production of seed but allocated this task among the surrounding vessels instead.\(^\text{109}\) He does not stop at merely proving the contrary position but goes on to demonstrate that the testicles have a power that greatly extends beyond this manufacture. For it is not just semination that ceases on castration, but males lose their andreia/manliness and arrenôtes/maleness and females their thēlutēra/femaleness.\(^\text{110}\) Now in what exactly each of these things consists is unclear, for the passage is primarily polemical rather than positively constructive and Galen has particular difficulty maintaining some kind of symmetry in the matter, if (as he does at one point) he describes castration as a kind of coldening and feminisation, then where does this leave those who started off female, for instance, and lacking in any sexual impulse seems to be the only specific answer given;
but that whatever it is depends on the presence of the orcheis and a dunamis dispersed by them throughout the whole body, as sensation and motion are dispersed by the brain to the whole body through the nerves, is plain. As Galen summarises:

This dunamis is the cause of robustness and maleness in males and of femaleness in females. And on account of this the female animal (zōon) whose testicles have been excised becomes similar to the castrated male. For all the other parts have the same dunameis in both, and when they have lost what was special (exaireton) to each, that part by virtue of which one of them was male and the other female, what they have left is identical, just as if at the start they had been generated neither female nor male but some third kind, different from both, and not the same as either of them.

And he returns to the same point at the very end of the work, taking pride in having demonstrated that the orcheis alter the whole body, and that on account of them "it becomes male and female, being, according to its own nature, neither male nor female".

Again the male is the standard, either castrated or complete, and he has one positive characteristic, robustness, whereas the female has nothing except her femaleness. This is also a very emphatic formulation in which everything except the orcheis and their dunameis is the same in men and women and their removal produces a kind of reversion.

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111Galen Sem. 1.16,15 (CMG V 3,1 136,9-11).

112Galen Sem. 1.16,16-19 (CMG V 3,1 136,11-19).

113Ἐγραφαὶ δὲ ἀντὶ τῶν ἄρρην τε καὶ θῆλη, κατὰ τὴν εὐανείαν φύσιν οὐτ' ἄρρην ἄρρηχον οὐτὲ θῆλη Galen Sem. 2.6,31 (CMG V 3,1 204,19-21).
to a unitary, sexless substratum, to a body that is, as it itself once was, neither male noremale; and objections can be raised within the Galenic framework, for the testicles are
not so peculiar to each sex elsewhere and what about the *krasis* and its heat? The *Sem.*
does predate book fourteen of the *UP*, which makes reference back to it, both to
reinforce and rely on its contents, but it postdates the lost work *Peri tēs Hippocrateous
Anatomēs/On the Anatomy of Hippocrates* in which the thermal differential between men
and women was certainly elaborated, so the divergence is not simply developmental, and
Galen clearly considered that there was room for both understandings within the broad
compass of his system, without making any particular effort at their reconciliation.\(^{114}\)
Indeed this is part of a general pattern in which his treatises were basically juxtaposed
to, or superimposed on, rather than actively integrated with, each other. He admits error
on one point only, revising his view on the order of formation of heart and liver in the
foetus, though he did recognise (somewhat grudgingly on occasion) that his sprawling
textual network required a certain amount of summarising.\(^{115}\) Otherwise there is
basically a process of accumulation in which nothing is rejected, but some things are
reiterated, rewrought and expounded upon more than others, creating a kind of
sedimented centre and more fluid periphery.

Galen’s woman, therefore, inhabits a world of, is a product of a system of, aetiological
abundance. Her existence, her characteristics, or her characteristic lack, as it and they
appear scattered across his rendition of the medical art, can be assembled in an
explanatory form in a number of ways. In the end, she is, and is as she is, because it
is for the best, but the best is inconstant in its constancy, always attained but differing
in the means to its attainment and in what that attainment actually consists, a permanent
form is filled with variable substance. Galen’s most successful explanatory scheme -
gathering up most of the phenomena in its embrace, consistent not just with them but
with the key concepts and themes of his system more widely, cosmologically congruous
and socially sympathetic - was that which cast the sexual division of humanity as

\(^{114}\)Galen *UP* 14.11 and 14 - references to *Sem.* (II 320,3 and 13; 336,22 H); *Sem.* 1.7,12 and 2.5,38 - references
to the *Peri tēs Anatomēs Hippokratos* (CMG V 3,1 88,12 and 186,19).

\(^{115}\)See V. Nutton "Galen’s philosophical testament" in J. Wiesner (ed) *Aristoteles Werk und Wirkung II* (1987) 27-51
for this admission of error and acknowledgement of varying interpretations of his works (due to a failure of his
readership not authorship).
necessitated by an approximation to immortality which preferred duality and embodied it according to a hierarchy of heat, which is to say a hierarchy of perfection. The others have a more limited ambit, in the works and the world, they do not join up so much, are less consistent and congruous, but they should not, therefore, be ignored.

In this abundance, Galen's aitiology corresponds perfectly with the requirements of the persuasive programme on which he is permanently embarked. He operates in a cultural context in which completeness and comprehensiveness were virtues which far outweighed the strictures of succinct singularity, of clarity and focus, of well-ordered precedence; in which good systems of thought were systems of plenitude and proliferation, not austerity and restriction, in the medical art as much as anywhere else. Winning arguments was a question of quantity as much as quality, it involved being able to make more divisions, cite more authorities, give more reasons than an opponent, as well as the appropriateness and force of the points themselves. Galen's works and ideas jostle together in a crowd, a jostling that later readers became uncomfortable with, while contemporary audiences concentrated on the crowdedness. Basic unity and control had to be maintained, and there were further gains to be made in degree of cohesion and respectability of appearance, but maximisation was the real name of the game. Galen met all these criteria, and bound them up together in a package of added potency and personality through the agency of the proënetikê phusis; the product of her own historical plausibility, she also rendered her own product all the more historically plausible. Under her auspices, diversity and multiplicity powerfully flourished in a unified and regulated environment where coherence, recurrence and the synonymity of extension and inclusivity were all rewarded, and her auspices were attractive in themselves, accessible and comprehensible to the Roman elite.

The proënetikê phusis enables and empowers a unified and regulated aitiological abundance by means of her temporal and locational ambiguity, her outstanding causal efficacy, and her stubborn optimisation of her given material circumstances. She mediates between, mutually implicates and explicates, all the parts of what is (including

\[\text{This is part of the general argument in T.S. Barton Power and Knowledge (1994).}\]

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all the causes) and in doing so she holds everything on a single, synchronous surface, as it waits for her to make her selections, to pick up some of the pieces before her and construct causal assemblages from them. For her, everything is simultaneously contiguous, that is in a potentially causal relationship with, everything else, and the aetiological arrangement is hers to make, according to her guiding principle. Through the pronoia of the demiurge, female domesticity and beardlessness become contemporaneous, causally conjoined, and placed alongside the compromised immortality of human reproduction and woman’s imperfection, with its thermal deficit and lesser need to extrude humoral residues through the head, together with the failures of the female soul, the dunameis of the orcheis, and much else. All can coexist and collaborate as ways in which phusis has wired up the world for the best, and it is, in a sense, Galen’s duty to enumerate them all, his duty both to that divine providence, to truth, and to the more mundane providence with which he wished to surround himself in his life and career. And though some parts of this plenitude may be privileged more than others, the effects of some causal assemblages may be dispersed further than others, connections more closely and repeatedly made, this produces a certain overall pattern of stress and significance, but not any kind of absolute, or actually vertical, order.

The wider attraction of these same auspices resides in what drew Galen, the overeducated son of a culturally ambitious Pergamene landowner, to them in the first place; for they are the means of his own projection of the world he absorbed. Galen and his demiurge are very much each other’s creations; not ex nihilo but out of the substance of tradition. In his search to make the cosmos intelligible to himself and others, Galen (like his demiurge) had to make do with the material provided, with the world as he found it, and he was thus forced to acknowledge its artificer and, at the same moment, to endow that entity with the same rationality as he had just exercised, and was still exercising. The foreknowledge of phusis is Galen’s hindsight, worked out in personally and culturally satisfying ways which his audience would also find comprehensible and reasonable, if not so absolutely compulsive as their author. That what is is for the best is a sensible and fecund founding principle, especially for an aristocracy; it is not the only way of understanding things, but it is a rather pleasant one.
The regulative rationality in which Galen, his demiurge, and his audience all collude is perhaps particularly evident in the constitution of woman as an object of medical knowledge. Here a hindsight further removed in time and social situation sees a cluster of unjustified assumptions patently protruding through the edges of this world view, of offences perpetrated against the principle of self-conformity (even as loosely interpreted as it was by Galen); of absolute arbitrariness become consistently constitutive. Several things are left, naked but completely unembarrassed, behind Galen's totalising thinking as he articulates it, are deeply embedded in the discursive matrix through which his rendition of the medical art is produced, without any kind of explanatory gesture; they are the givens of Galen's medical cosmology. Female inferiority, her imperfection in the face of male perfection, is one of these. It would be a reading against the text of the UP to suggest that what he explains is why there has to be one perfect and one imperfect partner in any procreative enterprise, and it just so happened that the lot of imperfection fell to the female. The identity of perfection and maleness, of imperfection and femaleness, was clearly there all along, shaping the structure of the argument, met halfway by the exigencies of the reproductive duality it has itself called into being in a messy corroborative embrace, no more.

The male standard, superior in his absolute humanity, is all pervasive, and institutes women as essentially embodiments of lack. Galen finds it hard to name any positive female qualities, not positive in the sense of their worth, but positive in the sense of having actual substance, of not being the mere negation or diminution of something male. She lacks heat, is not semnos, has no beard, is unexercised, unexposed to the sun, and globally deficient in perfection. Even her excess is really about lack, as is the configuration of her generative parts. The dunamis dispersed from her orcheis is entirely devoid of any content except femaleness itself. She is wetter than the male, however, and exceeds him also, less explicitly but perhaps more importantly, in her fixity. Wetness is an obvious disadvantage, and fixity no less so given Galen's conception of humanity as a bounded set of potentials, unique and preeminent in all creation for their flexibility. Thus both what she is fixed as, and that fixture itself, take her towards the brute animals on the scala naturae.
Men are confronted with certain life choices, choices in which their bodies are inevitably implicated; women are not. Such variation is dangled enticingly before her in the *Caus. Puls.* only to be cruelly whipped away and returned to the man with devastating effect. Mostly women's fixity of life is such, at least in respect to her domesticity, that it takes on an explanatory force. Galen evinces no interest in justifying women's circumscribed existence, it is already so fixed that he uses it to justify other, less self-evident, things, things about her physical make up and functioning. Lack of self-evidence should not be confused, however, with lack of fixity as such; women's lack of beards is no less certain than their domesticity, but it requires an explanation while the latter does not. This differential requirement resides in the remit of Galen's discourse, its medicality, its particular teleological formation. Given the terms and objects of his project, Galen needs to explain beards and their absence (or at least gains through such an explanation), but has no such need to explain why women stay at home, and instead can take this generally acknowledged, self-evident, truth of female existence, that they do, as explicative. There are thus two lines of rupture between then and now, first that it did subsequently become the business of medicine to explain why women stay at home, in a certificatory sense, and second that domesticity and circumscription ceased to be an acknowledged, self-evident truth of female existence among the people that matter; and the two are surely, but surely not simply, linked. For the moment, however, Galen must be kept within the confines of his own world.

THE DISEASED WOMAN

To be diseased, as all Greeks know, is to have some bodily *energeia/ activity that is impaired.* This impairment itself arises from a diseased *diathesis/ disposition of the body, in whole or part, which in turn arises from certain *aitia/ causes, and it may be

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117Not all men are confronted equally with this choice, as will become clear later (see p.286 and 290-292 below), but those denied it are never reprehended in the way that women are.

118This general acknowledgement need only be among the people he is addressing and may be entirely at odds with actual female lifestyles.

119Galen MM 1.5 (X 39-42 K).
accompanied by a number of other somatic alterations not actually involved in the damage itself; all these conditions and occurrences are, however, definitely para phusin. These four key categories are subject to considerable discussion and the inevitable diatresis in Galen's extensive pathological writings. Aitia are either prokatarktika/antecedent, that is external to the body, like overeating, proègoumenal/preceding, that is an internal somatic state brought about by these antecedents, such as plethora, and themselves activating the sunektikal/containing causes, which are present simultaneously with that caused, such as the tightening of the choroid coat that produces looseness of the pupil in the eye. Diseased diatheseis are initially six fold, since activities depend on the krasis of the relevant homoeomerous body, the formation, number, magnitude and configuration of the parts composing the particular organ, and the cohesion of both these simple and compound bodies, and may be further classified in a variety of ways, one of the most important of which was periodicity. In a more concrete sense they are things like inflammation, a duskrasia of heat, and ulceration, a breakdown of continuity. Symptoms are differentiated not just according to the key distinction between those that are activity-based, such as not being able to see and having immoderate bodily excretions, and those that are not, such as redness and pallor; but also according to the type of activity impaired, and according to their own causes.

It is the diathesis that Galen prefers to think of as the disease itself, and to a certain extent that then puts him at odds with patterns of common linguistic usage and understanding about illness, at least in respect to conceptions of individual diseases rather

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120e.g. Galen MM 1.8 and passim (X 63-67 K).

121e.g. Galen Caus. Puls. (IX 2-3 K); MM 1.8 (X 65-67 K); Peri Aitiôn Sumptômatôn (Sympt. Caus.) 1.2 (VII 93 K); and the aetiological treatises CC and CP. See also R.J. Hankinson "Evidence, externality and antecedence" Phronesis 32 (1987) 80-100 and "Galen's theory of causation" ANRW II 37.2 (1994) 1755-1774 for discussion of this complex, and inconsistently articulated, area of Galenic thinking.

122Galen e.g. MM 2.6 (X 125-126 K); San. Tu. 1.1,3 and 1,4 (CMG V 4,2 3,13-17 and 7,27-34).

123Galen MM 2.3 (X 86 K). Inflammation is a key concept in Galenic pathology which is very hard to pin down, whatever else may also be involved, however, it always means an excess of heat.

124Galen MM 2.3 (X 86 K); and see also Peri tôn Sumptômatôn Diaphoras (Sympt. Diff.) and Sympt. Caus.
than disease as an undifferentiated concept. Familiar ailments such as pleuritis, phrenitis and fever are compound entities, conglomerations of feelings and indications, and likely to remain so in the popular imagination even if Galen were able to reduce their complexity to a singular diseased disposition in each case. He wants categorical purity, however, not miscegenation. If disease were seriously considered as an aggregate of causes, bodily states and symptoms, then it would be a terrible muddle and the thing called disease would be effectively rendered causeless and symptomless. Proper understanding requires that these things be kept separate, and this is not just purity for its own sake but with a definite purpose, for it is at the diseased disposition that therapy must be directed to achieve the goal of the medical art. This means, nonetheless, that the classification Galen develops from his notion of disease itself is essentially analytical rather than identificatory, it produces not diagnosis as customarily conceived of - as a kind of labelling, but an account of all the elements contained in each of the categories he employs, which can then be regrouped under these diagnostic labels. There is thus a certain mismatch between Galen’s more abstract nosological texts, and the division that starts from the concept of disease itself, and his more practical diagnostic texts, as they work towards a synthesis of signs taken from a body pre-divided by anatomy and preconceived physiologically.

In his most abstract elaborations of the diairesis of disease, Galen is able on occasion to assume the human subject of his nosological exposition, to be male; or at least to display a preference for male examples of any given type of condition or event. The Peri Diaphoras Nosèmatôn/On the Distinction between Diseases (Morb. Diff.) as it works out its classificatory schema, for example, makes reference to the foreskin and a generative and genital configuration which is incapable of properly inseminating a female, but to no womanly features; while the short treatise Peri tôn para Phusin Onkôn/On Swellings contrary to Nature (Turn. Pr. Nat.) which covers a significant subgroup of diseased dispositions, treats the terminology of various swellings and hardenings of the scrotum and its contents in some detail, even commenting on points of pronunciation, but omits

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125Galen MM 1.2 (X 78-81 K). His preference is heuristic rather than absolute.
to mention any manifestations of these things on peculiarly female places.\textsuperscript{126} This is not universally the case, the female flux makes a fleeting appearance in the work \textit{Peri tôn Sumptômatôn Diaphoras/On the Distinction between Symptoms (Sympt. Diff.)}, for instance, and in the \textit{Peri Tromou kai Palmou kai Spasmou kai Rigous/On Tremor, Palpitation, Spasm and Rigor (Trem. Palp.)}, which is a rather fuller typological text, women occur more than once, mostly via Hippocratic cases and comments, but also because they are the main representatives of a form of mild, phlegmatic rigor (especially if they lead an indolent life and take baths after meals).\textsuperscript{127}

However, there is a clear contrast between these texts and those which track the contours and contents of the human body more closely. In these it seems to be a point of principle that this body should be a composite of all the parts, activities and functions present in either sex that might be implicated in disease. Not only do things female appear at the appropriate places in the various somatic sequences in the \textit{Peri Aitiôn Sumptômatôn/On the Causes of Symptoms (Sympt. Caus.)}, for instance, but it is also implied that to omit them or otherwise gloss over humanity's sexual division would be fallacious and leave any work incomplete.\textsuperscript{128} In the coverage of symptoms consisting in the quality or quantity of various excretions, Galen remarks that while excretions of blood are generally qualitatively \textit{para phusin} and therefore indicative of disease, this is not true of the womb where the relation of outflow of blood to the norm of nature must be judged quantitatively, suggesting that to ignore the existence of female peculiarities is to fall into error.\textsuperscript{129} A point that is reinforced in the Hippocratic commentaries where Galen has a tendency to fill in gaps left by the assumption of a male object of medical interest. For instance, in the commentaries on the \textit{Peri Diaitês Oxeôn Nosêmâtôn/On Regimen for Acute Diseases} (another treatise held by Galen and others to be Hippocratic rather than

\textsuperscript{126}Galen \textit{Morb. Diff.} 8 and 10 (VI 863 and 870 K) and \textit{Turn. Pr. Nat.} 15 (VII 729 K).

\textsuperscript{127}Galen \textit{Sympt. Diff.} 1.6 (VII 80 K); \textit{Trem. Palp.} 5, 6 and 8 - Hippocratic case history of female slave; Hippocratic aphorism; women as more susceptible with a local female case (VII 602-604; 613; 635 and 636 K). \textit{Tromos, palmos, spasmos} and \textit{rigê} are all controversial technical terms which Galen defines as forms of involuntary bodily movement which are \textit{para phusin}, that is they are movements involving muscles and nerves that would be involved in voluntary motion, but control has been lost through disease.

\textsuperscript{128}Galen \textit{Sympt. Caus.} 1.6 and 7; 2.3; 3.11 (VII 126-7; 132-134; 139; 166-169; 264-266 K).

\textsuperscript{129}Galen \textit{Sympt. Caus.} 3.9 (VII 252-253 K).
by Hippocrates) Galen adds the womb and a bleeding nose to a lemma's list of the mouth, bowels, bladder and sweating as possible routes to the resolution of disease in order to endow it with the universality and exhaustivity it had falsely claimed.  

The most substantial work of this latter type is the *Peri Peponthotôn Topôn/On the Affected Places (Loc. Aff.)*, an essentially diagnostic work which advises how the particular part which is diseased may be identified from the disparate symptoms displayed in any case; an especially difficult procedure when it entails an inward reading, linking visible outward signs of sickness to their invisible, internal sites of origin. The treatise is organised in a more orthodox head-to-toe manner, and includes a whole section on the womb as the generic narrative divides after the bladder. This passage pulls, or at least puts, together various themes that appear in a more abbreviated or dispersed form in other works and is thus worth examining in some detail. Indeed, it has been suggested that it pulls them together according to a basically Hippocratic pattern, making female health dependent on her reproductive functioning, that is on a fit uterus, regular menstruation and childbearing. Monica Green certainly argues that there is, for Galen, a very close correspondence between generation and health in women, citing a passage from the *Loc. Aff.* as implying that "when the womb is healthy so is the woman, and when the woman is healthy so must be the womb".  

The sequence in the *Loc. Aff.* opens with an expression of indifference over whether "the organ given to women by *phusis for kuêsis*" is called "*hustera*" or "*mêtra*", either in the singular or plural, or whether a certain affection of it is called "*husterikê pnix/uterine suffocation*" or "*apnoia husterikê/uterine cessation of breathing*"; it is, however, this affection which he then proceeds to discuss. The first problem is whether it is really possible for the women most seriously afflicted by this condition actually to cease breathing and still survive; and Galen concludes, by analogy with hibernating animals, that it is. These women have become so cold that they have stopped respiring through

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130 Galen *Eis to Hippokratous Peri Diaitês Oxeôn Nosèmatôn Hupomnêmatas* 4.80 (CMG V 9,1 337,30-338,2).


132 Galen *Loc. Aff.* 6.5 (VIII 413-414 K). This chapter will now be outlined in sequence, and further references will be given only for direct quotations.

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the mouth and do so only through the arteries, or have almost done so, rendering their radically reduced breathing just as imperceptible. The second problem is then how the body gets so cold in these cases, which requires an investigation of the preceding causes of the affection. On this Galen says:

"ομολογεῖαι τότε τὸ πάθος γίγνεσθαι ταις χηρευόσσαις ἐπὶ πολὺ, καὶ μᾶλλον ὅταν ἐν τῷ πρόσθεν χρόνῳ καθαιρόμεναι τε καλῶς καὶ κυσκόμεναι, καὶ ταῖς πρὸς τοὺς ἀνδρας συνούσαις χρώμεναι,

σπερματος ἀκάντων αὐτῶν. τι ἂν οὖν τις ἐκ τούτων ἔχων

συλλογίσασθαι πιθανῶτερον τοῦ διὰ τὴν ἐπίσχεσιν τῶν καταμηνίων ἢ τοῦ σπέρματος ἐπιγίγνεσθαι ταις γυναιξι ταύτας τὰς ὑστερικὰς

ὄνομαξιμένας διαλέεσθαι, εἰτ' ἀποικοῦσι τινες, εἰτε πνεύματε, εἰτε καὶ συνολκαί τινες τύχοι οὕτως; καὶ μᾶλλον ἵσως διὰ τὴν τοῦ σπέρματος ἐπίσχεσιν, ἐπειδὴ τότε μεγάλην τε δύναμιν ἔχει καὶ ταῖς γυναιξιν ὑγρότερον τε καὶ ψυχρότερον ἐστιν, ἀποκρίνεσθαι τε δεῖται ταῖς

φύσει πολυσπέρμοις, ὡσπερ καὶ τοῖς ἀρρεσί.

It is generally agreed that this affection occurs, for the most part, in widows, and especially when those who previously used to menstruate and bear children well, and who were accustomed to sexual intercourse with men, when they are deprived of all these things. And so, what more persuasive conclusion could be drawn from these things than that these so-called uterine dispositions occur in women because of the stoppage of the menses or the seed, whether [the dispositions] happen to be apnoic, suffocatory or convulsive, and probably more through a stoppage of the seed, because this has a great dunamis and is both wetter and colder in women, and it is necessary for women who abound in seed by nature, to excrete [it], just as it is for men also.133

These men have also become ill through a sudden change in sexual habits, when abstention follows regular relations, and particularly so when the men in question are, in nature, replete with bad humours and lead an indolent lifestyle. So Galen is driven to the view that the seed itself demands its own expulsion in some kind of sexual act, that

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133Galen Loc. Aff. 6.5 (VIII 417 K); cf. Comp. Med. Loc. 9.10 (XIII 319-320 K). Diff. Resp. (VII 959 K) suggests, following Hippocrates, that atokoi women (who have never borne children) as well as widows are prone to apnoia, and at Hipp. Epid. 6.8 (CMG V 10,2,2 506,) Galen generalises from a case in which a husband’s exile following prolific child production has lethal consequences.

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this is especially so for those rich in seed by constitution or habit, and thus it is especially
dangerous when they fail to meet these demands; and, moreover, that it is this need to
remove the irritation of accumulating seed, not pleasure, that should regulate the sexual
activity of the sophron/wise.

That it is the retention of bad seed rather than the katamēnia that is most harmful is
further demonstrated by the story of the long-term, but implicitly menstrually regular,
widow who, when treated by a maia for a contracted womb and various other ailments,
responded to the manual application of the customary remedies to her genitals by
ejaculating an abundance of thick seed; an ejaculation accompanied simultaneously by
"the pain and the pleasure of sexual intercourse", and which released her from the pain
afflicting her.134 Indeed, not only can menstrually sound widows develop uterine
symptoms, but they do so more severely than non-widows whose menstruation has
become suppressed. Galen also reinforces the point that a very small amount of
something can drastically effect the whole body by reference to the stings of scorpions,
bites of rabid dogs and poisonous pharmaka.

The category of the merely menstrually suppressed, however, poses a further problem,
which is whether any movement of the womb is implicated in these affections, in
particular whether it is causally implicated in the interruption of respiration. Galen
accepts that the neck of the uterus becomes demonstrably distorted in many such cases
but absolutely denies either a Platonic (and Aratean) vision of the womb as an animal
eager to bear children and dangerously mobile when frustrated, or a more mechanistic
notion of the womb being put into motion by its own desiccation and subsequent need to
obtain moisture from other vessels.135 This is nonsense, says Galen, even those
ignorant of anatomy must see that the expansion of the uterus during pregnancy causes
no such massive disruption, and that the womb is amply supplied with blood and located
in a moist region so it has nothing to gain by moving, especially to the dry diaphragm.

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134 ηδόνις δυσοίδοις μηκός κατά τίς συμμορίας Galen Loc. Aff. 6.5 (VIII 420 K); the same story
is told to different effect at Sem. 2.1,25-16 (CMG V 3.1 150, 6-11). The coyness and circumlocutions used in Galen’s
telling of this tale contrast with the openness with which he tells the story of Diogenes’ public masturbation while
awaiting a prostitute just above it.

135 For Arateus see p.161 above. Galen only refers to Plato, citing Tim. 91b7-c7.
Rather, the uterus is subject to torsion when the ligaments holding it in place are unevenly shortened by the congestion in the blood vessels that abutt them, this congestion being the result of menstrual retention, as the katamenial material is unable to gain access to the womb and the outside world. This kind of lateral displacement of the uterus is, therefore, not a cause of anything, but a symptom of an underlying menstrual disorder, the other signs of which include heaviness, nausea, lack of appetite, shivering, back and head pains, fever and urinary problems. And here comes the passage cited by Green:

And so when you see something of this kind in women, suspect the root of it to be in respect of the womb. And even when an excretion of blood or phlegm [occurs] from some other part of the body, or erysipelas develops, it is necessary to enquire about the monthly purges, for no one with perfect menstruation is affected by these things. And so, on the whole, these symptoms follow upon stoppage of the monthly purges.136

Galen completes the chapter by describing the "female flux", which he sees as a means of general somatic purging, like that through the kidneys, to which soft-fleshed and phlegmatic women are particularly prone, and thus usually entirely independent of any affliction of the womb; and also discusses some kinds of miscarriage.137 The following (and final) chapter covers priapism and gonorrhoea as both implicitly and exclusively male, and it involves Galen in a lengthy disquisition not just on the ideal arrangement of the (male) genitals, but also the innateness of their inflationary faculty.138
interest than the womb. Here again changes in habit may have a harmful effect on health, priapism may result from sexual abstinence contrary to customary conduct. That it is the change not the abstinence itself that does the damage is illustrated by those who, on account of athletic or vocal training, have lived entirely unacquainted with aphrodisia, either real or imaginary, and have not suffered any ill-health as a result, though their genitals become weak and shrivelled. Those who launch themselves eagerly on their sexual career early in life, on the other hand, broaden the blood vessels flowing to these parts and increase the sexually appetitive dunamis.

What is most striking about this uterine section is that it is actually not about the womb at all. There is virtually nothing in it about the classic diseased dispositions of the uterus itself, such as inflammation or ulceration, instead the narrative focuses on two, overlapping, sets of symptoms which have been labelled "husterikê" but which Galen wants to refigure in terms of the failure of certain kinds of material, seed and katamênia, to ever reach the womb and the somatic exit it provides. Retention of seed is entirely related to having a sexual history but no sexual present, and, though in the Sympt. Caus. the constitution of the body of the uterus itself, if it is too dense and hard, is cited as a potential cause of katamenial containment, it is only the two other possible areas of failure, the substance of the katamênia itself, if it is too thick, and the formation or condition of the blood vessels anastomising into the womb, if they are too narrow or closed, which appear in the Loc. Aff.. The womb may become symptomatically distorted, but it seems actually to be the root of nothing; it may be a barometer of female health, but no more. Galen’s precise formulation, however, traces the range of symptoms he outlines in connection with menstrual suppression back to somewhere or something "kata tas metras"/in the region of, or relating to, the wombs", rather than the mêträi themselves, and he clearly does consider the processes for which the womb was a channel or vessel to be of vital importance in women’s health. Female seed is deeply

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139 Galen Loc. Aff. 6.6 (VIII 450 K).
140 Galen Loc. Aff. 6.6 (VIII 451 K).
141 Galen Loc. Aff. 6.6 (VIII 451 K).
142 Galen Loc. Aff. 6.5 (VIII 429 K) and Sympt. Caus. 3.11 (VII 264-265 K).

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dangerous, and even when the structure of the *Loc. Aff.* is taken into account, for it is about attributing multiple signs to a single source and the list of symptoms of katamenial containment, long as it is, pales in comparison (and has some items in common) with the list of indications of, for example, a diseased liver; the correlation between female health and perfect menstruation is strongly stated.\(^{143}\)

This correlation can also be reinforced from elsewhere in Galen's oeuvre. He makes his most extravagant claims in the *Ven. Sect. Er.*, where the "well-purged woman" in unaffected by *podagra, arthritis, pleuritis, peripneumonia, epilepsy, apoplexia, apnoia, aphonía, phrenitis, lethargia, spasmos, tROMOS, tetanos, melancholia, mania, spitting and vomiting blood, kephalaia, sunanchic suffocation, and any other major and serious disease.\(^{144}\) There is not much left, and at other times he is more circumspect and stipulates also that this immunity is additionally dependent on leading a decent life.\(^{145}\)

The basic point is a valid one, however, as, in conceptualising health as a balance, and excess as the main form of imbalance, Galen obviously opens the way for menstrual immunity to most, if not all diseases of this kind.\(^{146}\) This, of course, depends on understanding the monthly purges as essentially flexible, evacuating what needs to be evacuated in any particular situation not the same each time regardless, but Galen, with his notion of the nature immanent in each individual, clearly has no problem in doing so, and thus actually suggests that the menstrually regular female is in a stronger position in respect to disease than the ordinarily perfect male.

There is, however, an obvious downside to all this, for, as creatures of intrinsic, of ineluctable, excess, female fortunes are tied to the regularity of their monthly purges in

\(^{143}\)On the symptoms of a diseased liver see Galen *Loc. Aff.* 5.7 (VII 348-349 K). All of this must be understood in the context of the classical doctrine of sumpathia, so, for example, he speaks of stomachic suffocation, in which an affection of the gullet may cause epileptic fits, fainting, mania and melancholy (*Sympt. Caus.* 1.7 [VII 137 K]).

\(^{144}\)Galen *Ven. Sect. Er.* 5 (XI 165-166 K).

\(^{145}\)See e.g. Galen *Hipp. Aph.* 6.26 and 27 - where the first passage about dissolute modern living rather qualifies the second's explanations of menstrually regular women's immunity to *podagra*, a disease which included gout within its compass and resulted from excess humours settling in the feet (XVIII 43 K), and *Hipp. Epid.* 6 7 - where female immunity to chest and lung diseases is attributed to the fluid taken directly from this region by the monthly purges as long as they do not squander this good fortune through indolence (*CMG* V 10,2,2 394,36-395,21 [German translation of unpublished Arabic text]).

\(^{146}\)As Hippocrates had before him, see L. Dean-Jones *Women's Bodies in Classical Greek Science* (1994) 136-146.
a way that male dependence on regular exercise, habitual haemorrhoidal evacuations, customary venesection or the like, can only artificially approximate. This reliance, and the particular seriousness of accumulating cold and wet *katamēnia* or colder and wetter seed in an already colder and wetter body, all stem from woman’s essential imperfection, her crucial contribution to the generic immortality of humanity; but it is really only at this aetiological level that reproduction enters the equation. For though it is the cessation of childbearing as much as anything else that bears down on these sickness-prone widows, this is childbearing as a habit not as a constitutional necessity, as a sign that this surplus system was working not that it should work, and it is something that could have been avoided if the women had not embarked upon the reproductive road in the first place. While Galen implicitly acknowledges this possibility, he does not seem to entertain the further one that a widow might, remedially, become sexually active again, at least beyond the odd midwifely rub. Even this story of the ejaculating widow is offered as visible proof that retained seed lies at the root of the problem, not as possessing a therapeutic moral. For Galen, widowhood and seminal containment are as coterminous in women as marriage and seminal expenditure, and since he does not ever suggest remarriage he certainly cannot advise women directly on their attitude to and use of *aphrodisia* as he does with men. Here too he manifestly parts company with Hippocrates who explicitly articulates the direct relationship between reproductive functioning and female health in his "constant refrain", as Ann Ellis Hanson puts it, stating that, "if she becomes pregnant she is healthy", combined with the therapeutic injunction to "have her go to her husband".

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147See Galen *Peri Ethôn* 5 (SM 2 29,5-31,5).

148He offers concrete advice to a male friend trying to give up sex without sickening at *Loc. Aff.* 6.6 (VIII 451 K), and a more general advocacy of sexual restraint characterises his ethical writings (see especially the Arabic epitome of his *Peri Ethôn* 1-2 [25-42 Kraus]) but cannot be directed at women since he clearly thinks their sexual activity to be simply a function of their marital status, nothing more. The general line pursued in these works is the same as that in the *Loc. Aff.*: ideally, sexual desire should be so far subordinated to the rational part of the soul that sexual activity occurs only when the accumulation of seed demands it, just as moderation requires eating only when hungry, making do with plain, wholesome stuff, and then stopping when satisfied, so too sex.

149A.E. Hanson "The medical writers woman" in D. Halperin, J. Winkler and F. Zeitlin (eds) *Before Sexuality* (1992) 318, which also provides a long list of Hippocratic references. There is a hint that Galen agreed with Hippocrates that the *parthenos* cured of a paralyzing cough by menstruating in *Epid.* 2 needed to be married (*Hipp. Epid.* 2.1 [CMG V 10,1 204,16-36]), but without the Arabic text it must remain a hint.
Moreover, Galen’s strategy of expanding upon and explaining Hippocrates’ pithy, and often enigmatic, sayings and writings and, similarly, his interpretation of the Hippocratic case-histories as examples of general rules, produces an understanding of pregnancy and birth as systematically dangerous to women rather than as states or events in which dangerous things can, and do, happen. For it is in the Hippocratic corpus that Galen confronts childbearing as something involving a whole, living, woman, rather than an abstracted interaction between womb and seed which initiates an interesting process of foetal formation, and the confrontation is not particularly positive. In the commentaries on the *Epidemics* it emerges that pregnancy, miscarriage, parturition, the failure of lochial purging, and nursing are all harmful to the woman, though this harm may be more or less contained. In his discussion of the case of a Thasian woman Galen explains particularly clearly that the *embrunon* attracts the best blood to nourish itself, leaving the woman with the worse remainder and producing *kakachumia*/*evil humours* which may cause illness during pregnancy (or miscarriage) and certainly will, with often fatal consequences, if it is not purged after birth. Bearing girls is also more damaging than bearing boys, for they have a coldening effect while inside the womb and a harder, more disturbing, time getting out.

It is also in the Hippocratic commentaries that Galen grapples further with sexual differentiation in the susceptibility to certain diseases not tied directly to menstruation; and it is interesting to note that, in moving from the monthly purges themselves to the particular somatic *krasis* that underlies them, only disadvantages accrue. The greater female susceptibility to *rigê* is on account of her greater coldness; while her greater wetness makes her more liable to seasonal *dusenteria* than men (except very wet men) and solely (but not dangerously) prone to pustules like millet grains during summer.

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150e.g. *Galen Hipp. Epid.* 3 3.77 - pregnancy and purging; 2.12 - miscarriage; 3.89 - birth and purging (*CMG* V 10,2.1 167,1-168,4; 97,19-98,20; 184,4-13); *Hipp. Epid.* 2 2 - nursing (*CMG* V 10,1 223,25-224,30 [German translation of unpublished Arabic text]).


152Galen *Hipp. Epid.* 2 2 (*CMG* V 10,1 230,31-231,6 [German translation of unpublished Arabic text]).
fevers, as excess phlegm is usefully purged by erupting through the skin in this way. Only in the case of a condition which mainly affected youths and men in their prime, particularly those who frequented the palaistra and gymnasium, does women’s imperfect constitution and lifestyle seem to be prophylactic in itself; those few females who did succumb being those “manifestly young and hotter in nature and not living a dull and lazy life.”

Woman is thus as distinctive pathologically as she is physiologically, and for roughly the same reasons. This is a distinction that is not really about organs, or even about the reproductive process as such; but about the somatic economy, in which all organs participate in some sense, as a whole, and about the reproductive needs of a mortal species that have shaped it. Galen has focussed attention away from the womb, effectively making it, in the context of disease and its absence, a point of collection and then departure from the body, and thus similar to other organs that play a similar bodily role. There are no sui generis diseases here, Galen works hard to establish patterns of family resemblance right across the nosological field, on top of the basic aetiological point. Susceptibilities too vary along common axes, and though male health is innately superior to its female equivalent in itself, it is not more secure in relation to illness. These are all distinctions of degree not kind, a large degree perhaps, sufficient for Galen to conceive it as crystallising into the imperfect kind, but on a unified scale and single system.

This is, of course, only the sedimented centre, and there is much that lies outside it, and in a more or less discordant relationship with that inside. The Hippocratic commentaries taken as a whole (and entirely unsurprisingly) have a tendency to follow the master in allowing diseases to settle in and radiate out from the womb itself, even casting uterine

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153Galen Hipp. Aph. 5.69 (XVIIb 883-884 K) and Hipp. Epid. 2.3 (CMG V 10,1 292,37-293,23) - rigê (which was generally conceived of as a kind of chill and shivering); Hipp. Aph. 3.11 (XVIIb 577-582) - dusenteria (intestinal flux); Hipp. Epid. 2.2 (CMG V 10,1 254,26-36) - pustules; and see also Hipp. Epid. 3.3.72 (CMG V 10,2.1 155,7-19).

154The closest to a sui generis condition, tied to organic peculiarities, is in fact priapism.

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distortion as a cause of menstrual retention rather than vice versa at one point.\textsuperscript{156} Even more strikingly, a short passage in the commentary on \textit{Epid. 1} very neatly encapsulates the position that Galen has otherwise steadily undermined, or at least avoided. The lemma reads:

\begin{quote}
γυναιξί δὲ καὶ ταῦτα καὶ ἀπὸ ύστερέων πόνων.
\end{quote}

In women these [a whole range of symptoms] too and pains from the womb.\textsuperscript{157}

The comment is:

\begin{quote}
καὶ τὰ προειρημένα πάντα γίνεται ταῖς γυναιξῖν, ώς καὶ τοῖς ἄρρεσι,
kαθόσον ἀνθρωποὶ τέ εἰσι καὶ πάντα ἔχουσι ταῦτα τοῖς ἄρρεσι μόρια.
kαθόσον δὲ αὐταῖς ἑξαίρετον ὑπάρχει μάριον ἡ μήτρα, κατὰ τούτο καὶ
tοῖς ἐκείνης ἀλλοκοτοῦ νοσήματι καὶ μάλιστ' ἐφ' ὧν τῷ στομάχῳ
συμπάχει.
\end{quote}

Everything previously mentioned also occurs in women, as in males, in so far as they are humans (\textit{anthropoi}) and have all the same organs as males; but in so far as there exists in them a peculiar (\textit{exaireton}) organ, the womb, thus they fall prey also to the diseases of it, especially those in which it is affected together with the gullet.\textsuperscript{158}

Except for the \textit{exaireton morion} though, this is a succinct, even brutal, summary of Galen's (and others') view of a sexually divided humanity. Men are the absolute humans, and women the relative, qualified sort, in so far as they are humans they are the same as men, but there is something more (or less) to them, opening up a distinctive gap between \textit{gunaikes} and \textit{anthropoi}.

The road back from disease is, as Galen was fond of saying, the same as that travelled on the outward journey; there is a therapeutic retracing of the steps to health.\textsuperscript{159} Regardless of its great truth, however, "opposites cure opposites" is a principle of the most general kind, and it has to acquire a much more solid and intricate form if any

\begin{footnotesize}
\footnote{\textsuperscript{156}Galen \textit{Hipp. Aph.} 5.28 (XVII 817-819 K).}
\footnote{\textsuperscript{157}Galen \textit{Hipp. Epid.} 1 2.60 (CMG V 10,1 80,14-15 = 2 638,4 L).}
\footnote{\textsuperscript{158}Galen \textit{Hipp. Epid.} 1 2.60 (CMG V 10,1 80,16-20).}
\footnote{\textsuperscript{159}e.g. Galen \textit{CAM} 11 (I 261 K).}
\end{footnotesize}
actual healing is to be accomplished. This task of solidification through detailed exemplification is undertaken in Galen's therapeutic works; the identification of the appropriate opposites for all diseased dispositions, and of their appropriate application. As Galen explains at the beginning of Biblia tôn prôs Glaukôna Therapeutikôn/Therapeutics to Glaucon (GMM), a treatise produced in response to Glaucon's request for global therapeutic guidance, knowledge of a comprehensive remedial method consists in knowledge of all the remedies available and of the mode, quantity and timing of their administration. While the first part is absolute knowledge, and the modes of application inhere in the remedies themselves, the questions of how much and when must be decided in relation to each individual instantiation of illness itself. Practical healing is, therefore, about the articulation of the general and the particular, and the key to this is diairesis, not only of disease and cure but of the patient also. Someone's medical individuality may be usefully approximated in a process of classification under various headings of division:

ei γὰρ διορίσατο τις πρῶτον μὲν τὴν κατὰ τὰς ἡλικίας διαφορὰν, ἐφεξῆς δὲ τὴν κατὰ τὰς κράσεις καὶ τὰς δυνάμεις καὶ τάλλα τὰ τοῖς ἀνθρώποις ὑπάρχοντα, χρωμάς λέγω καὶ θερμασίας καὶ σχέσεως καὶ σφυγμῶν κινήσεως καὶ ἑθη καὶ ἐπιθεδεύματα καὶ τὰ τῆς ψυχῆς ἡθη, προσθείη δὲ τούτοις καὶ τὴν ὡς ἄρρενος πρὸς θῆλυ διαφορὰν, ὡσα τε κατὰ τὰς χώρας καὶ τὰς φύσεις τοῦ ἔτους καὶ τὰς ἁλλὰς τοῦ περιέχοντος ἡμᾶς ἀέρος καταστάσεως, ὡς χρή διορίσασθαι, πλησίον ἀν ἕκοι τῆς ἴδιας τοῦ κάμνοντος φύσεως.

For if one properly defines, first the difference in ages, then in kraseis, dunameis, and the other things existing in human beings - I mean colours, heats, habits (scheseis), arterial motions, customs (ethê), occupations (epitêdeumata), and characteristics (ethê) of soul - and add to these the difference between male and female, and between lands, and seasons, and the other circumstances of our surrounding air, as they differ, one will come

160Galen GMM 1.1 (XI 1-2 K). For the identity of Glaucon, a name that appears elsewhere in Galen's oeuvre, and a discussion of the project represented by the GMM see D.W. Peterson Galen's "Therapeutics to Glaucon" and its Early Commentaries (1974) 25-46.
near the peculiar nature of the patient.\textsuperscript{161}

It looks rather as if Galen started with the distinctions between local men and then added the other differences for the sake of completeness, leaving it rather unclear how the two sorts of divisions he is making relate to each other. Certainly the implication is that the therapeutically relevant diaphora between male and female is not reducible to a matter of \textit{kraseis}, \textit{dunameis} and the other listed facets of human existence but consists in something else, something more. What exactly that might be, indeed whether sexual division is actually more than a title that simply rests upon a certain arrangement of much more precise, divisions that do real curative work, remains, however, unclear throughout the \textit{GMM}. It is not that Galen restricted himself to things with a direct bearing on Glaucon's own personal well-being, he did not, assuming instead that Glaucon was interested in the restoration of human health as a whole; but that the place of the female in this whole is never really resolved. This ambiguity extends beyond the boundaries of the \textit{GMM}, but it is worth using this text as its representative here, given its synoptic intent and the way Galen sets up the problem in it, and bringing in the similar sections of his most monumental therapeutic work, the \textit{MM}, where appropriate. Though there is considerable convergence between the two in terms of the rather uncertain ways in which female elements appear within them, there is a considerable divergence between the two as literary projects. Even by Galen's standards the \textit{MM} is expansive, rambling and fiercely polemical, while the \textit{GMM} is summary, shorn of case histories and social commentary, and hardly mentions the villainous \textit{methodikoi}.\textsuperscript{162} In the \textit{MM}, also, though Galen is absolutely insistent on taking the particularities of the patient into account in the healing enterprise, contrary to the absurd universalism of Thessalus and his followers, sexual differentiation never makes its way into any list of such particularities, as it does so prominently in the \textit{GMM}.

\footnote{\textsuperscript{161}Galen \textit{GMM} 1.1 (XI 5 K).}

\footnote{\textsuperscript{162}On the \textit{MM} generally see V. Nutton "Style and context in the Method of Healing" in F. Kudlien and R.J. Durling (eds) \textit{Galen's Method of Healing} (1992) 1-25. It was written in two parts, its completion certainly postdates the \textit{GMM}.}

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The *GMM* starts with fevers, and Galen has got through ephemeral fevers and tertian, quartan, quotidian and continuous fevers kindled *epi chumois* in the humours but unaccompanied by other symptoms, to reach the more curatively complex humorally kindled fevers with attendant symptoms before anything vaguely sexually differentiated appears, though issues of age have already been in the foreground. Then female flux and immoderate lochial purging are listed, alongside a whole range of similarly fluid but generic conditions such as *cholera* (looseness/flux of the nutritive organs), *dusenteria* and various kinds of haemorrhage, as possible causes of *leipothumia* /sudden collapse, a possible feverish concomitant which is introduced in an exemplary kind of way to illustrate the therapeutic complications in such cases. *Leipothumia* may also be associated with *hustêrikê pnix* and the ascent (anadromê), flexure or inflammation of the womb, along with *apoplêxia*, *epilepsia* and almost every other conceivable ailment. The point of this is that the treatment of each symptom must take all of these variables of cause and effect into account, as well as being ordered by their relative seriousness, but the particular treatment required in cases involving the womb is no more particular than in those involving, for instance, the stomach, except that Galen recommends odiferous therapy (foul odours for the nose, sweet for the womb) for uterine ascents and flexures. The existence of women as well as men, with their particular organic constitution and somatic economy, increases the scope of the variability Galen needs to encompass, but it is simply a quantitative, not a qualitative, increase. Items are added to lists without altering their character, each organ and its associations requires essentially the same attention. There is a certain gesture of women too, but both in the sense of their addition to the generic/male, and the extension of sameness that addition implies.

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163 Galen *GMM* 1.2-1.15 (XI 6-42 K). Ephemeral fevers are not deep-seated in the body, and arise from fatigue, drunkenness, anger and the like, so they are easily cured through the reestablishment of regular routines; kindled (*anaptein*) fevers are more deep-seated and those kindled *epi chumois* are diseases in themselves not symptoms of other diseases, coming either with or without concomitant symptoms of their own. The rest of the typology is essentially about periodicity.

164 Galen *GMM* 1.15 (XI 47 K).

165 Galen *GMM* 1.15 (XI 50-50 K).

166 Galen *GMM* 1.15 (XI 50-61 K). Odiferous therapy is the classic treatment for a womb that has wandered and must be enticed/driven back to its proper place, an understanding that Galen rejected in the *Loc. Aff.* where he also never used the term *anadromê* of the womb. He offers no explanation here for this difference in approach.
Galen next proceeds to phlegmonai/inflammations (in which symptomatic fevers may be kindled), the complex typology of which is further complicated by the nature of the part in which they arise. Their cure is thus not only determined by their type but also modified by the krasis, diaplasis, thesis and dunameis of the affected part. Phlegmonai, at least those of the wet kind which involve a material influx into the afflicted area, require evacuating - the offending matter needs to be drawn away from the point where it is causing trouble. There are various modes of evacuation all of which need to be locally deployed in a particular relationship with the thesis/position of the diseased part itself in order to achieve their desired effect, a point which Galen reiterates more variously in the MM. Galen uses the example of the womb to illustrate this crucial consideration. For a revulsive evacuation (antispasis) from the womb, that is an evacuation used when the excessive material is still collecting and which draws it away towards the furthest point of the body, open a vein at the elbow, apply cups to the breasts or warm, rub or bind the hands. For a derivative evacuation (parocheteusis), when the excess has already collected and needs to be drawn off nearby, open veins in, cup, warm, rub or bind the legs on the same side as the side of the womb affected. There are other examples, but this is the first, perhaps to Galen’s mind the clearest and most accessible; certainly the womb here is not representing the woman but a general therapeutic principle. That this principle demands that diseased parts be identified and curatively distinguished does not compromise its generality, these parts are segregated within a wider web of commensurability and community.

The womb exemplifies something rather different, however, in the discussion of the dunameis in the context of this business of taking the nature of the affected part fully into therapeutic account. Dunameis are either innate or inflowing, from which it follows that some organs are the archai of their own dunameis and others depend on archai


\[168\]e.g. Galen MM 5.8 and 7.13 (X 342-343 and 351-359 K).

\[169\]Galen GMM 2.4 (XI 91-92 K); cf. MM 13.11 (X 903-904 K).

\[170\]Galen GMM 2.4 (XI 92 K). For the lateral relationship see P. Brain Galen on Bloodletting (1986) 135-144.

\[171\]Galen GMM 2.4 (XI 96-97 K).
elsewhere, sharing in a common *dunamis*. A remedy, while relieving a specific affection, may harm the innate *dunamis* of that part, and if it is the *archê* of a common *dunamis*, or if its *ergon* /action is generally useful, then this harm will be dispersed through the whole body. The liver, heart, brain and testicles are *archai* of common *dunameis*, but the innate *dunameis* of the stomach and womb are shared by no other; while the stomach has the consolation that its *ergon* is of general utility, the womb does not. The conclusions, therapeutic or otherwise, to be drawn from this are unclear. It seems like another downgrading of the importance of the womb, putting it in proportion, and, perhaps, it needs to be treated with less caution as a result. Again a set of parts are gathered together, a set in which the womb is the sole but unnominated representative of womanhood or sexual division, and then distinguished according to the same principles that assembled them in the first place, principles of ostensible human genericity.

Returning then to the *phlegmonai*, Galen completes the *GMM* with an extensive treatment of the various *onkoi* (a kind of mixture of ulceration and tumescence) with which these inflammations may be associated. These are entirely generic except the *karkinôdeis/crab-like onkoi* which occur especially on women’s breasts, the result of the collection of retained blackbilious residues in one of the weakest parts of the body, accumulating in the veins to form a thick, dark mass in the shape of a crab. Unsurprisingly, this is a disease that does not afflict the well-purged woman, and which is cured in its early stages by venesection or moving the menses, later, surgical intervention is the only hope. What is rather more surprising is that this is the fullest account Galen gives of an affection of the breasts and its removal, for they usually appear either as indicators of the health of a pregnancy (since they are so directly linked to the uterine region) or as the best mode of application of their own remedy, women’s milk being most efficacious in wasting diseases and ideally suckled straight from the breast by the patient.

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172Galén *GMM* 2.5-2.13 (XI 101-146 K).

173Galén *GMM* 2.12 (XI 139-143 K).

174e.g. Galén *Hipp. Aph.* 5.37 and 38 - pregnancy (XVII 827-829 K); *MM* 6.6 - women’s milk (X 474-475 K).
It is also in the section on gangrenously ulcerated phlegmonai that the GMM finally echoes Galen’s most repeated refrain of therapeutically relevant sexual division:

άγροικου μὲν γὰρ δυντός αὐτοῦ καὶ σκληροῦ φύσει, τῶν ἵσχυροτάτων
dεῖται φαρμάκων τὸ σώμα: γυμναίοι δὲ ἀπαλοσάρκου, τῶν ἀσθενεστέρων.

οὕτω δὲ καὶ τῶν ἁνδρῶν δοσὶ λευκοὶ τε καὶ ἀπαλόσαρκοι καὶ
φιλόλοντροι καὶ ἀγύμναστοι μαλακῶν δέονται φαρμάκων. δὴλον δ’ ὅτι
καὶ τὰ παιδία.

The body of a rustic (agroikos), since it is itself hard in nature, requires very strong pharmaka; [the body] of a tender-fleshed woman [requires] weaker ones. Similarly, [the bodies] of men who are white, tender-fleshed, bath-loving and unathletic require soft pharmaka. Clearly that [holds for] children too.175

Though this may initially look like the kind of thing promised in that opening diairetic sequence, closer inspection proves otherwise. This is not a simple division between male and female, but an enumeration of divergence from a concealed norm which the body of the rustic exceeds and the bodies of women, children and bath-loving men fail to come up to in the opposite direction. It is, of course, the moderate man who is hidden at the centre, for whom the unqualified pharmaka are appropriate, but tabulating deviations from him, as much by other men as anyone else, rather obscures, or cuts across, any diaphora between male and female. The situation is made even worse by the related discussions in the MM, in one of which Galen derides the empirikoi for using different medicaments for children, women and the delicate-bodied on the one hand, and for rustics, sailors and youths on the other, without understanding that this is because they differ in respect to their kraseis, leaving the Empiricists unable to generalise, unable to adapt to new circumstances.176 So, this continuum of somatic hardness and softness, roughness and delicacy, as it falls away from its moderate male midpoint turns out to be a krasic continuum anyway.

This point is repeatedly reinforced in Galen’s pharmacological writings, however, since these outnumber, on a roll for roll or page for page basis, the rest of his therapeutic

175Galen GMM 2.11 (XI 137 K).
176Galen MM 3.3; see also 5.8 (X 181-184 and 342 K).
writings combined, they really need to be examined more fully. These are, as has been mentioned in previous chapters, basically compilations made from earlier works, but they are complete treatises nonetheless, and there are some striking patterns that emerge from looking at their structure as a whole, both in relation to the rest of Galen’s oeuvre and in relation to the rest of the preceding pharmaceutical tradition. The first major opus in the series is the Peri Kraseôs kai Dunameôs tôn Haplôn Pharmakôn/On the Kraseis and Dunameis of Simple Pharmaka (SMT), the opening five books of which are dedicated to a prolix and convoluted explanation and justification of the pharmacological system that was to be one of his most influential and long lasting institutions, the following six contain sequences of simples as they are derived from plants, earths and animals. The basis of this system is Galen’s understanding of the elemental composition of the cosmos and its contents, including pharmaka and human beings. Pharmaka are defined by their relationship with human beings: unlike foodstuffs which are mastered by, and assimilated to, the body which they nourish, pharmaka master and alter the body which they come into affective contact with, and their form of action is determined by their elemental krasis. The primary properties are then those of the qualities themselves - heating, drying, cooling, moistening - singly or in pairs and each to a certain degree; and the more specific, secondary properties are derived from this. These secondary properties are the more familiar dunameis such as the emetic, menses or urine-driving, or those productive or extinctive of milk or seed, or directed against a particular disease, grouped by Galen into larger categories so that the first three are, for instance, purgative, and the seed and milk go together, though there is constant crossover and overlap in all this. The main thing, however, is the rational understanding of the primary, qualitative, properties and their degrees, not the empirically gathered scatterings of secondary specificities.


Galen SMT 5.1 (XI 704-706 K).


Galen SMT 5.20-25 (XI 768-788 K).
Nonetheless, simples for moving the menses and the embryo, for treating affections of the womb and breasts, for generating seed and milk, for preserving partheneia and urging to aphrodisia, and for achieving a host of other such familiar ends, do all appear in the catalogues of the SMT, albeit in smaller numbers than in, say, Dioscorides (one of Galen’s acknowledged sources), and in a much more predictable collective and correlative pattern. The greatest loss is in respect to the womb, a tenfold diminution in references to the cure of uterine affections occurs between Dioscorides and Galen, and pathological preeminence now passes to the female flux. Movement of the menses maintains its dominant position, but also a certain amount of ambiguity. It is rarely directly linked to menstrual retention on the one hand, and rather more frequently explicitly joined with the drawing down of a dead embryo or destruction and expulsion of a living one on the other, but that suggests that moving the katamênia and the embruon are two separate, but related, things attainable through the same substance. In general also Galen is far from coy about the abortive properties of things, and provides no promoters of sullêpsis or protectors of pregnancy to counterbalance either them or the atokia pharmaka.

While the sex of the plants from which these pharmaka are derived has become almost entirely irrelevant, occasionally mentioned but of no actual import, this is not the case with those derived from animals, where it is crucial to realise that, for all the animal products from all species, from lion bile to goose grease, that from the male will be hotter and drier than that from the female, and that from castrated animals will resemble

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181 e.g. Galen SMT 6.B,13 & 15, and 6.Δ,2 & 3 - menses (XI 852 and 862 K); 8.Ο,7, and 8.Ξ,30 - embryo (XII 89 and 127 K); 7.Κ,55 - womb (XII 45-46 K); 9.1,4 - breasts (XII 182 K); 6.Α,22 & Ε,17 - seed and milk (XI 821 and 876 K); 9.2,17 - partheneia (XII 206 K); 7.Κ,16 - aphrodisiac (XII 17-18 K). Galen discussed about half the number of simples as did Dioscorides, but these reductions are also proportional. On the relationship between Dioscorides and Galen generally see J. Riddle Dioscorides on Pharmacy and Medicine (1985) 168-176.

182 I have counted only 8 such references in the SMT, compared to the over 100 in Dioscorides. In the SMT the female flux appears 19 times (e.g. 6.Δ,11 & 1,1 [XI 855 and 887 K]), compared to 31 times in Dioscorides.

183 50 references against 137 in Dioscorides.

184 e.g. Galen SMT 7.Κ,11 - stoppage; 7.Κ,17 and 1,42 & 60 - embryo (XII 13; 19; 35 and 51 K).

185 Galen SMT 6.Ε,15 and 7.Κ,16 - atokia (XI 876 and XII 17-18 K).
the latter. It is also in the area of animal simples that Galen has the most problems reconciling, at least part of, the pharmacological tradition with his sense of explanatory and behavioral propriety in respect of the medical art. Thus, while emory powder, for instance, prevents the breasts of *parthenoi* and the *orcheis* of boys from growing for a time because it shares in a manifestly coldening *dunamis*, Galen rejects the claim that bat blood does the same as a downright lie. He does not say why, but the surrounding discussion hints that it is both because blood is generally hot not cold, and because it is nasty and goetic. He has already refused to contemplate the medical consumption of *katamênia* considering it only slightly less outrageous and disgusting than the similar consumption of human faeces, though these and other abominations are recommended by Xenocrates.

Sexual differentiation in application as well as composition, indeed a clear correlation between the two, emerges in the course of the discussion in the *SMT* of the relative heat and dryness of animal simples, however, this whole matter comes more clearly into focus in the two works on compound *pharmaka* organised according to somatic location and pharmaceutical genus respectively. First it must be said that, in Galen’s pharmacological system, compounding is a means for producing a new elemental and qualitative *krasis* and thus a new set of *dunameis*; of taking the properties that simply present themselves in the world, waiting only for their recognition, and making something else. That this brings about a further diminution in the number and range of specifically female properties listed in these tracts is thus rather interesting. The design of nature has more points of medically affective contact with the female body than

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186Galen SMT 10.2,13 and 11.1,2 (XII 277 and 326-327 K).

187Galen SMT 9.2,17 - emory; 10.2,4 - bat blood (XII 206 and 258 K).

188He says, for example, that he refrained from testing the alleged properties of crocodile blood to sharpen the sight and mouse blood to remove warts both because he had other remedies for these things and because he had already been accused of using mantic not iatric arts in the context of his prognostic predictions (SMT 10.2,6 [XII 263 K]).

189Galen SMT 10.1 (XII 248-250 K).

190e.g. Galen SMT 10.2,10 & 22; 11.1,2 (XII 273; 298 & 328 K).

191I reckon that the menses are moved 6 times in the ten books of the *Comp. Med. Loc.* and once in the seven books of the *Comp. Med. Gen.*; the diseased womb appears 15 and 9 times respectively; the female flux three times and not at all; the breasts twice and thirteen times; with most of the other relevant references being cosmetic.
the design of human healers, or at least the written tradition that developed around the
former has more points of such contact than that around the latter, for it may be assumed
that Galen basically reflects his sources in this respect. The affections of the womb do
make something of a comeback in this more explicitly pathological context, but this is
in purely relative terms. There is a whole chapter in the *Comp. Med. Loc.* dedicated to
*hustêrikê pnix* which follows ones on the diseased *diatheseis* of the *aidoia* and priapism
at the end of a downwards sequence in book nine. The diseased dispositions of the
genitals are a mixed bunch, the womb, scrotum and penis all appearing alongside vaguer
organic terminology, and priapism maintains a generic front while being implicitly male,
but no such uncertainty attaches to the last item. *Hustêrikê pnix* is not only organically
specific but also clearly evokes the whole woman to which it attaches in its enumerations
of the damaging losses of widowhood.

It is necessary, however, to return to the basic and recurring point about adapting
*pharmaka* to different kinds of bodies, and whether this leads to the elusive therapeutic
*diaphora* between male and female. It is clear that, at least to a certain extent, Galen
found this pharmacological somatic division already formulated in the recipes he
compiled, but also that he considered that extent to be insufficient, and this was one of
his ways of imposing his own order, of systematising, this collection of material.

In his introduction to the book on green plasters in the *Comp. Med. Gen.*, for instance,
Galen states that the compounding of remedies must take into account the difference
between bodies, stronger bodies requiring stronger *pharmaka* and weaker ones not, and
he provides a definition of the two types:

\begin{quote}
\textit{ισχυρότερα δὲ λέγω σώματα τὰ ξηρότερα ταῖς κράσεσιν, ὅποια τὰ τῶν
γεωργῶν ἐστὶ καὶ ναυτῶν καὶ κυνηγετῶν. ἀσθενέστερα δὲ τὰ
μαλακότερα κατὰ φύσιν ἣ ἔθος, ὅποια τὰ τῶν γυναικῶν, εὐρούχων τε
καὶ παίδων, δοσοὶ τ' εἰσίν υγροὶ φύσει ταῖς κράσεσι λευκῶν καὶ}
\end{quote}

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(XII 1003-1004 K). The latter formulation is much closer to Galen's own, but Galen might well have made it that way
himself, whereas Damocrates' own words are protected by his metre.
I say stronger bodies are those that are drier in their kraseis, as those of farmers, sailors and hunters are. The weaker are the softer according to nature (phusis) or habit (ethos), such as [the bodies] of women, eunuchs and children who are wet in their kraseis by nature and have a white and soft body.  

He then goes on to berate Andromachus for not having done as he himself instructs, and repeats these injunctions in opening other chapters to reinforce their structural significance.

Regardless of whether the words are marked as Galen’s own or those of others, the message is a pretty consistent one: women, eunuchs, children and anyone else with a soft, delicate, white body require especially gentle treatment, while the most hardened men of soil and sea require especially rough treatment, treatment otherwise being automatically geared to the moderate man. The explanation for this appears to be exclusively Galenic, and is a matter of the innate krasis overlaid by the effects of the environment and lifestyle: living in cold countries, luxury, lack of exercise, domesticity and excessive bathing (especially in drinking water) all increase wetness, softness and whiteness; whereas living in hot countries like Egypt and Arabia, exertion and exposure to the sun all have the reverse effect. Men can, therefore, join the women, eunuchs and children by abandoning "energeiai andrikai/manly activities" and "gunaikeidôs bioutes/living womanishly" but there is no suggestion that the reverse is true, whether because women simply never do take up "manly activities" or because it has little effect never being stated.  

Indications from elsewhere, in particular the Caus. Puls., suggest that it must be the former, or at least that women’s lack of control over their

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196 Galen Comp. Med. Gen. 2.15 - Andromachus; and see 4.1 and 7.1 (XIII 530; 657 and 949 K).

197 See e.g. Galen Comp. Med. Loc. 1.8 - Apollonius; 2.1 and 3.2 - Archigenes (XII 475, 507 and 670 K); Comp. Med. Gen. 1.5 and 7.11 (XIII 399 and 1009 K), as well as passages already cited.


activities makes them an uninteresting and undifferentiated category, while men's choice produces divergence and the need for moral exhortation.

In the end, therefore, Galen leaves open three main lines of interpretation for the therapeutically relevant *diaphora* between male and female, none of which are particularly clear or satisfactory. The difference might be that she has a womb, which is a vital but precarious centre of evacuative excellence, and breasts, which are attached to the same regulative process, while he, despite his occasionally priapic penis, lies closer to genericity; so the difference between the two stretches over one constant and unavoidable deviation from the standard and one slight tremor within it. This is a version of the adjoining woman manifest in earlier authors, and Galen does sometimes tend that way in his therapeutic treatises, but that tendency is counterbalanced by the overall unity of his curative programme, in itself and as it grows from the rest of his system, expressed most acutely in the use of the womb as exemplifying a general principle. The impression that the human being who stands behind the parts that Galen largely deals with is a man with a female extension, that the consistent commensurability of all his analytical pieces cannot quite conceal the unevenness of their distribution, is contradicted by the ability of the womb to represent this whole being without qualification.

Or the *diaphora* might lie in the relative frailty of female flesh, again a divergence more than a difference, though to Galen the two are synonymous. This popular distinction, however, turns out not only to be reducible, but also actually reduced, to other factors, as well as being far from a simple male/female division. The one item being left over as separating women (with eunuchs and children) from men and not resoluble into the smaller elements of *krasis* etc, being that while she is inevitably condemned to fleshly frailty, he is condemned if he elects to embrace such frailty. Thus these labels take on a certain judgmental character, and perhaps that is what actually lies at the heart of it, male and female are aggregates of other differences to which a certain relative value is attached. So, thirdly, this *diaphora* can be seen as a flawed attempt by Galen to give his often rather abstract, synecdochal approach, a familiar human form; to reconcile the parts with the whole people, men and women, with whom the *iatros* is actually confronted in practice, by the addition of ethical or social worth.

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EPILOGUE

Galen’s woman is no simple formation, and the thematic treatment here has not encompassed all her intricacies. It has concentrated on her most emphatic, most richly repetitive and cogently coherent features; overlooking the fascination of the finer detail. The range and depth of Galen’s response to the sexual division of humanity is unparalleled in the the surviving literature of antiquity, and in that, and in the very essentials of its articulation, resists easy summary. By way of epilogue rather than conclusion, therefore, I close this chapter with some more of Galen’s own words. In a passage in the PHP he offers a brief account of the relationship between men and women, as he considers it to have been didactically employed by Plato in the Republic in order to illustrate the art of comparison, of recognising similitude and difference:

γυναίκες γὰρ ἀνδράσιν ὅμοιαν μὲν εἰσὶν καθὸ καὶ αὐταὶ υπάρχουσιν λογικὰ ἡμεῖς, τούτους δὲ ἐπιστήμης δεκτικά, καθόσον δὲ τὸ μὲν τῶν ἀνδρῶν γένος ἰσχυρότερον υπάρχει καὶ εἰς ἅπαν ἔργον τε καὶ μάθημα βέλτιον, αἱ γυναίκες δ’ ἀσθενέστεραι τε καὶ χείρους, ἀνόμωαι γε κατὰ τοὺς εἰσὶν, ὡσπερ γε πάλιν ἑναντίως ἔχοναι καθόσον αὐτοὶ μὲν υπάρχουσι θήλειαι καὶ διὰ τὸ τοῦτο πρὸς κύριον ἐπιτήδειαν. ταῖς μὲν γὰρ γυναικῶν ἐστὶ μόρι’ ἀττα τοῦ σώματος εἰς κύριον ἀπὸ τῆς φύσεως παρασκευασμένα, τοῖς δὲ ἀρρεσίν οὐκ ἔστιν. ὡστ’ ἀληθῶς ἐν τῆς φαίη κατὰ τι μὲν ὅμοιως διακεῖσθαι τάς γυναικῶς τοῖς ἀνδράσι, κατὰ τι δ’ ἑναντίως.

For women are similar to men to the extent that they too are rational animals, that is, capable of acquiring knowledge; but to the extent that the genus of men is stronger and superior in every activity and learning, and women are weaker and inferior, in this they are unlike; and again, women are opposite [to men] insofar as they are female and, on account of this, adapted for ἱερσία, for women have certain parts of the the body prepared for ἱερσία by nature, while men do not. So it is correct to say that in one respect women are similar to men, in another they are opposite.200

CONCLUSION

This thesis has tried to describe the trajectories of these texts by examining them in action; by attempting to analyse what they themselves reveal about the processes and matrices of their own production, and thus their production of woman as an object of medical knowledge. In a sense, therefore, there is nothing to add to what has already been demonstrated in practice; there is no further revelation to make. However, given the general issue of the historical specificity of medical formations and their relationship to sexual difference, and the particular issue of woman’s "naturalisation" in this context, raised at the outset, it is perhaps finally time to turn from a concentration on the workings of these texts in the social and ideative world in which they had their life, to their work in that world; from the medical woman as effect, to the effect of the medical woman. So what I offer in conclusion is a synthetic summary of the various points that have been made thus far which bear on these questions, within a framework of, more or less, direct comparison between the ancient and the modern.

This summary must begin with the medical woman as effect, however, and with the assumed asymmetry of the relationship of women and men to the goal of the medical art itself - human health - that is the critical moment in the constitution of woman as an object of medical knowledge. Man has an absolute hold on humanity, while woman is concomitantly relegated to a position of inferior relativity, and this hierarchical asymmetry implicitly orders all the texts analysed here. Indeed, in a sense it appears in them twice, once in relation to the telos of the art itself, and once in relation to the telos of the text and its author in relation to the art, for there is a sexual asymmetry in humanity both as it is medically addressed and as it is medically expressed; the two are different sides of the same coin. The hierarchy of the human may also be explicitly articulated as such, either quite abstractly (as in Galen’s Aristotelian premiss that "the female is less perfect than the male") or more concretely (in terms of woman’s colder, wetter, softer etc. body), but for some that kind of statement clearly lies beyond the boundary of the knowledge requisite to the goal of the medical art. Soranus is the only extant representative of such a view, but if other works of the methodikoi and empirikoi survived he would not be in such a minority. The basic unevenness and inequality in the sexual constitution of humanity as an object of, and audience for, medical
knowledge remains, however, essentially constant across the sectarian and non-sectarian divisions of that knowledge. It is one certainty in a world in which there is no agreement about the elemental stuff of the cosmos, or the nature of the human soul, or how the latter could or should get to know the former for medical purposes.

Woman's inferior relativity is thus writ large in all these texts, but the question is what work does this specifically medical instantiation of a basic classical notion of humanity, and its relationship with the female, do in this respect? What is the particular effect of the medical woman thus instituted?

In formulating an answer to this question that takes its lead from the past, not the present, is necessary to start again from the point of production, recognising that the work of any Roman medical text is, initially, performed on behalf of its author, and that he has certain important intentions as to its effects. Things certainly do not stop there, the meanings of texts always exceed the designs of their creators, but these designs are far from irrelevant in this case. For, in none of the works examined here are the authors actively attempting to persuade people that the female is a relatively worse human being than the male, rather they are making that already existing situation medically manifest, implicitly or explicitly, more or less cognisant of the fact that such a manifestation may itself be persuasive in terms of their own authority and excellence. They cannot help but reflect certain common assumptions, which, in so far as they are shared by their audience, will be tacitly reassuring about the extent to which potential practitioner resembles potential patient; but they can also go further than that, they can expressly confirm, elaborately exemplify, even elucidate these assumptions, they can try and impress not just reassure, as their broader rhetorical and epistemic strategies allow. Thus these literary medici and iatroi offer their public, not arguments for an inferior relativity of woman that is in any doubt, but illustrations, elaborations and explanations of a general presumption to that effect, in pursuit of human health and their own professional success. They state these things not so much with, as in the hope of, authority.

The essentially individual and competitive nature of these claims to medical authority should also be remembered. It is their own person and practice that these authors make claims for,
not medical practitioners as a whole, and claims for the medical art per se are usually actually claims for their own version of it rather than anything more inclusive. There is no possibility of, or effort towards, claiming to belong to an already authoritative collectivity, instead individuals must place themselves within broadly established patterns of personal authority, and, more narrowly, locate themselves in a particularly powerful position in relation to the goal of medicina itself. In doing so they might follow more or less clearly in the footsteps of selected predecessors, and rely more or less heavily on certain traditions (especially more so if they had sectarian or school allegiances), but in the end it is the individual’s relationship to the medical art that is established and advocated, that is repeatedly reiterated. So, little, if any, authority can have been automatically vested in Roman medical writing in itself and as a whole, except that which inhered in its technical status, which was, of course, far from unique. This marks a major line of rupture from the present, where the institutionalisation of a medical profession in conjunction with a certain sort of scientific medical orthodoxy means that medical pronouncements made within that framework have their basic authority assured by virtue of their very medinality.

Whereas the scientific status of orthodox modern medicine today endows it with the highest truth-value, the technical status of medicina had few such connotations in the Roman period. The arts were primarily conceived of in relation to their telos, not to truth. It is the delimitation of a coherent body of understanding unified through its practical applicability to a certain goal that is their essential characteristic. Various attempts were made, of course, to secure this understanding more firmly in the medical context, to overlay the criterion of teleological requisiteness with the criterion of epistemological validity, but no kind of consensus was ever reached on the issue; controversy and contradiction prevailed here as elsewhere. Medicina has no epistemic efficacy in itself, but more or less ambitious claims are made for specific versions of it. The turn to what might initially appear to be a more external, objective source of certification, ends up simply raising the internal, individual stakes, as it is conviction not just consent that is now played for, but still basically at the expense of rival claimants.

Modern science is, moreover, an agreed epistemology of an agreed nature, which at least two of the classical medical epistemologies - those of the methodikoi and empirikoi - certainly are
not, and to which even the epistemologies of the Rationalists/Eclectics and Galen bear only a vague resemblance. For, among these latter as they survive, no unified or coherent domain of nature is articulated, either coterminous with the epistemic domain of the medical art or not; rather, this medical domain contains a number of natures, among which may be the individual natures of living things (including human beings), a provident, transcendent nature, and a normative nature (which being healthy is in accordance with and being diseased is contrary to). For Galen, whose views on the subject are now the clearest, the epistemic domain of *iatrikê* is, in a sense, located at the intersection of all three natural axes, but the precise conceptions of the others are now obscure. It is the case, however, that these natures are all (more or less) fixed, and this is the most basic precondition for maintaining that the effect of these medical texts is some kind of "naturalisation", understood here in its weakest sense. Or rather, the basic precondition is not only that the particular medical manifestations of the female condition are fixed in themselves, but that they are more fixed than other (cultural or whatever) manifestations of this same condition; some kind of qualitative, or at least quantitative, gain must be made in this department.

This is really where the trouble lies, for in the world of the Roman medical writers there seems to be as much, if not more, fixity in woman’s social as her somatic situation. It is bodily features that move in relation to female domesticity rather than *vice versa*, for instance, and, in general, the individual nature of human being is a multilayered concept which admits of a certain degree of change. It is a distillation of the human as much as its stabilisation. Galen’s *proënetikê phusis*, moreover, adds a further explanatory and optimising gloss to things in the world, things that would fall on both sides of most modern nature/culture divides; but providing a greater consistency and a certain moral quality to woman’s predicament does not greatly add to its fixity.

So, what these medical texts do establish is a virtuous circle joining the sexual constitution of Roman society as it might appear to a member of the Roman elite and the sexual constitution of the human being as an object of medical knowledge, or perhaps, they establish a series of overlapping virtuous circles, since each author formulates things slightly differently, indeed the same author may formulate things slightly differently at various points in their œuvre. They do serve, therefore, to reinforce the sexual constitution of Roman
society, but by strengthening its congruities and consistencies, extending and elaborating its patterns of meaning, through repetition and reformulation, not by grounding it in a distinct realm of epistemological and/or ontological precedence; indeed, there is no such realm available. This reinforcement is more incidental than intentional, and has further particularities of form and content that derive from the specificities of the medical project, but it is not particularly authoritative.

So, by a rather different route, I have arrived at a position similar to Laqueur’s, at least as he speaks of sex and gender in the pre-Enlightenment "one-sex model" being "explicitly bound up in a circle of meanings from which escape to a supposed biological substrate...was impossible." However, by analysing more closely all the factors that contribute to the configuration of power and knowledge that characterised Roman medicine, and in which its woman was constituted, I hope to have provided a fuller, clearer understanding of this past medical formation both in itself and in contrast with the present, thus also indicating some of what changes in the intervening period. In this respect it should be said that, in ending with Galen, this thesis stops before a kind of individual orthodoxy did develop, as the version of the medical art advocated by the Pergamene became pretty much coextensive with the art itself, at least in the Eastern Empire, and before the character of Galen’s provident physis was changed through sustained contact with the increasingly powerful god of Christianity. The story of this first step away from a non-naturalised world, towards the kind of medical "naturalisation" of woman described by Daston for the eighteenth century, must, however, be told another time.

Finally the point needs to be made that what has been examined here is the relationship of medicina, as articulated in its surviving literary productions, with the female portion of humanity, not the relationship of the female portion of humanity with medicina. The degree to which Roman women would have recognised themselves in these texts, the degree to which they located themselves in the position of inferior relativity described therein, is entirely irrecoverable. However, Roman women surely had a more active relationship with

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1T. Laqueur Making Sex (1990) 7-8, and see p.14 above. I also take this actually to be the stronger position, in the sense of being more different from today, than any kind of inversion of the present order.

medical discourse more widely, than has been depicted here. That this thesis, following the
texts on which it is based, is about woman as an object of medical knowledge, should
certainly not be taken to mean that she was never a medical subject, simply that she is
largely unknowable as such.


## APPENDIX 1

**ALPHABETICAL LISTING OF ABBREVIATIONS OF TITLES OF MEDICAL WORKS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Initials</th>
<th>Title</th>
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<tbody>
<tr>
<td>Aetius of Amida</td>
<td>Tet.</td>
<td><em>Tetrabiblon</em></td>
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<tr>
<td>Agnellus of Ravenna</td>
<td>Lectures</td>
<td><em>Lectures on Galen’s De Sectis</em></td>
</tr>
<tr>
<td>Anonymus Bambergensis</td>
<td>Anon. Bamb.</td>
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<tr>
<td>Anonymus Londinensis</td>
<td>Anon. Lond.</td>
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<tr>
<td>Anonymus Parisinus</td>
<td>Anon. Paris.</td>
<td><em>Diagnôsis peri tôn Oxeôn kai Chroniôn Nosêmatôn</em></td>
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<tr>
<td>Antyllus</td>
<td>EPB</td>
<td><em>Peri tôn exōthen Prospipontôn Boêthêmatôn</em></td>
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<tr>
<td></td>
<td>KB</td>
<td><em>Peri Kenoumenôn Boêthêmatôn</em></td>
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<td></td>
<td>PB</td>
<td><em>Peri Poimenôn Boêthêmatôn</em></td>
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<td>ASChP</td>
<td><em>Peri Aitiôn kai Sêmeiôn Chroniôn Pathôn</em></td>
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<td><em>Chroniôn Nousôn Therapeutikon</em></td>
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<td><em>Oxeôn Nousôn Therapeutikon</em></td>
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<td>--------------------------------------------</td>
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<tr>
<td>Caelius Aurelianus</td>
<td>CP</td>
<td><em>Celerum Passionum</em></td>
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<td></td>
<td>TP</td>
<td><em>Tardarum Passionum</em></td>
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<tr>
<td>Celsus</td>
<td>Med.</td>
<td><em>De Medicina</em></td>
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<tr>
<td>Dioscorides</td>
<td>HI</td>
<td><em>Peri Hulès Iatrikês</em></td>
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<tr>
<td>Galen</td>
<td>AA</td>
<td><em>Peri Anatomikôn Encheirêôn</em></td>
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<td></td>
<td>Aff. Dig.</td>
<td>Peri tōn Idiôn hekastein Pathôn kai Hamartêmatôn</td>
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<td>Ant.</td>
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<td><em>Iatrikê Technê</em></td>
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<td>CAM</td>
<td><em>Peri tês Technôn Sustaseôs</em></td>
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<td>Caus. Puls.</td>
<td>Peri tōn tois Sphugmois Aitiôn</td>
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<td>CC</td>
<td><em>De Causis Contentivis/</em></td>
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<td><em>Fi l-ashbâb al-mâsika</em></td>
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<td>Gen.</td>
<td>Genê</td>
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<td></td>
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<td>Topous</td>
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CP  De Causis Procataarticis

Cris.  Peri Kriseôn

Diff. Feb.  Peri Diaphoras Puretôn

Diff. Puls.  Peri Diaphoras Sphugmôn

Diff. Resp.  Peri Duspnoias

Diss. Musc.  Peri Muôn Anatomês

Foet. Form.  Peri Kouomenôn Diaplaseôs

Hipp. Aph.  Eis to Hippokratous Aphorismoi
            Hupomnêmata

Hipp. Elem.  Peri tôn kath' Hippokratên Stoicheiôn

Hipp. Epid.  Eis to tôn Epidêmiôn Hippokratous
            Hupomnêmata

Hipp. Prog.  Eis to Hippokratous Prognôstikon
            Hupomnêmata

HNH  Eis peri Phuseôs Anthrôpou Biblion
     Hippokratous Hupomnêmata

Lib. Prop.  Peri tôn Idiôn Bibliôn

Loc. Aff.  Peri tôn Peponthotôn Topôn

302
Med. Exp. Fī l-tajriba l-ṭibbiya

MM Therapeutikēs Methodou

MMG Biblia tōn pros Glaukōna Therapeutikōn

Nat. Fac. Peri Phusikōn Dunameōn

Cogn.

Ord. Lib. Peri tēs Tateōs tōn Idiōn Bibliōn
Prop.

Oss. Peri Osteōn tois Eisagomenois

Part. Art. De Partibus Artis Medicativae/
Med. Fī 'ajzā' l-ṭibb

Pecc. Dig. Peri Diagnōseōs kai Therapeias en tēi
Hekastou Psuchēi Hamartēmatōn

PHP Peri tōn Hippokratous kai Platōnos
Dogmatōn

Praen. Peri tou Proginoskein

Protr. Protreptikos ep' Iatrikēn

Puls. Peri tōn Sphugmōn tois Eisagomenois

QAM Hoti ta tēs Psuchēs Ėthē tais tou Sōmatos

303
Krasesin Hepetai

San. Tu. Peri Hugieinôn

Sem. Peri Spermatos

SI Peri Haireseôn tois Eisagomenois

SMT Peri Kraseós kai Dunameís tôn Haplôn

Pharmakôn

Subf. Emp. Subfiguratio Emperica

Sympt. Caus. Peri Aitiôn Sumptòmatôn

Sympt. Diff. Peri Sumptòmatôn Diaphoras

Ther. Pros Pisôna peri tês Thêriakês

Tum. Pr. Peri tôn para Phusin Onkôn

Nat.

UP Peri Chreias Moriôn

Ut. Diss. Peri Mètras Anatomês

Ut. Resp. Peri Chreias Anapnoês

Ven. Art. Peri Phlebôn kai Artèriôn Anatomês

Diss.

Ven. Sect. Peri Phlebotomias pros Erasistraton

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<td>Ven. Sect.</td>
<td>Peri Phlebotomias pros Erasistrateious</td>
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<td></td>
<td>Rom. Rom.</td>
<td>en τεί Ròmèi</td>
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<tr>
<td>[Galen]</td>
<td>Intro.</td>
<td>Eisagogè hê Iatros</td>
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