The “Cure” is the Affliction: Pregnancy and Childbirth as Healing and Harming in Ancient Greek Gynecology

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The “Cure” is the Affliction:
Pregnancy and Childbirth as Healing and Harming in Ancient Greek Gynecology

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Submitted in partial fulfillment of the requirements
for the degree of Bachelor of Arts in Greek and Roman Studies and Women’s Studies

Vassar College
Poughkeepsie, New York
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Introduction

To be classified as a mature woman, a gynê, it was necessary to have given birth: the birth of the first baby ends the process of becoming a woman which started with the first menstrual period… The classical Greeks tried to compress this process into the shortest possible amount of time, expecting menarche [the onset of menstruation] at age 13 and recommending that girls be married at 14.

—Helen King, *Hippocrates’ Woman: Reading the Female Body in Ancient Greece*¹

In ancient Greece, to be a woman is to be a mother. Childbirth was a formative event; it marked the transition of a parthenos, an immature girl and virgin,² to a gynê, a woman. The Greek word for woman, gynê, also means wife, reflecting more largely how the Greeks formed their language, religious beliefs, socio-economic and cultural expectations, and medical practices around ensuring that womanhood also meant motherhood. Young girls, just barely teenagers, were married off to older men (usually around twice their age) and immediately expected to fulfill the purpose of womanhood by bearing children. Girls and women relied on each other—midwives, relatives, and friends—for guidance through pregnancy and other health issues. While we cannot know the full extent of their contributions, these women-centered networks of medical knowledge and care informed the development of gynecology and obstetrics passed down to us through male-authored medical texts and, more importantly, helped ancient women survive pregnancy and childbirth.

As it is today, giving birth in antiquity could be dangerous or even deadly. We know this from archaeological and literary evidence of birth outcomes as well as medical writers, like Hippocrates of Cos and Soranus of Ephesus, who record treatments for countless pregnancy complications and risky deliveries. Interestingly, many authors of these medical texts, particularly the Hippocratics, not only considered pregnancy a natural and necessary process but

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² Ibid.
also one that is healing; it was prescribed as a cure for maladies of the uterus and various diseases of the body. There is an intriguing dissonance in how medical writers talk about this universal experience that brings and supposedly restores life but also can result in death, framing pregnancy as capable of curing and also killing. Thus, my reading and research of ancient Greek medical texts leaves me with this guiding question: does pregnancy cure the body just for childbirth to destroy it again?

Much of what we know about ancient Greek medicine, as well as the scientific, philosophical, religious, and cultural beliefs it reflects and inscribes, comes from the preservation of medical texts. The primary sources that I use are medical, specifically gynecological treatises from the Hippocratic corpus and Soranus’s *Gynecology*. The texts attributed to Hippocrates of Cos, the so-called “Father of Medicine,” were collected around the third or second centuries BCE and passed down to us as the Hippocratic corpus. The corpus, actually authored by multiple doctors, is certainly a progenitor of western medical practices and treatment of the female body in particular. Although inconsistencies and contradictions exist within, these works remain significant as part of the first written indoctrination of a medical science that consists of observations and theories about the body that were not divine explanations. I discuss gynecological treatises from the corpus, including *Diseases of Women I and II*, as well as cases from the *Epidemics*. The Hippocratic treatises reflect medical traditions of Classical Greece, but they shape much of the medical landscape throughout antiquity (and beyond), including the work of other influential ancient writers like Soranus and Galen.

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3 Vivian Nutton, *Ancient Medicine* (London; New York: Routledge, 2005). However, Nutton warns that “the fact of survival has given prominence to certain documents and has imposed a way of thinking about them that at times distorts the historical reality” (1). I want to echo this and acknowledge the privileging of ancient material both through chance and choice.
4 Ibid., 60-62.
5 Ibid., 53-71.
Soranus of Ephesus was a Greek physician and medical writer living and practicing in the first and second centuries CE, several hundred years after the Hippocratics. Although he lived and worked in Alexandria and Rome, Soranus’s *Gynecology* is very much a Greek text; he wrote in the language and practiced according to Greek Methodism, a sect of medicine that developed after the Hippocratics. The defining feature of Methodism is its priority on treating the symptoms of disease—which were categorized by relaxation (*status laxus*), constriction (*status strictus*), or a combination (*status mixtus*)—rather than finding and eliminating the underlying cause(s). While Soranus was certainly influenced by the Hippocratics, he disagrees with the corpus in a few key areas. For example, the Hippocratics thought the male and female bodies were fundamentally different, so they treated women according to a separate category of medicine than men and attributed the cause of almost every disease of the female body to the uterus. In contrast, Soranus and other Methodists thought that there were conditions particular to women—which he lists as “conception, pregnancy, lactation”—but the female and male bodies were physiologically similar and causes of disease were “generically” the same, even if symptoms manifest differently, so medical treatment applies to everybody.

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6 Helen King, “Once upon a Text: Hysteria from Hippocrates,” in *Hysteria Beyond Freud* (University of California Press, 1993). We do not have a reliable historical record of Greek medicine in between the time of the Hippocratics and Soranus. Helen King explains that “medical sources are sparse” and “we often read the extant fragments through the hostile eyes of an opponent, so that it is difficult not only to trace and date significant changes, but even to know what exactly was written” (35).

7 Helen King explains that the title *gynaikeia*, translated here as *Gynecology* also means “women’s sexual organs, menstruation, women’s diseases, or therapies for those diseases” (*Hippocrates’ Woman*, 23). The other notable gynecological texts, including the Hippocratic *Diseases of Women I and II* and Metrodora’s *Gynecology*, have the same title.

8 While there were other practitioners and proponents of Methodism, Soranus’ *Gynecology* (Greek) and Caelius Aurelianus’s writings (Latin, largely transliterated from Soranus), are the only surviving methodist texts. (King, “Once upon a Text,” 39; Nutton, *Ancient Medicine*, 188).


Aside from the texts of the Hippocratic corpus, Soranus’s *Gynecology* is one of only a few surviving gynecological texts from antiquity and is the most comprehensive. Soranus had a significant influence on his contemporaries, including Galen, and the physicians and medical writers that followed him; his work also spread into Roman medicine and that of Greek East. His *Gynecology* is unique in that it was (ostensibly) written for midwives to read and use. Soranus divides his work into two conceptual categories over four books: “On the Midwife” (Book I) and “On the Things With Which the Midwife is Faced” (Books I-IV). He begins Book I by explaining the qualifications and responsibilities of midwives, one notably being that she is literate (presumably so she can read his work). Soranus uses the rest of the first book to discuss female physiology, conception, and the signs and symptoms of pregnancy, and then Book II covers the process of “normal” childbirth as well as proper neonatal care for the infant. Books III and IV concern more of the “abnormal,” including diseases of the uterus, difficult pregnancies, and childbirth complications. Owsei Temkin’s translation, *Soranus’ Gynecology*, first published in 1956, is really the only English translation and serves as a foundation for my analysis and insights into the treatise.

A few of the leading scholars of ancient medicine who specifically focus on women’s health and issues of pregnancy and childbirth in ancient Greece are Lesley Dean-Jones, Nancy Demand, and Helen King. They all use medical texts, and particularly the Hippocratics, as their foundation but apply different lenses through which they understand and analyze these sources. Demand’s book *Birth, Death, and Motherhood in Classical Greece* (1994) uses the medical material to discuss the social aspects of childbirth in ancient Greece, while Lesley Dean-Jones’s

13 This passage from Soranus suggests that some midwives were literate. Rebecca Flemming explains that their literacy would have been to varying degrees, if at all, but she views this as promising evidence of “women’s engagement with literary culture” and their own contributions to medical writing (“Women, Writing, and Medicine in the Classical World,” 261-262).
book *Women's Bodies in Classical Greek Science* (1994) takes a more scientifically centered approach, and Helen King combines both of these approaches in her body of work on the Hippocrates. While there is an abundance of scholarship on the Hippocratic corpus, Soranus’s *Gynecology* is lacking the same focus. Dean-Jones, Demand, and King do address Soranus’s influence and his work, but my close reading of his *Gynecology* brings this less discussed text directly into conversation with the Hippocratic corpus and corresponding scholarship.

Throughout Soranus’s *Gynecology* and the Hippocratic corpus, the authors use certain words, particularly qualifying adjectives and phrases, such as “normal” and “abnormal,” to describe and categorize functions of the uterus and the process of pregnancy. For example, Soranus sets a very clear conceptual and physiological distinction between “normal” (κατὰ φύσιν), literally meaning according to nature, and “abnormal” (παρὰ φύσιν), or contrary to nature. These adjectives and phrases are used to describe biological processes in ways that are not only different from how we might conceptualize them today, but also reveal more about how Soranus and the Hippocrates, as well as other medical writers and even the ancient Greeks more generally, perceived and treated the female body. By means of this language, medical writers pathologize the female body and its functions, while at the same time objectifying the body as useful for pregnancy despite the admitted dangers of childbirth.

Looking back to gynecology and obstetrics in ancient Greece provides a fruitful framework to discuss, analyze, and critique current social and medical issues surrounding pregnancy. This exploration reveals the ways in which medical and social conceptions of pregnancy and childbirth in ancient Greece inform the experience and treatment of these processes currently, and how issues of contemporary obstetrics and gynecology enlighten what we know about those of ancient Greece. There are overlapping medical and cultural perceptions
of the uterus, menstruation, and pregnancy between ancient and modern contexts; however, there is tension over the idea that pregnancy is healing, both medically and culturally. Tragically, ancient and modern pregnant people suffer from maternal morbidity and mortality;\textsuperscript{14} birthing people in the United States today are still vulnerable, and the intersectional\textsuperscript{15} factors and issues—such as race, class, and access to healthcare—that impact health outcomes render some at greater risk than others. My research formulates a more nuanced understanding of pregnancy as capable of both curing and killing, an exchange between life and death, in ancient Greece and modern America.

The Women Within the Words

Usually we do not hear the story, we only hear the “facts,” and this is part of what makes science so powerful. But women—whose bodily experience is denigrated and demolished by models implying failed production, waste, decay, and breakdown—have it literally within them to confront the story science tells with another story, based in their own experience.\textsuperscript{16}

—Emily Martin, \textit{The Woman in the Body: A Cultural Analysis of Reproduction}

I focus on the writing of a handful of male medical writers and ascribe those words to the experience of women giving birth in ancient Greece. While we can learn a great deal of information from these texts, much remains unwritten, or, rather, written by the wrong people. Almost every voice we have from antiquity belongs to a man, including those behind the medical texts I use and practically every other such work. There are surviving ancient medical texts

\textsuperscript{14} The National Institute of Child Health and Human Development (NICHD) explains that “\textit{Maternal morbidity} describes any short- or long-term health problems that result from being pregnant and giving birth. \textit{Maternal mortality} refers to the death of a woman from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends” (NICHD, “Maternal Morbidity and Mortality”).

\textsuperscript{15} Intersectionality as a framework was defined by Kimberlé Crenshaw, who furthered the work of fellow Black scholars such as bell hooks and Audre Lorde who wrote extensively about the complexities of socio-political identities for Black women. A few (of many) seminal works on intersectionality include: bell hooks, \textit{Ain’t I a Woman? Black Women and Feminism} (South End Press, 1981); Audre Lorde, \textit{Sister Outsider: Essays and Speeches} (Crossing Press, 1984); Kimberlé Crenshaw, “Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color,” \textit{Stanford Law Review} 43, 6 (1991): 1241-1299.

attributed to women authors, both titled *Diseases of Women*; one is by Cleopatra (Hellenistic period) and the other by Metrodora (late antiquity). In addition to these texts, we know that there were professional female healers, including the doctor (*iatrinē*, the feminine form of the male *iatros*) and the midwife (*maia*). Some of these women would have been able to engage directly with medical literature, as implied by Soranus, and Lesley Dean-Jones adds that Soranus’s “work was extremely popular throughout antiquity among midwives and those who treated women frequently.” Women contributed a great deal to the practice and written doctrination of ancient medicine generally and gynecology specifically. Male medical writers had to learn about the intimacies of the female body from women in the first place, which is why Nancy Demand posits that “the bulk of the material in the [Hippocratic] gynecological treatises consisted of midwives’ or women’s lore,” but had to be “filtered” through the Greek male perspective. The male takeover of obstetrics and gynecology begins.

An ancient woman’s healthcare would have been controlled by a male family member or husband, also known as her *kyrios* (someone who has authority, a master). In fact, Helen King explains that “it may have been his decision rather than hers as to whether medical attention was deemed necessary,” and since the *kyrios* would be the one paying the doctor, “explanations for the woman’s illness would thus have needed to convince the *kyrios*, rather than the patient.” Many of these explanations were based on “models implying failed production, waste, decay,

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17 Rebecca Flemming, “Women, Writing, and Medicine in the Classical World,” *The Classical Quarterly* 57, 1 (2007) 276-278. Flemming explains that the authorship of both texts is debated among scholars, but she argues that Metrodora’s *Gynecology*, a compendium containing the regimens and treatments for various gynecological conditions, is less dubious than Cleopatra’s. Currently, no English translation of Metrodora’s *Gynecology* exists, but I look forward to when the scholarship is published.

18 Ibid., 257-279.


and breakdown,” such models Emily Martin suggests above have “denigrated and demolished” the lived experience of the female body. Martin is talking about the twentieth century, but her words certainly apply to antiquity (unfortunately for people living both then and now). However, women did have control over their health in certain areas where their experience could not be questioned by men or where they were able to manipulate doctors. The Hippocratic treatise *Eight Months’ Child* supports this reality, as the physician warns: “You should not distrust women about their giving birth, for they always say the same thing and they say what they know; they are not to be persuaded by either fact or argument to believe anything contrary to what they know is going on inside their own bodies.” In areas such as pregnancy, doctors had to defer to the expertise of women. For this reason, Helen King argues that women would have been able to “play the system” in favor of their own personal and medical interests, and thus it is limiting to strip ancient women of their agency.

Demand asserts that “if we are to have a history of Greek women, childbirth must form a central part of it.” Under the patriarchal society of ancient Greece, women’s primary role was bearing and raising children, implicating childbirth as a site of systemic oppression. As a result, Dean-Jones explains that ancient women “would have personal experience of their body as complete… but the importance to society as a whole of the production of offspring would lead them to regard their prime role as childbearing and -rearing, and so to define their bodies as potential mothers.” The embodied identity of womanhood ties back into the social and linguistic requirement to have given birth. However, childbirth was not solely exploitative and

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26 Demand, *Birth, Death, and Motherhood*, 1.
27 Dean-Jones, *Women’s Bodies*, 27.
oppressive, as the ability to produce children was a means to personal and household status and even survival (depending on class).\textsuperscript{28}

Moreover, medical discussions of pregnancy and childbirth provide access to rich information about ancient women and their bodies that we do not have elsewhere. Instead of accepting these male-authored texts as further limiting what we know and can learn about women in antiquity, Dean-Jones sees medical texts as a more profound account of Greek women’s lives than much of our other evidence. She points out that:

… male authors who espoused scientific principles would have had to turn frequently to women for their data, and their images would have had to be ratified to some extent by women. This was not the case in other forms of literary production. It is possible that… a study of scientific concepts of women’s bodies in Greek science will give us some insight into women’s consciousness of themselves in antiquity.\textsuperscript{29}

This echoes Martin’s suggestion that women “have it literally within them to confront the story science tells with another story, based in their own experience,” which applies to antiquity even if we do not have much tangible evidence of it. After all, it is the task of anyone who studies antiquity to glean all the information we can from what survives. When almost all that survives is authored by and centered around men, it makes it even more important to attempt to animate and understand the women from within, rather than further silence them.

\textbf{Author’s Note}

Scientific and medical discourses construct and naturalize a lexicon that has historically been used not only to analyze and assess the human form but also to pathologize and justify violence against certain bodies. Crucial to my analysis of the ancient material is my interrogation of certain qualifying adjectives, particularly “healthy” and “unhealthy,” as well as “natural,”

\textsuperscript{28} I talk more about issues of class in Chapter 1.
\textsuperscript{29} Dean-Jones, \textit{Women’s Bodies}, 40.
“unnatural,” “normal” and “abnormal.” These words are punitive and normative, and their impact is rendered more severe since they are used as objective facts despite being subjective constructs. I do not attempt to (re)define these terms; in fact, I argue that there is not and could not be a more appropriate or universal definition because these are socially defined and, as I hope to show, impossibly achieved concepts. Instead, I intend to analyze and critique the ways that medical writers use this language, which is important in discussing the conceptual and medical impact of their rhetoric on those it is wielded against.

As I am working primarily with ancient Greek medical texts, all written by men, I quote harmful language about sex, gender, and the body. I am uncomfortable with the rhetoric used by ancient medical writers, as well as the ideas they enforce with those words. While we know that gender can be infinitely experienced and expressed, the ancient Greeks conceptualized sex and gender closer to a strict binary. So, in my discussion of the ancient texts I use the language of this binary because I think that an anachronistic or revisionist analysis runs the risk of not fully understanding, and thus not successfully exposing, the problematic thinking of the ancients and how this impacted their practices of medicine.

While I use gendered language when discussing ancient medical texts, in my modern discussion and analysis I prefer to use gender-neutral phrasing whenever appropriate. The “female” body has many different connotations and lived experiences. “Women” as a category can be normative, insufficient, and exclusionary. Especially when discussing pregnancy and childbirth, “female” and/or “women” can conceal people who do not or cannot become pregnant—including queer women and non-binary and trans people, women who do not menstruate or have a uterus, women who are not able to become pregnant, and women who become pregnant but do not carry full term—as well as people who are not women that can and
do become pregnant. Although I use “women” here and elsewhere in its most expansive sense, I will use language such as “people who can become pregnant” and “birthing people” in an attempt to recognize all the iterations of the historically “female” experience.

Finally, I must situate this work within the systems of oppression it inevitably implicates and perpetuates. Within both ancient and modern contexts, heteronormativity and ableism underlie discussions of pregnancy and childbirth. Reproduction, especially from a contemporary perspective, often invokes a narrative of “choice” which is rife with assumptions, complexities, and limitations. Pregnancy is not always or necessarily a “choice.” It certainly was not for the girls and women living in ancient Greece. The degree to which pregnancy is a “choice” today depends upon many factors, including, but not limited to, gender, race, class, and dis/ability. Before moving forward in my discussion of pregnancy and childbirth, it is important that I acknowledge the intersectional experiences and systemic oppressions under which people become pregnant, in ancient Greece and in modern America.
Chapter 1: “The Ultimate Solution to Women’s Problems”

“A Body of Fluids… A Body of Blood”: Hippocratic Imagination of the Female Body

The Hippocratics construct a sickly, unbalanced, and volatile female body that inherently needs to be cured. Lesley Dean-Jones explains how the Hippocratics pathologized the female form:

Not only did it fall short of the male ideal in a manner that required a monthly readjustment to keep it healthy, but the mechanism that performed this readjustment was itself in constant danger of malfunction and therefore posed a threat to the health of a woman. The development of many illnesses in a woman was traced to a malfunction in her reproductive system because this was her first line of defense against disease.30

The Hippocratics treat women according to a separate system of medical principles from men, since they believe their uterus, or “mechanism” as Dean-Jones calls it, is the cause of all disease, even those that can be experienced by the male body as well.31 Unless within a gynecological treatise or when explicitly describing women, the default medical body and, in extension, the baseline definition of health was male.

In simple terms, the Hippocratic meaning of health is balance. Dean-Jones defines it as “when the various constituents of [the] body are combined in the correct amounts,” while “[a] superabundance of any one of these constituents causes a person to be unhealthy and susceptible to certain specific illnesses, and has to be rectified.”32 These “various constituents” were distinguished by some medical writers through humoral theory, in which the body consists of a combination of elements, most commonly the four humors of blood, phlegm, black bile, and yellow bile.33 Excess or imbalance of these humors causes the body to enter a state of “unhealth,” or disease. Nancy Demand further explains that a “season or climate in a particular locality” of

30 Dean-Jones, Women’s Bodies, 135.
31 Ibid., 110.
32 Ibid., 120.
33 Dean-Jones, Women’s Bodies, 120; Demand, Birth, Death, and Motherhood, 35.
the body, such as dry or humid, “might also augment certain humors” which could transform a
“slight symptom into a serious illness, or vice versa.” Helen King, however, warns that the
dominance of the four-humor theory resulted from Galen’s misinterpretation of the Hippocratic
*Nature of Man*, and the Hippocrates mention many fluids outside of the four humors within
other works of the corpus. While humoral theory is useful for understanding prevailing notions
of health in antiquity and even until medieval times, they do not fully encapsulate how the
Hippocrates define women’s health.

King explains that “women are dominated by blood, but also contain bile and phlegm,
and substances that resemble pus and mucus,” so the female body is “not precisely a body of
humours” but “is indeed a ‘body of fluids’… and it is even a ‘body of blood.’” According to
descriptions in the Hippocratic texts, the male body is often “bilious, phlegmatic, dry, or humid,”
while the female body is almost always too phlegmatic, too wet, and too humid. The author of
*Diseases of Women I* explains that women’s bodies are “more porous” than men’s, and “because
woman’s flesh is softer, when her body fills up with blood, unless the blood is then discharged
from her body, the filling and warming of her tissues that ensue will provoke pain: for a woman
has hotter blood, and for this reason she herself is hotter than a man.” The author then contrasts
the hot, blood-filled female body with the male body that is “never overstretched or heated by
fullness” since the flesh is much “solider” and the blood is cooler and of a lesser quantity. He
also adds that “a great amount of this is also due in a man to his exerting himself physically more

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34 Demand, *Birth, Death, and Motherhood*, 35.
36 King, “Female Fluids,” 38-40.
than a woman.” So, even when the male body is in excess of blood or any other fluid, men had a means toward achieving stasis through exercise. The Hippocratics also list changes to diet, purgings, fumigations, and even bloodlettings as a means to restore balance of the humors; however, none of these means apply to women’s bodies. Dean-Jones explains, “neither diet, exercise, nor artificial purging could relieve a woman of her congenital proclivity to humidity. To ensure that her body did not become overburdened by excess substances she had to rely on her monthly evacuation.” Dean-Jones mentions menstruation as key to maintaining health in the female body, which the author of Diseases of Women I also suggests when he says that “if, however, most of the blood that was added [to the female body] is subsequently discharged, no pain will arise from it.” The Hippocratics construct the female body to be overflowing with and even burdened by blood, and as a result they supply menstruation as one of the only means toward health.

Menstruation is essential to women’s health in the Hippocratic corpus, not only because it purges the female body of its abundance of fluids, but also because bleeding (or lack thereof) is an external, and thus easily observable, indicator for the Hippocratic doctor. King explains that the Hippocratics diagnose using signs from the body, which can take the form of fluids like sweat, urine, and blood, so the additional “encouraging sign of a heavy period” renders the female body more readable and diagnosable for physicians. In this way, having a period behooves women; menstruation could be lifesaving. However, Hippocratic opinions of menstruation are not simply that it is healthy, but are complicated and even contradictory.

39 Dean-Jones, Women’s Bodies, 124.
40 Ibid.
41 Hippocrates, Diseases of Women I, 12-13. ἢν δὲ τὸ πλεῖον ἐπιγενόμενον ἀποχωρέῃ, οὐ γίνεται ὁ πόνος πρὸς τοῦ αἵματος (Diseases of Women, 1.1).
42 King, Hippocrates’ Woman, 52-53.
43Demand and King talk about how this is especially true for the sick women treated in the Epidemics, whose lack of menstruation almost always foreshadowed death.
In addition to the inherently unhealthy constitution of the female body that requires menstruation, the body that menstruates is also impure and cyclically unstable. Menstruation was considered a cleansing process, in which pollutants and excesses could be expelled from the body, seemingly offering the female body the opportunity for “health.” The ancient Greek words used to refer to or describe menstruation carry connotations of cleansing and purification; for example, one term for women menstruating is καθαιρόμεναι, literally meaning “of the person or thing purified; to make pure or clean; cleanse, clean, purge.” Menstruation was considered a cathartic act that supposedly restored health, but considering that it is often cyclical and recurring it follows that the female body is never really or successfully “cleansed.”

Not only could female health be achieved only temporarily, it was also nearly physically impossible according to the parameters set by the Hippocrates. The Hippocrates assert that the healthy amount of blood loss through menstruation is two Attic kotyls over the duration of two to three days, an amount that would be concerning today. King further explains that “in our terms, menstruation at the level expected in the Hippocrates would indicate that a woman was suffering from a disease, and that she would be in danger of becoming anaemic at the very least: in Hippocratic terms, most Western women today are very sick indeed.” With this exorbitant amount set as the benchmark, King remarks that for the ancient woman “health is to bleed like a sacrificial victim.” Thus, the impossibility of female health is almost complete, as menstruation, one of the only means toward health, was also constructed to be unachievable, and even if it was attained it actually would have been harmful. The other primary means toward

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42 An Intermediate Greek-English Lexicon, s.v. “καθαιρόμεναι.”
43 Dean-Jones, Women’s Bodies, 89. Dean-Jones explains that two kotyls are equivalent to “about one pint and therefore seven to eight times what is considered the normal amount today.” She also adds that “even Soranus mentions this inordinate quantity, though he does add that it is the absolute maximum” (89).
44 King, Hippocrates’ Woman, 32.
45 Ibid., 98.
female health provided in the Hippocratic corpus is pregnancy, which relies on but then also precludes menstruation.

Another inconsistency regarding menstruation within Hippocratic texts was that it was also considered a failure, paling in comparison to the supposed health benefits of pregnancy (and, of course, the socio-economic expectations and advantages of bearing children). As I mentioned earlier, the Hippocratics believed the uterus and the reproductive system to be the cause of all disease, so the female body was required to continually purge itself of inherent maladies through menstruation. As a result, according to Dean-Jones, “keeping the mechanism for evacuating the inevitable excess in working order” was considered important for women’s health, and the Hippocratics suggest a woman keep her “mechanism” functioning by ensuring the body “would utilize the excess and also, after parturition, leave the mechanism in a more efficient state than before.” In other words, she should become pregnant and give birth.

Prescribing Marriage: Pregnancy as a Cure in the Hippocratic Corpus

The suggestion that pregnancy is healing recurs throughout the gynecological treatises within the Hippocratic Corpus. The most extensive gynecological texts of the Corpus are *Diseases of Women I* and *II.* *Diseases of Women I* begins with this statement: “Concerning diseases of women: I assert that a woman who has not borne children becomes ill from her menses more seriously and sooner than one who has borne children.” Immediately, women who have not given birth are pathologized. Thus, Dean-Jones’s observation that “motherhood was generally viewed as the ultimate solution to women’s problems” applies both socially and

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48 Dean-Jones, *Women’s Bodies*, 125.
medically.\textsuperscript{51} So, the body that has given birth is healthier than the body that has not, which makes the female body that has not given birth the most unhealthy and unstable. The Hippocrates reinforce this idea in their recurring advice for treating various conditions of the body, including gynecological issues. One example can be found in the treatise \textit{Generation}. The Hippocratic author explains:

\begin{quote}
if [women] have intercourse with men they are more likely to be healthy, if not, then less so. For first, their uterus becomes moist during intercourse, rather than being in a dry state, and in a dry state it contracts more strongly than it should, and in contracting provokes serious trouble in the body. Second, intercourse makes the menses pass more easily by warming and moistening the blood, whereas if the menses do not pass, women’s bodies become prone to disease…
\end{quote}

\begin{quote}
唬
μὲν μίσγωνται ἀνδράσι, μᾶλλον υγιάνουσιν· εἰ δὲ μῆ, ἱσσον. ἀμα μὲν γὰρ αἱ μητρὶς ἵκταλέαι γίνονται ἐν τῇ μίξει καὶ οὐ ξηραὶ, ἔοοσαι μᾶλλον τοῦ καιροῦ συστρέφονται ἵσχυρῶς, συστρεφόμεναι δὲ ἵσχυρῶς πόνον τῷ σώματι παρέχουσιν· ἀμα δὲ ἤ μίξις τὸ ἁμα θερμαίνουσα καὶ υγραίνουσα ποιέει ὅγος ῥηϊτέρῃ τοῖσι καταμηνίοισι· τῶν δὲ καταμηνίων μὴ χωρεόντων τὰ σώματα τῶν γυναικῶν ἐπίνοσα γίνεται.\textsuperscript{52}
\end{quote}

The author does not explicitly mention pregnancy in this excerpt but the implication is there, since the purpose of a woman having intercourse, at least formally, was to become pregnant. Intercourse promotes menstrual flow (which was necessary to keep the body healthy, especially for becoming pregnant), and if the woman does not have sex and ideally become pregnant as a result, then the body is susceptible to disease. The author explains that it is healthy to have intercourse with a husband (to become pregnant) because it protects the body from the “contracting” (συστρέφονται) uterus and the “trouble” (πόνον) it causes. This word, πόνον, means “suffering, physical pain” and “disease, illness,” but also means work or labor and “the fruit or product of labor” and is the word often used for the pains of birth.\textsuperscript{53} Thus, the author uses this word to contrast the non-pregnant body with the birthing body; for the former the πόνον is for a negative reason and for the latter it is painful for a positive and productive outcome. This

\textsuperscript{51} Dean-Jones, \textit{Women’s Bodies}, 126.


\textsuperscript{53} Brill Online Dictionary, s.v. “πόνος.”
excerpt demonstrates a main idea within Hippocratic texts about menstruation: not only was it necessary to cleanse the body of impurities and prepare for pregnancy, but also the lack of menstruation specifically when not pregnant was most unhealthy.

One of the reasons the Hippocratics believed pregnancy to be curative was in easing issues caused by the lack of menstruation. As discussed above, the Hippocratics view menstruation as a healthy process, yet it could still harmfully disrupt the body and the only way to prevent this is through pregnancy. In the treatise Nature of the Child, the author writes, “When a woman is pregnant, she is not troubled by the failure of her menses to pass, since her blood is not stirred up as it separates off in a mass each month; rather blood passes into her uterus gently a little at a time without trouble each day, and what is growing in the uterus increases.”54 He compares this with the non-pregnant body, which is “troubled” by the lack of menstruation. He concludes, “Thus if a woman is quite empty of blood, she becomes pregnant, whereas if she is full, she does not. For when the uterus and vessels are empty of blood, women conceive children, since it is mainly after the cleaning of the menses that women become pregnant.”55 The Hippocratics justify their heightened emphasis on menstruation as necessary for pregnancy by explaining that pregnancy is often the direct result of “the cleaning of the menses.” Also, in light of the previous discussion on the Hippocratic value of menstruation, this statement suggests that menstruation is healthy and important because it prepares the body for pregnancy.

Furthermore, an example from the treatise Nature of Women promotes the idea of pregnancy as a treatment for disease. The author describes a condition in which women suffer


55 Ibid., 40-41. ὥστ᾽ ἢν μὲν ἀποκενῶται τῶν ἀματοῦ ἡ γυνὴ, λαμβάνει ἐν γαστρὶ· ἢν δὲ πλήρῃς ἡ, οὐκ ἐκείνοι γὰρ τῶν μητρῶν καὶ τῶν φλεβῶν γενομένων τῶν ἀματοῦ, λαμβάνουσιν πρὸς σφᾶς αἰ γυναῖκες τοὺς παῖδας· (Nature of the Child, 4).
from dropsy (swelling from excess moisture) in the uterus, resulting in fever and pain in the lower abdomen.\textsuperscript{56} He notes that “the disease usually arises subsequent to an abortion, although it can have other origins.” For remedy, the author suggests a mix of topical and oral medications, and if this initial treatment works and “her fevers cease, and her menses appear,”\textsuperscript{57} he advises that she “sleep with her husband.” He concludes the discussion of this condition with its ultimate cure: “If she gives birth, she will recover.” This example reinforces the notion of pregnancy as a remedy at almost every stage of the condition. First, the author alludes that this disease is the result of, and perhaps even a punishment for, an abortion. It is important to note that the ancients understand abortion as any termination of pregnancy, elected or otherwise, so it would have included miscarriages.\textsuperscript{58} Then he prescribes drugs in order to restore her health enough for her to be impregnated by her husband, and if she succeeds in carrying to term then she will be completely restored. The implication of this example is telling; failure to carry a fetus is pathologized, and she will never “recover” until she produces children.

As in this instance, language that invokes the marriage or widow status of a woman is pervasive throughout the Hippocratic texts as a way of ensuring that she has someone to “cure” the problems caused by that pesky uterus. Many ancient medical writers including the Hippocratics believed that the uterus could move around inside the female body and provoke disease, a condition which came to be known as “wandering womb.” Such movement of the uterus was believed to cause the illness “hysteria,” which King explains originates in the condition referred to in ancient Greek medical texts as \textit{hysterikē pnix}, “suffocation caused by the

\begin{footnotes}
\item[57] Note menstruation being used here as an external indicator for the woman’s health.
\item[58] The Hippocratic \textit{Oath} explicitly forbids physician-assisted abortion—“I will not give to a woman a pessary to cause abortion” (Hippocrates, \textit{Oath}, trans. W. H. S. Jones (Loeb Classical Library, Vol I), 298-299)—but we know that intentional abortions occurred. Medical texts, including some in the corpus, list drugs prescribed for this reason, and there are even instructions for physical activity to provoke abortion given by the Hippocratic author in \textit{Nature of the Child} (which I discuss at the end of this chapter).
\end{footnotes}
womb.” Demand suggests that “wandering womb provided a handy catchall diagnosis for the illnesses of women, justifying early marriage, frequent childbearing, and the rapid remarriage of divorced or widowed women, all of which served the reproductive aims of the oikos [household].” We see the application of this “handy catchall diagnosis” as justification for (re)marriage by the author of *Nature of Women*. He writes, “If a woman’s uterus moves against her liver, she will suddenly lose her speech, grind her teeth, and take on a livid coloring—these things will befall her suddenly while she is in a healthy state. This happens to unmarried women, especially if they are advanced in age and widowed, but also if they are young and widowed after having had children.” In ancient Greece, the purpose of marriage was reproduction, and ideally resulted in multiple children; a woman without a husband was assumed to be celibate and thus could not become pregnant. The Hippocratic author says that the woman could even be “in a healthy state,” yet her empty uterus shocks her body into an almost catatonic state. He lists various treatments, but he declares that “best, however, would be for her to become pregnant. For an unmarried woman, best is to marry.” The Hippocratic author reinforces the idea that women should be continuously getting pregnant and having children to remain healthy. Again, conditions such as these, that do not necessarily have to be gynecological, are attributed not only to the uterus, but specifically to the failure of the uterus to carry a fetus. Therefore, Hippocratics inherently fault any woman who is not pregnant for her own health problems.

A final example from a treatise titled *Disease of Virgins*, or *Girls*, shows the extent to which the Hippocratics believed in the healing powers of pregnancy. The doctor-author discusses

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59 King, “Once upon a text,” 5. King traces how the disease *hysterikē pnix* over time fell under the name “hysteria,” an illness that generalizes conditions of the female body.
60 Demand, *Birth, Death, and Motherhood*, 32.
62 Ibid., 196-197.
the “sacred disease” (epilepsy) and how it impacts the mental state of young women, as “many
persons have hanged themselves—actually more women than men, for womanly nature is more
fainthearted and sorrowful.”63 In addition to their “womanly nature,” the author provides the
reason for this depression, explaining that “when young women in the season of marriage remain
without a husband, they suffer, in particular at the time of the downward passage of their menses,
this evil [depression and suicidal thoughts] to which before they were not very subject.”64 We can
see the extent to which pregnancy was considered and framed as a cure; not only was it
prescribed by doctors to fix maladies of the uterus and other diseases of the body, but also for
mental illness.

Ancient Greeks promoted the medical and social expectations for women to bear
children, but what happened to the women who were not able to conceive or carry to term? The
Hippocratics address infertility in their writing; there is even a treatise devoted to the topic called
Barrenness. The writer of Barrenness prefaces his discussion saying, “This is the number and
kind [of causes] in women that prevent them from giving birth, until they are healed, and through
which they become completely barren: thus, there is no need to be surprised that there are often
women who fail to give birth.”65 While the Hippocratic author might not think of sterility as that
unusual, his warning that “there is no need to be surprised” that some women are barren suggests
that this would be shocking to some. In “Women’s Health and Recovery in the Hippocratic
Corpus,” King explains that there are circumstances for “the possibility of health in the absence
of fertility;” for example, the Hippocratics say that a woman can be infertile because her uterus is

64 αἱ δὲ παρθένοι, ὁκόσῃσιν ὥρη γάμου, παρανδρούμεναι, τοῦτο μᾶλλον πάσχουσιν ἅμα τῇ καθόδῳ τῶν ἐπιμήνιων,
πρότερον οὐ μᾶλα ταῦτα κακοπαθέουσαι (Girls, 1).  
explains that both the male and female bodies contain male and female seed, and that after intercourse the woman
decides whether or not she retains the seed and conceives (Generation, 5). On the one hand, this idea gives the
woman agency over conception; on the other hand, it then blames her if she does not become pregnant.
“weak” despite otherwise being “basically healthy,” or a woman’s successful recovery from disease can leave her unable to conceive.66 King uses these examples of barren yet healthy women to argue that Hippocratic medicine does not necessarily preclude sterile women from their definition of a healthy female body, which I hope was the case but fear that the sparse examples she utilizes are not enough to refute the strong language from the Hippocratics elsewhere. If King is correct, failure to bear children would have still been considered a socio-economic problem, if not a medical one.

The Hippocratic medical writers imagine a female body that is unbalanced and volatile that leaves no real possibility for women to attain consistent health. The soft, porous, and wet body is filled with an excess of blood that must be discharged monthly in order to prevent disease. However, the parameters of menstruation render it unlikely any woman was able to do this successfully in the eyes of the Hippocratic physician, and the only way a woman could work toward this unattainable concept of health was to become pregnant. Within Hippocratic gynecology, pregnancy offers women an escape from the inherent doom of their bodies while also conveniently serving the expectations of Greek society.

**Treatment of the Female Body in Soranus’s Gynecology**

While the Hippocratics imagined an inherently unstable and unhealthy body, Soranus understands health differently. An excerpt from a section titled “How to Recognize Those Capable of Conception,” in which Soranus describes those that he deems “fit” for pregnancy and childbearing, exposes the slippery nature and arbitrariness of Soranus’ concept of “health.” Soranus claims that, in order to be viable for conception, the woman should not be “mannish, compact, and oversturdy [sic], or too flabby and very moist”; it is not healthy for the uterus to be

too hard or too soft, too constrictive or too lax, too wet or too dry; and, in extension, it is not healthy for the body to have irregular menstruation, or for the person to be too thin or too fat, too young or too old (ideally between the ages fifteen and forty). According to these parameters, it seems unlikely that anyone would be able to conceive, or even be considered healthy for that matter. Expanding the investigation of this standard of health further shows how Soranus yields this term in order to pathologize the uterus, and he effectively cements the objectification and inferiority of the female body by making health virtually unattainable.

Since this is a gynecological text that is ostensibly for midwives, Soranus takes a practical and pedagogical approach to his discussion of the female body and its functions that actually expresses great care for the health of women. Perhaps because it is devoted to gynecology and intended for women, Soranus pathologizing the female body is not as explicit as within the Hippocratic Corpus, but it is still there. For example, in the middle of instructions on what a midwife should do during delivery, Soranus warns that she “should beware of fixing her gaze steadfastly on the genitals of the laboring woman, lest being ashamed, her body become contracted.” While he suggests this to make the laboring woman feel more comfortable, it still reinforces the implication that she should feel ashamed. Additionally, one of the rare occasions that Soranus talks about the sexual desires of women they are completely pathologized; he attributes it as a symptom of a condition called Satyriasis, “intense itching of the genitals together with pain.” He writes, “because of this [condition] they develop an irresistible desire for sexual intercourse and a certain alienation of the mind (because of the sympathetic relation of the meninges [a part of the brain] with the uterus) which throws aside all sense of shame.”

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68 Ibid., 75.
69 Ibid., 148.
70 Ibid. Dean-Jones similarly notes that in “one of the rare places in the [Hippocratic] Corpus where women are described as having a conscious appetite for intercourse... it is part of a pathological condition” (*Women’s Bodies*, 134).
Although brief, these two moments reinforce that the female body is and should be shameful—not only the lustful body but also the naked, birthing body.

Soranus describes the “nature” of the uterus, which reveals his expectation of the female body to be tied to childbirth. In a section titled “What Is the Nature of the Uterus and of the Vagina?”, Soranus prefaxes his description of the anatomy by listing some of the words used to refer to the uterus, including ὑστέρα (hystera), δελφύς (delphys), and μήτρα (mētra).71 μήτρα also means “mother,” which he explains could be the name for the uterus because “it is the mother of all the embryos borne of it or because it makes mothers of those who possess it; or, according to some people, because it possesses a metre of time in regard to menstruation and childbirth.”72 In all of these possible interpretations, one aspect is made clear: the uterus functions to produce children, and all those that possess it are expected to fulfill that function, a priority expressed throughout Soranus’s *Gynecology*.

**Soranus’s Thoughts on Pregnancy**

In a section titled “Whether Catharsis of the Menses Fulfills a Helpful Purpose,” Soranus presents a debate within the medical community over “whether menstruation is helpful, first, with regard to health and second, with regard to childbearing.”73 First, he summarizes the position that believes menstruation to be healthy for the body in general and for childbirth in particular. These physicians say that women lead a “domestic and sedentary life,” so in lieu of exercise “[nature] provided to draw off the surplus through menstruation,”74 a position which mirrors that of the Hippocrates. Soranus, however, disagrees, arguing that “even if [nature]
created menstruation providentially, she did not contrive it for the preservation of health but for childbearing.” He reasons that women who cannot become pregnant—girls before menarche and women after menopause—do not have periods, and concludes that menstruation is not healthy but only “useful” for pregnancy. While Soranus disagrees that menstruation is inherently “healthful,” he does agree with the Hippocrates in that it is required for pregnancy, and in doing so effectively reduces the female body to one purpose: producing children.

Soranus uses his position in this debate about menstruation in order to support his stance in another argument about the healthiness of pregnancy discussed in “Whether Conception is Healthful.” Soranus writes:

Some people believe pregnancy to be healthful, because every natural act is useful, and pregnancy too is a natural action. Second, because some women, menstruating with difficulty and suffering uterine pressure, have been freed of their troubles after pregnancy. Opposed to such arguments, one must say that menstruation too is a natural act, but not a healthful one, as we have recalled. As a matter of fact if a thing is useful it is not in every case healthful as well. Indeed, both menstruation and pregnancy are useful for the propagation of men, but certainly not healthful for the childbearer.

Soranus begins by relaying an opposing belief about pregnancy that implies that these keywords are coterminous; pregnancy is “natural,” anything natural is “useful,” and anything useful is “healthful.” Notably, he includes the example of pregnancy curing conditions of the uterus and difficult menstruation, which indicates that “some people” (other physicians) are still using

76 Ibid., 40-41.
77 Soranus, Gynecology, ed. Ioannes Ilberg (Berlin: Teubner, 1927), I.XI.42.
Hippocratic rhetoric of pregnancy as curative during Soranus’s time. However, Soranus takes a semi-oppositional stance, one that requires unpacking to fully understand. He agrees that pregnancy is “natural,” but disagrees with the rest of this position by making the distinction that “useful” does not inherently also mean “healthful.” He applies the Methodist argument discussed earlier, that menstruation is “useful” for childbirth but not “healthful,” in order to support this statement. These adjectives are socially constructed concepts, so it is important to interrogate how Soranus defines and uses each of these terms. A look at the original Greek provides insights.

The Greek reads, “because every natural act is useful, and pregnancy too is a natural action” (ὅτι πᾶν φυσικὸν ἔργον ὑφέλιμον ἔστιν, φυσικὸν δὲ ἐνέργημα καὶ ή σύλληψις). Soranus agrees that pregnancy is “natural,” using the adjective φῦσικός, meaning “natural, produced by nature, inborn, congenital.”

78 The noun form is φύσις, meaning “the nature, natural qualities, powers, constitution, condition, of a person”; “form, stature either outwards or inwards.”

79 These expanded definitions suggest the concept of nature or “the natural” is an embodied category. Interestingly, φύσις also means “origin, birth,” which is relevant here; to the ancient Greeks the concepts of birth and nature were inherently inseparable. Soranus asserts that anything “natural” is also “useful” (ὁφέλιμον) and investigating the meaning of this word supports the view of pregnancy as valuable because it produces children. The word ὑφέλιμον is an adjective meaning “helping, serviceable, and useful,” which was Temkin’s choice of translation, but other definitions of this word include “profitable, advantageous, beneficial.”

80 These other meanings of ὑφέλιμον reinforce the view of pregnancy as transactional, a productive service that is not solely reproductive. Soranus also says that pregnancy is a “natural act” (φυσικὸν δὲ ἐνέργημα).

Although translated as “act,” the word ἐνέργημα also means “at work, working, active, busy”;

78 Brill Online Dictionary, s.v. “φῦσικός.”
79 An Intermediate Greek-English Lexicon, s.v. “φύσις.”
80 Ibid., “ὁφέλιμος.”
“of soldiers, ships, effective fit for service”; “of land, in work, productive, capital which brings in a return.”\(^{81}\) Again, the connotations of this word reinforce and reflect the objectification of female bodies so that their primary expectation and value was in bearing children; women’s labor was to be in labor.

Interestingly, Soranus says that despite the usefulness in accomplishing procreation, both menstruation and pregnancy are “certainly not healthful for the childbearer” (οὐ μὴν ὑγιεινὸν ταῖς κυοφοροῦσαις), the double negation (οὐ μὴν) in the Greek emphasizing his point. So what does “healthful” (ὑγιεινὸν) mean to Soranus? He uses “healthful” only regarding functions or attributes that actively improve one’s health, so something that enables the body to keep functioning and performing as usual is not necessarily categorized as healthy. To Soranus, at least as he indicates here, the base state of the body is neither healthy nor unhealthy, but neutral. This distinction is made clear when he says that, “For not by conceiving are they relieved of the preceding uterine troubles, rather, being relieved of the latter, they then conceive. Even granted that they are relieved by conception, conception is not a means of preserving health but an aid against disease.”\(^{82}\) So even though Soranus believes pregnancy is “useful” because it can prevent or cure disease and ensure procreation, he does not think it is “healthful,” because it only prevents the body from being impacted negatively, rather than positively improving it. While the Hippocratics offer the female body a window of health through pregnancy, Soranus effectively closes it. This reveals how more generally ancient Greek physicians conceived of and qualified the functions and characteristics of the uterus as inherently “unhealthful”—not even their supposedly curative functions like menstruation and pregnancy were healthy—yet still useful for

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\(^{81}\) An Intermediate Greek-English Lexicon, s.v. “ἐνέργημα”

\(^{82}\) Soranus, *Soranus' Gynecology*, 40-41. Συλλαβοῦσαι μὲν γὰρ οὐκ ἀπαλλάσσονται τῶν προὔπαρχόντων περὶ τὴν ύστεραν οχληρῶν, ἀπαλλασσόμεναι δὲ τούτων τότε συλλαμβάνονται. Εἰ δὲ καὶ ὑπὸ τῆς συλλήψεως ἀπαλλάσσονται, βοήθημα γίνεται νόσων ή σύλληψις, οὐ τηρητικον τοῦ ύγιαίνειν (I.XI.42).
them. This reinforces, although in a different way, the unattainability of female health introduced in the Hippocratic corpus; in this state that even Soranus says can protect the body from disease, he still does not allow the pregnant body to achieve his concept of health.

Soranus’s language around the healing benefits of pregnancy is not as direct as the rhetoric of the Hippocratics and complicates the Hippocratic stance. The most direct reference to pregnancy as a cure in the Gynecology does not actually come from Soranus himself, but occurs when summarizing what others in the medical community believe. He relays that some physicians think “[intercourse] also relaxes the uterus, so that menstruation is kept unhindered. Thus many women, menstruating with difficulty and pain because of a long widowhood, have menstruated freely after marrying again.”83 Soranus does not affirm this, and in fact disagrees with these physicians based on other parameters, but it does show that this type of thinking was still prevalent within the medical community by the time of Soranus. Soranus makes another reference to this idea in a section titled “Hysterical Suffocation.”84 He writes, “In most cases the disease is preceded by recurrent miscarriages, premature birth, long widowhood, retention of menses and the end of ordinary childbearing or inflation of the uterus.”85 All of these listed causes implicate failure to conceive and carry to term, which pathologizes non-pregnancy but does not necessarily promote pregnancy.

While the Hippocratics espouse the healing benefits of conception and pathologize non-pregnancy, Soranus does not idealize pregnancy—in fact, he devotes Book III of his Gynecology to health issues that can develop during pregnancy—but still reinforces the (re)productivity of women’s bodies as their primary function. However, both Hippocratic

83 Soranus, Soranus’ Gynecology, 28.
84 Hysterikē pni, as discussed earlier. Notably, unlike the Hippocratics and other medical writers, Soranus does not believe in “wandering womb.” He discredits this alleged illness and the treatments for it when he asserts that “the uterus does not issue forth like a wild animal from the lair, delighted by fragrant odors and fleeing bad odors; rather it is drawn together because of the stricture caused by inflammation” (153).
85 Soranus, Soranus’ Gynecology, 149.
gynecology and Soranus’ *Gynecology* render female health an impossible concept. Ancient Greek medical writers’ rhetoric of pregnancy as a cure carries two implications: it essentializes the female body as unhealthy and reinforces women’s passivity in their own healthcare. To these medical writers, the female body needs to be cured, and most prescribed remedies must be administered, by a man—a physician or, perhaps even better, her husband. However, even if we say that the rhetoric in these medical texts reflected pregnancy as a cure for societal issues more than for medical problems, this is by no means a universal truth.

Class would have been an important factor in the experience of becoming pregnant in ancient Greece, because for lower-class women, enslaved women, and sex workers, pregnancy not only threatened their bodies but also their livelihoods. In a rare admission, the author of *Nature of the Child* instructed a “very valuable singing girl who had relations with men, but who was not to become pregnant lest she lose her value,” how to induce an abortion. Ancient women of lower classes, especially sex workers and enslaved women, were stripped of bodily autonomy over preventing or terminating their own pregnancies. In “Mothering in Ancient Athens: Class, Identity, and Experience,” Yurie Hong explains that they were even stopped “from keeping those [children] they already had so as to not reduce their labor output.” The practices of exposing children also would have affected “poor urban mothers and slave mothers, who lived in less healthful conditions and/or had less access to adequate nutrition” and who “would have seen more of their children die than the upper class and those who lived in the country.”

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86 Hippocrates, *Nature of the Child*, trans. Paul Potter (Loeb Classical Library, Vol X), 34-37. The doctor “told her to spring up and down so as to kick her heels against her buttocks, and when she had sprung for the seventh time, the seed ran out on to the ground” (37).
88 Hong, “Mothering in Ancient Athens,” 675.
Pregnancy in ancient Greece was not always a necessity or “cure.” In fact, it could be a major economic, social, and/or medical problem.
Chapter 2: Giving Birth or Going to Battle?

Men say that we women live a life without danger in our homes, while they’re out fighting with a spear, but how wrongly they think: oh, how I would wish to stand three times with a shield in battle rather than give birth once.\(^90\)

—Medea, Euripides’s Medea

**Childbirth in Ancient Greece: Practices and Perceptions**

Women would typically be in the care of other women—midwives, relatives, and friends—through all stages of pregnancy, from prenatal to postpartum care. One of the most detailed descriptions of a “normal” childbirth as overseen by a midwife and her assistants comes from Soranus. He explains that the midwife and her three assistants would prepare all the necessary materials for childbirth, including: a “midwife’s stool or chair” on which the laboring woman sits to give birth; olive oil “for injection and lubrication” during the delivery; compresses and things to smell for revival and pain relief; sponges and warm water for washing; and wool and bandages for wrapping the laboring woman and the infant.\(^91\) The birthing assistants would guide the laboring woman through the process of labor, and when it was time the midwife would be there to receive the baby. For the most part, men were uninvolved and unwelcome at deliveries, unless a complication or emergency arose in which case a physician could be called to intervene.

Ancient midwives and doctors had methods of navigating the many complications of childbirth, evidenced in part by the obstetric instruction and theory found in medical texts, but

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\(^89\) Euripides, Medea, ll. 248-251.

\(^90\) Translation mine.

\(^91\) Soranus, Soranus’ Gynecology, 70-76.
they were ultimately unequipped to prevent and handle certain complications that doctors are able to today. Demand attributes this to ancient doctors “lacking the basic tools and methods of modern biomedicine—antibiotics, blood transfusions, forceps, and cesarean sections.” While Demand is correct that these can be lifesaving, some of these interventions, particularly forceps and cesarean sections, can also harm the birthing person and/or fetus. Tara Mulder talks about this in her article “Midwifery, Then and Now,” in which she highlights the striking similarities between the midwifery described by Soranus and midwifery practiced today. She argues that “we should be wary of assuming that childbirth in the ancient world was inherently risky and dangerous,” as the “fundamentals of midwife-attended birth are the same then and now, and such fundamentals lead to positive birth outcomes for mothers and babies.” Mulder’s argument for the “positive birth outcomes” of antiquity is significant and unique, especially in how it challenges a linear model of scientific progress; however, this comparison goes both ways in that, like today, giving birth in antiquity could also have negative outcomes.

Giving birth in ancient Greece was life-bringing, but unfortunately also life-threatening. It is difficult to determine maternal mortality rates in antiquity as there is no reliable evidence or data, but anthropological and archaeological estimates place the number between ten and twenty percent. There are many factors that contribute to this high rate, such as nutrition, age at pregnancy, number of pregnancies, pregnancy complications such as miscarriages and stillbirths,
and vulnerability to infection. The common age for marriage for girls was fourteen and the average woman gave birth four to five times in her lifetime, but even as many as six. Demand explains that, “each pregnancy, with its associated suppression of cell-mediated immunity, exposes the woman to additional risks, and mortality rises sharply after three births.” This incidence not only works against language like that of the Hippocratics, but further exposes the impossibility of women maintaining their health. If they do not have many, or any, pregnancies they are susceptible to disease and afflictions of the uterus, but they become more at-risk each time that they do give birth.

**Birth or Battle?: Childbirth in Euripides’s *Medea***

One famous reference to the dangers of childbirth in antiquity comes from the tragedian Euripides, whose characterization of Medea is both fascinating and frustrating. Medea remains an impressively complex tragic figure, with scholars debating her story as feminist, misogynist, somewhere in between, or neither. In *Female Acts in Greek Tragedy*, Helene P. Foley argues that Medea’s character plays out a battle between masculine and feminine, both through her internal struggle and externally through her manipulation and rejection of femininity. According to this idea, then, when Medea laments that she would rather endure battle three times than give

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98 Demand, *Birth, Death, and Motherhood*, 17.
99 Ibid., 21.
100 Demand highlights this conundrum particularly for the ancient widow, who “was able to escape the social stigma of widowhood by marriage, although she also ran the risk of continuing childbearing” (26). For male medical writers like the Hippocratics, prescribing remarriage offered the ultimate cure for widows, but for the women themselves it could be deadly.
101 Helene P. Foley, *Female Acts in Greek Tragedy* (Princeton: Princeton University Press, 2009), 243-271. Foley notes that “Knox [another scholar of Greek tragedy] argues that Medea is neither feminist nor misogynist but a play about the wrongs done to and by women... Yet this play is equally about the wrongs done to and by men,” and Foley offers that this is “an ambiguous inquiry into the relation between human ethics and social structure” (268).
birth even once, she adopts the masculinity of war and at the same time appeals to the shared experiences and expectations of Greek womanhood. The chiasmus of the adverb-infinitive-infinitive-adverb construction in the Greek, plainly translated as “three times to battle” (τρὶς... στῆναι) and “to give birth once” (τεκεῖν ἅπαξ), inverts these two gendered experiences; thus, aided by Euripides’s manipulation of syntax, Medea straddles the line between masculinity and femininity while powerfully emphasizing the severity of giving birth.

Although compelling, it is difficult to know how we should interpret this line. On the one hand, Euripides offers a surprisingly sympathetic moment and monologue for Medea (and Greek women and mothers more generally).\textsuperscript{102} On the other hand, this blunt comparison foreshadows the evolution of Medea the “villain,” who effectively revokes her own motherhood when she murders her children. Additionally, this line was filtered entirely through men, first written by Euripides and then performed by a man for a largely male audience, which impacts its reception.\textsuperscript{103} King notes that this line’s authorship and context indicates that it should not be taken literally or as proof the Greeks considered both tragic fates equally,\textsuperscript{104} and Demand suggests that a general lack of recognition of the dangers of childbirth is exactly why Medea has to express it here.\textsuperscript{105} Despite the complexities of Euripides’ intention in writing Medea and of her cultural impact, I think this moment does give rare acknowledgement to the oppressive expectations of women within the Greek world and provocatively frames the experience of giving birth in antiquity.

\textsuperscript{102} Euripides, \textit{Medea}, ll. 220-251. Medea talks about her struggles as a foreigner and woman living in Greece.
\textsuperscript{103} Foley, \textit{Female Acts}, 1. In a footnote on the same page, Foley explains that scholars debate whether and what women would have been present, but she says: “I am of the opinion that a limited number of (perhaps predominantly older or noncitizen) women were present along with metics, foreigners, and slaves, but that the performances were primarily aimed at citizen men.”
\textsuperscript{104} King, \textit{Hippocrates’ Woman}, 124.
\textsuperscript{105} Demand, \textit{Birth, Death, and Motherhood}, 122.
“The Enemy Was Labour Itself”: Dangerous Childbirth on Grave Stelai

Medea, or Euripides, is not the only one to liken giving birth to fighting in battle, but archaeological evidence, namely graves and grave markers, indicates that some Greeks honored maternal mortality in a similar way to men who died while fighting. For example, the Spartans were only able to include the names of men who died in war and women who died in childbirth on their grave stelai. This comparison between birth and battle, while notable, is more complicated, as Demand warns us that these tragic fates were not necessarily honored equally. She compares the epigraphic and iconographic representations of those who died in battle and in labor, and observes that men were shown to be active and admired, while women were passive and “pitiable.” Foley observes a similar trend within Greek tragedy, writing, “Female virtues are to a great extent more passive than active, more negative than positive,” and even notes that historically “women receive public praise for virtue almost exclusively on grave epitaphs.” It is telling in and of itself that women have to be dead in order to receive any such honor or recognition. The following examples of grave stelai demonstrate this active/positive and passive/negative dichotomy.

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106 Demand, Birth, Death, and Motherhood, 121; King, Hippocrates’ Woman, 124.
107 Demand, Birth, Death, and Motherhood, 129.
Figure 1: Stele of Dexileos; Athens, Kerameikos Museum; P 1130.\textsuperscript{109}

Figure 2: Stele of Plargon and Tolmides; Athens, National Archaeological Museum; NM 749.\textsuperscript{110}

\textsuperscript{110} Image from Demand, \textit{Birth, Death, and Motherhood}, 161.
In Figure 1 Dexileos heroically defeats an enemy from atop his horse while Figure 2 shows Plangon in labor accompanied by two female birthing assistants and her husband, Tolmides, who sadly watches the tragic birth unfold. Both of our deceased subjects, Dexileos and Plangon, are the point of focus in each scene, but they are memorialized along the dynamic that Nancy Demand explicates. In fact, the positioning of Plangon in the relief almost matches that of Dexileos’s slain foe; both Plangon and the enemy are reclined facing the center of the stelae and have figures extending over them, but in place of a hero towering over the dead, the hands of the birthing assistant reach for Plangon. This difference exemplifies Helen King’s observation that “both war and childbirth were viewed as forms of combat involving pain, but in childbirth the enemy was labour itself.” Even though epitaphs carry these gendered implications, the etchings on grave markers are revelatory; they provide a glimpse into what childbirth actually looked like in antiquity.

The Midwife in Literature

Although I am focusing on medical perspectives of pregnancy and childbirth, it is helpful to look beyond medical texts in order to learn more, not only about the process of childbirth but also how the Greeks more generally perceived this life-bringing event. Xenophon, a historian and philosopher living in the fifth and fourth centuries BCE, wrote a tribute to Socrates in his Memorabilia, which contains his own musings on the famous philosopher’s life and death. Xenophon includes fictionalized retellings of Socrates’s interactions with others through excerpted dialogues, and in one scene Socrates chides his son Lamprocles for being ungrateful towards his mother. He preaches about the duties of parents, and mothers in particular, saying “After conceiving the woman bears this burden, both being oppressed by and risking her life for

111 King, Hippocrates’ Woman, 124.
it, and also sharing her own food; she raises the child herself, having carried to term and given birth with much labor she then both cares for and worries over it...”\textsuperscript{112} (ἡ δὲ γυνὴ ὑποδεξαμένη τε φέρει τὸ φορτίον τούτο, βαρυνομένη τε καὶ κινδυνεύουσα περὶ τοῦ βίου και μεταδίδοσα τῆς τροφῆς, ἡ καὶ αὐτὴ τρέφεται, καὶ σὺν πολλῷ πόνῳ διενεγκοῦσα και τεκοῦσα τρέφει τε καὶ ἐπιμελεῖται...).\textsuperscript{113} Socrates emphasizes the “burden” (τὸ φορτίον) of birthing as oppressive (βαρυνομέν) and dangerous (κινδυνεύουσα). He also gives credit to the amount of physical and emotional labor (σὺν πολλῷ πόνῳ) required by mothers, who exhaust all of their resources to raise their children—that is, only if they survive childbirth. Socrates’s personal insight into the trials and tribulations of Greek motherhood probably comes from his experience as a husband and father, but also as the son of a midwife, which Plato tells us about.

In Plato’s \textit{Theaetetus}, Socrates says that his mother, Phaenarete, was a midwife,\textsuperscript{114} after which Socrates declares himself a midwife of knowledge, barren of his own wisdom but helping others give birth to ideas.\textsuperscript{115} While defending this obstetric analogy, Socrates gives insight into ancient Greek midwifery. He asks his companion Theaetetus: “And surely aren’t midwives, by giving drugs and singing,\textsuperscript{116} able both to incite the pangs of labor and make them softer if they wish, and certainly to help deliver women having difficult labor, and, if it seems best to provoke an early\textsuperscript{117} abortion, they can cause a miscarriage?”\textsuperscript{118} (καὶ μὴν καὶ διδοῦσαί γε αἱ μαῖαι φαρμάκια καὶ ἐπᾴδουσαι δύνανται ἐγείρειν τε τὰς ὠδῖνας καὶ μαλθακωτέρας ἄν βούλωνται ποιεῖν, καὶ τίκτειν τε δὴ τὰς δυστοκούσας, καὶ ἐὰν ἄν νέον ὁντὶ δόξῃ ἀμβλίσκειν,

\textsuperscript{112} Translation mine.
\textsuperscript{113} Xenophon, \textit{Memorabilia}, 2.2.5.
\textsuperscript{114} Plato, \textit{Theaetetus}, 149a1-2.
\textsuperscript{115} Ibid., 149a1-151d3. Socrates explains: “Well, my art of midwifery has, in general, the same characteristics as theirs, but it’s different in that I attend men, not women, and in that I watch over minds in childbirth, not bodies” (Plato, \textit{Theaetetus}, trans. John McDowell (Oxford: Clarendon Press, 1973), 13).
\textsuperscript{116} John McDowell’s translation supplies “incantations” (12).
\textsuperscript{117} The symbol † surrounding this word indicates that either the actual text or the meaning is corrupted in some way.
\textsuperscript{118} Translation mine.
ἀμβλίσκουσιν;). Theaetetus confirms this description, which helps us envision the midwife at work, guiding and soothing laboring women even through difficult deliveries. Socrates assigns a lot of capability (δύνανται) to midwives (αἱ μαῖαι), who use their judgement (ἂν βούλωνται… δόξῃ) to induce labor or even terminate a pregnancy. Socrates’s rhetorical nature also indicates that this information regarding midwives was assumed to be common knowledge, at the very least between Socrates and his companions.

In the same section, Socrates also talks about the qualifications of midwives, which brings in an important element of childbirth in ancient Greece: the gods. First, he says that only women past their childbearing years are midwives, since Artemis, the goddess that looks over young girls and childbirth, is a virgin and so midwives must also be childless. Artemis is the primary god that oversees birth, and there are other divinities that women called upon for aid, including the “specialized” childbirth helpers Eileithyia and Lochia, Aphrodite, and the healing god Asclepius. According to Nancy Demand, the gods were the first entity an ancient woman would have turned to for guidance through pregnancy and childbirth. The number of gods associated with pregnancy and the amount of offerings devoted to these entities show that the ancients knew they often needed divine intervention to be able to survive this process; the care of midwives and doctors could only go so far. Demand captures the heart-breaking reality faced by young ancient girls of marriageable age: “Thus girls literally laid aside their childhood toys when

119 Plato, Theaetetus, 149d.
120 Ibid., 149b9-c4. Soranus disagrees, saying that “it is not absolutely essential for [a midwife] to have borne children, as some people contend, because of her experience with pain; for <to have sympathy> is <not> more characteristic of a person who has given birth to a child” (6).
121 Demand, Birth, Death, and Motherhood, 88-94.
122 Ibid., 87.
123 Hong, “Mothering in Ancient Athens,” 675. These offerings included “sculpted breasts, vulvae and uteri” given as rites to the gods to “express relief and gratitude for both successful conception and delivery” (675).
they dedicated them before marriage to Artemis, the goddess who would soon determine their fate in childbirth. "

This overview is by no means an exhaustive list of archaeological and literary evidence for childbirth within ancient Greece. These non-medical sources help fill in our understanding of what childbirth looked like specifically and what it meant for Greeks more generally. Medical texts provide more detail on the circumstances and outcomes of giving birth in ancient Greece than these sources, so I turn next to the Hippocratic treatment of childbirth.

**Childbirth in the Hippocratic Corpus**

As I discussed in Chapter 1, Hippocratic authors promote pregnancy and childbirth as restorative for health. In line with those examples, the author of *Diseases of Women II* provides the treatment for a condition in which “dropsy arises in a woman’s uterus,” her menses are “not very bloody,” and she notably “fails to become pregnant,” causing fever and “violent pain.” After prescribing medications, he advises to “have her sleep with her husband; if she carries the fetus to term, she is completely clean and will recover.” In this example it is not enough for the woman to become pregnant, she must “[carry] the fetus to term” and give birth in order to be “completely clean[sed]” and “recover” her health. Here, childbirth is framed as the ultimate cure, but this is not the case in many other instances in the corpus.

The corpus contains detailed evidence for circumstances and outcomes of childbirth in ancient Greece; unfortunately, giving birth could be fatal for the ancient woman. There are gynecological and obstetric treatises entirely devoted to conditions that can occur during

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126 Ibid., 396-397. καὶ συνκοιμάσθαι, καὶ ἢν διενέγκῃ τὸ ἐμβρύον, ἐκκαθαίρεται πᾶσα καὶ ύγιὴς γίνεται (*Diseases of Women 2.67*).
pregnancy and/or result in a higher risk delivery. One such work is titled Superfetation, named after a condition in which a second, additional fetus is conceived when one already exists. The author does not actually spend much time discussing superfetation specifically, but touches on a wide range of topics concerning difficult pregnancy and childbirth, from advice for promoting conception to instructions for high-risk deliveries. He details the procedures for delivering a fetus in certain positions and conditions, including breech and stillborn, and how to care for the laboring woman during and after these difficult births. Another obstetric treatise, Excision of the Fetus, is devoted to stillborn deliveries, defined as “pregnancies that do not proceed in the normal way, but which are cut to pieces inside (sc. the uterus)...”

In the treatise, Eight Months’ Child, the author explains that the eighth month of gestation is susceptible to many issues associated with the fetus, including miscarriage and premature birth. Although he focuses on the fetus, the writer also talks about the ways that miscarriage and other issues threaten the pregnant woman. The author writes that “many women have fever when these things happen”—distress caused by movement of the fetus in the eighth month—“and some even die along with their fetuses.” The author continues, “All women have the same explanation for this: they say that in the eighth month it is most strenuous to carry their abdomens, and in this they are correct.” Notably, the author defers to women to name their own experience of their pregnant bodies and affirms them. These three Hippocratic treatises attest

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129 Months are based on a unit out of a total ten months, so this would be closer to a forty-day month. The counting of days and months is significant to Hippocratic doctors since they believed many conditions, like miscarriages, were more likely to happen on certain days—“critical days,” as detailed in the Hippocratic treatise of the same name—or during a certain forty-day period, or other unit of time.
131 Shortly after this quote the author says that women should be trusted to know what goes on inside their own bodies, which I quoted in the Introduction.
to how commonly complications could occur throughout the stages of pregnancy and childbirth, contributing to tragic outcomes for the fetus and pregnant woman.

In addition to these treatises, the *Epidemics* are a rich source of information on giving birth in antiquity. This seven-book treatise contains the observations of physicians traveling around and practicing in northern Greece, and is perhaps the most significant work of the corpus regarding information on childbirth. In fact, Nancy Demand argues that the pregnancy cases in the *Epidemics* are the “most promising form of evidence for assessing childbirth risks in Greece.” The medical cases recorded by these traveling physicians cover a range of constitutions, conditions, and diseases of both men and women. Notably, many conditions of women present gynecologically, concerning or relating in some way to menstruation and/or pregnancy.

An excerpt from the first pregnancy-related case in Book I prefaces the content on pregnancy and childbirth in the rest of the *Epidemics* and demonstrates how epidemic disease afflicts women gynecologically. The author observes that, “Though many women fell ill, they were fewer than the men and less frequently died. But the great majority had difficult childbirth, and after giving birth they would fall ill, and these especially died, as did the daughter of Telebulus on the sixth day after delivery” (Γυναίκες δὲ ἐνόσησαν μὲν πολλαί, ἐλάσους δὲ ἢ ἄνδρες καὶ ἔθνησκον ἤσσον. Ἐδυστόκεον δὲ αἱ πλεῖσται καὶ μετὰ τοὺς τόκους ἐπενόσεον, καὶ ἔθνησκον αὕται μάλιστα, οἷον ἡ Τελεβούλου θυγάτερ ἀπέθανεν ἐκταῖη ἐκ τόκου.). The first sentence starts off promisingly for these women and their health, since “many” (πολλαί) were sick but were “fewer” (ἐλάσους) and “less frequently” (ἤσσον) fatally ill than men. This statistic

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132 Demand, *Birth, Death, and Motherhood*, 38.
133 Ibid., 73.
134 Demand calculated that “for the case histories alone, the numbers would be 28 percent gynecological cases (birth and abortion) and 36 percent female patients” (167).
is quickly negated by the fact that women bear children, which exacerbated any illness they might have survived without pregnancy. As in the first sentence, the quantitative adjectives and adverbs help stress this trend, as the “great majority” (πλεῖσται) suffered in childbirth and these “especially” (μάλιστα) died. The medical cases recorded in the *Epidemics* offer an especially grim view of giving birth in antiquity, riddled with accounts of “difficult childbirth,” postpartum health issues, and death. Although tragic, the information recorded in these books provides insight into the circumstance and incidence of maternal morbidity and mortality in ancient Greece. However, Demand explains that the maternal mortality rate calculated from cases within the *Epidemics* is actually much higher than it would have been in the general population;\footnote{Demand, *Birth, Death, and Motherhood*, 44.} so, while the *Epidemics* provide a wealth of information about difficult and deadly births, they are not representative of medical outcomes throughout all of Greece.

Almost all of the women who give birth within the *Epidemics* experienced maternal morbidity in some form, which often manifested in perinatal health issues such as fever, pain (especially in the abdomen or genitals), disrupted bowels, rigor, seizures, and problems with menstruation.\footnote{Hippocrates, *Epidemics I and III*, trans. W.H.S. Jones (Loeb Classical Library, Vol I); Hippocrates, *Epidemics II, IV, V, VI, and VI*, trans. Wesley D. Smith (Loeb Classical Library, Vol VII).} The many remedies and regimens listed by the doctor-authors for these conditions indicates that they were common. For example, one treatment states, “If a woman who has given birth has fever and pain, pour water over her, give her thick barley gruel, warm, thrice daily.”\footnote{Hippocrates, *Epidemics II*, 82-83.} Health problems could even persist for years after giving birth, as one woman “had a difficult delivery” followed by days of vomiting, and “for two years her menses did not occur” and she developed “hemorrhoids.”\footnote{Hippocrates, *Epidemics IV*, 116-117.} The wife of Epicrates had a more serious situation, “when near her delivery was seized with severe rigor without, it was said, becoming warm, and
the same symptoms occurred on the following day. On the third day she gave birth to a daughter, and the delivery was in every respect normal. On the second day after the delivery she was seized with acute fever, pain at the stomach and in the genitals."140 Her condition continued to worsen for eighty days until recovery.141 Note that such a long health struggle followed a childbirth that was “in every respect normal.”

Unfortunately, recovery is rare within the Epidemics, and maternal mortality often followed these postpartum health issues. One patient “after giving birth in a first and painful delivery to a male child, was seized with fever” (τεκούσαν τότε πρώτον ἐπιπόνως ἄρσεν πῦρ ἔλαβεν).142 The translation of πῦρ ἔλαβεν into English is commonly “seized with fever,” which correctly conveys the meaning, but a deeper look into the grammar and word choice reveals a clearer picture of this event. Grammatically, πῦρ (fever) could be the subject of ἔλαβεν (seized) with the implied direct object being the woman, which becomes especially interesting since a definition of the verb λαμβάνω is “of fever and sudden illnesses, to attack.”143 This extended meaning gives a more violent image of fever “attacking” her body. After suffering this initial “attack” and additionally from vomiting, stomach pain, disrupted bowels, and rigor, she died on the fourteenth day after labor. She was “about seventeen” years old.144

Two more examples of tragic births from the Epidemics highlight the vulnerability of the postpartum period. One woman fell ill and died after she “gave birth with difficult labour to twin daughters, and the lochial discharge was far from good.”145 The lochia—blood, mucus, and other tissue discarded from the uterus following childbirth—was an important health indicator, as the

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140 Hippocrates, Epidemics I, 194-195. περὶ τόκον ἤδη ἔοουσαν ρέγος ἔλαβεν ἰσχυρῶς, οὐκ ἐθερμάνθη, ὡς ἔλεγον, καὶ τῇ ύστεραὶ ρὰ αὐτά. τρίτῃ δ᾽ ἔτεκεν θυγατέρα καὶ τάλα πάντα κατὰ λόγον ἐδείκτη. δευτεραϊὴν μετά τὸν τόκον ἔλαβε πυρετὸς δέξιος, καρδίης πόνος καὶ γυναικείων (I.V (2.694.3-698.5 Li.)).
141 Ibid., 196-197.
142 Hippocrates, Epidemics III, 236-237; III.XII (3.62.11-66.11 Li.)
143 An Intermediate Greek-English Lexicon, s.v. "λαμβάνον.
144 Hippocrates, Epidemics III, 238-239.
145 Hippocrates, Epidemics III, 280-281. καὶ διστοκησάσῃ καὶ οὐ πάνυ καθαρθείσῃ (III. XIV (3.140.14-142.4 Li.)).
Hippocratic author of *Nature of the Child* explains that “if a woman is not cleaned of her lochia, she will have a serious disease and be in danger of dying, if she is not cared for quickly and no one assists her with her cleaning.” The “far from good” lochia did not bode well for this woman. Another case reads, “In Thasos the wife of Philinus gave birth to a daughter. The lochial discharge was normal, and the mother was doing well when on the fourteenth day after delivery she was seized with fever attended with rigor.” In the following days, her condition worsened until “there were twitchings over all the body; much wandering, with lucid intervals followed quickly by renewed delirium. About the seventeenth day she became speechless,” and then three days later she died. The juxtaposition of these final two examples shows that even when the lochia is “normal” and the mother seems to be “doing well,” the postpartum period is extremely vulnerable and both women can, and in these examples did, meet the same tragic fate. In addition to providing information on childbirth, these instances expose the subjectivity of descriptors like “normal” (κατὰ φύσιν), showing that there are many manifestations of what this means, and “normal” does not always also indicate health.

Discussions of pregnancy- and childbirth-related afflictions contrast especially strongly with the Hippocratic’s espousal of pregnancy as a cure. One instance in *Epidemics II* summarizes this paradox found within Hippocratic medical texts. The physician records, “A woman was pained in the hips before she conceived. When she conceived the pain disappeared. But when she gave birth (at age 20) it again commenced” (Ἰσχίον δὲ τις ἠλγεῖ πρὶν ἱσχεῖν· ἐπεὶ δὲ ἱσχεῖ οὐκ ἐτὶ ἠλγεῖ. ἐπεὶ δὲ ἐτεκεν, εἰκοσταίῃ ἐοῦσα, αὖθις ἠλγησεν·). The author frames pregnancy as

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146 Hippocrates, *Nature of the Child*, trans. Paul Potter (Loeb Classical Library, Vol X), 50. This need for women to be cleaned is conveyed in a Greek word for lochia: καθάρσιος. It is a catharsis similar to menstruation, which also reflects how many Greeks believed childbirth to be impure and polluting, and so birthing women had to be isolated.

147 Hippocrates, *Epidemics I*, 192-193. Ἐν Θάσῳ Φιλίνου γυναῖκα θυγατέρα τεκοῦσαν κατὰ φύσιν καθάρσιος γενομένης καὶ τὰ άλλα κούφως διάγουσαν, τεσσαρεσκαδεκαταίῃ ἐοῦσαν μετὰ τὸν τόκον, πῦρ ἔλαβε μετὰ ῥέγεος (I. IV (2.684.10-688.8 Li.)).

148 Ibid., 194-195.

149 Hippocrates, *Epidemics II*, 36-37; II 2.18a (5.90.13-15 Li.).
healing yet also reveals that it can, and in this case did, harm the body. The verb ἀλγύνω is translated here as to be pained or in pain, and it also means to “suffer” and even “experience grief.” The repetition of this verb throughout (ἠλγει… ἠλγει… ἡλγησεν) emphasizes the similar state of the pre-pregnant and postpartum bodies and also directly contrasts these forms with the pregnant body, for which the author negates the pain (οὐκ ἐτι ἠλγει). This quote echoes the larger trend within these medical texts that leaves a very small window for women to be healthy—while pregnant (ἔσχεν)—and before conception (πρὶν ἰσχειν) and after childbirth (ἔτεκεν) their bodies are unhealthy and they “suffer.” It appears, for the Hippocratic doctor, pregnancy does cure the body just for childbirth to destroy it again. This type of language specifically about the postpartum body appears in Soranus’s treatise as well.

**Childbirth in Soranus’s Gynecology**

**Difficult Labor**

Although Soranus discusses “normal” births, he also talks at length about “abnormal” births, even devoting Book IV to the topic which begins with a section titled “On Difficult Labor.” The Greek word most commonly used to indicate suffering in childbirth is δυστοκία, literally meaning “bringing forth with pain,” which Soranus explains has a few possible meanings. Certain physicians “say that difficult labor is a birth that is difficult to manage; but according to some, difficult labor is a delivery attended by obstacles” (φασιν δυστοκίαν εἶναι δυσχερὴ τόκον· κατὰ δὲ τινας δυστοκία ἔστιν ἢ μετὰ δυσεργείας ἀποκύησις.). Either way, the prefix “δυσ-” running throughout this explanation makes it clear that any type of difficult birth is

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150 Brill Online Dictionary, s.v. “δυστοκία.”
151 Soranus, Soranus’ Gynecology, 175.
152 Soranus, Gynecology, IV.I.1.
ill-fated, and Soranus subsequently summarizes that it means to give birth abnormally, or “in a way that is contrary to nature” (παρὰ φύσιν). 153

What causes δύστοκια? Soranus includes other physicians’ findings as well as his own to provide a detailed list, and the causes generally fall into two categories: concerning the fetus or concerning the pregnant woman. Soranus explains that the fetus can cause complicated labor, for example if it is too large or positioned incorrectly in the womb. 154 Concerning the pregnant woman, Soranus lists a variety of causes that range from anatomical to temperamental. He notes age, number of pregnancies, and anatomy of the uterus; if they are too “broad” in the upper body and/or if they are too “narrow” in the lower body; if they are too “moist” and “fleshy”; if they have given birth too many times or if they “deliver for the first time, are afraid, and ignorant;” and even “women who are <are> high-strung, <or> who live luxuriously or idly.” 155 It seems the more appropriate question is, what does not cause difficult labor?

The Postpartum Body

In addition to Soranus’s detailed lists of the causes of and instructions for dangerous childbirth in Book IV, he also reveals his thoughts on how childbirth impacts the body. In Book II of his Gynecology, in the section “On Food,” Soranus argues for use of a wet nurse to breastfeed infants because:

…the maternal milk is in most cases unwholesome, being thick, too caseous, and therefore hard to digest, raw, and not prepared to perfection. Furthermore, it is produced by bodies which are in a bad state, agitated and changed to the extent that we see the body altered after delivery when, from having suffered a great discharge of blood, it is dried up, toneless, discolored, and in the majority of cases feverish as well. For all these reasons, it is absurd to prescribe the maternal milk until the body enjoys stable health. 156

153 Soranus, Soranus’ Gynecology, 175.
154 Ibid., 179. For example, if the fetus is in breech position (feet first rather than head first).
155 Ibid., 175-183.
156 Ibid., 89.
Regardless of the scientific validity, Soranus makes several revealing claims here. First, he declares that “maternal milk is in most cases unwholesome” (τὸ γὰρ μητρῷον ἕως ἡμερῶν ἐκότως ἐπὶ τὸ πλεῖστον φαῦλόν ἐστιν ὡς ἂν παχὺ καὶ τυρῶδες ἄγαν καὶ διὰ τοῦτο δύσπεπτον καὶ ἀργὸν καὶ ἀκατέργαστον καὶ ἀπὸ σωμάτων κεκακοπαθηκότων καὶ ἐκτεταραγμένων φερόμενον καὶ τοσάυτην μετακόσμησιν εἰληφότων, ὡσαυτήν ὁρῶμεν συμβαίνουσαν μετὰ τὴν ἀποκύσιν, ἰσχνουμένου καὶ ἀτονοῦντος καὶ ἀχροοῦντος τοῦ σώματος ὡς πολλὴν αἵματος ἀπόκρισιν ὑπομένοτος, τὰ πολλὰ δὲ καὶ πυρέττοντος· ὧν χάριν πάντων τὸ μητρῷον γάλα, μέχρις ἂν εὐσταθήσῃ τὸ σῶμα, συντάσσειν ἄτοπόν ἐστιν.

157 Soranus, Gynecology, II.XI.18.

158 Today, breastfeeding is recommended and has even been shown to reduce health risks for both the infant and birthing person (CDC).

159 Brill Online Dictionary, s.v. “φαῦλόν,” An Intermediate Greek-English Lexicon, s.v. “φαῦλόν.”

160 Ibid., “ἀτοπόν.”
In the next section, Soranus describes the ideal wet nurse. He explains that she should not have given birth too few times (once) or too many times (more than three), because her “wrinkled” breasts would “produce thin milk which is not at its best.”\(^{161}\) He further clarifies the connection between breastmilk and its maker, writing “‘Healthy’: because healthful> and nourishing <milk> comes from a healthy body, unwholesome and worthless milk from a sickly one; just as water which flows through worthless soil is itself rendered worthless, spoiled by the qualities of its basin”\(^{162}\) (<ἀνοσον δὲ, ὅτι ὑγιὲς μὲν τὸ γάλα> καὶ τρόφιμον ἐξ ὑγιεινοῦ σώματος, νοσώδες δὲ καὶ φαῦλον ἐκ νοσεροῦ, καθάπερ καὶ τὸ διὰ τῆς γῆς φαύλης ρέον ύδωρ καὶ αὐτὸ γεννᾶται φαῦλον ταῖς ἐκ τῶν εὐρυχωρίων διαφθειρόμενον ποιότησιν.).\(^{163}\) Soranus used the adjective “worthless” (φαῦλον) in the excerpt on maternal milk above, and it is repeated here three times (φαῦλον… φαῦλης…φαῦλον). This adjective serves to contrast with the healthy body (ἀνοσον… ὑγιὲς… ὑγιεινοῦ), and again insults both the milk and the woman producing it. According to his description, the woman who just had a child is completely passive, the breast and body is simply the “basin” through which the milk “flows,” erasing the woman’s role in producing that milk, and yet despite being just a “basin” she completely ruins the quality of the milk. Soranus utilizes the concept of health in order to pathologize the body post-pregnancy, and he uses the water metaphor to really drive home his objectification of the female body. He does acknowledge that use of a wet nurse will not always be feasible and in those cases the mother can breastfeed the infant herself, but he still says that “the mother will fare better with a view to her own recovery and to further childbearing, if she is relieved of having her breasts distended too”\(^{164}\) (emphasis mine), which prioritizes her recovery for future pregnancies. Soranus’s

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\(^{161}\) Soranus, *Soranus' Gynecology*, 91.

\(^{162}\) Ibid.

\(^{163}\) Soranus, *Gynecology*, II.XII.19.

\(^{164}\) Soranus, *Soranus’ Gynecology*, 90.
strongly worded descriptions of how childbirth deteriorates the body, including his thoughts on breast milk,\textsuperscript{165} help illuminate some of his other, shocking beliefs on pregnancy.

**Immaculate Conception: A Gynecologist’s Dream?**

A few of Soranus’s claims about menstruation and pregnancy contradict ideas presented within the Hippocratics and even within his own work. I touched upon some of this incongruence in the previous chapter while discussing Soranus’s thoughts on whether menstruation and pregnancy are “healthful.” According to Soranus, menstruation is not healthy but “useful” for pregnancy, but pregnancy is also not healthy and is “useful” only for producing children. How could anyone who menstruates ever be healthy then? Are people who bear children doomed to an unhealthy life?

Soranus’s surprising thoughts on menstruation and pregnancy become more understandable in the context of his beliefs about celibacy; however, these beliefs are possibly even more confounding. In a section titled “Whether Permanent Virginity Is Healthful,” Soranus explains that there are arguments for and against “permanent virginity.” For the side against celibacy, proponents address “the objection that women who have no intercourse escape the evil resulting from childbearing,” but “they say that by not having intercourse they are harmed in other respects much worse, the menstrual catharsis being hindered. Assuredly they become very fat and overfilled with complex substances when the matter which ought to be spent through menstruation is gradually accumulated.”\textsuperscript{166} This stance largely matches that of the Hippocratics, with which Soranus disagrees.

\textsuperscript{165} For more context, the Hippocratics thought that breast milk actually comes from menstrual blood. Helen King explains that “a menstrual period cannot occur [when fevers arise shortly after childbirth] because, the Hippocratics believe, the excess blood is diverted to the breasts where it is converted into milk” (Hippocrates’ Woman, 53). This theory positions the postpartum body as more susceptible to illness since it precludes being able to menstruate while breastfeeding.

\textsuperscript{166} Soranus, Soranus’ Gynecology, 29.
Next, Soranus summarizes the arguments for virginity, which is also his position on the matter. Much of the supporting evidence involves the comparison of women to “dumb animals.” He explains that “even among dumb animals we see that those females are stronger which are prevented from having intercourse.” Soranus continues:

And this is evident in humans too: since men who remain chaste are stronger and bigger than the others and pass their lives in better health, correspondingly it follows for women too virginity in general is healthful. For pregnancy and parturition exhaust the female body and make it waste away greatly, whereas virginity, safeguarding women from such injuries, may suitably be called healthful. Notably, Soranus promotes celibacy for everyone and not only women. However, the explanation that “for women too virginity is in general healthful” is not based upon the same evidence as it is for men, that they are stronger without sex, but because women bear children. Even the celibate male and female bodies are contrasted here along the active/postive/male and passive/negative/female dichotomy I discussed as it applied to epitaph depictions. While men who remain celibate are “stronger” (ῥωμαλεώτεροι), “bigger” (μείζονες), and “pass their lives in better health” (ὑγιεινότερον διαβιοῦσιν), women who are not celibate are “[exhausted]” (δαπανόσι), “[wasted] away” (ἀπομαραίνουσιν), and afflicted with “injuries” (ἀδικημάτων) by pregnancy and childbirth (αἱ συλλήψεις καὶ ἀποτέξεις). The agency of the men and women are notably different as well; the men actively remaining celibate (οἱ μένοντες ἄφθοροι) are the

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167 Ibid. Soranus often invokes comparisons of women to animals, particularly “dumb animals.” This is probably because human dissection was not allowed at this time so the ancients had to apply their findings from animals to humans. It could also be referencing Aristotle’s scientific work about reproduction, *Generation of Animals*.

168 Ibid., 27.

subject of the main verbs, while the women are always the objects of verbs (τὰ σώματα τῶν θηλειῶν... τὰς θηλεῖας). In fact, it is pregnancy and childbirth (αἱ συλλήψεις καὶ ἀποτέξεις) and virginity itself (ἡ παρθενία) that are the subjects of their respective clauses, not the women. Even in this rare instance in which women can be considered healthy, Soranus renders the female body completely passive. Pregnancy and childbirth “exhaust,” “waste away,” and “[injure]” the female body; this is strong, negative language for a process experienced by and expected from almost all Greek women.\textsuperscript{170}

After explaining the evidence for both sides, Soranus admits that he supports perpetual virginity because sex is “harmful.” He does not repeat the language of pregnancy and childbirth as damaging the body, but explains that virgins are healthy and if they are not then it is the result of an idle lifestyle.\textsuperscript{171} This belief is more understandable considering the cultural context of a growing acceptance and promotion of virginity for young women in Rome, most famously the Vestal Virgins which Temkin notes Soranus is likely referencing.\textsuperscript{172}

Although he wishes for everyone to remain celibate ideally, Soranus concludes this section in acknowledgement that permanent virginity is not realistic and there is no other way of continuing procreation. He writes that sex is “consistent with the general principle of nature according to which both sexes [for the sake] of continuity, [have to ensure] the succession of living beings.”\textsuperscript{173} This almost reluctant admission is quite ironic, considering his occupation and this entire treatise is devoted to “[ensuring] the succession of living beings.” It is confusing that he approaches the treatment of pregnant and laboring women with such practiced care and

\textsuperscript{170} I want to note that this is not necessarily Soranus’s own argument for supporting celibacy, as he says this while relaying the existing arguments for permanent virginity within the medical community. It does make sense that Soranus would agree with this statement, though; as a practicing gynecologist he has seen firsthand the many issues that pregnancy and childbirth present for women. His thoughts on breastmilk and the postpartum body conveys this opinion as well.


\textsuperscript{172} Ibid., 29 (footnote 56).

\textsuperscript{173} Ibid., 30.
concern when he fundamentally believes that they should never become pregnant in the first place. This paradox is also not lost on Helen King, who acknowledges the “[irony] that the author of the fullest Gynecology surviving from antiquity… should also have been one of the writers who minimised the need for Gynecology at all.” Soranus thinks that pregnancy and childbirth are destructive processes that render the female body unhealthy, both through his thoughts on breastmilk and his promotion of virginity; but, he also understands and reinforces the social expectations that women must become pregnant and have children, and does contribute a lot of useful information for navigating this process.

The dissonance in the way that ancient medical writers talk about pregnancy becomes apparent in discussions of childbirth. Childbirth is often described by the Hippocrates as a means to health, but the way they talk about it presents no other option for women’s bodies besides chaos. King summarizes that “if menstruation is to be painless, the body must be completely female, in that it must be ‘broken down’ and its internal channels opened to provide a properly spongy texture throughout; this breakdown can occur only through childbirth.” King equates the imagination of the female body with destruction, a body that is inherently unhealthy and must endure pain and violence in pregnancy and childbirth only to revert to its initial broken state. Soranus confirms this, as he paints a picture of a postpartum body that is “broken down” and torn apart by labor, and so is indeed by King’s definition “completely female.”

Nancy Demand concludes that the “womb-centered approach” left no space for actual diagnosis and favored continual pregnancy, so ultimately and unfortunately, “Hippocratic medical care probably did little to improve women’s chances of surviving the hazards of childbirth.” The rate of maternal mortality might have contributed to “the differences in gender

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175 Ibid., 32.
176 Demand, *Birth, Death, and Motherhood*, 152.
longevity, with life expectancy estimated at 45 years for men but only 36.2 for women.""\textsuperscript{177} All of this data is focused on birthing women, but the infant mortality rate is staggering as well, as it is estimated that only half of all children survived into adulthood.\textsuperscript{178} These sources emphasize that childbirth is always an exchange between life and death, both for the laboring woman and her infant. For ancient women giving birth is like going into a battle of sorts, although their enemies—the physical dangers of childbirth as well as the medical practices and social ideologies that control this process—were nearly impossible to defeat.

\textsuperscript{177} Hervás and Hernández, “Death in Birth,” 55. They specify that this date is for Classical Athens, although Nancy Demand puts women’s life-expectancy around 35-45 years for women in other parts of the Greek world as well (17).
\textsuperscript{178} Demand, \textit{Birth, Death, and Motherhood}, 22; Hong, “Mothering in Ancient Athens,” 675.
Chapter 3: Then and Now: “Extreme Pain, but Also Extreme Joy”

Do we see any remnants of these ancient medical and social ideologies regarding pregnancy and childbirth in modern America? In this chapter, I will trace some of the ways in which the concept of pregnancy as a medical and social cure as well as the ancient experience and treatment of childbirth persists in America today. A look at current issues in gynecological and obstetric medical practices reveals how ancient ideas of pregnancy as capable of curing and also killing manifest in the healthcare of people who can become pregnant. Some of these instances show how similar we are to the ancient Greeks; one important difference is that we possess the actual perspectives of birthing people, which enhance this discussion and enlighten the ancient material.

Is Pregnancy Still a Cure?

Pregnancy and the Incurable Disease

For the most part, there is no basis for the curative potential of pregnancy in modern medicine and science, but there is one example that opens an interesting dialogue between us and the ancient Greeks. Perhaps the only modern medical condition that pregnancy has been considered to “cure” is endometriosis, a “chronic, inflammatory condition” in which tissue that lines the inside of the uterus grows outside of it instead.¹⁷⁹ This condition affects one tenth of all menstruating people¹⁸⁰ and yet there is still no cure, though hopefully not for long. Dr. Linda G. Griffith is a bio-engineer and professor at M.I.T. as well as the director of M.I.T.’s new Center for Gynepathology Research, the first in the country devoted specifically to studying

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¹⁸⁰ Ibid.
endometriosis and finding a cure.\textsuperscript{181} After suffering undiagnosed from this condition for decades, like many people with endometriosis do since doctors have historically minimized their pain,\textsuperscript{182} Griffith was “[relieved]” to finally know the cause, but then she had to face the treatment options:

She could go on Danazol, a hormone-blocking drug that would halt the growth of the disease but would also send her body into a menopause-like state; or she could get pregnant, a common recommendation in the 1980s, and not uncommon today... Dr. Griffith recalls her then-husband answering for her: “We’ll have a baby.” She opted for the Danazol. Eight years later, she divorced the husband.\textsuperscript{183}

As much as medicine has changed over 2000 years, gynecologists prescribe the same “cure” for this condition as the ancient doctor likely would have done. In this specific example, Griffith’s husband even “answer[ed] for her,” exactly as the ancient husband or kyrios would have done. Pregnancy and “pseudopregnancy induced through hormonal therapies” have been prescribed to treat endometriosis since the early 1900s.\textsuperscript{184} Griffith’s first surgeon, Dr. Elizabeth Stewart, admits that “[pregnancy] was almost viewed as a two-for-one benefit... It’s clear there was some sexism in the approach to endometriosis then. I think there’s still some now.”\textsuperscript{185} Stewart could just as fittingly be talking about antiquity as she is the 1980s and even 2021. Like Griffith, countless others with endometriosis have experienced the same problem, with their doctors prioritizing

\textsuperscript{181} Rachel Gross, “They Call it a ‘Women’s Disease.’ She Wants to Redefine It,” \textit{New York Times}, April, 27, 2021. Perhaps the reason it has taken so long for there to be research devoted to this condition is because endometriosis “falls into the abyss of ‘women’s diseases’ (overlooked), diseases that don’t kill you (unimportant) and menstrual problems (taboo). Researchers often call endometriosis ‘benign,’ as in noncancerous—but doing so, Dr. Griffith believes, lessens the seriousness of a common, painful disease.”

\textsuperscript{182} Emma Whelan, “‘No one agrees except for those of us who have it’: endometriosis patients as an epistemological community,” \textit{Sociology of Health & Illness} 29, 7 (2007): 975-982. Whelan summarizes: “Because pain severity does not correlate with observable extent of disease, patient and physician accounts of endometriosis may directly contradict one another. When the lived experience of illness is contradicted by a lack of objective confirmation, others (especially physicians) may doubt the reality of the experience. This ‘epistemological purgatory’ is shared by many chronic illness sufferers, especially women with persistent pain” (957-958).

\textsuperscript{183} Gross, “They Call it a ‘Women’s Disease.’”


\textsuperscript{185} Gross, “They Call it a ‘Women’s Disease.’”
fertility and pregnancy over diagnosis (as it requires an invasive procedure)\textsuperscript{186} and treatment options.\textsuperscript{187}

While there is medical justification for prescribing pregnancy to relieve the symptoms of endometriosis,\textsuperscript{188} the medical community currently questions whether conception is truly effective.\textsuperscript{189} These criticisms are supported by evidence that endometriosis can cause riskier pregnancies, infertility, and other health issues.\textsuperscript{190} In the case of endometriosis, people can suffer without recognition or treatment from doctors, even for decades, while their condition worsens; but then if they are eventually diagnosed, they may be told that their only option is to become pregnant which can also be damaging. This reflects the same impossibility of health for ancient women, who suffer without pregnancy yet risk their lives in childbirth.

In fact, in a forthcoming paper titled “Pelvic Pain and the Rabid Womb in Ancient Gynecology and Narrative Medicine,” Margaret Day Elsner suggests that we can look to ancient experiences of and treatments for uterine conditions like endometriosis for insights.\textsuperscript{191} Elsner explains that surviving papyri and amulets reveal that ancient women suffering from pelvic pain describe the feeling using animal metaphors, such as “‘gnawing of a dog’ (ἀπδήξῃς εἰς τὴν καρδίαν ὡς κύων), ‘roaring of a lion’ (ὡς λέων βρυχᾶσαι) ‘coiling of a snake’ (ὡς ὀφις εἰλύεσαι) and the actions of other animals like serpents and bulls.”\textsuperscript{192} This reclaiming of the misogynistic

\textsuperscript{186} Young, Fisher, and Kirkman, “Endometriosis and fertility,” 554.
\textsuperscript{187} Ibid., 560. The authors observed that “women’s accounts revealed potential conflict between their own and their doctor’s prioritizing of fertility within their wider endometriosis care; this was particularly apparent when pregnancy and hysterectomy were presented as treatment options.”
\textsuperscript{188} Gross, “They Call it a ‘Women’s Disease’”; Brigitte Leeners et al. “The effect of pregnancy.”
\textsuperscript{189} Leeners et al. “The effect of pregnancy,” 297. The authors conclude that “based on the limited and poor-quality available evidence, pregnancy does not seem to systematically result in benefits for women with endometriosis” (297).
\textsuperscript{190} Ibid., 294.
\textsuperscript{191} Margaret Day Elsner, “Pelvic Pain and the Rabid Womb in Ancient Gynecology and Narrative Medicine,” Ancient Medicine Panel, Classical Association of the Middle West and South (Virtual; May 27, 2020).
\textsuperscript{192} One specific example reads: “Womb, black, blackening, as a snake coil and as a serpent hiss and as a lion roar, and as a lamb, lie down!” υπότερα μελάνη μελανωμένη ὡς ὄφις εἰλύεσαι καὶ ὡς ὀρίζων συρίζησαι καὶ ὡς λέων βρυχᾶσαι καὶ ὡς ἄρνιον κοιμοῦ (trans. Spier 1993, no. 8 from The Greek Magical Papyri in Translation Including the Demotic Spells, qtd. in Elsner).
“womb-as-animal” metaphors used by male physicians “offered female patients alternative ways of coping with chronic pain that their doctors did not provide.” Elsner connects this to the way endometriosis has been and still is medically ignored, and suggests that narrative experiences and expressions like the metaphors used by women in antiquity are key to awareness and treatment of women’s health issues that have historically been minimized. She says, “By identifying pain as something separate from the physical body, patients gain a vocabulary of autonomy. The articulation of pain becomes the method of treatment. Narrative becomes the cure.” In this way, Elsner restores power to the people experiencing the condition, not their doctors, to not only name their pain but also cure themselves. We will see that this is true for pregnancy and childbirth as well.

Overall, our strongest example of pregnancy as a cure in modern medicine is not scientifically sound, but more so seems to be influenced by sexism, just as in ancient Greece. Instead, gynecology and obstetrics as currently practiced in the United States rejects the idea of pregnancy as a cure and emphasizes it as a vulnerable condition during which the body is susceptible to illness and undergoes sustained stress. There are health issues that can become exacerbated by or develop during pregnancy, including cardiovascular disease (CVD), diabetes, endometriosis, hypertension, and preeclampsia—many of which are chronic illnesses that can persist after pregnancy. Epidemic disease is also more threatening for pregnant women, evidenced by the outbreaks of Zika and Covid-19. However, just because there is no real medical basis for the curative potentials of pregnancy does not mean that it is not and cannot be a healing experience for birthing people.

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193 Elsner remarks, “In some ways, the seriousness with which women’s health is taken in antiquity is surprising given its minimization in modern medicine until recently.”
195 CDC, “Pregnant Women and Zika.”; Mayo Clinic, “Understand how COVID-19 might affect your pregnancy.”
Emotional and Spiritual Cures: “Extreme Joy”

There are no “right” or “wrong” ways to be pregnant and give birth, and all perspectives and experiences of birthing people are valid. Many people talk about pregnancy and childbirth as life changing, even lifesaving. The emotional and spiritual benefits of pregnancy and childbirth become especially apparent through the actual words of people who have given birth, perspectives I wish we had from antiquity. In her seminal 1987 book The Woman in the Body: A Cultural Analysis of Reproduction, 196 Emily Martin argues that science has been infused and indoctrinated with social systems of oppression. For her book, she interviewed people who had been, were, or were able to get pregnant and analyzed the responses from them in order to investigate the patterns of scientific biases taken as fact. There are a few examples that stand out from the rest, including:

... one woman [who] developed an image for thinking about her approaching labor that made it an act she would perform: “I’m hoping it will be a beautiful experience, almost like a blossom opening or something. It will be beautiful. This is my fruit, you know. It will be a wonderful experience because of the joy in it. The joy will take away from the pain and I’m willing to face the pain” (Pat Ladd). But this image stands alone among the many others in which the woman is passively being done to... 197

When Pat Ladd says that “joy will take away from the pain,” she reconciles the physical and medical concepts of pregnancy and childbirth projected onto her with her own emotional and experiential possibilities of the event. Opposed to the ancient and modern descriptions of childbirth as destructive, Ladd reframes it as generative, a “beautiful experience, almost like a blossom opening.” She takes complete agency and ownership—“This is my fruit, you know”—over the birth. However, this type of response was rare within Emily Martin’s sample groups. She observes that “far less common, but occasionally present, are expressions—such as ‘my

196 While Martin’s work is still widely applicable and takes a surprisingly intersectional approach for her time, I do want to acknowledge that this book is still limiting because it operates within a binary understanding of gender.
197 Martin, The Woman in the Body, 86.
contractions,’ ‘my labor’—that depict the woman as actively experiencing the events,”¹⁹⁸ but her respondents overwhelmingly described the processes of menstruation, pregnancy, and labor as passive and involuntary. For example, “menstruation is almost always described as ‘a process a woman goes through’” and labor contractions “come on” to the women.¹⁹⁹ In doing so, Martin argues, women have adopted the rhetoric of medicine to articulate their own perceptions and experiences of their bodies. Unfortunately, this does not sound so different from ancient Greek medical writers’ treatment of pregnancy and childbirth that reinforces women’s passivity in their own bodily experience and control over their healthcare. However, we can distance ourselves from the ancient Greeks through the active voices of birthing people, like one participant who “objected to the prevailing attitude that pregnancy is something that she was afflicted by: ‘It’s like all of a sudden some people would say you’ve got this condition. What condition? I’m pregnant, I don’t have this condition.’”²⁰⁰ This response shows how taking agency over the experience of labor works to reject this historical passivity and the notion that pregnancy is something by which the body is either “afflicted,” in the modern sense, or “cured,” in the ancient sense.

While it might seem surprising for Pat Ladd to talk about the “joy” and “pain” of childbirth in the same sentence, many others use similarly dissonant language. In an article for the New York Times, aptly titled “‘Extreme Pain, but Also Extreme Joy,’” Christina Caron documents how birthing people in the Los Angeles area increasingly turned to midwifery rather than hospitals for delivery during the Covid-19 pandemic.²⁰¹ The article features pictures of midwife-assisted births taken by photographer Maggie Shannon, who remarked that “I’ve never

¹⁹⁸ Martin, The Woman in the Body, 86.
¹⁹⁹ Ibid., 78-79.
²⁰⁰ Ibid., 86.
documented anything with so much emotion in it... Not only extreme pain, but also extreme joy.”

Although these words come from the photographer and not the birthing people themselves, Shannon is authentically capturing in her words and photos the experience of birth. Her phrasing, “extreme pain, but also extreme joy,” like Pat Ladd’s invokes ancient medical writers’s discordant framing of pregnancy, but from the perspective of birthing people themselves. Ancient ideas of pregnancy as hurting and/or healing renders the pregnant person passive, at the mercy of their “condition,” while joy and pain are active feelings, experienced and expressed by the birthing person. Instead of the experience of birth being filtered through a (male) medical perspective, these admissions of pain, joy, and everything in between recognize birthing people’s agency and power, and the emotional and physical labor of this life-bringing process.

In Deliver Me From Pain: Anesthesia and Birth in America, Jacqueline H. Wolf includes many perspectives of childbirth which capture this disparity, and applies these experiences to her discussion of the debate over anesthetized labor. In her introduction, titled “‘Terrible Torture’ or ‘The Nicest Sensation I’ve ever had’?”, Wolf lays out the “conflicting perspectives” of giving birth.

She writes: “The statement of two mothers in the twentieth and twenty-first centuries paint the same irreconcilable pictures. One described her unmedicated labor as ‘the most ecstatic, interesting, adventurous, exciting, enjoyable and personally triumphant accomplishment I have yet known.’ The other condemned unanesthetized childbirth as a ‘barbaric ritual.’” Although she introduces the experiences of labor as a binary, Wolf ultimately renders it impossible to say whether it is “terrible torture” or “the nicest sensation,”; there are infinite experiences of birth.

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202 Caron and Shannon, “‘Extreme Pain, but Also Extreme Joy.’”
204 Ibid., 1.
that just a handful of perspectives, especially those of male medical writers and practitioners, certainly cannot express.

**Childbirth Today: “Extreme Pain”**

While labor can be a “joyful” experience despite the pain, for many it is just painful. Martin observes within her sample groups that “for most, a threat to the regular appearance of menstruation or the direct prospect of pregnancy does elicit fear, not only about the event of birth itself.” If anything, these participants seem to be neutral about pregnancy and much more worried about childbirth. When two women were asked if they had “any hopes or fears about pregnancy,” their responses highlight this trend. One participant said “No, I wish I could have a little girl, but I don’t want to go through that pain,” and the other admitted “I think the only fear I would have is having it. I have heard that it is a nice feeling, but the other side is painful, very painful. It would be nice once it comes out.” This last respondent’s answer invokes the idea of childbirth as a “nice feeling,” as it is for some, and also emphasizes the fear of the pain. While there is a general fear around the pain of labor, for some childbirth is even more dangerous and life-threatening.

A conversation about current pregnancy and childbirth outcomes must include maternal mortality, which is at an alarmingly high rate for America. Maternal mortality is a serious systemic issue that disproportionately harms Black people, as well as other peoples of color and Indigenous peoples. As Deirdre Cooper Owens and Sharla M. Fett explain in “Black Maternal and Infant Health: Historical Legacies of Slavery,” the manipulation and exploitation of Black

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206 Ibid.
207 As I mentioned in Chapter 2, the most recent (2018) data on maternal mortality in the U.S. lists the rate at 17.4 maternal deaths per 100,000 births, which is considered high compared to other countries.
women’s bodies and pregnant people is built into the foundations of American medicine and gynecology.\textsuperscript{208} Currently, “non-Hispanic black women in the United States are 60\% more likely to have a pregnancy complicated by preterm delivery compared with non-Hispanic white women,” and Black birthing people are three to four times more likely to die from pregnancy and childbirth related conditions.\textsuperscript{209} To put this devastating statistic into perspective, “a black woman is 22\% more likely to die from heart disease than a white woman, 71\% more likely to perish from cervical cancer, but 243\% more likely to die from pregnancy- or childbirth-related causes.”\textsuperscript{210} The severity of this incidence cannot be overstated; maternal mortality is a serious and pressing threat to the lives of Black birthing people and their infants. As Owens and Fett explain:

> It seems that, rather than addressing systemic racism in obstetrics and gynecology, medical practitioners have instead to some extent emphasized all of the ways Black women allegedly make themselves prone to being ill during their pregnancies. Black pregnant women and non-gender binary folks are told their fatness, advanced age, dietary choices, and lack of prenatal care have increased their chances of dying during childbirth. Yet, whereas Black pregnant people and mothers are made into culprits and the initiators of their deaths, doctors, nurses, and the hospitals they run are not looked at as critically as they should be.\textsuperscript{211}

Ancient Greek medical writers’ pathologization of the female body and framing of pregnancy as a cure carries the implication that women’s bodies are inherently unhealthy and need to be cured. This applies in some ways to what Owens and Fett describe here, as the medical system and practitioners position Black pregnant people as not only needing to be fixed (although specifically not by pregnancy) but also as the cause of their affliction in the first place when they “allegedly make themselves prone to being ill.” One crucial difference between contexts are the


\textsuperscript{211} Owens and Fett, “Black Maternal and Infant Health,” 1343.
systemic public health issues that make *Black birthing peoples*’ deliveries more dangerous and which then pathologize pregnancy particularly experienced by Black bodies. Even more insidious are the ways that the medical system displaces blame on Black pregnant people for any problems that might arise during deliveries, even heartbreakingly as the “culprits and initiators of their deaths.” Maternal mortality is a pressing public health issue, and being able to prevent tragedies of pregnancy and childbirth is of the utmost importance.

The circumstances under which people become pregnant and give birth today are vastly different from ancient Greece. Luckily, the Hippocratic promotion of pregnancy as remedy is not pervasive in medical practice, but traces are still there. The case of endometriosis exposes that pregnancy is still prescribed, largely as a result of patriarchy entrenched in modern medicine just as it was in ancient Greece. Emily Martin’s work also shows that the biases of medicine and science still shape how menstruating people experience their own bodies; however, the lived perspectives of pregnancy and childbirth that are largely missing from antiquity but exist today center the experiences of birthing people. Even though medicine has “progressed” since antiquity, there are still remnants of the pathologizing and paternalistic treatment of women’s bodies that was in use then. Unfortunately, the rates of maternal mortality both in ancient Greece and modern America, especially for Black birthing people, are alarmingly high. There are so many more facets to the modern experience of pregnancy and childbirth and so many perspectives left out, but even from this brief exploration we can see that ancient Greeks and Americans today understand the dissonant experiences of pregnancy and childbirth; it is an exchange between life and death in more ways than one.
Conclusion

The process of pregnancy and childbirth is mundane yet amazing, destructive yet generative, painful and joyful, life bringing, life threatening, and certainly life changing. Having children is a timeless and universal process that is genetically ingrained and socially prescribed, with infinite experiences and potential outcomes. In ancient Greece, childbirth was a critical event upon which the lives and livelihoods of girls and women depended. Not all ancient women would have had or been able to have children, but it was a shared obligation that offered women a socially acceptable way to construct their identities and serve their communities or poleis within a restrictive patriarchal society.

Childbirth was oppressive, both through the social expectations it enforced and also the violence it wreaked on women’s bodies. Archaeological evidence of maternal mortality—remains at grave sites and epigraphic information—as well as written testimonies from Greek literature and especially medical texts indicate that giving birth could be treacherous. The Hippocratic authors of the obstetric texts and Epidemics include countless examples of medical complications that lead to risky deliveries and tragic outcomes for the mother and infant. For women who survived childbirth, their bodies were physically exhausted and effectively destroyed by labor, which Soranus emphasizes to the degree that he even advocates for permanent virginity. However, the reality of the potential harm caused by childbearing was not consistently recognized, even and especially within medical texts.

Paradoxically, the Hippocrates construct and uphold pregnancy as a necessary process that is natural, healthy, and even healing. Pregnancy was prescribed as a cure for gynecological issues as well as other diseases of the body—which is even a common medical treatment for people suffering from endometriosis today. While Soranus does not promote the curative powers
of pregnancy himself, examples from his treatise show that this Hippocratic concept was still relevant in the medical community of his time. Even without the conceptual framing of pregnancy as a cure, Soranus still enforces the necessity for women to bear children through his objectification of the female body. Therefore, the pathologization of the female body and objectification of women’s bodies as solely reproductive underlines rhetoric of pregnancy as healing and/or harming in the work of Soranus and the Hippocratics. Thus, ancient Greek gynecologists suggest, both explicitly and implicitly, that pregnancy does cure the body just for childbirth to destroy it again—but this is not the full story.

Ancient Greek medical writers’ rhetoric of pregnancy as a cure justified the exploitative reliance on childbirth and successfully perpetuated women’s submission to a socioeconomic system that served the needs of the polis. Nancy Demand concludes her book with a provocative suggestion that the overbearing patriarchal control of the polis ultimately undermined its emphasis on and enforcement of reproduction. She reflects:

> It has become clear in this study that many poleis fostered patriarchal methods of control over women’s reproductivity that prejudiced their success in the primary role that the culture assigned to them, that of childbearing. The system was thus contradictory in terms of its own expressed aims. This self-contradiction provides a new and compelling argument for the conclusion that, at least in the extreme patriarchal form that it took in Athens and many other poleis, the Greek polis was detrimental to the interests of both women and the poleis.²¹²

From the social creation and policing of gender roles to the male indoctrination of gynecological texts and practice of obstetrics, ancient men began to take control over the process that their “culture assigned to [women].” In removing women’s agency over their own healthcare and their participation in that of others, men’s prioritization of reproduction over health actually contributed to worse outcomes for pregnancy and childbirth, which “was detrimental to the interests of both women and the polis.” Demand hints that this might have been prevented if men

²¹² Demand, Birth, Death, and Motherhood, 154.
had not restricted women’s medical knowledge and practice. She says, “It is noteworthy, however, that the Hippocratic author complains that traditional healers, who were most often consulted by the women of the family, recommended a less drastic cure [than speedy marriage and pregnancy]: dedications to the goddess Artemis.”

With more “traditional healers” rooted in and belonging to the communities they serve, treatments can be less generalized and thus more informed and effective. This is where we can learn from antiquity; it is crucial for people of other genders and marginalized identities to be involved in medical practice at all levels, to actually emphasize health over pregnancy, in whatever way “health” means for each person. Pregnancy should be a choice, not a cure.

This exploration of pregnancy and childbirth in ancient Greece problematizes medical rhetoric and practices that are normative and remove agency from birthing people, both in antiquity and today. I critique the qualifying language of ancient medical writers that creates and enforces binaries of healthy/unhealthy, normal/abnormal, and natural/unnatural. Today, the idea of “natural” as it applies to childbirth is still very much entrenched in a binary. “Natural” births, such as midwife-assisted deliveries that take place outside of the hospital setting and/or without the medicalized interventions often used in hospitals, have recently become more popular. While it is a valid and safe way to labor, this idea of a “natural” birth suggests that there is an “unnatural” way of giving birth, which fundamentally cannot exist. Even though the Greeks use this binary as well, they still conceptually recognize nature and birth, φύσις, as one. The concept of “natural” births stigmatizes the birthing peoples that cannot or choose not to labor this way, and also overlooks the privileges needed to be able to give birth “naturally.”

213 Demand, Birth, Death, and Motherhood, 56.
214 Dr. Griffith heading the first Center for Gynepathology Research in the United States is perfect evidence for this.
The biases and problems created by the scientific lexicon persists in healthcare and medical treatment today, as medical language both absorbs and seeps into cultural categories for, and even individual experiences of, bodies that can become pregnant. Martin posits, “Perhaps we no longer see women as so enslaved by their reproductive organs. But we are still a long way from seeing quintessentially female functions as acts women do with body, mind, and emotional states working together or at least affecting one another.”

Martin demonstrates this trend in her book, but her inclusion of the testimonies of people who have actually experienced menstruation, pregnancy, and childbirth highlights that narrative expressions, like Elsner also suggests, restore agency over healthcare and the embodied experience of medical conditions.

Looking Ahead: “Pregnancy as a Window to Future Health”

What do we make of this investigation of pregnancy and childbirth in ancient Greece and the United States? I offer a final example, to show how we can learn from the practices and problems of ancient Greek gynecological care. Giving birth today is generally safer than it was in antiquity, but pregnancy still puts the body through stress and can have lasting health effects for some. Ideally no one would experience any problems during pregnancy and childbirth, but there are actually ways for doctors to learn from the vulnerability of pregnancy in order to predict and even prevent future health risks. Pregnancy can reveal underlying health conditions which might not have surfaced otherwise or which they could be prone to developing after pregnancy, such as hypertension, diabetes, and cardiovascular disease (CVD). According to Catov and Margerison-Zilko, CVD is the “leading killer of women,” and “black women are at a 40%
increased risk of cardiovascular disease and have 50% higher rates of hypertension, compared with white women. Similar disparities in both pregnancy complications and cardiovascular health exist between women of high and low socioeconomic status.”

This is where pregnancy can offer insight into the future. Smith and Saade write that:

There are three times during a woman’s life that she accesses the health care system on a regular basis and is seen by a trained health-care provider: as an infant, for pregnancy and postpartum care and when she develops a chronic disease. Given that chronic diseases like CVD are usually decades in development, for the majority of women of reproductive age, pregnancy and the postpartum provides a new early window of opportunity to identify risk factors and improve their long-term health.

For this reason, Smith and Saade have proposed the Pregnancy as a Window to Future Health program (PWFH) in order to “identify women at risk for CVD as early as possible in order to prevent all the future consequences and health care burden of chronic diseases.” Among other things, this policy would expand Medicaid and healthcare coverage in order to monitor the health of at-risk people who can become pregnant.

It is important that we fully understand the health risks of pregnancy and childbirth and recognize that it is stressful for the body and, like the ancient Greeks acknowledge, potentially destructive. While modern medicine still cannot prevent the complications of childbirth, it can use the vulnerability of pregnancy as a valuable health indicator and diagnostic tool in order to prevent chronic diseases and other potential issues. In this way, it is like the Greek doctor who had to rely upon external signs in order to read the female body. However, in an ideal world, the PWFH health coverage and screening should be in place for everyone regardless of whether they possess this additional sign toward their inner health. Otherwise, how would we help people who cannot or do not become pregnant? This concept of “pregnancy as a window to future health”

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218 Smith and Saade, “Pregnancy as a Window to Future Health,” 3.
219 Ibid., 4.
220 Ibid., 5-6.
reflects the ideas of ancient Greek medical writers, who literally viewed pregnancy as a “window” for female health. However, the key difference between this PWFH program and ancient Greek gynecology is what we should take away from this exploration: to promote health by prioritizing patients’ futures, not pregnancy.
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