

BMCR 2019.08.17

Hippocrates. Volume XI: Diseases of Women 1-2

Paul Potter, *Hippocrates. Volume XI: Diseases of Women 1-2. The Loeb classical library, 538*. The Loeb classical library, 538. Cambridge, MA: Harvard University Press, 2018. 528 pages. ISBN 9780674996571. \$26.00.

Review by

M. J. Geller, University College, London. mark.geller@fu-berlin.de; m.geller@ucl.ac.uk

The appearance of the last of the of the Loeb Classical Library volumes of Hippocrates is a welcome event, especially when coming from the pen of Paul Potter, widely acknowledged for his expertise in editing and translating this crucial corpus. The final volume consists of only two treatises concerned with women's diseases, *Diseases of Women 1* and *Diseases of Women 2*, which differ from most other Hippocratic works. There is little interest in these treatises, for instance, in a theory of humours, except for the occasional reference to a patient being either bilious or phlegmatic (pp. 216-217), and there was little use of phlebotomy recorded in their numerous recipes (with the first reference occurring only on pp. 180-181). In general, there are fewer didactic passages about disease, and a large proportion of the text consists of prescriptions and drug-based recipes.

Although there is some overlap between these two treatises, Potter's approach in treating *Diseases of Women 2* as a separate treatise rather than as a continuation of *Diseases of Women 1* appears to be justified, considering the differences as well as similarities between the two works. The first treatise deals with typical gynaecological disorders, consisting of problems associated with menstruation, difficulties in conceiving, pregnancy disorders (which include miscarriage, foetal distress and retention of a dead foetus), postpartum disorders (including vaginal discharges), abnormalities of the uterus, and a final section dealing with a mixed bag of gynaecological and other ailments, including remedies for sepsis, gout, anal prolapse, and eye ailments. Potter's headings (pp. 3-6) are a useful guide to the contents of each chapter, but his subdivided headings are somewhat arbitrary; e.g. there is considerable overlap between his subdivision of 'postpartum disorders' and 'disorders of the uterus'. Moreover, among the well-known scheme of four humours, only excessive phlegm features regularly as an active agent in women's diseases. *Diseases of Women 2* focuses primarily on the uterus, highlighting abnormal discharges, abnormal movements of the uterus within the body, and a variety of pathologies associated with the uterus, such as inflammation, dropsy, and bile (see Potter 257-260 for a list of chapter themes).

Some general comments about the importance of these treatises for the history of ancient medicine are in order. Perhaps most important is the first-hand observation of the physician that women's diseases need to be treated differently than those of men; as Potter translates, 'physicians too may err in not inquiring carefully about a disease cause, and in treating them like diseases in men: indeed, I have seen many women perish in such cases.' The

author concludes that 'there is a great difference in the treatment of women's diseases and those of men' (Potter p. 131). This observation probably reflects a prevalent view of ancient medicine, that gynaecology represents a deviation from the norm, i.e. male

physiology, which means that most discussions of anatomy and symptoms reflected that of male patients. In this respect, female bodies are contrasted with those of men, in being warmer, more moist, and less solid (Potter p. 13). A variation on this theme is taken up in the second of the women's diseases treatise, which views the relative warmth and moistness of women as a function of age, rather than in comparison with men's bodies. The association between moistness in women and menstruation is clear, since older women are considered to be drier and presumably colder, since they have less blood (after menopause). On the other hand, fair women are considered to be moist while those with darker complexions are thought to be drier (Potter p. 269). The precise logic behind such general assumptions is not well elaborated in either treatise.

As for the actual diseases of women, one of the key questions regards who the informants were and how the author(s) were privy to intimate information about women's bodies. It is worth noting that there is only a single reference in these treatises to a midwife, who assists at a difficult delivery (Potter p. 151), and the general view appears to be that a male physician could have had full access to a woman patient's genital organs. For instance, *Diseases of Women 1* stipulates that, 'if on examining with a finger you find the mouth of the uterus to be shrunken and very full of moisture', the physician can safely diagnose uterine dropsy (Potter's translation p. 125). As for the (presumably male) physician's own competence, *Diseases of Women 2* advises with confidence, 'give the drinks you know by experience will be best received' (p. 363).

The utility of Potter's edition and translation for historians of medicine is greatly enhanced by the extensive indices at the end of the volume (pp. 453-491), which provide glossaries of *materia medica* in both English-to-Greek and Greek-to-English, as well as a comprehensive subject index. Apart from being able to compare the use of *materia medica* in gynaecology with other Hippocratic treatises, it also allows these treatises to be compared with ingredients of recipes in other systems of medicine. One of the intriguing types of medical ingredient is *Dreckapotheke*, which takes various exotic forms in these treatises, such as mouse droppings (p. 197-199), cow excrement (pp. 225-29, 417-19), ass's excrement (p. 413), wolf excrement (used in fumigation, p. 173), and goat excrement (p. 231, 433). How realistic were these substances as medical ingredients? Recent studies of *Dreckapotheke* within Babylonian medicine have shown that such ingredients are actually *Decknamen* or secret names for ordinary plants and minerals, as elaborated in a recent but still unpublished Freie Universität Berlin

dissertation (2015) of Maddalena Rumor, *Babylonian Pharmacology in Graeco-Roman 'Dreckapotheke', with an Edition of Uruanna III 1-143*.

Other specific comparisons can be made with Babylonian recipes, such as the use of Egyptian alum in both Greek and Babylonian tampons. A late Babylonian tablet from Ur, roughly contemporary with early Hippocratic writings, bears some striking similarities to a specific passage within *Diseases of Women 1* (Potter 186-191). The Greek text concerns suppositories to expel a dead foetus or a placenta, but within this passage is a list of tampons, usually pieces of wool or linen, that have no delineated purpose, but these occur after two tests for pregnancy (or as Potter prefers, fertility, see p. 187). The Akkadian tablet from Ur likewise offers recipes to expel a placenta or dead foetus, but within this context the Ur tablet also gives a list of tampons that were clearly diagnostic tests for pregnancy. The similarity between the Greek and Akkadian passages can be easily demonstrated by respective statements in both texts describing tampons. The Greek text reads (in Potter's translation p. 189), 'Wrap Egyptian alum in a piece of wool and apply it'. The Akkadian text, which prescribes tampons specifically for pregnancy testing reads, 'If ditto (= a test for pregnancy), [wrap] Egyptian alum [...], insert it into her womb in a wad of wool, if it looks like seaweed, that woman [is pregnant ...]'. The latter recipe advocates inserting a tampon wrapped in Egyptian alum into the woman's vagina, and when removed the colour (in this case like that of seaweed) would indicate whether the woman is pregnant or not. A close comparison between these the Greek and Akkadian passages (which cannot be done within a short review) will not only show a remarkable degree of similarity in both structure and contents, but it will also clarify the diagnostic usage of the tampons listed in the Greek text, which is not clearly specified. (For an edition of the Babylonian tablet, see Erica Reiner, 'Babylonian Birth Prognoses', *Zeitschrift für Assyriologie* 72, 1982, 124-138, and a re-edition by J. Scurlock, *Sourcebook for Ancient Mesopotamian Medicine*, 2014; the text will be re-edited by U. Steinert in a forthcoming volume on Babylonian women's diseases).

There are many such parallels throughout these two Hippocratic treatises that bear comparison with Babylonian medical texts of a similar vintage. The following is a typical example of another Hippocratic recipe in this corpus (p. 205, translation Potter), chosen virtually at random:

If after the birth of a child, a flux (*roos*) develops and food does not remain in the mother's belly: pound dark raisins and the insides of a sweet pomegranate, dissolve in dark-colored wine, grate over this goat's cheese, and sprinkle it with toasted wheat meal: dilute and give.

Although there is no exact duplicate to this recipe in Akkadian, the individual elements of the recipe are all familiar to Babylonian gynaecology. The problem in this recipe is two-fold, that the mother suffers from a 'flux' (lit. a stream or flow of fluid), and that her bowels are loose. Although these conditions do not occur together in Akkadian recipes, Babylonian women after giving birth can suffer from a flux (*nahšātu*), such as noted in a medical incantation with the rubric, MUNUS ša nahšáte GIG bulṭu [*latku*], '[tested] recipe for a woman ill with a flux' (see Scurlock, *Sourcebook*, 573, cited above). Alternatively, a woman having given birth can suffer from *redût irri*, 'a streaming of the bowels,' or *irri šūšuri* 'loosening of the bowels' (Ibid., 610, 614). There are many other details which could also be subject to comparison between Greek and Akkadian gynaecological recipes, such as the Akkadian recipe beginning with a phrase, '[if a woman] is ill with *allutu*' (translated as 'crabs' in Scurlock, *Sourcebook*, 576); however, a much more likely match would be Greek *karkinos*, 'cancer' (see e.g. Potter p. 314), reflecting a tumour rather than venereal lice.

Comparisons between Greek and Babylonian gynaecology raise some uncomfortable questions, with which historians of ancient medicine have not yet properly grappled. We may need to assume that ancient gynaecology operated along similar lines and with similar procedures throughout the Near East (including Greece), or alternatively that some recipe-based procedures were far more widespread than has been previously recognised. In any case, Potter's excellent edition of these texts affords us the opportunity to ask whether the study of a medical *technē* restricted to one language and one region, without considering neighbouring practices, might turn out in future to be too limited in scope.