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Mother, Heal Thyself: Challenging Pregnancies in Late Antiquity

A dissertation submitted in partial satisfaction of the requirements for the

degree

Doctor of Philosophy in History

By

Misa Nhanai Nguyen

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June 2026

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Abstract

Mother, Heal Thyself: Challenging Pregnancies in Late Antiquity

By Misa Nhanai Nguyen

The historical study of Roman pregnancy is typically siloed in either the High Empire (the first to third centuries CE) or the Byzantine period (the sixth century CE onwards). Moreover, these studies reify a very normative progression for pregnancy that goes uninterrupted from conception to childbirth. This dissertation explores the cultural history of pregnancy in the late antique period between the third and sixth centuries CE to trace the combined influences of Greek medical and early Christian thought on reproductive thought. I widen the scope of typical reproductive narratives to show that late antique authors and families also had a range of scripts for navigating infertility, abortion, and miscarriage, as well as tracing the rising challenge to pregnancy and birth as the standard for women's health. In comparing medical handbooks, legislation, homilies, theological letters and polemics, and hagiographies, I demonstrate that late antique Christian gynecological and obstetrical thought ultimately presented itself as an alternative to the Hippocratic standard of early and constant childbearing by reinscribing the meaning of women's health.

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Introduction

Between the first and sixth centuries CE, the Mediterranean world underwent several epochal changes. By 117 CE the Roman Empire had expanded to the greatest breadth it would ever reach, from Britain to Persia, before dramatically contracting during the Crisis of the Third Century, knitting itself back together under the late third-century emperors Aurelian and Diocletian, tottering along for another century and a half, and finally losing its western half in a series of abyssal plunges. Centers of political, intellectual, and religious power to rival Rome mushroomed throughout the empire, from Milan and Ravenna in northern Italy to the far-flung and glittering cities of Carthage, Alexandria, Antioch, and Constantinople. Rome herself was sacked for the first time in eight centuries in 410 CE. Christianity transformed from a minor, ill-favored, and sporadically persecuted sect into an imperial and world religion. Through it all, women continued to conceive, live through their pregnancies, and give birth as they always had. Such, at least, has been the view of the historiography.

In this dissertation, I argue that late antique pregnancy requires a reassessment that integrates the influences of both late Roman medicine and early Christian theology. Late Roman Christian families did not perceive pregnancy as purely a religious or medical matter, but one that was enriched by both perspectives. In this regard, they were part of a long classical tradition that saw frequent overlaps between categories we now read as medicine, religion, and magic.¹ What was new this time, however, was the degree to which religious, specifically Christian, models of pregnancy and female health set themselves up as distinct

¹ For an overview of the debate and literature, cf. Megan Nutzman, *Contested Cures: Identity and Ritual Healing in Rome and Late Antique Palestine* (Edinburgh University Press, 2022), 7-9.

and open competitors to the medical model. Moreover, even through this public and sustained headbutting, I argue that the medical and Christian corpuses continued to engage with one another. Sometimes that interest manifests as a rivalry acknowledged only through a dismissive and pointed silence. In other cases, however, we find more overt and meaningful overlaps between the two threads.

What began as a dissertation on the social history of late antique pregnancy has morphed over time into a history of late antique fertility and anti-natalism. That is, I have shifted the focus of my dissertation away from a focus on the physical phenomena of pregnancy and childbirth alone to an investigation of the social and cultural *discourses* around human reproduction. Pregnancy and childbirth remain important parts of this discourse, but now they are surveyed alongside other possibilities for a woman's reproductive life, such as abortion, miscarriage, infertility, and voluntary childlessness. This change in emphasis serves several important functions. Firstly, it decouples the assumption that every pregnancy will end in a birth, unsettling the normative life track prescribed to Roman women and getting us closer to the full range of reproductive outcomes that women experienced. Secondly, it provides a useful back door into patristic discourses around maternity. The Church Fathers, unsurprisingly or not, are not prone to waxing eloquent about childbirth. However, anti-contraceptive and anti-abortion rhetoric became an important aspect of Christian self-definition as early as the third century CE, and Biblical passages on barrenness were usefully deployed for both polemical and pastoral views. And, of course, the literature on late antique female virginity, celibacy, and asceticism is vast.

Assessing all of these discourses together as facets of one overarching, gradually coalescing discourse on fertility enables a fuller grasp of the contestations over late antique

reproduction and highlights connections that have otherwise been overlooked. I have set my main endpoints through two gynecological writers: Soranus of Ephesus, active in at least the second half of the first century CE, and Aetius of Amida, who is attested in the early years of the sixth century CE. These endpoints themselves are not set and fast. Soranus's works had a long afterlife, with translations from the Greek into Latin circulating until at least the ninth century CE; I occasionally refer to some of these later works to make a point. On the other end of the spectrum, I also make frequent reference to Hippocratic gynecological theories first set down in the fifth century BCE, particularly in the second and third chapters, due to their pervasive impact on Roman medical thought.²

The dissertation itself is divided into three chapters. The first chapter focuses on Roman abortion and contraception under both classical and Christian regimes. Drawing on legal codes, patristic texts, and medical handbooks, I demonstrate that, counterintuitively, fertility control may have operated with greater expansiveness and fewer restrictions among the sixth-century Christian elite at Constantinople than it did in second-century Rome. While still patriarchal and hierarchized, this finding underscores the importance of expanding our definitions for "Christian medicine" and "Christian views on abortion" beyond purely patristic norms. My second chapter assesses the competing models of infertility among both Hippocratic and Christian experts in late antiquity. While Roman physicians tended to lay more blame upon infertile women than their Greek Hippocratic precursors had, early Christian language on infertility worked to remove its stigma and actively provide a consolatory, accessible framework for coping with involuntary childlessness. By doing so, patristic authors provided a compelling reason for late antique families to accept them as an

² More biographical details and textual histories on my primary sources can be found on pages 9-12 of this introduction.

alternative framework for female health. The competition between these models of female health, one Christian and one Hippocratic, comes to a head in my third chapter, where I discuss ascetic strategies for upholding virginity and ultimately decoupling female health from procreation. I also survey the concurrent medical effort to adapt their frameworks to their ascetic patients' needs and concerns, ending with a reflection on three third-century female martyrs as early case studies where these competing frameworks were still working out their relation to each other. Ultimately, through these three chapters, I demonstrate that, firstly, the medical and religious constructions of a "good" or "successful" pregnancy were intimately connected to greater late antique debates about what it meant for a woman to be either "healthy," "good," or "successful." Secondly, I also show that writers from both camps sought to modulate their claims at least partly in relation to these competing frameworks.

My research connects most naturally to an ongoing scholarly interest in ancient Mediterranean gynecology and obstetrics. Previous scholarship on this topic can be divided into two waves. The first wave spanned from the 1980s to the first decade of the twenty-first century, riding the influence of both second-wave feminism and the linguistic turn in humanities. In turn, they are crucial in laying the groundwork for the study of ancient women's bodies through a medical lens.³ This group includes foundational works like Aline Rousselle's 1988 *Porneia: Desire and the Body in Antiquity*, Lesley Dean-Jones' 1994 *Women's Bodies in Classical Greek Science*, Helen King's 1998 *Hippocrates' Woman: Reading the Female Body in Ancient Greece*, and Rebecca Flemming's 2000 *Medicine and*

³ Aline Rousselle, *Porneia: Desire and the Body in Antiquity* (Oxford University Press, 1988); Lesley Dean-Jones, *Women's Bodies in Classical Greek Science* (Oxford University Press, 1994); Helen King *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (Routledge, 1998). Rebecca Flemming, *Medicine and the Making of Roman Women: Gender, Nature, and Authority from Celsus to Galen* (Oxford University Press, 2000).

the Making of Roman Women. Textually oriented and philologically invested, these are strictly speaking histories of obstetrics and gynecology rather than histories of pregnancy. That is, their focus is on the discursive construction of women through the interaction of scientific texts with social demands, as well as how Greco-Roman patriarchy shaped and was shaped by medical thought. The experiences of actual women living under these socio-medical regimes are freely admitted to be the arena for a future generation of scholars.

Fulfilling that project has been the aim of several social histories of pregnancy from the past decade. Véronique Dasen's 2015 *Le Sourire d'Omphale* was the first in this second wave, followed in quick succession by Ada Nifosi's 2019 *Becoming a Woman and Mother in Greco-Roman Egypt*, Angela Hug's 2023 *Fertility, Ideology, and the Cultural Politics of Reproduction at Rome*, Anna Tatarkiewicz's 2023 *The 'Cursus Laborum' of Roman Women*, Anna Bonnell-Freidin's 2024 *Birthing Romans*, Katharine Huemoeller's 2026 *The Child Follows the Womb*, and Tara Mulder's forthcoming May 2026 monograph *A Womb of One's Own*.⁴ Reflecting this upsurge of scholarly interest, the Bloomsbury *Cultural History of Pregnancy and Childbirth in Antiquity* is projected for publication in the near future, also edited by Tara Mulder.⁵ These works are connected by an interest in reconstructing, as much as possible, the lived experiences of childbearing women in Rome, particularly enslaved,

⁴ Véronique Dasen, *Le Sourire d'Omphale: Maternité et petit enfance dans l'antiquité* (Presses universitaires de Rennes, 2015); Ada Nifosi, *Becoming a Woman and Mother in Roman Egypt: Women's Bodies, Society, and Domestic Space* (Routledge, 2019); Angela Hug, *Fertility, Ideology, and the Cultural Politics of Reproduction at Rome* (Brill, 2023); Anna Tatarkiewicz, *The 'Cursus Laborum' of Roman Women: Social and Medical Aspects of the Transition from Puberty to Motherhood* trans. Magdalena Jarczyk (Bloomsbury, 2023); Anna Bonnell-Freidin, *Birthing Romans: Childbirth and its Risks in Imperial Rome* (Princeton University Press, 2024); Katharine Huemoeller, *The Child Follows the Womb: Gender, Reproduction, and Roman Slavery* (Yale University Press, 2026); Tara Mulder, *A Womb of One's Own: Lost Histories of Childbirth in Ancient Rome* (University of California Press, 2026, forthcoming).

⁵ For the sake of transparency, I am a contributing author in this volume.

provincial, and otherwise non-elite women. Ongoing debates about the agency of women in the birthing chamber as midwives, physicians, and medical writers are a recurring theme across the works, as well as the integration of cutting-edge methodologies like object theory and feminist historiography. The scholarship up to now has been fairly evenly divided between historians and classicists (two, Dasen and Nifosi, are classical archeologists rather than classicists). One intersection with ancient pregnancy studies, however, still remains: the issue of religion. Uniformly, early Christian discourses around science, medicine, and gender do not feature in these monographs. The scholarship's interest up to this date is in the *Greco-Roman* world of classical antiquity, not the Christian and Roman world that characterized the Mediterranean from the fourth century CE onwards.⁶ While some parallel work on early medieval obstetrics in both western Europe and the surviving eastern empire exists, these works begin at 500 CE or even later.⁷ Mine is the first research that bridges obstetric discourses between the second and sixth centuries CE and brings both classical and medieval texts into conversation: in other words, mine is the first history of late antique reproduction.

Due to my grounding in the aims and methodology of late antique studies, my work also engages with the fields of women in early Christianity and feminist historiographies of early Christianity. Like the histories of obstetrics and pregnancy discussed above, the history of early Christianity has also been shaped by the linguistic turn of the late twentieth century

⁶ Early Christianity is of course deeply indebted to Greek philosophy and metaphysics for its intellectual heritage. I use "Greek" and "Christian" here as synecdoches and shorthands for the prevailing influence on the Roman Mediterranean in these respective periods.

⁷ Cf. *Breastfeeding and Mothering in Antiquity and Early Byzantium*, edited by Stavroula Constantinou and Aspasia Skouroumouni-Stavrinou (Routledge, 2023); Elisa Groff, "To be or not to be sterile," in *Disability, Medicine, and Healing Discourse in Early Christianity*, ed. Susan Holman, Chris L. De Wet, and Jonathan L. Zecher (Routledge, 2023); Anne McClanan, "Weapons to Probe the Womb: The Material Culture of Abortion and Contraception in the Early Byzantine Period," in *The Material Culture of Sex, Procreation, and Marriage in Premodern Europe*, ed. Anne L. McClanan and Karen Rosoff Encarnación (Palgrave, 2002); Zubin Mistry, *Abortion in the Early Middle Ages, c. 500-900* (University of York Press, 2015).

and a renewed emphasis on social history in the last twenty years. Foundational works during the linguistic turn stressed the artificiality and patriarchal dominance embedded in all patristic texts, even those purportedly about women, most pointedly in Elizabeth Clark's 1998 *Church Studies* article, "The Lady Vanishes: Dilemmas of a Feminist Historian after the 'Linguistic Turn.'"⁸ The questions posed by Clark continue to reverberate in modern patristic scholarship; I survey one particular iteration of the debate as it pertains to the authorship of *The Martyrdom of Perpetua and Felicitas* in Chapter 3.

In its own time, Clark's article summed up the accomplishments and challenges facing a generation of scholars working through an extraordinarily polyphonic and patriarchal chorus. Seminal scholarship produced in this context include Clark's own 1986 essay collection *Ascetic Piety and Women's Faith* and her 1999 monograph *Reading Renunciation*, Elizabeth Castelli's 1988 article for *Early Christianity* on "Virginité and its Meaning for Women's Sexuality in Early Christianity," Susanna Elm's 1994 monograph *Virgins of God*, Kate Cooper's 1996 *The Virgin and the Bride*, and Lynda Coon's 1997 *Sacred Fictions*.⁹ In these works' shared preoccupation with asceticism, we can also trace a second connection: the lingering whiff of Peter Brown. Brown is correctly best recognized for being the first to delineate late antiquity as a field and for continuing to champion its central message of a Roman transformation rather than a Roman fall. But in shaping the

⁸ Elizabeth Clark, "The Lady Vanishes: Dilemmas of a Feminist Historian after the 'Linguistic Turn,'" *Church History: Studies in Christianity and Culture* 67, no. 1 (1998): 1-31.

⁹ Elizabeth Clark, *Ascetic Piety and Women's Faith: Essays on Late Ancient Christianity* (Edwin Mellen Press, 1986); Elizabeth Clark, *Reading Renunciation: Asceticism and Scripture in Early Christianity* (Princeton University Press, 1999); Elizabeth Castelli, "Virginité and its Meaning for Women's Sexuality in Early Christianity," *Journal of Feminist Studies in Religion* 2, no. 1 (1986): 61-88; Susanna Elm, *Virgins of God: The Making of Asceticism in Late Antiquity* (Oxford University Press, 1994); Kate Cooper, *The Virgin and the Bride: Idealized Womanhood in Late Antiquity* (Harvard University Press, 1999); Lynda Coon, *Sacred Fictions: Holy Women and Hagiography in Late Antiquity* (University of Pennsylvania Press, 2010).

field, he also imprinted his own interests onto the early questions the field posed. Asceticism, as laid out in his magisterial 1988 monograph *The Body and Society*, was one of those interests. Gender beyond asceticism was demonstrably not. As a result, while indubitably an important part of early Christianity, asceticism and virginity acquired a perhaps outsize share of the scholarly conversation that overshadowed other gendered ways of experiencing late antique Christianity.¹⁰

Over the past two decades, social history and micro-histories have both emerged as a useful methodology for highlighting women's experiences of early Christianity beyond asceticism. Particular methodological inspiration has come from Nicola Denzey's 2007 *The Bone Gatherers* and C. Chin and Caroline Schroeder's 2019 *Melania: Early Christianity through the Life of One Family*.¹¹ Interest in children and the Christian family has spurred a sub-field of recent works, including Margaret MacDonald's 2014 *The Power of Children* and Caroline Schroeder's 2020 *Children and Family in Late Antique Egyptian Monasticism*.¹² Closest to my own goals in this dissertation is Julian Barr's 2017 monograph *Tertullian and the Unborn Child*.¹³ I share Barr's interest in bringing together Christian and pagan [sic] perspectives as a way to fully examine the permutations of rhetoric used. However, Barr focuses on a deep dive into the single third-century CE author Tertullian, and even more specifically on Tertullian's shifting rhetoric on embryology and abortion. In contrast, my

¹⁰ This cautionary point was raised as early as 2002 by Michele Salzman in *The Making of the Christian Aristocracy* (Harvard University Press, 2002), 139-141.

¹¹ Nicola Denzey, *The Bone Gatherers: The Lost Worlds of Early Christian Women* (Beacon Press, 2007); Michael Chin and Caroline Schroeder, *Melania: Early Christianity through the Life of One Family* (University of California Press, 2019).

¹² Margaret MacDonald, *The Power of Children: The Construction of Christian Families in the Greco-Roman World* (Baylor University Press, 2014); Caroline Schroeder, *Children and Family in Late Antique Egyptian Monasticism* (Cambridge University Press, 2020).

¹³ Julian Barr, *Tertullian and the Unborn Child: Christian and Pagan Attitudes in Historical Perspective* (Routledge, 2017).

work assesses the development of obstetrical discourses for a further three centuries after Tertullian, set in the context of a much different and more militantly confident Church, and examines its implications not just for abortion but also infertility, celibacy, and childbearing. Moreover, I complicate Barr's contrast between the Christian Tertullian and pagan medical authors he cites by highlighting Christian physicians throughout my dissertation, notably Aetius of Amida.

The textual histories and transmissions for my patristic and hagiographic sources, such as John Chrysostom's homilies or the third-century CE martyrdom of Perpetua and Felicitas, are often hyper-specific to a particular argument and thus covered in the relevant chapters as they appear. Because my medical touchstones Hippocrates, Soranus, and Aetius appear so frequently across all three chapters, however, an overview of their textual histories will be provided here.

Very little can be established about Hippocrates with certainty beyond his association with the Greek island of Cos and his flourishing in the fifth century BCE.¹⁴ Not even his authorship of the sources imputed to him can be reliably identified, to the point that one scholar has suggested the idea of a single Hippocratic canon is more accurately a "Renaissance construct" than a classical inheritance.¹⁵ In general, however, it is agreed today that the canon of medical treatises, aphorisms, collections of personal case studies, and a scattering of other genres that bear his name can indeed be linked by a broadly sketched diagnostic and etiologic framework. The number of texts attributed to the canon also varies

¹⁴ Jacques Jouanna, *Hippocrates*, trans. Malcom DeBevoise (Johns Hopkins University Press, 1999) attempts an ambitious biography. Although extremely useful for its overview of the sources, its biographical arguments are not greatly cited by current scholarship.

¹⁵ Phillip Van der Eijk, "On 'Hippocratic' and 'Non-Hippocratic' medical writings," in *Ancient Concepts of the Hippocratic*, ed. Lesley Dean-Jones and R. Rosen (Leiden, 2016), 15–47.

based on how editors list and organize them: the encyclopedia tenth-century CE *Suda* lists sixty texts, for instance, but the 1572 Zwinger edition accepts only twenty-two.¹⁶ Most modern scholarship agrees on seventy. Elizabeth Craik, formerly a proponent of the seventy-text corpus, has recently instead identified fifty-one texts.¹⁷ Virtually all Hippocratic scholarship since the nineteenth century has been indebted to Littré's eleven-volume edition, which also forms the basis for the Loeb translations. Littré organized the texts by what he understood as their authorship, beginning with works that he thought had definitely been written by Hippocrates in volume 1 and by his son in volume 2, down to connected works penned by a single non-Hippocratic author in volume 6, to the lost Hippocratic works in volume 10 and apocrypha in volume 11. In the 1970s, the scholarly vogue switched away from an authorship-based categorization to one centered around diagnostic ("Cnidian") versus prognostic ("Coan") texts.¹⁸ This division in turn fell out of favor for being artificial and not wholly accurate, and today the tendency is for a cautious return to Littré's organization. Most relevant to this dissertation are the gynecological and obstetrical works, which Littré was the first to group together as likely sharing an author: *On Generation, Nature of the Child, The Diseases of Women 1, The Diseases of Women 2, Diseases of Virgins*, and *Barrenness* (sometimes identified instead as the last of a trilogy in *The Diseases of Women 3*). A handful of other texts, like *Aphorisms* and *Prorrhetic*, incorporate their gynecological theories, but the Hippocratic gynecological model is most clearly and

¹⁶ Elizabeth Craik, "The 'Hippocratic Question' and the Nature of the *Hippocratic Corpus*," in *The Cambridge Companion to Hippocrates* ed. Peter E. Pormann (Cambridge University Press, 2018), 31.

¹⁷ Elizabeth Craik, *The 'Hippocratic' Corpus: Content and Context* (Routledge, 2015). Compare also Jouanna, *Hippocrates* and Laurence Totelin, *Hippocratic Recipes: Oral and Written Transmission of Pharmacological Knowledge in Fifth and Fourth Century Greece* (Brill, 2009).

¹⁸ See footnote 16 in Craik, "The 'Hippocratic Question,'" 32 for a useful bibliography of the debate.

consistently laid out across these six. For all dating in the dissertation's body chapters, I rely on Jouanna's 1999 survey.

The Roman physician Soranus of Ephesus is scarcely easier to pin down.¹⁹ He flourished in the first and perhaps second centuries CE, and was known to have trained at Alexandria before setting up in private practice at Rome. He wrote approximately twenty medical treatises that we know of, but the vast majority of them survive only as excerpts or titles. The exceptions are the first two books of his *Gynecology*, which we have almost fully intact. Ilberg's 1927 edition identifies four books total in the *Gynecology*. Temkin's 1956 English translation follows this edition, and remains the standard for the field.

Even apart from his own works, Soranus enjoyed a particularly long late antique afterlife, with several translations and reworkings of his treatises into Latin, oftentimes duplicating one another. Hanson and Green point out a salutary comparison with Galen: out of over two hundred verified works, only four of Galen's writings were translated into Latin in the late antique period. In contrast, eleven out of Soranus's twenty verified works were selected for Latin translation.²⁰ Out of these, the most long-lived were Caelius Aurelianus and Muscio's sixth-century CE modifications of the *Gynecology*, both rendering it into Latin and simplifying the language and medical theory. A third complement to these two adaptations is the dialogue "Liber geneciae ad Soteris obstetrix [sic]," which presents a heavily simplified dialogue in question-and-answer format between Soranus and the prospective midwife.

¹⁹ For all biographical and textual information I draw on Ann Ellis Hanson and Monica Green, "Soranus of Ephesus: *Methodicorum Princeps*," in *Aufstieg und Niedergang der römischen Welt*, ed. Hildegard Temporini and Wolfgang Hasse (Brill, 1994).

²⁰ *Ibid.*, 1045.

Finally, there is Aetius of Amida. We have little more biographical information for him than we do for either Hippocrates or Soranus. He was practicing in at least the first half of the sixth century CE. Like Soranus, he completed his medical training at Alexandria, but was eventually called to practice at the court of Justinian and Theodora. I have selected Aetius as my sixth-century endpoint for this dissertation's survey for a number of reasons. Firstly, he is an enthusiastic fan of both Hippocrates and Soranus, preserving many of their recommendations verbatim in his own gynecological writings. As such, he forms a useful marker for the survival, transmission, and reception of these unmistakably classical authors in the heart of the sixth century. At the same time, Aetius's own amendments and additions to medical theory, including his decidedly un-Hippocratic fondness for ritual amulets and invocations from Christian scripture, showcase one direction for what imperial, cutting-edge medicine could look like at the Christian court.

Aetius's major literary and medical contribution is his sixteen-volume *Tetrabiblion*, of which the last volume is entirely dedicated to obstetrics and gynecology. The Greek *editio princeps* of the sixteen-volume was issued in 1534 by the Venetian Aldus Manutius, swiftly followed by a Latin translation by Cornarius in 1546. No unified translation into a modern language of all sixteen exists, and some volumes remain untranslated. Cornarius's Latin translation formed the basis for Ricci's 1954 English translation of the sixteenth volume, which remains the baseline for scholarly reference today.

In working with these three authors, it is clear that the medicalization of pregnancy and childbirth is by no means unique to modern medicine, as some feminists have contended (for instance, the "technocratic model of birth" and its "cascade of interventions"). Ancient physicians found it entirely natural to treat both pregnancy and childbirth as high-risk

potential emergencies that required their guidance and sometimes direct involvement to safely manage. Far from viewing professional intervention in the birthing chamber as an aberrant wresting away of control from women's secret knowledge,²¹ one could make the case that the medical model of birth was the *norm* for late antiquity. It was the early Christian construction of an alternate, non-medical model for pregnancy and birth that stood out.

Of course, both models were still dominated by elite male writers and remained a strongly hierarchical, top-down imposition of authority. Roy Porter's injunction for the historian of medicine to refrain from the temptations of "a physician-centered account of medicine" and instead embrace "the two-way encounters between doctors and patients.... [as well as] the complex social rituals involving family and community as well as sufferers and physicians"²² is equally useful when working with the church fathers and their explanations of female reproductive health; one need only swap out "physician" or "doctor" for "theologian." Equally necessary is the reminder of how potentially unrepresentative the women in these writings can be.²³ Soranus and Aetius both catered to the very cream of society; so too did Jerome, John Chrysostom and other patristic writers. Perfect female health, as constructed through a medical *or* Christian lens, may have remained out of reach for the majority of women. A central struggle of this dissertation has been the effort to reach non-elite pregnancies and fertility struggles alike.

Ultimately, in crafting a non-medical view of pregnancy and motherhood, early Church fathers were pushing back against centuries of established gynecological thought.

²¹ John Riddle's *Eve's Herbs: A History of Contraception in the West* (Harvard University Press: 1993) is a particularly strongly worded proponent of the supposed conflict between physicians and secret "women's knowledge."

²² Roy Porter. "The Patient's History: Doing Medical History from Below." *Theory and Society* 14, no. 2 (1985): 175.

²³ Salzman, *The Making of a Christian Aristocracy*, 167.

Hippocratic gynecology was four centuries old by the time the first major Christian thinkers emerged. The socio-medical construction of the Hippocratic woman pervaded everything from the age she should marry, to the food she should eat, to how and when she could have sex with her husband; it monitored her from literally the very moment of her conception. Creating a new woman – that is to say, the Christian woman and particularly the Christian virgin – meant upending this paradigm, or at the very least offering a viable alternative to it. Read in this light, the Church fathers reveal much about their wishes and anxieties when it comes to the grounds on which they felt comfortable directly fighting against the prevailing gynecological thought in contrast to where they simply chose to ignore it, as well as the few areas where they felt confident enough to recruit such thought to their own ends. In a rare few cases, we can gather enough evidence to surmise the writer made a deliberate choice to engage in whatever strategy he does. In most, it remains more nebulous. Regardless, these areas of tense silence and occasional incorporation remain valuable sources. Disagreements about gynecology and obstetrics represented, at heart, disagreements about what a woman was and what place the world could make for her.

Meanwhile, real birthing women and their families did not live solely in either homilies and ascetic treatises or in medical handbooks. They lived out in the world, and over the course of late antiquity, their world increasingly became one where they had access to both the Christian and Hippocratic models for pregnancy. In connecting the late antique evolutions in Hippocratic gynecological and obstetric thought to their patients' Christian and potentially ascetic context, I highlight both the possible ramifications of asceticism beyond elite families and the cultural sensitivity of practitioners responding to their patients' new needs and desires.

Finally, the rise of Christian physicians and midwives offered a new class of practitioners working out ways to negotiate the tension between their faith and Hippocratic training – if, indeed, they saw it as a tension at all. Many seemed to have not to, as with the case of Aetius and his blithe instruction on contraception and abortion even during a sharp upswing in Christian orthodoxy under Justinian. The existence of these Christian healers is why I frame this dissertation’s focus as not the dialectic between Christian and pagan, *pace* Barr, but rather Christian and Hippocratic. Delving further into gynecology in the eastern Empire beyond Aetius will be central to the expansion of this dissertation into a monograph. Even now, reading these sources as Christian texts in a Christian background, just as we read more conventional theological works against a broader medical backdrop, helps illuminate the full intellectual dynamism of both traditions and highlights the importance of reading the patristic sources as actors in the late antique medical marketplace.

All translations in this dissertation, unless otherwise noted, are my own.

Chapter One: Abortion

Roman gynecological texts between the second and sixth centuries CE are a polyphonic lot. Composed in Greek, the language of the empire's scientific and cultural elite, they address themselves to both that elite and to formerly enslaved midwives. Their authors catered to a senatorial and even imperial clientele, but they record folk remedies alongside the most up-to-date Hippocratic treatments. Physicians to Rome, these authors prided themselves on being heirs of the Greek Hippocratic tradition, but came from throughout the empire to train at Alexandria, a medical school reputed to quietly incorporate traditional Egyptian medicine alongside the explicitly Greek curricula. And the texts talk.

They talk to each other: as rivals, colleagues, teachers, oftentimes all three together. They talk about and around both their patients and the enslaved humans hovering near those patients. They talk about the social worlds that produced them: sometimes voicing and perpetuating mores unquestioningly, and sometimes talking back sharply to those norms. Reading these medical handbooks thus sheds light not only on how physicians trained each other and their patients to think and act, but also on what the public expected of their healers and the care they provided. This becomes especially helpful in studying abortion and contraception in the Roman world. While these procedures themselves were and are contested topics, it is the nature of that contestation, alongside the actual practice, that I pursue in this chapter.

The three broadest and most ambitious surveys of ancient Mediterranean fertility control have been Enzo Nardi's 1971 *Procurato aborto nel mondo greco romano*, John Riddle's 1997 *Eve's Herbs: A History of Contraception and Abortion in the West*, and

Konstantinos Kapparis's 2002 *Abortion in the Ancient World*.²⁴ Although extremely useful for their vast overview of the sources, the three are hamstrung by their attempts to impose a cohesive, centuries-long arc onto the evidence. Nardi argues for a concerted and systemic persecution of abortion at all levels of society in all areas, while Riddle contends that fertility control was almost exclusively driven by lay women's "secret knowledge" of herbs until finally stamped out by the medieval authorities. Kapparis, meanwhile, tends to anachronistically read early Christian concerns about the fetus back on classical Greek and Roman mores. More successful have been geographically limited and culturally specific surveys of abortion. Among these, Zubin Mistry's 2016 *Abortion in the Early Middle Ages c. 500-900* is an especially dense and careful cultural history of abortion in the medieval west, spanning legal, religious, and literary sources.²⁵ In a similar vein is a 2010 thesis by Marianne Elsackers that compares the influences of old Germanic and early Christian law in shaping early medieval abortion.²⁶ For the Roman world, both Rebecca Flemming and Kassandra Miller have recently returned to reassess Riddle's thesis on female involvement in fertility control.²⁷ Miller in particular suggests that remedies generally assessed as contraceptives were used for a wider variety of purposes beyond fertility control, including convenience during travel or general bodily health overall.²⁸

²⁴ Enzo Nardi, *Procurato aborto nel mondo greco-romano* (Giuffrè, 1971); John Riddle, *Eve's Herbs: A History of Contraception in the West* (Harvard University Press, 1993); Konstantinos Kapparis, *Abortion in the Ancient World* (Bloomsbury, 2002).

²⁵ Zubin Mistry, *Abortion in the Early Middle Ages c. 500-900* (University of York Press, 2015).

²⁶ Marianne Elsackers, "Reading between the Lines: Old Germanic and Early Christian Views on Abortion" (Ph.D. diss., University of Amsterdam, 2010).

²⁷ Rebecca Flemming, "Fertility Control in Ancient Rome," in *Women's History Review* 30 no. 6 (2020).

²⁸ Kassandra Miller, "Intentional Menstrual Suppression in Imperial Rome," in *The Journal of Roman Studies* 114 (2024).

My chapter adds to these conversations by assessing how two Roman physicians, one practicing during the classical High Empire and the other active in the fully Christian sixth century, responded to laws against abortion through their practice. I trace first the hardening of both civil law and religious mores against abortion and contraception between their two periods. I then establish that, despite these seeming crackdowns from the authorities, both Soranus and Aetius, my two physicians, actually openly innovated on abortifacient and contraceptive strategies. Aetius in particular receives a close tracking of his recipes and prescriptions to highlight that he is far more original than he is generally given credit for. I close by considering what this disjunction between legal bans and actual obstetrical practice may tell us, and suggest that the early medieval east, especially mediated through Aetius, had far more gynecological and obstetrical innovation than we might expect.

Part 1: the law

Starting with the time of Sulla in the first century BCE down to that of Justinian in the sixth century CE, Roman legislation consistently condemned abortion due to its perceived links with both illicit love magic and with depriving the father of his rightful heir. The legal language refers to the procedure as *abortiones*, abortions, but also as *venena*, potions, and *pharmakeia*, which could encompass both drugs and sorcery.²⁹ Cicero refers to one case of a woman in the Anatolian city of Miletus being put to death for obtaining an abortion,³⁰ but it is unclear from his wording whether she was a Roman citizen prosecuted under the Roman court system or a Miletan subject to an external legal system.

²⁹ For the varying uses of *pharmakeia* cf. Darrell Amundsen's "Tatian's 'rejection' of medicine in the second century," in *Ancient Medicine in its Socio-Cultural Context*, volume 2, ed. H.F.J. Horstmanshoff, Phillip van der Eijk, and P.H. Schrijvers (Brill, 1995). Throughout this chapter, I use Clyde Pharr's 1944 translation for the Theodosian *Code* and Alan Watson's 1998 translation for the Justinianic *Digest*.

³⁰ Cicero *Pro Cluentio* 11.32.

If the former, then it was an extraordinary case. During both the Republican and early Imperial periods, the legal penalties fell far more heavily on suppliers of abortion than the women who sought them out. Obtaining an abortion in itself is not grounds for punishment, but only when the father explicitly opposes it. Then, and only then, was the woman sentenced to temporary exile.³¹ This is consistent with the broader Roman acceptance of infanticide and infant exposure, which likewise hinged on the (free) father's acknowledgement or rejection of the child.³² The authority over the life and death of their household was one of the oldest rights guaranteed to Roman men in their role as the *paterfamilias*.³³ Although in practice many of the more extreme practices, such as killing an adulterous daughter, came to be socially frowned upon as antiquated and extreme,³⁴ the right to expose a child remained consistent and practiced until at least the mid-fourth century and likely longer.³⁵ In both abortion and child exposure, the child's life and personhood do not enter into the legal conversation. The issue at stake is rather the preservation of the *paterfamilias*' authority.

Providing an abortion, on the other hand, meant far harsher penalties. Moreover, these penalties were clearly and explicitly divided based on whether or not an abortionist belonged to the ranks of the *honestiores*, the Roman elite. Providing an abortion that resulted in the woman's death was an automatic death sentence, regardless of their status. But even in cases where the woman survived, a *honestior* abortionist faced exile to a distant island and

³¹ *Digest* 48.19.11

³² This of course only applies to free men; enslaved fathers had no right to their offspring.

³³ Richard Saller, *Patriarchy, Property, and Death in the Roman Family* (Cambridge University Press, 1994), 117.

³⁴ David Cohen, "The Augustan Law on Adultery: The Social and Cultural Context," in *The Family in Italy from Antiquity to the Present*, ed. David Kretzer and Richard Saller (Yale University Press: 1991), 116.

³⁵ Judith Evans-Grubbs, "Church, State, and Children: Christian and Imperial Attitudes Towards Infant Exposure in Late Antiquity," in *The Power of Religion in Late Antiquity*, ed. Andrew Cain and Noel Lenski. Routledge, 2009.

forfeiture of their property.³⁶ An abortionist from outside the *honestiores*, on the other hand, was sent to the mines, an effective death sentence. As the second-century jurist Paulus explained, punishing the practitioner was necessary because “even if they do not do so maliciously, the act still sets a bad example.”³⁷ No stipulation is made in these cases that the abortion must have been surreptitious or otherwise against the father’s will: simply providing the abortion at all is enough.

These punishments were not quite on par with those prescribed for medical malpractice more broadly, which are detailed separately in the *Digest*. Physicians from the ranks of the *honestiores* who kill patients³⁸ are to be exiled, with no confiscation of property or duration set on the exile, but lower-class physicians are to be executed outright.³⁹ In practice, due to the notorious severity of living conditions for mine slaves, the penalty for non-senatorial physicians was the same in both cases. Legally speaking, however, there remained the slim possibility of survival and eventual release for the abortionist that the malpractitioner was not afforded. The opposite holds true for abortionists who came from the *honestiores*. Both abortion and malpractice warranted exile, but only abortion, regardless of whether or not the woman survived, also incurred an additional penalty through the complete loss of property. As seen in the jurist Paulus’s fretting over the “bad example” of abortion, and by the consistent pairing of abortionists with sorcerers and other providers of love

³⁶ *Pauli sententiae* 5.23.14. *Qui abortionis aut amatorium poculum dant, etsi id dolo non faciant, tamen quia mali exempli res est, humiliores in metallum, honestiores in insulam amissa parte bonorum relegantur: quod si ex mulier aut homo perierit, summo supplicio adficiuntur.*

³⁷ *Ibid.*

³⁸ Specifically through (mis)administering drugs; surgery is not covered.

³⁹ *Digest* 48.8.3.1-3. Trans. Alan Watson (University of Pennsylvania Press, 1998).

potions in back-to-back legislation, senatorial lawmakers perceived abortion as a social and political threat as much as, or more than, a medical one.

Part 2: the Christians

These laws and penalties remained intact under Christian emperors: the sixth-century *Digest* of Justinian preserves the language of these earlier codes unaltered. Within the circles of the new Christian (and almost exclusively male) elite, however, both contraception and abortion had acquired new valances. The first major change is simply the inclusion of contraception as a taboo, since contraception had never appeared as an issue of concern in the laws, even though it could clearly be as much of a threat to the paternal right to have an heir as abortion was. The second change, which emerged about the same time as the first one, was the portrayal of reproductive control as murder. Finally, the culprit also changed. Where Roman civil law had and continued to stress the practitioner's culpability in providing abortion, Christian writings on abortion increasingly erased the abortionist from view. Rather, it was the mother who emerged as a murderer.

We see the first inklings of this sea change in one of the earliest Christian texts, the first-century CE *Didache*, or "Teaching." Intended as a series of instructions for early members of the Jesus movement to set themselves apart from their neighbors, the text's second section riffs and expands on the Ten Commandments. After the familiar injunctions against murder and adultery, one reads, "Thou shalt not use magic, thou shalt not use philtres, thou shalt not procure abortion, nor commit infanticide."⁴⁰ The link between magic, love potions, and abortion is a very traditional Roman one; the inclusion of infanticide is not. While strictly speaking infanticide is not explicitly called murder here, and in fact is listed

⁴⁰ *Didache* 2.2-5. Trans. Michael Holmes (Baker Academic, 2007).

separately from the overarching condemnation of murder that opens this section, its inclusion as the assumed natural end result of erotic magic and abortion still marks a dramatic departure from traditional Roman thought.

The blurring of boundaries between sexual immorality, abortion, and murder is made even more explicit by later Christian authors. Writing in the 380s, the church father Jerome, known for his prolific writing and evangelizing among the elite women of Rome, writes in a letter to his teenaged protégée Eustochium about hypocritical virgins who use fertility control to cover up their transgressions:

Unless they are betrayed by swelling wombs or by the crying of their infants, they walk abroad with tripping feet and heads in the air. Some go so far as to take potions, that they may insure barrenness, and thus murder human beings almost before their conception. Some, when they find themselves with child through their sin, use drugs to procure abortion, and when (as often happens) they die with their offspring, they enter the lower world laden with the guilt not only of adultery against Christ but also of suicide and child murder.⁴¹

Here, for the first time, we see the disappearance of the abortionist, or rather their subsumption into the erring mother herself. Both contraception and abortion are now explicitly labeled murder, but the murderer is the mother who takes the drugs, not the practitioner who provides them. It is of course possible and even probable that some women would choose to obtain their own abortions rather than seek out a trained healer, and passages in gynecological handbooks about how to differentiate between induced and spontaneous miscarriages indicate that being able to tell the difference was a real concern for healers, perhaps after being called in to manage a botched self-administered abortion. This focus on the mother's culpability, first in betraying her consecrated vows and secondly in trying to cover up the pregnancy, nevertheless marks a distinct shift away from contemporaneous legal debates on abortion.

⁴¹ Jerome, *Letter* 22.13. Trans. F.A. Wright (Harvard University Press, 1933).

Writing less than a decade later at Antioch, the church patriarch John Chrysostom harangues aristocratic men for forcing abortions on both their mistresses and their legal wives⁴² John turns the legal emphasis on the *paterfamilias*' consent on its head. Now, he argues, the man's consent to an abortion does not suddenly render that abortion licit. Rather, it means that the guilt for murder now rebounds entirely on him, regardless of whether it is his mistress or his wife who actually takes the drug. A decade on from John Chrysostom, the eminent Augustine of Hippo likewise blends a critique of contraception, abortion, and infanticide, even between married couples, into part of the same breathtakingly lustful spectrum. If both husband and wife agree to the use of fertility control, he argues, then it is debauchery, not wedlock, which unites them. If the wife uses it against her husband's will, then she is a harlot; if the *husband* forces them upon his wife, then he becomes her pander.⁴³

In both John and Augustine, the link between illicit lust and murder is clearly drawn from the earlier Roman language described in the previous section. The shift of culpability from the medical to the domestic quarter, however, is an entirely Christian innovation. So too is the new disregard for the *paterfamilias*' will in the matter. Where the consent of the husband was once the hinge that determined whether or not a woman would be exiled for her abortion, under the Christian writers consent to abortion could undo a man's very claim to marriage.

Together, these legal and religious texts are the major sources for how abortion was talked about by the elite in the Roman world. Prefiguring modern debates about abortion, these texts have also dominated scholarly surveys of late antique abortion in particular, from

⁴² John Chrysostom, *Homily 24 on the Epistles to the Romans*. Trans. J.B. Morris and W.H. Simcox (Oxford University Press, 1877).

⁴³ Augustine, *De nuptiis et concupiscentia* 1.15.17. Trans. C.F. Vrba and J. Zycha (Vienna, 1902).

John Noonan's seminal analyses of Catholic doctrine on abortion and contraception and Michael Gorman's *Abortion and the Early Church*, to Zubin Mistry's much more recent *Abortion in the Early Middle Ages* and Kyle Harper's *From Shame to Sin: The Christian Transformation of Sexual Morality in Late Antiquity*.⁴⁴ In other words, late antique abortion and contraception, and specifically opposition to them, are made parts of religious history, not a history of medicine. Approaching how abortion and contraception actually functioned is a different matter. The material evidence for fertility control, even more than for ancient medicine, is extraordinarily scant. Votives, wall reliefs, and inscriptions all attest to pregnancy and childbirth as widespread issues of concern in the Roman world, but to my knowledge no visual depictions of abortion, conclusive or even inconclusive, survive. Most surviving surgical tools are versatile enough in form that their obstetrical use cannot be conclusively determined,⁴⁵ and the material remains of fetal matter are of course ephemeral in the extreme, even if they were not actually ground up for use in magic spells as common folklore had it.⁴⁶

Part 3: the physicians

In the wake of this vacuum, medical handbooks may offer our closest look at the actual practices surrounding fertility control in Rome. These were written by and for medical

⁴⁴ John Noonan, "An Almost Value in History," in *The Morality of Abortion: Legal and Historical Perspectives*, ed. John Noonan (Harvard University Press, 1970); M. J. Gorman, *Abortion and the Early Church: Christian, Jewish, and Pagan Attitudes in the Greco-Roman World* (Wipf and Stock, 1982); Kyle Harper, *From Shame to Sin: The Christian Transformation of Sexual Morality in Late Antiquity* (Harvard University Press, 2016).

⁴⁵ Anne McClanan. "'Weapons to Probe the Womb': The Material Culture of Abortion and Contraception in the Early Byzantine Period." In *The Material Culture of Sex, Procreation, and Marriage in Premodern Europe*, edited by Anne L. McClanan and Karen Rosoff Encarnación. New York: Palgrave, 2002.

⁴⁶ See especially Kimberly Stratton's *Naming the Witch: Magic, Ideology, and Stereotype in the Ancient World* and Debbie Felton "Witches, Disgust, and Anti-Abortion Propaganda in Imperial Rome."

practitioners, all of whom attest to their own clinical experience and who expect the work to be used by other practitioners. This does not mean, of course, that these handbooks can still be approached uncritically or wholly trustingly. Greek and Roman medical science, particularly gynecology, was shaped by the epistemological norms of the world the predominantly male medical writers inhabited.⁴⁷

Additionally, unlike many older Hippocratic works like the *Epidemics*, these handbooks are not case histories. That is, they do not describe patients that the physician has personally treated before, but comprise more general diagnostic and therapeutic recommendations. Consequently, they are written entirely from the practitioner's perspective, and the patient's view, as outlined in Roy Porter's article of the same name,⁴⁸ is lost. Even that much only extends to the patients these physicians actually attended: the elite women and their families who could afford to hire literate, Greek-speaking midwives and physicians who worked in the metropole, and in one case at the imperial court of Constantinople itself. Women who could not afford these services, who were enslaved, lived in the provinces, or simply preferred to call on their own relatives or enslaved people for reproductive care do not surface as patients at all. It is still possible to some degree to reconstruct, or at least extrapolate, such women's experiences with fertility control, and I will return to this topic towards the end of the chapter. For all that, though, these handbooks are both an imperfect, profoundly narrow look at Roman gynecological practice and the best recourse we have.

Who *was* performing abortions for Romans? No specific term correlating to the English "abortionist" exists. Many professional terms proliferated for these practitioners,

⁴⁷ Cf. Dean-Jones, *Women's Bodies*; Flemming, *Medicine and the Making of Roman Women*, and Helen King, *Hippocrates' Woman*.

⁴⁸ Roy Porter. "The Patient's History: Doing Medical History from Below." *Theory and Society* 14, no. 2 (1985): 175–98.

including *iatros* and *iatrice*, *maia*, *iatromaia*, *obstetrix*, and *medicus*, and disentangling their correspondences to modern English can be tricky. *Maia*, for example, has been variously translated as both “midwife” and “obstetrician”: both denoting a level of specialized reproductive care beyond that provided by the general practitioner, but with vastly different connotations of training, gender, and authority to the modern reader. Helen King cautions that “in the absence of any licensing system, the healers of Greece were never divided into such formal categories; even *iatros*, usually taken as ‘doctor’ or ‘physician,’ merely means ‘healer.’”⁴⁹ Although she is writing about a classical Greek context, the same caveat holds true for Roman medicine. *Iatros*, *maia*, *obstetrix*, and *medicus*: these titles were carried by both men and women, and by freeborn, freedpeople, and enslaved alike. Nothing in the choice of title inherently betrays a specific gender, type of training, or social status. Christian Laes has suggested that claiming the title of *iatrice* or *medicus* might indicate a self-affiliation with the specifically Greek tradition of medical literature, rather than a particular type of training or competency bestowed by others.⁵⁰

Certainly, the two medical authors on whom I focus for the remainder of this chapter, Soranus of Ephesus and Aetius of Amida, both identified themselves as *iatroi*, and both are highly conversant with that Greek tradition. Although other gynecological and obstetrical works survive from this period, theirs are the most thorough, most complete, and most widely cited, even more so than Galen’s comparatively limited output on the topic. Although I focus on specifically their approaches to abortion and contraception in this chapter, both authors delve into many more aspects of pregnancy, childbirth, the postpartum period, and

⁴⁹ Helen King. “Agnodike and the Practice of Medicine.” *Proceedings of the Cambridge Philological Society*, no. 32 (212) (1986): 53–77. 1986.

⁵⁰ Christian Laes. “Midwives in Greek Inscriptions in Hellenistic and Roman Antiquity.” *Zeitschrift Für Papyrologie Und Epigraphik* 176 (2011): 157-158.

gynecological woes separate from childbearing. Furthermore, as authors writing on opposite sides of the Roman Empire's embrace of Christianity, they offer clear insights into exactly how Christianity affected abortionists on the ground.

The best and most comprehensive compilation of Soranus's admittedly scattered biography remains Ann Ellis Hanson and Monica Green's "Soranus of Ephesus: *Methodicorum princeps*."⁵¹ Briefly, Soranus was a Greek born in Ephesus during the first century CE, but studied in the prestigious medical school at Alexandria, which was already entering its fourth century and had managed to survive the end of Ptolemaic control into the Roman period.⁵² At some point after completing his studies, Soranus set up practice in Rome, where he became a dedicated member of the Methodic school, a sect of physicians known for their strong insistence on clinical expertise and diagnostic practicality over what they perceived as excessive theory. Although he frequently bickers with other physicians in his *Gynecology* for that excessive trust in authority, Soranus evinces a strong respect for midwives as clinical partners and equals. In fact, his *Gynecology* is expressly written for midwives above all else, even other physicians: the opening chapter dedicates the work to them, "so the best [midwives] may know themselves."⁵³

We know less about Aetius of Amida's theoretical leanings, but somewhat more about his personal life. He was born in modern Türkiye, in the eastern half of the empire, during the late fifth century, but like Soranus studied medicine at the Alexandrian medical

⁵¹ Hanson, Ann Ellis and Green, Monica. "Soranus of Ephesus: *Methodicorum Princeps*." In *Band 37/2. Teilband Philosophie, Wissenschaften, Technik. Wissenschaften (Medizin und Biologie [Forts.])* edited by Wolfgang Haase, 968-1076. Berlin, Boston: De Gruyter, 1994.

⁵² Sallam (2002) asserts that the school derived its prestige both from its melding of Egyptian and Greek medicine and from its openness to human dissection, which was otherwise a widely held Mediterranean taboo. I do not find Sallam is always reliable, but these are nevertheless interesting possibilities.

⁵³ Soranus *Gynecology*, 1.2-3 . ἵνα αἱ μὲν ἄριστα γυγνώσωσιν ἑαυτάς.

school. At an unknown date, he was drawn back eastwards into the orbit of the Emperor Justinian and Empress Theodora to serve as their court physician. Based on his proximity to these very Christian rulers, some scholars have speculated that Aetius was himself Christian - indeed, John Scarborough has suggested that the Aspasia frequently cited in his work may be a pseudonym for the empress⁵⁴ - but this is entirely speculation. We do know that, unlike Soranus, Aetius certainly held Roman citizenship from birth, which was significant protection against the law's severest penalties.

Medical discussions of abortion, both in these two authors and elsewhere in the gynecological canon, can be tantalizingly close reflections of the legal and religious dynamics laid out earlier in this chapter, but not exact ones. Despite the persistent legal linkage between abortion and erotic spells, no gynecological text to my knowledge prescribes love potions per se; these were more the realm of ritual experts and magicians.⁵⁵ However, a number do contain cosmetic recipes in either appendices or in the full body of the text, such as the gynecologies of Metrodora and Cleopatra, which both contain recipes for restoring the skin, maintaining the firmness of the breasts after childbirth, and the like.⁵⁶ These cosmetic and beautifying preparations clearly lead into the popular association between gynecological drugs, including abortifacients, and love potions.

Secondarily, the elision between abortion and drug in the law codes does not match the practices attested to in our medical sources. Rather, a variety of strategies, both

⁵⁴ John Scarborough, "Theodora, Aetius of Amida, and Procopius: Some Possible Connections," *Greek, Roman, and Byzantine Studies* 53, no. 4 (2013): 751.

⁵⁵ Christopher Faraone, *The Transformation of Greek Amulets in Roman Imperial Times* (Philadelphia: University of Pennsylvania Press, 2018).

⁵⁶ Gemma Storti. "Metrodora's Work on the Diseases of Women and Their Cures." *Estudios bizantinos* 6 (2018): 89-110.

pharmaceutical and physical, are named. The legal sources' focus on abortifacient drugs may reflect the fact that many physicians explicitly encouraged prescribing drugs over surgical techniques, because such drugs were safer than surgery. In his detailed overview of abortion and contraception, for example, Soranus gives only one sentence at the very end on surgery: namely, to say he does not recommend it at all because it is so dangerous.⁵⁷ Yet there were also methods of abortion that were neither pharmaceutical nor surgical. One example is the Hippocratically attested "Lacedaemonian leap," where a woman leapt vigorously up and down to force the nascent tissue out, or generally engaged in strenuous physical labor or being shaken about to induce a miscarriage.⁵⁸ These are not covered by the law. Likewise, there is no oversight of the much more dangerous method of surgical abortions. Nor, in case one automatically wants to assume that Roman legislation was motivated by natalist ideals rather than concern for the mother's health, is contraception covered. Rather, it is repeatedly and clearly abortifacient drugs that concerned Roman lawmakers.

Hippocratic medicine *did* ban a particular kind of abortion - but not the same type as that mentioned in the laws. Physicians trained in the Hippocratic schools had no aversion at all to pharmaceutical abortions, as attested by the various drugs they prescribe. Rather, the famous oath, stemming back to the Athenian period, bans specifically providing pessaries as a method of aborting. This language and the debate around it are cited specifically in Soranus to justify his own practice, though with an interesting and crucial wrinkle. The language of the Hippocratic Oath bans specifically pessaries; Soranus paraphrases it as a ban on (and debate over) abortion *and* contraception itself. Thus, he argues,

A controversy has arisen. One party banishes abortives [φθόριον], citing the testimony of Hippocrates who says, "I will give to no woman an abortive" [οὐδὲ γυναικὶ

⁵⁷ Soranus 1.65. Φυλάττεσθαι δὲ δεῖ τὰ λίαν πληκτικὰ καὶ τὸ ἔμβρυον διὰ τίνος ἐπάκμου.

⁵⁸ Hippocrates, *Nature of the Child* 2.

πεσσὸν φθόριον δώσω, or correctly “I will give to no woman an abortive pessary”]; moreover, because it is the specific task of medicine to guard and preserve what has been engendered by nature. The other party prescribes abortives, but with discrimination. That is, they do not prescribe them when a person wishes to destroy the embryo because of adultery or out of consideration for youthful beauty, but only to prevent subsequent danger in parturition [due to various medical difficulties]. And they say the same about contraceptives as well, and we too agree with them.⁵⁹

The original Oath made no mention of contraception either way, and other Hippocratic texts reveal a comfort with contraception overall. Likewise, contraception does not appear in the law codes; if the debate existed, it was fought in the medical and social arenas.

Certainly, Hippocrates’ own writings clearly differentiate between abortions as a general category and abortive pessaries specifically, as the works identify a number of other techniques for abortion that do not involve pessaries (e.g. the Lacedaemonian leap noted above). It is not clear why Soranus seems to find a Hippocratic conflation between the two. His own work makes it clear that he perceives a difference between different types of abortion - and, moreover, that he sees no need to hide the fact that he is both providing abortifacients and instructing others in their use.

Etienne Van de Walle has written cogently and persuasively about the risks of too quickly conflating abortifacients with emmenagogues (i.e. drugs to induce menstruation, such as for amenorrhea) in premodern medicine, since such language was often couched in allusive and indirect terms.⁶⁰ Fortunately for the researcher, Soranus opens his section on abortion and contraception by both defining and explaining the terms he uses. Φθόριον, as noted above, he uses interchangeably with abortive, which he differentiates from ἀτοκίον

⁵⁹ Soranus *Gynecology* 1.60. Trans. Oswei Temkin (Johns Hopkins Press, 1956).

⁶⁰ Etienne Van der Walle. “Flowers and Fruits: Two Thousand Years of Menstrual Regulation.” In *The Journal of Interdisciplinary History* 28, no. 2 (1997): 183-203.

(contraceptives) and ἐκβολιον (expulsives, or otherwise shaking and leaping).⁶¹ This last term he notes is also open for debate, as while his own usage is for ἐκβολιον to represent non-drug abortions, others he knows refer to it as synonymous with abortion writ large.⁶² Moreover, Soranus suggests that induced abortion could be distinguished from spontaneous miscarriage due to the severity and variety of their symptoms. In a section on recognizing impending miscarriage, he observes that those who abort with the help of drugs suffer from pain not just in the lower abdomen and groin but also in the head, eyes, joints, along with shivering, fainting, fever, and occasionally even hiccups or an inability to speak. Interestingly, he also notes that cramps are most often found in women who induce their own miscarriages. For those who miscarry “without interference,” on the other hand, he turns to Hippocrates and the medical writer Diocles, who state that such women merely suffer coldness in the thighs and a sudden decrease in breast size.⁶³

Notably, Soranus only cites his own eyewitness experience for the symptoms of women who deliberately abort; the milder symptoms of a spontaneous miscarriage are deferred to a brief citation from Hippocrates and Diocles. He may not have actually believed in the difference between the two, at least not confidently enough to attach his name to it. Yet the lucrative potential of being able to distinguish between the two could be significant. Being able to accurately differentiate between a spontaneous miscarriage or a self-

⁶¹ Soranus 1.60. Ἀτοχίον δὲ φθορίου διαφέρει. Τὸ μὲν γὰρ ἑᾶ γενέσθαι σύλληψιν, τὸ δὲ φτεῖρει τὸ συλληφθέν. Τὸ δὲ ἐκβόλιον οἱ μὲν συνωνυμεῖν τῷ φθορίῳ λέγουσιν, οἱ δὲ διαφέρειν τῷ μὴ ἐν φαρμάκοις νοεῖσθαι, χατασεισμοῖς δὲ καὶ πηδήμασιν εἰ τύχοι.

⁶² Ibid.

⁶³ Soranus 1.59. Ταῖς δὲ πλείσταις βάρος ὁσφύος καὶ πόνος ἰσχίον καὶ ἡτροῦ βουβώνων κεφαλῆς ὀφθαλμῶν ἄρθρων, στομάχου δῆζις, περίψυζις, περίδρωσος, λειποθυμία, ποτὲ δὲ καὶ φρικώδης πυρετός, ταῖς δὲ καὶ λυγμός ἢ σπασμός καὶ ἀφωνία. Ταῦτα δὲ μάλιστα παρέπεται ταῖς ἐκ φαρμακείας φθειρούσαις, ταῖς δὲ χωρὶς τίνος ἐπιτρωσκούσαις προγεῖται, καθὼς Ἱπποκράτης ωησί, παράλογος μαστῶν ἰσχνωσις, ὡς δὲ Διοκῆς φησι, ψῦζις μηρῶν καὶ βάρος ἐγκαθιζόμενον ὁσφύι περὶ τὸν καιρὸν τῆς ἀποτέξεως.

administered abortion gone wrong would enable the practitioner to assess the risks (e.g. of further hemorrhage) and prescribe treatments accordingly. Moreover, a man anxious for an heir and suspicious of his wife might demand to know whether she had aborted behind his back.

When it comes to the φθόριον he prescribes, Soranus is focused above all on finding “gentle” remedies with as few side effects as possible. The majority of his contraceptive recipes are pessaries (i.e. linen or wool tampons infused with some combination of ingredients). For abortion, he recommends pessaries, vigorous motion, and hot baths, with venesection as a last resort. In listing the few contraceptive recipes he disapproves of, he admits that one point in their disfavor is that they not only prevent conception but kill anything already gestated. More concerning than that, in his eyes, and approaching the level of an “evil,” is that these stronger recipes which blur the line between contraceptive and abortive too easily upset the stomach and cause headaches. Despite sources as diverse as Ovid, Jerome, and the laws themselves acknowledging the likelihood of dying from abortion, Soranus does not ever actually note the possibility of death as a result, or provide remedies against an abortion that has perhaps acted too powerfully.

For Soranus, thus, abortion runs the risk of being an evil in two ways. On the one hand, it is a social ill - a “bad example,” as Paulus would later put it - when used to cover up adultery or preserve a woman’s vanity. On the other hand, badly or carelessly administered, it can lead to troublesome symptoms. Both of these evils center on the mother, not the unborn child. He argues that the Oath does not permit abortion in cases of medical emergency, as might arise from a mother too young or too ill to safely bear a child. Rather, he accepts that the Oath is a blanket ban – then argues that when it comes to obeying the Oath or preserving

the patient's health, the patient comes first. Nowhere does the law enter into it. He does not once mention the need to confirm the father's approval before providing an abortion, nor, despite penalties ranging from exile to execution for providing one (Soranus's citizenship status is unknown, but assuming that as a provincial he was not one of the *clarissimi*, he risked facing a sentence in the mines at best), does he ever conceal that he is teaching abortive methods. He does not even prevaricate by pretending that he is only compiling the debates and recommendations of other physicians. Instead, again and again, Soranus proudly names his own experience as an abortionist and physician to highlight his credibility.

By Aetius's time, the same openness about abortion persisted, even under a Christian administration and a religious elite that was even more hostile to abortion. Indeed, both pharmaceutical and surgical techniques had grown significantly more complex and sophisticated, with Aetius and other early Byzantine physicians confidently recommending surgery for situations that Soranus adamantly warned against, including contraceptive and abortifacient.⁶⁴ Scarborough has suggested that the growing complexity of these remedies may indicate a parallel professionalization of practice, since both the increased precision and the more specialized ingredients demanded would put these newly cutting-edge cures out of the hands of both lay people and the poorer class of practitioner.⁶⁵

While some of Aetius's prescriptions are certainly more complex, Scarborough's point does not hold true for the entirety of his recipes. For instance, Aetius follows Soranus in prescribing recipes that involve pomegranate pith, olive oil, honey, dried figs, and/or wine, all of which would have been available in even the poorest Roman households. More

⁶⁴ For closer overviews of Roman and Byzantine surgery, see Bliquez (2010) and Bliquez (2015).

⁶⁵ John Scarborough, "Theodora, Aetius of Amida, and Procopius: Some Possible Connections," *Greek, Roman, and Byzantine Studies* 53, no. 4 (2013): 751.

economically yet, in another borrowing from Soranus, he also recommends that the woman simply squat down after sex, wipe her vagina carefully, and sneeze. In fact, some of Aetius's prescriptions for fertility control are *more* accessible and reflective of lay medicine compared with Soranus's. Both prescribe ways for women to avoid conceiving, but only Aetius includes treatments for men, such as rubbing the man's penis with pomegranate rind or nut gall mixed with vinegar prior to sex.⁶⁶

Aetius is also much more positive and forthright about the use of gynecological and obstetrical amulets than Soranus is. The typically terse Soranus dismisses all usage of amulets as "falsehoods."⁶⁷ Aetius, on the other hand, recommends drinking "the water in which a blacksmith has quenched his iron," tying the liver of a weasel around the ankle, carrying fat from a lioness's vulva in an ivory container, wearing an infant's milk tooth as a signet ring, and sundry other esoteric remedies for preventing conception, going so far as to explicitly praise the lioness's fat remedy as "very effective."⁶⁸ Megan Nutzman has demonstrated that repeated clerical injunctions against amuletic use in the early Christian period indicated not a stark division between "religion" and "magic," but rather a thriving landscape of ritual healing.⁶⁹ In other words, it is not Aetius's association with the Christian court, or even his own potential Christian faith, that makes his inclusion of amulets striking. It is his training as a physician.

Soranus not only turned his nose up at amulets but also relegated them to their own (very brief) section at the end of his discussion on fertility control, indicating their separation from medicines he considers traditional and legitimate. Even his contemporary Pliny the

⁶⁶ Aetius, 16.17. Trans. John Ricci (The Blakiston Company, 1950).

⁶⁷ Soranus 19.63. Ἄπὲρ ἐπὶ ἀποτελεσμάτων φαίνεται ψευδοῦς.

⁶⁸ Aetius, 16.17.

⁶⁹ Nutzman, *Contested Cures*, 181-183.

Elder, who is generally more credulous about folkloric recipes than Soranus is, takes care to both separate these compounds out from more legitimate (that is, Hippocratic and otherwise Greek-attested) remedies and to note that some are untrustworthy precisely *because* some midwives use them.⁷⁰ Aetius, on the other hand, interweaves herbal remedies attested in other medical sources throughout his discussion of these ritual practices. If he perceived a distinction between medical and magical treatments for fertility, he does not indicate that in his presentation of the text.

Indiscriminate as Aetius may appear in his mixing of the medical and magical, however, there is still a significant gap. Nowhere in the work does he identify or name any gynecological remedies that draw on Christian imagery. Yet by the sixth century, Christian texts and images had long been well-attested parts of the iatromagical marketplace. That is, Christians were using these amulets and other magical objects alongside their non-Christian neighbors, *and* many of these magical paraphernalia drew on Christian imagery, either exclusively or in a blend with other cultural traditions. Pregnancy and conception are attested as common concerns among those amulets. The Egyptian city of Oxyrhynchus, for example, is especially rich in surviving papyrus amulets, including a fair few that deal with wishes for a safe pregnancy or potentially for safety from postpartum infection.⁷¹ A sixth-century Gaulish bishop warns his congregants in a sermon against the temptation to use “certain herbs, devilish characters, or sacrilegious amulets” to contravene either an unwanted pregnancy *or* unwanted childlessness.⁷²

⁷⁰ Pliny 28.23.1.

⁷¹ Evan Andersson, “A City of Amulets: Ritual Power and Daily Anxiety in Late Antique Oxyrhynchus,” (Ph.D. diss, University of California, Santa Barbara, 2025), 131-146.

⁷² Caesarius, *Sermo* 51.4, trans. Zubin Mistry in *Abortion in the Early Middle Ages*.

We even have evidence that amulets were being used by Christian citizens of Constantinople, the same city where Aetius wrote and practiced, thanks to another homily by John Chrysostom that roundly scolds his flock for continuing to wear amulets, especially those prescribed by Jewish ritual workers.⁷³ We have seen already that Aetius has no qualms about prescribing amulets and other magical cures to his patients. He is even happy to invoke Biblical language and imagery for cures that are *not* gynecological, such as when he calls on Jonah and Saint Blaise to help clear a choking patient's airway.⁷⁴ Yet the entirety of his gynecological volume, Book 16, contains no specifically Christian imagery at all. Perhaps, given the broader clerical animosity towards both fertility control and Christian ritual cures, Aetius felt that combining the two may have been a step too far.

It is unclear also whether, in teaching these amuletic charms, Aetius expected his physician-reader to provide said magical ingredients themselves or to direct their patients to a professional magician with a scrip in hand, as one today might send a patient to the pharmacy with a prescription. The major argument in support of the former is that, as noted above, Aetius does not distinguish in terms of organization or language between traditional Hippocratic cures and these magical folk remedies, but uses the same imperative construction for both. The major argument for the latter is that, to my knowledge, the existence of an *iatros*, a member of that self-prescribed medical elite, mixing and selling magical cures alongside Hippocratic medicine is unprecedented. Legally and socially speaking, *iatroi* and magicians were classed as wildly different categories: magicians, or *magoi*, were a marginalized scapegoat periodically subject to expulsion from Rome and various other legal

⁷³ John Chrysostom, *Homily against Judaizing Christians* 8. Trans. Morris and Simcox (Oxford University Press, 1877).

⁷⁴ Aetius of Amida, 8.54.

penalties, but *iatroi*, generally those from the *clarissimi*, could become major social benefactors of their communities.

Although, at least textually, a sharp class distinction existed between the purveyors of magical versus medical cures, the same distinction did not exist for their clientele. Some of the amuletic remedies Aetius lists demand luxury ingredients, such as the lioness's fat and ivory box, that only well-off patients could afford. Conversely, some of the ingredients for contraceptives or abortifacients he shares with Soranus, as discussed above, would have been found in every Roman household, and are simple enough that one would not need specialized knowledge to use it (e.g. inserting some unspecified quantity of pomegranate pith before intercourse to avoid conceiving). By fully leaning into that tension, even though we are working with an elite text, we are better able to capture some sense of how non-elite fertility control may have worked.

Access not just to ingredients but to knowledge shape this avenue of investigation. Aetius frequently (though not always) cites other healers for his remedies, like Soranus and the female healer Aspasia. Aspasia herself is cited nowhere else in the medical canon, and likewise some of his magical cures, like the use of water in which a blacksmith's iron has been quenched, are named nowhere else. It is possible, though unlikely, that Aetius invented these techniques himself: unlikely primarily because he does not claim it as his own invention or particularly stress his personal experience with it. It seems to me more likely that, as Pliny the Elder does in his long lists of similar esoteric causes for miscarriage, Aetius is not producing knowledge so much as writing down knowledge that already existed among midwives, perhaps especially enslaved ones. Epigraphy has shown that a disproportionate

number of midwives were currently or formerly enslaved women.⁷⁵ Drawing on studies of enslaved motherhood in the Atlantic World,⁷⁶ we know that clandestine abortion was a recognized tool of resistance against the reproductive labor and rapes forced upon enslaved women. If we can guess at a similar reality in our late antique context, this elite text might then hold echoes of enslaved women's knowledge, preserved and passed onto their owners' circles, and even, in the case of remedies found nowhere else in the entire Hippocratic corpus, surviving remedies from women trafficked from far-flung parts of the empire.

Aetius does not actively name the slaveowner's concern with determining whether an abortion is spontaneous or induced. Like Soranus, though, he still provides a list of comparative symptoms so the trained physician can tell. While on the one hand he still maintains that spontaneous miscarriages have milder symptoms than induced abortions, he gets rid of some of the more outré symptoms for abortions that Soranus had named, such as hiccups or muteness. Moreover, there is room in Aetius's prognosis for a greater nuance in symptoms and experience. The determining factor is not simply in the cause of the abortion - induced versus spontaneous - but also in the woman herself: women who are in generally good health, have given birth to large children before, are older,⁷⁷ and/or are thin all have easier times with abortion. Aetius also presents this section in the middle of his discussion on abortions, after he has given a series of recipes, rather than beginning the section with how to diagnose the cause of an abortion as Soranus does. In other words, the first mention of

⁷⁵ Laes, "Midwives in Greek Inscriptions," 156.

⁷⁶ For enslaved motherhood and fertility control in the Atlantic, see *Motherhood, Childlessness, and the Care of Children in Atlantic Slave Societies*, Cowling et al, eds. (London: Routledge, 2020); Jennifer L. Morgan, *Reckoning with Slavery* (Durham, North Carolina: Duke University Press, 2021); and especially Sasha Turner, *Contested Bodies: Pregnancy, Childrearing, and Slavery in Jamaica* (Philadelphia: University of Pennsylvania 2017). For enslaved motherhood in Rome, Katharine Huemoeller has a forthcoming monograph on the legal aspects of Roman enslaved mothers.

⁷⁷ This may be a warning against impregnating teenage wives with the assumption that they could then simply abort to avoid a risky labor.

abortion in Soranus's *Gynecology* comes from an outside viewer, probing to decide whether the woman is miscarrying or inducing an abortion. The first mention in Aetius centers wholly on abortion as a means of ensuring women's safety and health.

In fact, Soranus and Aetius's rationales for providing abortions are close to mirror reflections of each other. Both agree that abortions are medically necessary. However, prior to stating that conclusion, Soranus both alludes to existing dissent about whether abortions are permitted at all by Hippocrates (as discussed above) and notes sententiously that one must never give abortions to help cover up sexual misbehavior or maintain a vain woman's beauty - both common misogynistic tropes found in both social commentary and Roman legislation. Aetius, on the other hand, entertains no notion of either debates over abortion's validity or non-medical reasons for abortion. Rather, he opens the section by stating even more bluntly, "Some women, even if they conceive, are endangered during labor. Either because of a small uterus the fetus cannot reach full term, or the cervix is too narrow, or a swelling or some such entity may develop at the mouth which may impede delivery. These women would be much better if they avoided pregnancy entirely. But if they should conceive, it would be better to destroy the fetus rather than to cut it out later in an embryotomy [i.e. during a difficult labor that results in the child's death]."⁷⁸ This is the inverse of Soranus's position, who states, "It is safer to prevent conception from taking place than to destroy the fetus."⁷⁹ Both men recognize and accept abortion as a medically necessary act; both follow these strictures with long lists of contraceptive and abortifacient prescriptions. But for Soranus, abortion is a last resort, reluctantly turned to only when contraception fails due to its inherent danger. For Aetius, abortion is framed as something to

⁷⁸ Aetius 16.26.

⁷⁹ Soranus 1.60. Τοῦ φθεῖραι τὸ κωλῦσαι γενέσθαι σύλληψιν ἀσφαλέστερον.

actively prefer: not as ideal as preventing conception itself, but still safer and more desirable than a risky labor itself. Even though he notes later that “all efforts to destroy a fetus are dangerous,”⁸⁰ his solution for that is to avoid approaching abortion “haphazardly,” with a clear and systemic regime of times and preparatory treatments for abortion, rather than to avoid it as much as possible altogether.

In conclusion, then, Roman abortion as preserved in these two authors grew *more* open to non-elite medical practices and *more* confidently prescribed in the centuries between Soranus and Aetius. Both men were provincials catering to the elite of their time, with all the protections and cautions which that entailed. While it is true that the protection of their patrons may have endowed them with greater confidence in providing technically illegal abortions compared to their less fortunate peers, one should still remember that the laws, and later the theological concerns, against abortion likewise circulated by and among those same elites. If anything, providing abortions and contraception to aristocratic clients would have made Soranus and Aetius more of a target, not less. Soranus at least pays lip service to ongoing debates about when and why abortion was appropriate, but the debates he cites are among medical professionals, not legislators and jurists, on whom he turns a supremely impassive silence. Aetius does not do even that. Theologians and preachers were fulminating across the empire in his day about any kind of fertility control as murder, perhaps even a double murder if the mother died, but it never even seems to cross his mind or his writing that abortion is, or ever could be, debated as anything other than a purely medical good.

⁸⁰ Aetius 16.28.

Chapter Two: Infertility

Marriage and childbearing were central parts of a Roman woman's life: one scholar refers to them as the *cursus laborum*, mirroring the equally fixed and encompassing *cursus honorum* of elite men.¹ Natalist iconography and rhetoric pervaded everyday experiences. For example, Augustan-era laws from the first century CE penalized childless couples and rewarded women who bore at least three children with substantively increased legal and economic freedoms.² Cityscapes were likewise unabashedly natalist, from the multiplicity of women's epitaphs that center their childbearing to massive monuments celebrating matrons of the imperial family.³ Consequently, infertility marked a distressing disruption in that expected life course. It unmoored not only a woman's health but the networks and esteem of her family.

Infertility is acknowledged across cultures, disciplines, and time periods as a potentially devastating condition.⁴ In a 2005 overview of feminist theorization on reproductive technologies, Charis Thompson remarks that involuntary childlessness is "one of the greatest forms of unhappiness and loss an adult woman might endure.... [and] the burden of involuntary childlessness is considered especially heavy for women."⁵ Part of the perceived heavier burden for women comes from the assumption that women bear greater

¹ Anna Tatarkiewicz, *The 'Cursus Laborum' of Roman Women: Social and Medical Aspects of the Transition from Puberty to Motherhood* trans. Magdalena Jarczyk (Bloomsbury, 2023)

² Judith Evans-Grubbs, *Law and Family in Late Antiquity* (Clarendon Press, 1995), 20.

³ Margaret Woodhull, "Imperial Mothers and Monuments in Rome," in *Mothering and Motherhood in Antiquity*, ed. Lauren Hackworth Petersen and Patricia Salzman Mitchell (University of Texas Press, 2012).

⁴ For a modern global and cross-cultural survey, see *Infertility around the Globe: New Thinking on Childlessness, Gender, and Reproductive Technologies*, ed. Marcia Inhorn and Frank Van Balen (University of California Press, 2002).

⁵ Charis Thompson, "Fertile Ground: Feminists Theorize Infertility," in *Infertility around the Globe*, 52.

responsibility for infertility.⁶ As discussed further below, this disproportionate impact of both responsibility and grief also existed for infertile women in late antiquity.

Current historiography draws a distinction between infertility, barrenness, and sterility. The latter two connote respectively “a divine curse of biblical proportions” and “an absolutely irreversible physical condition.”⁷ “*In-fertility*,” on the other hand, is “a medically and socially liminal state,” one where medical intervention is not just possible but welcomed as a source of confidence and eventual reproductive success.⁸ In other words, the history of infertility is not simply the history of a physiological condition where reproductive success is difficult. Infertility begins where medicine takes an interest in reversing the irreversible.

Where exactly that history begins has been a matter of debate. Sandelowski and de Lacey locate it as late as 1978, when Baby Louise was the first baby to be conceived and born through in vitro fertilization.⁹ Marsh and Ronner take a more expansive view in finding an early nineteenth-century shift among North American women and physicians from a personal, individual “barrenness” to a public and medicalized “sterility.”¹⁰ In this chapter, I follow Rebecca Flemming in pushing back the birth of infertility a further twenty-four centuries to the fifth century BCE, when Hippocratic physicians likewise extended their expertise and authority over issues of reproductive concern.¹¹ Still, no such close examination exists for infertility in the Roman era, and integration of Christian medical and

⁶ Cynthia Daniels, *Exposing Men: The Science and Politics of Male Production* (Oxford University Press, 2006), 29-30.

⁷ Margaret Sandelowski and Sheryl de Lacey, “The Uses of a ‘Disease’: Infertility as Rhetorical Vehicle,” in *Infertility around The Globe*, 34-35.

⁸ Ibid. 35.

⁹ Ibid. 34.

¹⁰ Margaret Marsh and Wanda Ronner, *The Empty Cradle: Infertility in America from Colonial Times to the Present* (Johns Hopkins University Press, 1996).

¹¹ Rebecca Flemming, “The Invention of Infertility in the Classical Greek World,” *Bulletin of the History of Medicine* 87, no. 4 (2013).

religious material is particularly scanty. What examination we do have of early Christian maternity is squarely centered in religious studies and theology, most notably the wealth of scholarship on Mary. Late antique history has been slower as a field to establish pregnancy, fertility, and matrescence among real women as areas of study. In a 2022 survey of infertility in premodern Europe, for instance, one scholar simply skips straight from Paul of Tarsus in the first century CE to the *twelfth* century CE.¹² Similarly, two recent groundbreaking monographs on Roman pregnancy, Anna Bonnell-Freidin's *Birthing Romans* and Tara Mulder's *A Womb of One's Own*, both end well before Constantine's Edict of Milan in 313 CE and do not engage with Christian material.

In this chapter, beginning with an overview of Hippocratic models for conception and fertility in Classical Greece, I expand on Flemming's model by tracing the evolution of models for fertility in Roman medical handbooks and procedures. I close the chapter with an examination of how Christian models for infertility evolved and drew from this context. In the interests of time and space, Jewish influences on Christian infertility narratives are only briefly covered in this chapter, and expanding on that necessary framework will form a central part of this dissertation's revision into a monograph.

"Obvious at first sight": Hippocratic understandings

Because conception, menstruation, and pregnancy were so closely linked to women's health as a whole, Hippocratic texts that address female patients are fixated on these three phenomena. This level of detail is typical even of texts not solely focused on gynecology, as

¹² Regina Toepfer, *Infertility in Medieval and Early Modern Europe: Premodern Views on Childlessness*, trans. Kate Sotejeff-Wilson (Palgrave, 2022), 32.

seen below in an extract from the *Prorrhetic*, a fifth-century BCE treatise that focused on the early identification and diagnosis of disease:

This is how you can tell which women are more likely, and which less likely, to conceive. First, their appearance. Small women are more likely to conceive than large, thin more likely than fat, white than red, black than livid, those with prominent veins than those without. In older women, well-nourished flesh is bad, but stately large breasts are good. These things are obvious at first sight. You should enquire about her menstrual periods, if they appear every month, and if they are sufficiently heavy, a good colour, the same amount each time, and on the same days each month. For these things are the best.¹³

As seen by its inclusion in a broad diagnostic text aimed at generalists, infertility was viewed with concern as both a medical condition in its own right and a symptom that forecast even more serious illnesses. Elsewhere, the Hippocratic author of *Diseases of Young Girls*, also writing in Greece towards the end of the fifth century BCE, dwells with lurid horror on the illnesses that can befall unmarried virgins, such as hysteria, suicidal ideation, and internal suffocation. He concludes the treatise with a dour warning, “Among these women who have regular intercourse with a man, the barren suffer these things.”¹⁴

These writers’ concerns were not evenly distributed. The vast majority of Hippocratic texts focus on primary infertility, where a girl or woman has difficulty conceiving for the first time. Secondary infertility, where a woman suddenly experiences infertility after having already borne a child, is rarely discussed and generally subsumed into the large category of infertility in general; the two exceptions to my knowledge are found in the Hippocratic *Superfetation* 8 and *Barrenness* 10, both from the fifth century BCE and discussed further

¹³ Hippocrates, *Prorrhetic*, 2.24. Τῶν δὲ γυναικῶν ὅσαι μᾶλλον καὶ ἥσσον ἐν γαστρὶ λαμβάνειν πεφύκασιν, ὧδε ὑποσκέπτεσθαι· πρῶτον μὲν τὰ εἶδεα· σμικραὶ τε γὰρ μειζόνων ἀμείνονες ξυλλαμβάνειν, λεπταὶ παχειῶν, λευκαὶ ἐρυθρῶν, μέλαινα πελιδνῶν, φλέβας ὅσαι ἐμφανέας ἔχουσιν, ἀμείνονες ἢ ὅσῃσι μὴ καταφαίνονται· σάρκα δὲ ἐπίθρεπτον ἔχειν πρεσβυτικῇ πονηρόν, μαζοὺς δὲ ὀγκηρούς τε καὶ μεγάλους ἀγαθόν. ταῦτα μὲν τῇ πρώτῃ ὅψει δῆλὰ ἐστί. πυνθάνεσθαι <δὲ> χρὴ καὶ περὶ καταμηνίων, ἣν πάντας μῆνας φαίνονται, καὶ ἣν πλῆθος ἰκανά, καὶ ἣν εὐχροά τε καὶ ἴσα ἐν ἐκάστοισι τῶν χρόνων, καὶ ἣν τῇσιν αὐτῇσιν ἡμέρησι τῶν μηνῶν· οὕτω γὰρ ταῦτα γίνεσθαι ἄριστον.

¹⁴ Hippocrates, *Diseases of Young Girls*. τῶν δὲ ἡνδρωμένων γυναικῶν στείραι ταῦτα πάσχουσιν.

below. Likewise, conception or the inability to do so receive much more detailed focus than the issue of recurrent miscarriage.

Although no one definitive theory of conception reigns across all Hippocratic texts, the most thorough and detailed analysis is found in *On Generation*, composed around 410 BCE; other texts in the Hippocratic canon, even those far distant in time or space, agree with at least the broad strokes of this theory. In this mechanism of conception, both parents contributed a seed during intercourse, with the sex and physical resemblance of the child taking after the parent with the stronger seed. For conception to take place, the right conditions for both womb and seeds needed to exist. The father's seed needed to possess enough vigor (δύναμις) to reach and join the mother's; her seed in turn needed to be properly timed and porous to allow their melding. The womb, similarly, needed to be sufficiently moist and heated to allow the two seeds to “cook” together. Whichever parent's seed was stronger at the moment of joining would determine who the eventual baby took after, as well as its gender. Birth defects were not inherited from a parent, but arose from some unspecified wound to their seed at the moment of conception or from a blow to the uterus while *in vitro*.¹⁵

In this theoretical framework, it was understood that either the male or female partner could be “at fault” and responsible for a failure to conceive, as both parents contributed a seed. Discussions of the male role in infertility focused *only* on theory, however. All surviving medical interventions are aimed at curing specifically female infertility. Flemming puts it succinctly: Greek male medical authors were “deeply committed to the importance of

¹⁵ Hippocrates, *On Generation* 10. Τὸ δὲ πηρωθὲν ἐν τῇσι μήτρῃσι παιδίον φημι αὐτὸ ἢ φλασθὲν πηρωθῆναι τῆς μητρὸς πληγείσης κατὰ τὸ ἔμβρυον, ἢ πεσοῦσης, ἢ ἄλλου τινὸς βιαίου παθήματος προσγενομένου τῇ μητρὶ.

the male contribution to generation; but its dysfunction seems not to be medicalized”¹⁶ - a distinction likewise preserved in later Roman obstetrical texts up into the early medieval era. For both Aristotle and the Hippocratics, male infertility was traceable to either poor semen or impotence.¹⁷ While amulets and other ritual cures existed aplenty for these conditions, the medical texts maintain a dignified silence on their treatment. There are brief suggestions by which a man can *boost* his virility, such as by avoiding white wine and hot baths, but nothing with which he can *cure* his sterility.¹⁸ Conversely, most concerns about a woman’s infertility centered on structural problems with her uterus, and whole treatises are dedicated to a range of treatments.

Not all infertility was treatable, to be clear. The fifth-century BCE treatise *Barrenness* opens with a rapid-fire list of various reasons a uterus might fail at its task of retaining the seed, ranging from a uterine mouth that is closed so that the seed cannot enter, to one that gapes too wide or is too smooth inside to hold the seed in. If this is a problem that the woman was born with, warns the writer, the barrenness is incurable (ἀνίητος).¹⁹ Equally dangerous is a reproductive issue that has been allowed to develop too long untreated, like watery menses or a womb that does not fully evacuate its menses each month. If treated at the first sign of menstrual aberration, fertility can be regained, but otherwise she too will be incurable.²⁰ Professional medical diagnosis was thus both essential and elevated above lay observation.

Provided that the issue was neither congenital nor had been allowed to linger too long, the Hippocratic regime was similar and repeated across multiple treatises like

¹⁶ Flemming, “The Invention of Infertility,” 571.

¹⁷ Michaela Senkova, “Male Infertility in Classical Greece: Some Observations,” *Graeco-Latina Brunensia* 20, no. 1 (2015).

¹⁸ Hippocrates, *Barrenness* 6. ὁ δ’ ἀνὴρ μὴ μεθυσκέσθω, μηδ’ οἶνον λευκὸν πινέτω.

¹⁹ *Barrenness* 1.1.

²⁰ *Barrenness* 1.1. ἐν τάχει δὲ μελεδανθεῖσα φορὸς γίνεται. εἰ δὲ μὴ, οὐ.

Barrenness and Superfetation. First, the woman ought to crouch over a steam bath or soak in a warm, shallow bath, both infused with cypress, to soften and prepare the womb. Once ready, three to seven days of purgatives to clean out the uterus of any retained menses or other blockages ensued. If the issue was a misaligned uterus or one with a blockage at the opening, the physician might also carefully insert a series of gradually bigger sounds to coax the uterus into its proper alignment.²¹ Finally, tampons soaked in a variety of softening materials, such as iris paste, rosewater mixed with beeswax, or bulls' gall mixed with brine, were inserted to maintain the uterus in its new, softened, and permeable state. A wide range of ingredients for these pessaries are offered with no clear delineation of efficacy, leaving it up to the practitioner and perhaps the ingredients available to choose between them. During the whole of this period, the woman was to abstain from sex and eat a carefully calibrated diet to ensure that not just her uterus but her entire body was strengthened. One sample menu might call for "fat, well-steamed meat of puppy together with octopus boiled with very sweet wine," followed by boiled cabbage, and finished off with white wine.²² The connections between octopus, puppy meat, and other ingredients like the plant known today as squirting cucumber as elements of sympathetic magic have been remarked on.²³ Muijtens is particularly careful and thorough in connecting the invocation of puppy meat with broader cultural influences, ranging from links to Hecate to a particular ritual documented in a fragment of the contemporaneous mime writer, Sophron.²⁴ These connections suggest that

²¹ The physician is generally the one to insert these sounds, but one recipe specifies that the woman herself should be the one to insert them, going progressively deeper with each one and wearing a bandage around her loins to keep it in for an unspecified amount of time (*Barrenness* 9.221).

²² *Barrenness* 1.5. καὶ ἐσθιέτω σκυλάκια σιαλώδεα διεφθα καὶ πουλύποδα ἐν οἴνῳ ἐφθὸν γλυκυτάτῳ, καὶ τοῦ ζωμοῦ πινέτω, καὶ κράμβην ἐφθὴν καὶ οἶνον λευκὸν ἐπιπινέτω.

²³ Anna Bonnell-Freidin, *Birthing Romans*, 176-178.

²⁴ Muijtens, "Bring the Puppy Here." *Mneosmye* 72 (2019): 384-404.

the Hippocratic writers were not concocting new recipes or regimes wholesale, but interweaving them with broader and older therapies obtained from midwives and other female healers.²⁵

Secondary infertility, wherein a woman has difficulty conceiving after a prior pregnancy, required some extra care, but was still generally viewed with more optimism than a woman who had never conceived. *Superfetation*, which tellingly groups the birth of twins along with other difficult births, recommends biannual venesection from both arms and legs for secondary infertility. The fear was apparently that a woman's previous births had not been sufficiently purged and she retained too much moisture in her womb.²⁶ *Barrenness* similarly and explicitly blames sudden infertility after previously successful pregnancies on an excessively moist womb. Here, however, the author connects the moistness not to retained blood but pus from ulcers that prevents semen from properly mixing with the woman's seed. Uniquely among the gynecological texts, moreover, the patient is treated neither as a vessel waiting to be treated nor even as an obedient assistant, but as someone whose experience and knowledge of her own uterus are repeatedly invoked throughout the douching procedure.²⁷ This suggests that, at least for some physicians, a woman's prior experience with pregnancy made it easier for her to be trusted as an interlocutor for her secondary infertility than if she had never conceived.

"She herself will be the cause": Roman medical understandings

²⁵ Mulder, *A Womb of One's Own*, 58.

²⁶ Hippocrates, *Superfetation* 23. Γυνή ἥτις ἀρικόμῳ ἐοῦσα πέπταται κυῖσκομένη, φλεβοτομείσθω δις τοῦ ἐνιαυτοῦ ἀπὸ τῶν χειρῶν καὶ τῶν σκελέων.

²⁷ Hippocrates, *Barrenness* 10. Ὅταν ἡ γυνὴ μὴ κυῖσκηται εἰωθυῖα πρότερον κυῖσκεσθαι, τοῦ ἀνδρὸς δὲ τὴν γονὴν ἐσδέχωνται αἱ μήτραι ἐς ἐωυτάς, ἀνάγκη παχὺ οὐρέειν τὴν γυναῖκα ταύτην· ἐνίστε μὲν γὰρ ἐν τῇσι μήτρῃσι τὸ πῦον ἐγγίνεται· τὸ δὲ πῦον τὸ ἐν τῇσι μήτρῃσιν ὑπὸ φυμάτων γίνεται· διὰ δὲ τοῦτο ἡ γονὴ τοῦ ἀνδρὸς ὅταν μίσγηται, οὐχ ἄπτεται τῆς μήτρης, ἵνα δεῖ πῆγνυσθαι τὴν γονὴν τοῦ ἀνδρὸς.

As Roman physicians continued to ponder and adapt these understandings of infertility, a new element of misogyny seeped in. For the Greek authors, while a woman might be to blame for producing a girl through careless nurturing of the seed, she could hardly bear the responsibility for a misshapen or misaligned womb. Neither the woman nor the physician were at fault if it turned out a woman's womb had been misaligned from birth and therefore incurably barren: it was simply an unfortunate complicating factor. Infertility, particularly female infertility, remained a fundamentally structural problem. But where Greek Hippocratic authors focused on diagnosing and treating those structural issues, an increasing number of Roman physicians grew interested in determining how women might cause their own infertility.

Thus, for instance, in his abridged fifth century CE Latin translation of Soranus, the physician Caelus Aurelianus runs through a conventional list of potential causes for infertility, such as a lack of proper menstruation, a hardened uterus, or a uterus that has grown atrophied. At the end of the passage, however, he adds that “alternately, by reason of habitual lust, observing no rules in her life, she herself will be the cause of her own infertility.”²⁸ This section, absent in the original, is not expanded on by Caelus. Any further reading must be conjecture. It is possible that Caelus simply believed that excessive and unregulated sex could “wear out” the uterus, leading to a uterus that lacked the strength to retain seed inside itself for conception. However, it also seems plausible that the aftereffects of venereal disease or a botched abortion were also concerns. Other medical writers were well aware that unskilled abortion could easily compromise future pregnancies: Soranus is so

²⁸ Caelus Aurelianus, *Gynaecia* 2.64. *Aut luxuriosis moribus exercita nec regula vite servata ipsa sibi sit sterilitatis illate.*

aware of the risks that he flatly refuses to recommend surgical abortions.²⁹ Even contraceptives could be feared as a cause for future infertility. Aetius writes that contraceptives which work by plugging the uterus, rather than by drawing away the seed or some other mechanism, could lead to permanent sterility, particularly if used over long periods of time.³⁰

The pattern of seeking to blame women for their own anatomy and fertility issues does not begin in the fifth century CE. Soranus also partakes, though in a subtler and more pervasive way. According to his criteria, women fit for conceiving are those between fifteen and forty years of age, with flesh that is neither too flabby nor too dense, properly spaced menstruation, and a uterus that is neither too wet nor too dry, too hard nor too relaxed, or tilted too far back or in a crooked line, but overall “just right.”³¹ As a general rule, he stresses, one must look for a woman whose whole body *as well as* her uterus are in a normal state. Crucially, and in a radical departure from the Hippocratics, the woman’s soul is included in this state of normalcy. Women who are overly sorrowful or passionate, he warns, might make the budding fetus fall out of the uterus due to their heavy breathing.³² One should instead look for a woman “with a steady mind.”³³ Unlike the Greek texts we have previously examined, where sorrowfulness and moodiness are quasi-diseases that can be cured by conception and pregnancy, moodiness or even excessively passionate joy now become dangers that inhibit conception.

²⁹ Soranus 1.65. Φυλάττεσθαι δὲ δεῖ τὰ λίαν πληκτικὰ καὶ τὸ ἔμβρυον διὰ τινος ἐπάκμου.

³⁰ Aetius 16.31.

³¹ Soranus 1.34.

³² Ibid. Τὸ δὲ ἐπίλυτόν τε καὶ θυμικὸν τῆς ψυχῆς διὰ τὴν ταραχὴν τοῦ πνεύματος ἀπωθεῖ τὸ συλλαβανόμενον.

³³ Ibid. εὐσταθεῖς δὲ τὴν διάνοιαν

No similar medical attempt to scrutinize a man's body and identify whether *he* is capable of begetting a child appears until Aetius in the sixth century CE. Even then, it is a far less encompassing overview of the male specimen. A short penis that does not ejaculate semen as deeply as it ought to, along with excessive body fat that either prevents the penis from aligning with the uterus or indicates the man's blood is being converted to fat rather than semen, are the only physical red flags Aetius identifies.³⁴ While excessively thick or watery semen also remains a concern, men are not subjected to the same sweeping, pervasive examination of their whole bodies that women are. Cheerfulness and good temper likewise remain markers of women's fertility and irrelevant for men's. Curiously, however, Aetius also identifies sexual immorality as a greater cause of concern for *men's* sterility rather than women's, commenting that unspecified "depraved habits" can spoil a man's sperm and that a man who struggles to beget should leave his mistresses and return home to his wife. The ensuing moderation will return him to good shape, and the married couple will conceive.³⁵

Medical surveillance of women continues even after conception. If an improperly emotional woman still managed to conceive, in spite of her heavy breathing, then she remained at risk of miscarriage due to any "fright, sorrow, sudden joy, and, generally, by severe mental upset."³⁶ Sitting on hard chairs, lifting heavy weights, coughing, sneezing, nosebleeds, holding the breath, or bathing at incorrect times also risked miscarriage.³⁷ In a rare case where a physician singles out an inability to bear a child to term as distinct from a broader inability to conceive, Soranus notes in passing and in circumstantial language at the

³⁴ Aetius 16.26.

³⁵ Ibid.

³⁶ Soranus *Gynecology* 1.46. Ἐξίεται γὰρ τὸ σπέρμα καὶ διὰ λύπην καὶ χαρὰν αἰφνίδιον καὶ καθόλου διανοίας ἰσχυρὰν ταραχήν.

³⁷ Ibid.

end of the passage that repeated miscarriages sometimes occur. In these cases, one must remove any bodily agitation that prevents a moderate and normal state, strengthen the uterus along with the whole body, and take care to “appease the soul, if the worries of life have troubled it.”³⁸

As discussed in the previous chapter, the Latin language does not distinguish between a spontaneous miscarriage and an induced abortion. Roman physicians, however, very much did. Both Soranus and his later admirer Aetius warn their reader on how to distinguish between a “real” and an induced miscarriage. Abortions induced through drugs can be detected by the presence of pain throughout the body, but especially centered on the lower abdomen, joints, and eyes; shivering and fever; loss of voice; fainting; or seizures.³⁹ Natural miscarriages, on the other hand, cause only shrunken breasts and cold thighs.⁴⁰ Both Soranus and Aetius cite Hippocrates on the latter point. However, that distinction does not actually exist in the extant Hippocratic texts. Instead, *Diseases of Women* identifies shrinking breasts and lack of milk as a sign of either late-term fetal death, regardless of whether it is spontaneous or induced, or else simply severe weakness in the still-living fetus.⁴¹ *Aphorisms*, meanwhile, connect shrinking breasts to miscarriage as a whole, regardless of the timing or the cause.⁴²

³⁸ Ibid. Trans. Oswei Temkin.

³⁹ Soranus 1.59, Aetius 16.19. Curiously, both men specify that these symptoms only apply to abortions obtained through drugs. No symptoms are given for the side effects of surgical abortions, or indeed a woman who seeks an abortion through lifting heavy weights or doing other prohibited activities.

⁴⁰ Ibid.

⁴¹ Hippocrates, *Diseases of Women* 1.27. Ὅσῃσιν ἐν γαστρὶ ἐχούσῃσι περὶ τὸν ἑβδομον ἢ ὀγδοὸν μῆνα ἐξαπίνης τὸ πλήρωμα τῶν μαζῶν καὶ τῆς γαστρὸς συμπίπτει, καὶ οἱ μαζοὶ συνισχναίνονται, καὶ τὸ γάλα οὐ φαίνεται, φάναι τὸ παιδίον ἢ τεθνηκὸς εἶναι ἢ ζῶειν τε καὶ εἶναι ἡπεδανόν.

⁴² Hippocrates, *Aphorisms* 5.37. Γυναικὶ ἐν γαστρὶ ἐχούσῃ, ἣν ἐξαίφνης μασθοὶ ἰσχυροὶ γένωνται, ἐκτιπρώσκει.

Aetius goes on to advertise his services for how to stymie contraceptive or abortive treatments (treatments he himself offers in an earlier portion of his handbook).⁴³ Tellingly, his warning that certain contraceptives can lead to a temporary blindness is missing from the section where he recommends contraceptives, but appears in the later section where he lists ways to detect hidden contraception.⁴⁴ In other words, he emphasizes risk factors as tools for husbands trying to catch their wives in secret contraception, but not to the women seeking out that contraceptive.⁴⁵ While the Hippocratic author of *Barrenness* had also written on how to hold back a miscarriage, the framing there is entirely different. The relevant section in *Barrenness* opens, “for the woman who is aborting against her will (ἐκτιτρώσκη ἀέκουσα) and does not wish to expel (ἐκβάλλειν) it,” and lists six different potions and pessaries she can use to try and hold her fetus in.⁴⁶ Nowhere is there an attempt to categorize between a spontaneous and an induced abortion. The focus is entirely on the woman’s will; the husband is absent from the discussion. There is not even a list of symptoms by which the reader of *Barrenness* can diagnose a miscarriage. Implicitly, it is left entirely up to the woman to diagnose herself, decide if she wants medical treatment, and only then seek it out.

The relative medical autonomy presented in *Barrenness* is a far cry from the Roman medical man’s hypervigilant scrutiny of the female patient from conception to birth. Women could now be surveilled, and therefore blamed, for the corruption of their seed they released, for shocks and wounds during pregnancy, and for causing their own difficult labor and/or future infertility. Moreover, not just the patient’s body but her very soul (*pneuma*) and moral

⁴³ Aetius 16.31.

⁴⁴ Ibid.

⁴⁵ Of course, men might also seek out contraceptives with or without the input of their female partner, but the focus of the text and its emphasis on spying out secrecy makes the bifurcation implicit.

⁴⁶ *Barrenness* 30.

character were laid open to culpability. Under this framework, a gradual narrowing of obstetrical expertise emerged, one that prioritized professional knowledge and denigrated lay self-knowledge. By downplaying the healing potential of pregnancy for women and stressing instead the risks it posed to both mother and fetus, a far greater need emerged for the professional practitioner, and hence their prestige rose markedly.⁴⁷

Conversely, maternal self-knowledge sank in value. In the opening of his *Gynecology*, Soranus explicitly denies that midwives need to have experienced pregnancy to be effective, as some people seem to have believed. Instead, everything they need to know can be obtained by studying his book and assiduously training to attend labors.⁴⁸ While this bode well for midwives' independence, it also removed maternal experience as a valuable, or even valid, epistemic source. In contrast to Hippocrates' woman undertaking her own douching in *Barrenness*, Soranus's medical woman remains an equally ignorant danger to herself and her fetus, regardless of whether this is her first pregnancy or her twelfth. Soranus nowhere suggests that "zealous endeavour and practice" can make a mother more prepared for a future pregnancy, as he does for midwives.⁴⁹ Where the midwife emerges as a set of disembodied, sexless hands, the mother remains all body, and that embodiment inevitably compromises any knowledge she can bring to bear. In other words, Roman obstetrical knowledge becomes a zero-sum game. The authority of Soranus and the midwife was valued precisely because the pregnant woman could not be trusted to either know or heal herself.

With the new stress on book learning over obstetrical experience, the Hippocratic understanding of reproduction's mechanics also spread beyond medical practitioners and

⁴⁷ Mulder, *A Womb of One's Own*, 59.

⁴⁸ Soranus 1.4. Συμπάσχοθσαν καὶ οὐ πάντος οὐ προτετοκυΐαν ὥς ἔιναι λέγουσιν, ἵνα συνειδῇσει τῶν ἀληγμάτων ταῖς τικτούσαις συμπαθῇ, μᾶλλον γὰρ τοῦτο τετοκνίας.

⁴⁹ Soranus 1.3. Τριβῆς καὶ συγγυμνασίας.

mothers in the birthing chamber to figures who had previously been peripheral at best. In particular, elite Roman laymen were expected to be aware of it and take on responsibility for ensuring their own virility, at least some of the time. In *De rerum natura*, the first-century BCE philosopher Lucretius writes scornfully of sterile men who offer sacrifices so that their wives can become pregnant “with great seed” (*ut gravidas reddant uxores semine largo*).⁵⁰ These sacrifices are useless, he goes on, because the fault is not in the gods but with their own excessively thick or thin semen, which prevents the seed from either properly reaching or mixing with the woman’s seed.⁵¹ The word he uses, *semine*, is applicable to both men and women’s reproductive contributions, making it possible that he is not critiquing superstition alone but also the assumption that barrenness must be the woman’s fault. The solution he offers is to moderate the diet and penetrate the woman from behind to aid transmission of the semen. Both Lucretius’s diagnosis of the problem and subsequent lifestyle changes are textbook medical interventions. Similarly, while Soranus offers plenty of solutions to both identify and boost fertility, he does not offer any suggestions for how to cure someone who has been proven infertile: that is, what to do when the warm baths, massages, diets, and properly positioned sex have all failed. If none of these work, Lucretius opines, find a new spouse.⁵²

Some Romans did in fact seem to have taken that course of advice, or at least considered it. The first case of Roman divorce was allegedly Spurius Carvilius Ruga, who divorced his beloved first wife and married another because her infertility made it impossible for him to fulfill his oath to the censors that he would produce children.⁵³ The emperors

⁵⁰ Lucretius, *De rerum natura* 4.1233-47.

⁵¹ *Nam steriles nimium crasso sunt semine partim, et liquido praeter iustum tenuique vicissim.*

⁵² *De rerum natura* 4.1248-56.

⁵³ Gellius, *Attic Nights* 4.3.1-2.

Caligula and Nero also divorced their wives on grounds of infertility. Though hardly popular, the pretense of barrenness was at least more acceptable to the Roman public than the emperors' real desire to marry their luckless mistresses.⁵⁴ More concretely, the funeral speech *Laudatio Turiae* records that the childless Turia offered to divorce her husband and let him try his luck with a second and more fertile spouse. Touched by this example of wifely virtue amidst a lifetime of similar loyalty, Turia's husband refused.⁵⁵

Faced with such unyielding medical orthodoxy, it makes sense that couples in a similar position would instead turn to the prayer and ritual cures so denigrated by Lucretius, popularly known as magic. Indeed, for all the elite physicians' fearmongering over ritual cures, the boundary between medicine and ritual was much more lightly etched in reality, and for some Romans it may not have existed at all. Following Megan Nutzman's 2022 monograph on ritual cures in late antique Palestine, I deploy the term "ritual healing" to encompass such cures rather than the more ideologically marked terms of religion and/or magic.⁵⁶ As a central aspect of both social and medical concern, fertility was a recurring concern among these ritual invocations, as evidenced by the vast finds of votive uteri and swaddled infants at sanctuary sites across Gaul and Italy. Ritual invocations could also take place at the smaller levels of the household and the individual.⁵⁷ For instance, a first-century BCE ritual tablet excavated in isolation rather than as part of a larger sanctuary expresses the hope that "she who used to be barren will bear [children]" (*[fe]ret quae ante sterilis fuit*).⁵⁸

⁵⁴ Cassius Dio, *Roman History* 59 for Caligula and Paulina; Tacitus's *Annals* 14.6 for Nero and Octavia.

⁵⁵ *Laudatio Turiae* 2.31-7, *Inscriptiones Latinae Selectae* 8393. See also *Laudatio Turiae* 2.25-30.

⁵⁶ Nutzman, *Contested Cures*, 9.

⁵⁷ Maia Kotrosits, *The Lives of Objects: Material Culture, Experience, and the Real in Early Christianity* (University of California Press, 2020).

⁵⁸ *Corpus Inscriptionum Latinarum* XI 1129c.

Our gynecological friend the octopus also rears its head and tentacles again. Now, however, it has gone from simply being a sympathetic magical aid to conception to being assimilated into an image of the womb altogether. The healthy womb, writes Galen, should grasp onto seed during conception “just as octopuses grab hold of things with their suckers.”⁵⁹ Octopuses also appear on a number of uterine amulets, sometimes with the uteri themselves sprouting octopus-like tentacles.⁶⁰ As Anna Bonnell-Freidin cautions, we should not assume that all uterine amulets were automatically linked to birth: given the uterus’s outsize importance to Hippocratic models of health, some are likely expressions of hope for broader and more holistic health.⁶¹ Nevertheless, Roman octopus womb imagery was clearly something useful to think with across both medicine and ritual. Like a woman’s supposed flesh, the borders between professional medicine and lay ritual were more porous than elite medical practitioners might have liked.

God the fertility doctor: The democratization of Christian fertility

As discussed above, laymen were increasingly expected to be familiar with basic gynecological knowledge. Ordinary members of a household shared in the day-to-day management of the household’s health, but gynecology was especially important for elite men so that they could make informed choices about their family’s reproductive future and fulfill their role as paterfamilias.⁶² This group explains men like the elegant and learned Lucretius, but it also produced many future church fathers, who even in their ascetic turn

⁵⁹ Galen Sem. 1.78-12 = Corpus Medicorum Graecorum 5.3.1, 88.3-11 = 4.537K

⁶⁰ British Museum (1986, 0501.32; CBd-758) and OA.9861;CBd-759.

⁶¹ Bonnell-Freidin, *Birthing Romans*, 205.

⁶² Jane Draycott, *Roman Domestic Medical Practice in Central Italy: From the Middle Republic to the Early Empire* (Routledge, 2019) 118.

continued to draw on their gynecological knowledge when it served a rhetorical purpose. In particular, Soranus is particularly well attested among the theologians of northern Africa.⁶³ The third-century Carthaginian theologians Tertullian and Cyprian both refer to Soranus approvingly and by name; Tertullian even calls him “the most learned of Methodist physicians” in *De anima* and borrows from a largely lost treatise of Soranus on the soul in his own work.⁶⁴ As late as 421 CE, Augustine of Hippo himself again invokes Soranus in a polemical treatise on the soul, calling him “the most famous medical author.”⁶⁵ Despite this familiarity, however, early Christian writers almost never engaged with Hippocratic models around fertility and barrenness. Instead, figures and language from the Hebrew Bible, like Sarah and Hannah, overwhelmingly formed their touchstones. On the rare occasion that gynecological frameworks entered their writings on reproduction, the influence of the Hebrew Bible remained strong.

We find one such example in the discourse surrounding the benefits and risks of sex during menstruation. Hippocratic medicine had no reservations regarding intercourse during a woman’s menses. Indeed, the Hippocratic author of *Superfetation* recommends sex during this period if the parents wish to conceive a daughter, operating on the principle that the increased fluid in the woman’s uterus would be more conducive to forming the flesh of a female.⁶⁶ Early Christian scholars, in contrast, absorbed the traditional Jewish taboo against sex with a menstruating woman.⁶⁷ At least one writer, the fourth-century theologian Jerome,

⁶³ Green and Hanson, *Methodicorum Princeps*, 1045.

⁶⁴ Green and Hanson, *Methodicorum Princeps*, 1044-1045. The Methodist sect was a school of physicians that favored close personal observation over abstract theory or diagnosis; Soranus is a strong adherent.

⁶⁵ Augustine, *Adversus Iulianum* 14.51.

⁶⁶ *Superfetation* 31. ὅταν δὲ θῆλυ βούληται γενέσθαι, ὅταν πλεῖστα ἐπιμήνια ἦ τῇ γυναικί.

⁶⁷ Leviticus 15:24, 18:19, and 20:18; Ezekiel 18:5-6 and 22:10.

justified it not in terms of impurity alone but also with a medical angle: “Conceived fetuses are said to contract defects from the seed, so that lepers and those with elephantiasis are born out of this conception [during menstruation], and the corrupted blood causes degeneration into deformed bodies of both sexes, with tiny or enormous limbs.”⁶⁸ Where Aristotle would have ascribed these same defects to an excess of generative seed⁶⁹ and Hippocrates to some trauma or careless regimen while *in vitro*, Jerome links them to the purportedly uniquely corrupting nature of seed released during the menstrual period. *Weak* seed was no longer the concern; corrupting seed was.

In this, we see a nod back to Soranus’s concern for women’s corrupting influences on their own embryos, but a sharp divergence in terms of cause. Although Soranus indeed saw mothers as walking time bombs, where any action from looking at an unsightly object to feeling excessive joy or fear in pregnancy could mar the child’s physical or moral state, that inciting action still needed to take place. An expectant mother could, in theory, spend her whole pregnancy in perfect placidness and stillness, obey her physicians every step of the way, and subsequently deliver a healthy child. For Jerome and his horror of menstrual seed, however, the corruption was inherent. Nothing that a mother could do would ward off that degeneration, once her child had been so unhealthily conceived; the only solution was to abstain from sex during menstruation altogether. The potential for corruption now reached from the crisis of labor all the way back to, and indeed centered on, the moment of conception itself.

⁶⁸ Jerome, *Commentary on Ezekiel* 18. Trans. Thomas P. Scheck (Newman Press, 2017).

⁶⁹ Aristotle, *Generation of Animals* 772a30-772a37. Trans. A.L. Peck (Harvard University Press, 1942).

For the most part, however, the Hippocratic language of porous female flesh and properly moistened wombs remained far from theological works on fertility. Far more common was the language of closing versus opening, or locking versus unlocking. This uterine language and imagery had been embedded throughout the Mediterranean since truly ancient times, not just among the Israelites but also with Mesopotamia and Egypt.⁷⁰ Notably, in all of these stories, infertility ends when God “opens” a closed womb. Candida Moss notes that only once does God “heal” (*rāpā*) women of infertility, in the story of the women at Abimelech’s court, and only then because he had specifically stricken them before.⁷¹ In other cases where God has not explicitly sought to make a woman barren, her infertility is not in need of healing and therefore not a medical matter.

Hand in hand with this imagery went a strong association between barrenness and women. The only specific reference to male sterility in either the Hebrew Bible or New Testament comes in Deuteronomy 7.14, promising that the Israelite men, along with women and herds, will be free from infertility (*sterilis* in the Vulgate).⁷² Otherwise, barrenness narratives in the Hebrew Bible take pains to exculpate the husband, generally by his proven virility with second wives in explicit defiance of the problems associated with advanced

⁷⁰ M. Erica Couto-Ferreira. “The River, the Oven, the Garden: Female Body and Fertility in a Late Babylonian Ritual Text.” In Ambos and Verderame, *Approaching Rituals in Ancient Cultures*, 97-116.

⁷¹ Candida Moss and Joel Baden, *Reconceiving Infertility: Biblical Perspectives on Procreation and Childlessness* (Princeton University Press: 2015), 60. Moss and Baden further connect this to the rabbinic saying, “No one is ever healed unless he has been previously smitten.” (*Pes. Rab.* 42.3)

⁷² G. Hepner, “Three’s a Crowd in Shunem: Elisha’s Misconduct with the Shunamite Reflects a Polemic against Prophetism,” *Zeitschrift für die Alttestamentliche Wissenschaft* 122, no. 3 (2010): 397.

age.⁷³ Meanwhile, with the possible and ambiguous exception of Mark's woman with the flow of blood, the New Testament does not engage in fertility issues.⁷⁴

Late antique Christian writers picked up on those overtones. The “waterscapes” and fluid imagery that so permeated Greco-Roman language about wombs and women's reproductive health were narrowed to a specific set of avowedly unproductive wombs: virgins'.⁷⁵ Julie Kelto-Lillis's close readings of the virginity tractates of Gregory of Nyssa, Basil of Ancyra, Ephrem of Nisibis, and Ambrose of Milan demonstrate a growing association between the “sealed fountains” of the virginal woman, her soul's sweeping desire towards God, and the elision between woman and womb.⁷⁶ Dry flesh and dry wombs, far from being a concerning and medicalized state, in fact become the idealized norm for women, especially among consecrated virgins, whose childless bodies were now upheld as aspirational.⁷⁷ Mary's miraculous conception thus also becomes a narrative of miraculous moistness: a transformation of her womb from “parched ground” into a “vast sea.”⁷⁸ Ephrem of Nisibis is particularly clear on this point, writing again in *The Commentary on the Diatessaron* that the burning bush in Exodus 5 “watered and moistened” Mary's virginal womb. This moistness, however, is *not* shared with ordinary pregnancies in Ephrem's theology, but a unique and distinctive feature of Mary's superlative status.

⁷³ Rebecca Sachle, “The Barrenness Narratives: Christian Understandings of Infertility and its Impacts in the Roman Empire (second century CE - sixth century CE)” (master's thesis, Macquarie University, 2024)

⁷⁴ Moss, *Reconceiving Infertility*, 202.

⁷⁵ Bonnell-Freidin, *Birthing Romans* 89-102 on the water imagery of reproductive health.

⁷⁶ Julie Kelto-Lillis, *Virgin Territory: Configuring Female Virginity in Early Christianity*. (University of California Press, 2022), 137-52.

⁷⁷ Castelli, *Virginity and its Meaning*, 74-78.

⁷⁸ Ephrem of Nisibis, *Nativity* 18.13, translation cited in Kelto-Lillis.

A closer alignment and simultaneously radical reworking of Hippocratic gynecological thought is found in John Chrysostom's *Homilies on Hannah*.⁷⁹ Delivered in 387 CE, the homilies form a linked cycle of exegesis and connections between gender and prayer through the case of Hannah, mother to the prophet Samuel, and her struggles with infertility before finally delivering her son. Describing Hannah's grief, John writes,

Instead of saying anything at first, she began with wailing, and shed a warm flood of tears. And just as, when rainstorms fall, even the harder ground is moistened and softened, and easily bestirs itself to produce crops, so too did this happen in the case of this woman: as though softened by the flood of tears and warmed with the pangs, the womb began to stir in that wonderful fertility.⁸⁰

This language of warmth, softness, and moisture all denote textbook Hippocratic interventions. Rather than being induced through diet and pessaries, however, or even through God's unmediated intervention, here it is Hannah's own virtuous grief that prepares her body.

Even once God engages to unseal her womb, Chrysostom makes clear that Hannah's prayers and intervention remain a central part of the process:

[Prayer] set to rights her natural deficiency, opened her closed womb, reaping a bumper crop from barren rock. And so anyone would not be wide off the mark in calling this woman the child's mother and father at the same time: even if the husband sowed the seed, her prayer supplied the potency (δύναμις) to the seed and rendered the beginnings of Samuel's birth more august. After all, it was really not only the parents' sleeping together and having intercourse, as in other cases; rather, prayers, tears and faith formed the beginnings of birth, and the prophet had more august parents than other children, having come into being as a result of his mother's faith.⁸¹

Chrysostom's language is characteristically precise here. The word δύναμις is the standard

one used as far back as the original Hippocratic texts to describe the motions of the parents' seed joining during intercourse and conception. Yet, even as he draws on Hippocratic models,

⁷⁹ All translations of *Hannah* in this chapter come from R.C. Hill, *Homilies on Hannah, David, and Saul*, Holy Cross Orthodox Press (2003).

⁸⁰ *On Hannah* 1.5.

⁸¹ *On Hannah* 2.1

Chrysostom radically redraws the agentic focus of intercourse. The δύνάμις here centers on Hannah's prayer, which both opens her womb and stimulates the seed to take hold. Unlike Ephrem, however, Chrysostom makes clear that this miraculous fertility is potentially accessible to any childless couple. Hannah's piety is remarkable, but not inhumanly so; Chrysostom spends the remainder of the homilies counseling his audience on how to attain similar efficacy through their own prayer.⁸²

Thus, even though we have moved away from strictly medical authority and into the realm of divine healing, Chrysostom's framework still very much remains within the parameters of "*in-fertility*" as a socially and medically liminal space that can be healed, rather than the one-sided opening or closing presented in the Hebrew Bible's barrenness narratives. At the same time, by shifting the capacity for curing infertility onto a lay couple's shared prayer and away from the Hippocratic insistence that only they can diagnose and treat infertility, Chrysostom's framing also represents a democratization of fertility. Chrysostom is fully aware of this, returning to the topic in his third homily:

Without even having to set foot over the threshold of your house, you are able to consult your physician in your room and speak to him without an intermediary on any topic you please ('I am a God nearby,' he says, remember, 'and not a God far off') ... This physician, after all, can cure not only childlessness but also any kind of ailment at all both of soul and of body, should he so wish. And the remarkable feature is not only that it happens without hardship, travel, expense and intermediaries, but that he performs the cure even without pain: he does not put a stop to the problem by iron and fire, as the medical fraternity do; instead, he has only to nod, and all the depression, all the pain and the whole complaint recedes and disappears. This physician requires no payment in cash - only tears, prayers and faith.⁸³

In this one passage, Chrysostom identifies the various barriers that confront couples facing infertility in the marketplace. Medical expertise, particularly that possessed by elite

⁸² Chris De Wet, "Prayer and Gender in John Chrysostom's homilies *On Hannah*," *Acta Theologica* 42, no. 2 (2022)

⁸³ *On Hannah*, 3.1-2

physicians like Soranus and Aetius, was expensive. Travel to fertility or healing shrines was likewise both costly and arduous. Even if one could afford to consult a physician at home, the whole process could be both painful and humiliating, given the standard prescription of vaginal pessaries, uterine sounding, and/or manual manipulation of the uterine opening repeated over several visits. Additionally, as discussed in the previous section, Roman medical writers steadily sought to amass obstetrical knowledge and competency into their own hands to the detriment of lay self-examination. In the face of all these issues, presenting Christian prayer as an equally efficacious way to stoke one's own fertility restored both agency and hope.

This democratization of fertility operated in tandem with what Candida Moss has identified as the normalization of early Christian infertility.⁸⁴ We have already seen some of this with the conflation of the physiologically dry, barren body with the healthy virgin body in the discussion of Ephrem and other virginity tractates above. Moss takes this argument further. A central tenet of the resurrection of the body was the undoing of bodily ills and disabilities suffered in life.⁸⁵ Moss shows that barrenness was not included in the list of earthly afflictions.⁸⁶ Depictions of the eschaton do not endow childless Christians with sudden fecundity, but with “personal immortality and special proximity to the divine [rather] than the temporal gift of children as numerous as the stars.”⁸⁷ Even the early third-century Pseudo-Justin, otherwise a vocal proponent of corporal integrity in the resurrection, separates infertility from the other afflictions marring the mortal frame. Instead, infertility becomes a promise of the *resurrected*, perfected, and sexless body:

⁸⁴ Moss, *Reconceiving Infertility*, 226-228.

⁸⁵ See for example Irenaeus, *Adversus Haereses*, 4.3.11.

⁸⁶ Moss, *Reconceiving Infertility*, 206-228.

⁸⁷ Moss, *Reconceiving Infertility*, 208.

The function of the womb is to become pregnant, and of the male member to impregnate. But as, though these members are destined to discharge such functions, it is not therefore necessary that they from the beginning discharge them (since we see many women who do not become pregnant, as those that are barren, even though they have wombs), so pregnancy is not the immediate and necessary consequence of having a womb. But even those who are not barren abstain from sexual intercourse, some being virgins from the first, and others from a certain time. And we see men also keeping themselves virgins, some from the first, and others from a certain time, so that by their means, marriage, made lawless through lust, is destroyed.⁸⁸

In Pseudo-Justin's logic, infertility serves as evidence against the necessity of pregnancy and thus discredits the notion of procreation in heaven. Far from being an aberrant and medicalized state, the infertile body now exists as part of a spectrum of acceptable bodily configurations, on par with the voluntarily celibate and sterile.⁸⁹ Infertility here "is reshaped as angelic.... It is the barren womb that anticipates the finality of God's plan for humanity."⁹⁰

Even if John Chrysostom did not fully take up Pseudo-Justin's invitation to an angelic barrenness, his homilies still show a similar and pervasive interest in reworking infertility. Later on in the *Hannah* cycle, he suggests that Hannah's infertility had a spiritually pedagogical purpose, as God chose to (temporarily) deny her children so that the faithful could more clearly grasp her great virtue: "It was not out of hatred, in fact, nor revulsion that [God] closed her womb, but to open to us the doors on the values the woman possessed, and for us to espy the riches of her faith and realise that he rendered her more conspicuous on that account."⁹¹ Notably, Hannah's infertility is not intended to deepen *her* faith, but to serve as motivation and instruction for others. John returns to a similar theme in a separate sequence of sermons, where, invoking the example of Sarah, Rebecca, and Rachel's decades-long infertility, he urges his congregation that when they see a couple who is similarly "diseased

⁸⁸ Pseudo-Justin, *On the Resurrection* 4, cited in Moss, *Reconceiving Infertility*, 208.

⁸⁹ One must note of course that the infertile body here is still presumed to be a female one.

⁹⁰ Moss, *Reconceiving Infertility*, 223.

⁹¹ *On Hannah* 1.4.

with infertility (ἀπαιδίαν νοσούντας), do not assume that the childlessness is in any way a retribution for sins.”⁹² Here, in both the explicit linking of infertility with disease and the decoupling of childlessness from divine punishment, John clearly upholds a model of “infertility” as morally neutral and ultimately reversible rather than one of barrenness.

To be fair, Hannah, Sarah, Rebecca, and Rachel might not make perfect role models for infertility, as all four matriarchs do eventually conceive. Yet for late antique women who found otherwise virtually no touchstones for infertility, such a connection might still bring comfort and hope, even if they themselves never conceived. Natalist Rome had maternal paragons aplenty to point to, from Cornelia, mother of the Gracchi, to the various empresses hailed as *Mater Castrorum*, mother of the army camps. But no such heroines existed for the infertile. Consulting a Hippocratically learned physician or midwife, if they could afford one, would inform them that their infertility arose from a structural and moral failure. In light of that vantage point, Pseudo-Justin and John Chrysostom’s ability to rework infertility as either a promise of the fulfilled and resurrected body (for Pseudo-Justin) or as a morally neutral disease with both a divine and a human community built in (for John) may well have been a meaningful and consoling expression of care.

⁹² John Chrysostom, *Against divulging the sins of brothers* 6, trans. De Wet 2022.

Chapter Three: Voluntary Childlessness

“Tell me,” writes John Chrysostom, the fiery patriarch of Antioch, in either 381 or 382 CE,

During her entire life, does the virgin endure what the married woman endures almost every year, the one who is split apart by labor pains and wailings? For the tyranny of this suffering is such that, when divine scripture wants to represent captivity, famine, plague, and intolerable evils, it calls all these the pains of childbirth. And God imposed it on women as a chastisement and an affliction, not childbirth, I say, but childbirth with sufferings and anguish. “For in struggle,” he says, “you will bear children.” But the virgin stands higher than this anguish or this suffering. For the one who annulled the curse of the law, annulled this curse along with it.¹

John here is part of a long tradition of ascetic writers. By the 380s CE, when John was writing, Christian asceticism had hit the Mediterranean like a thunderbolt. Multiple ways existed for Christians to explore the ascetic lifestyle, from married couples or wealthy widows in the same family agreeing to live together in celibacy to the first monastics wandering into the desert for years of severe privation and prayer.² Yet by the tail end of the fourth century, a definite hierarchy had emerged. Asceticism was now most prized when it was linked to lifelong, permanent virginity.³

On the topic of permanent virginity, and particularly female permanent virginity, patristic pens found some of their richest rhetoric. So many anti-marriage treatises circulated that, around 384 CE, Jerome could rattle off a whole reading list for the young noble virgin Eustochium in the city of Rome.⁴ The impact of virginity could also expand far beyond the virgin’s own household. For the most elite young women and their families, virginity could

¹ John Chrysostom, *On Virginity* 65. Trans. Sally Shore (Edwin Mullen Press, 1983).

² Castelli, “Virginity and its Meaning,” 78-80.

³ Elm, *Virgins of God*, 139-143.

⁴ Jerome, *Letter* 22.97. Trans. F.A. Wright (Harvard University Press, 1933).

knit networks that spanned the whole Mediterranean. For instance, when the Carthaginian noblewoman Demetrias was consecrated as a sworn virgin in 414 CE, praise and instruction poured in from the highest echelons of the church, including Jerome (at this point in Palestine), Augustine of Hippo, and Pope Innocent.⁵ “As the bride of a man,” Jerome writes, “you would have come to the attention of one province. As a virgin of Christ, you are known to the whole world.”⁶ Hagith Sivan observes that this publicity was also a shrewd maneuver to bolster the reputation of Demetrias’ family, the Anicii.⁷ Even male pagan senators, seeking a way to curry favor with Christian emperors, might find it useful to tolerate a Christian daughter or sister as a consecrated virgin.⁸

For all this pomp and splendor, fourth-century asceticism was still riven with dissent, debate, and suspicion. Church Fathers like John Chrysostom wrote constantly to harangue incorrect observations of ascetic virginity, such as Manichaean celibates.⁹ The practice of consecrated Nicene virgins living in mixed-gender ascetic households was a particularly thorny issue. Despite a ream of condemnatory councils, canons, epistles, and pastoral letters from some of the church’s leading luminaries for the entire length of the fourth century, these *virgines subintroductae*, as they were called, continue to be attested as late as the seventh century CE.¹⁰ Additionally, female noble asceticism was not necessarily representative of early Christian women’s experiences more broadly.¹¹ Not even the literary depictions of ascetic women themselves may get us as close as we think to real women. As both Kate

⁵ Jerome, letter 130; Augustine, letter 150; Innocent, letter 15.

⁶ Jerome, letter 130.7 (Corpus Scriptorum Ecclesiasticorum Latinorum 56, 182).

⁷ Hagith Sivan, “On Hymens and Holiness in Late Antiquity: Opposition to Aristocratic Female Asceticism at Rome,” *Jahrbuch für Antike und Christentum* 36 (1993), 85.

⁸ Sivan, “On Hymens and Holiness,” 83.

⁹ John Chrysostom, *De virginitate*, 1-6.

¹⁰ Castelli, “Virginity and its Meaning,” 80-81.

¹¹ Salzman, *The Making of a Christian Aristocracy*, 167-169.

Cooper and Elizabeth Castelli have argued, representations of female virginity, both positive and negative, may be more accurately reflections of male rhetorical topoi as they jockey for position than of any female reality.¹²

Lingering controversies like Jovinianism at Rome and Priscillianism in Spain, named for their intellectual leaders Jovinian and Priscillian, also contested the very primacy of virginity itself. Modern scholarship generally agrees that, as opposed to the fervid language of orgiastic debauchery leveled at them, these movements did not deny the value of virginity so much as they stressed the equality of both married and celibate Christians.¹³ Jovinian's condemnation by Pope Sicurius in 393 CE for his "*new* heresy and blasphemy" underscores that, prior to the 390s CE, denying the primacy of virginity may have been controversial, but it had *not* been formally received and constructed as heresy. Jovinian's condemnation thus marked a turning point in the new orthodoxy of asceticism.¹⁴

Finally, even as the link between asceticism and permanent virginity was accepted, there remained the issue of how to identify and define virginity. The debate had ramifications for both the emerging Marian theology and for the expectations that could be leveled at fourth-century virgins themselves. A recent monograph by Sissel Undheim, aptly named *Borderline Virginities*, spotlights the vast flexibility of the term "virgin," particularly in the third and fourth centuries CE.¹⁵ Central to her argument is the tension of early Church Fathers' attempts to first demarcate a narrow and exclusively Christian vision of the virgin,

¹² Castelli, "Virginity and its Meaning," 85-88. Kate Cooper expands on this theme in monograph length in *The Virgin and the Bride*, 1996.

¹³ Virginia Burrus, *The Making of a Heretic: Gender, Authority, and the Priscillianist Controversy* (University of California Press, 1995); David Hunter, *Marriage, Celibacy, and Heresy in Ancient Christianity: The Jovinianist Controversy* (Oxford University Press, 2007).

¹⁴ Hunter, *Marriage*, 2.

¹⁵ Sissel Undheim, *Borderline Virginities: Sacred and Secular Virgins in Late Antiquity* (Routledge, 2018).

and then to subsume all other forms of virginity under the banner of “false” virginity. Julie Kelto Lillis’s *Virgin Territory* further expands on this tension by highlighting one particular strategy that was taken up with increasing enthusiasm across the span of the fourth century CE.¹⁶ Namely, the narrowing of virginity meant an increasing embrace of an anatomically aligned definition that required a discernible and intact hymen. Moreover, it was Church Fathers and laymen who increasingly claimed this anatomical knowledge for themselves, sidelining both Christian and non-Christian medical practitioners. Kelto-Lillis’s scholarship is particularly important to my work in this chapter. I argue that virginity indeed grew anatomical across the fourth century, but it also ceased to be medicalized. This transformation would have profound implications for not just virginity, but constructions of female bodily health more broadly.

With this context in place, we can now profitably return to John Chrysostom. John was both part of a fourth-century upswing in ascetic popularity and an active, deliberate partisan in the battle to define asceticism. While his rhetoric is characteristically charged and precise, his position is in keeping with other fourth-century ascetic champions. But in one regard he does stand out. Writing in the 380s CE, John is unfashionably persistent in highlighting childbirth as one of the misfortunes of marriage.

Such a statement no doubt seems counterintuitive. In the ancient Mediterranean, childbirth and pregnancy were some of the most dangerous passages in a woman’s lifetime. Although his rhetoric is lurid, John is correct in observing that sans reliable contraception, the gauntlet of pregnancy was a fate that most women could expect to face nearly every year

¹⁶ Kelto-Lillis, *Virgin Territory*, 2023.

of her married life until she reached menopause.¹⁷ In doing so, each time she would run the risks of potential miscarriage, hemorrhage, a fatal post-puerperal infection, or permanent disability. Anna Bonnell-Freidin suggests death rates in childbirth at between five and twenty deaths per thousand, with urban environments like Rome tending towards the higher end.¹⁸ Given such a fate, many girls and women might well have welcomed sanctified virginity as an alternative.

Yet from its inception, ascetic literature is remarkably reticent on childbirth's woes; the few exceptions like John tend to prove the rule. This chapter seeks to uncover that discrepancy by examining ascetic and medical approaches to virginity in conjunction. I begin by tracing the strategies that ascetic authors used to establish a non-medical model of virginity and its stakes. I follow that ascetic discussion with a parallel examination of the Greco-Roman medical evolution on virginity from Hippocrates to Aetius, arguing that this represents the evolution of Roman physicians attempting to cope with ascetic expectations and concerns among their patients. I end the chapter with a return to the third century. Through this jump in time, I argue that the case studies of the martyrs Perpetua, Blandina, and Felicitas - all explicitly not virgins - allow us to test the limits of the competing early Christian and Roman conflations of bodily health with either virginity or maternity at a time when asceticism had not fully taken hold.

Part 1: the ascetic sources

¹⁷ Breastfeeding can act as a natural contraceptive by delaying the return of ovulation; the effects are most noticeable when paired with "low contraceptive prevalence, little supplementation of breast milk, and low nutritional status of women." However, not all Roman women breastfed, especially among the elite. Cf. Mark VanLandingham, James Trussell, and Laurence Grummer-Strawn. "Contraceptive and Health Benefits of Breastfeeding: A Review of the Recent Evidence," *International Family Planning Perspectives* 17, no. 4 (1991).

¹⁸ Bonnell-Freidin, *Birthing Romans* 55.

The foundations of Christian ascetic thought were first laid in the later half of the first century CE, when the new Christian congregation at Corinth wrote to Paul with a series of questions they wanted him to clarify. One of these questions was evidently about sexual renunciation. Paul's answer, delivered in 1 Corinthians 7, has been called "a model of equivocation."¹⁹ On the one hand, he famously wishes that all unmarried people could remain celibate as he does²⁰ and argues that, given the encroaching end of the world, marriage is a distraction best avoided.²¹ On the other hand, he acknowledges that it is no sin to marry.²² Christian couples that are already joined in wedlock should not only remain married, but also continue sexual relations with each other to avoid the greater sin of illicit fornication.²³

However, in one regard Paul is consistent: the complete absence of procreation. Marriage for Paul is an "essentially negative, even alarmist" guard against temptation and fornication; procreation does not feature in his discussion at all.²⁴ In contrast, as discussed in the next section of this chapter, Hippocratic models portrayed procreation and childbirth as central to women's health and prolonged celibacy as potentially lethal. Paul's framing of marriage as an aid for spiritual rather than bodily health, and his refutation through denial of any alternative model, would impact ascetic writers for centuries to come.

In their writings defending Mary's virginity and Christ's human incarnation, both Tertullian and Jerome seem to pick up and lavishly embroider this theme. Not only is marriage and its associated reproduction *not* healthful, it leads to the outright disgusting birth

¹⁹ Hunter, *Marriage*, 89.

²⁰ 1 Corinthians 7: 7-8, 25-27.

²¹ 1 Corinthians 7: 29-35.

²² 1 Corinthians 7: 28, 36.

²³ 1 Corinthians 7: 2-5.

²⁴ Brown, *The Body and Society*, 55.

process. Even Mary in her virginity had to suffer through the inescapable indignities of birth. In his seminal works from the early third century CE *Adversus Marcionem* and *De Carne Christi*, both refuting the gnostic philosopher Marcion, Tertullian repeatedly identifies the womb as a “sewer” (*cloaca*).²⁵ This sewer is disgusting at the best of times but all the more so during pregnancy, due to “the nastiness of genital elements in the womb, the filthy curdling of moisture and blood, and of the flesh to be for nine months nourished on that same mire.... You shudder, of course, at the child passed out with his afterbirth, and of course bedaubed with it.”²⁶ In Jennifer Glancy’s concise summation, “For Tertullian, the fetus wallows in and feeds on shit.”²⁷ Similarly, writing against Helvidius on similar grounds in 383 CE, Jerome dwells on “the humiliations of nature, a womb teeming for nine months, nausea, the birth of the child, blood, swaddling clothes.... prattling brats crawling upon one’s breast and soiling one’s neck with nastiness.”²⁸

This pain and filth, however, had a purpose. The “curdling” Tertullian refers to is textbook Hippocratic embryology, describing how the embryo is formed from the melding of the parents’ two seeds in the womb’s heat and moistness. The congealing seeds and messy birth that Mary endured were not simply a reminder of Eve’s burden, but a theological necessity for proving Christ’s fully human incarnation.²⁹ While the incarnation of Christ was eventually fully accepted by the church, Mary’s dirty labor was not. Early writers in the second and third centuries were able to play with the wide range of virginities possible to argue either that Mary remained virginal even through birth (*virginitas in partu*) or that her

²⁵ *Adversus Marcionem*, 3.11 and 4.21. Trans. Ernest Evans (Wipf and Stock, 1956).

²⁶ *De Carne Christi*, 4.1. Trans. Ernest Evans (Wipf and Stock, 1956).

²⁷ Jennifer Glancy. *Corporal Knowledge: Early Christian Bodies* (Oxford University Press, 2010), 125.

²⁸ *De perpetua virginitate beatae Mariae adversus Helvidium*, trans. John Hritz (Catholic University of America Press, 1965), 53.

²⁹ Glancy, *Corporal Knowledge*, 127-130.

virginity was maintained through the miraculous conception of Christ, but was “opened” and discarded by the birth process (*virginitas ante partum*, and Tertullian’s own view).³⁰ These diametrically opposed views had converged by the early fifth century, when the perpetual virginity of Mary and her painless, blameless birth were both theologically formalized.³¹

In the third century, however, the language of childbirth was used primarily for christological purposes, not ascetic ones. Ordinary women’s births receive far less attention in the ascetic texts, and even then in far more fleeting and less graphic language. For Tertullian in particular, childbirth was inimical primarily because children were one of the ultimate distractions from a godly life for both men *and* women, not because of any physical reality or risk linked to birth itself. Across his three ascetic treatises *Ad uxorem*, *De exhortatione casitatis*, and *De monogamia*, he returns to this theme multiple times.³² While he does mention the “swollen breasts and nauseating wombs,”³³ these are always firmly embedded within longer eschatological passages that, following Paul, shame Christians for the inanity of seeking children when the end times are so near. Shame and disgust, not fear of childbirth, are his recurring touchpoints. These wombs are not bloody or painful, but nauseating.

Equally, in *Adversus Helvidium*, Jerome takes pains to delineate between how birth differently impacts Mary and pious women in his own time. Where Mary’s birth had been gloriously gory in order to produce a human Christ, Jerome skips over childbirth altogether when he explains the perils of marriage and motherhood for his own readers. In the midst of a long passage detailing the distracting clamor of an ordinary household, Jerome names the

³⁰ Kelto-Lillis, *Virgin Territory*, 67-81; Glancy, *Corporal Knowledge*, 118-132.

³¹ Kelto-Lillis, *Virgin Territory*, 87-93.

³² *Ad uxorem* 5, *De exhortatione casitatis* 9 and 12, *De monogamia* 16.

³³ *De monog.* 16.

false chicanery of using cosmetics to seduce one's own husband, and then immediately jumps to the result: "prattling infants and the clinging of children to her neck," listed in the same breath as "the computing of expenses and the preparing of budgets."³⁴ The passage draws heavily from a similar Tertullianic exhortation in *Ad Uxorem*,³⁵ but there Tertullian had been fulminating against the distractions faced by a Christian wife in a religiously mixed marriage. No such distinction exists in Jerome's passage. The perils for young mothers that he presents are not medical, but social: jealousy, vanity, and clamor. Children are an annoyance on par with computing budgets and entertaining unexpected dinner guests, but not a danger.

Other fourth-century writers are similarly cagey when it comes to the physical realities of birth. If mentioned at all, it is overshadowed as part of a long list of reasons against marriage *à la* Jerome. For instance, to encourage more perpetual virgins in his congregations, Eusebius of Emesa lists the grief of losing a husband, the examples of young women who died before they could marry or at the actual wedding, and the gnawing jealousy of seeing one's husband prefer another. Finally, he concludes, "here is a mother, burdened with children: to remove illnesses and to obtain medicines, she passes her nights wide awake; she sweats, she suffers, she is afraid, she torments herself. She awaits death as if it would bring to her a greater kindness than life."³⁶ Eusebius jumps from pre-wedding anxiety, to sexual jealousy, to the established fact of motherhood. Childbirth pangs, the "curse of Eve," is nowhere present. Even John Chrysostom, who does name labor pains as a deterrent from marriage,³⁷ dedicates an equal amount of space to the griefs of jealousy, the anxiety of

³⁴ *Adversus Helvidium*, 20. Trans. John Hritz (Catholic University of America Press, 1965).

³⁵ *Ad Uxorem* 6.

³⁶ Eusebius of Emesa, *Homily* 7.17, cited in Castelli, *Virginity and its Meaning*, 69.

³⁷ John Chrysostom *De virginitate* 58 and 65.

meeting an unknown husband, and even the pain of being separated from an otherwise loving husband.³⁸

By the sixth century CE, we do at last see authors willing to dwell on childbirth. The Gaulish poet Fortunatus, in a poem extolling virginity aimed at a community of nuns, laments the sad state of a mother after a stillbirth, as “she no longer deserves to be called either mother or virgin”: a particularly sad state, he warns, after enduring for nine months the “sluggish limbs,” “awkward weight,” and “raised skin so distended and misshapen that even though the mother may be happy with her burden, she becomes ashamed.”³⁹ The nuns, he continues, are blessed not just for their virginity but from their freedom from ever facing these simultaneously moral and physical degradations. Mary’s messily human birth, so dear to both Tertullian and Jerome, has been quietly elided from the poem; the focus is on both the failed labor and the complete lack of redemptive quality to the birth.

Fortunatus’s bleak, visceral depiction of birth has no parallel in fourth-century ascetic literature. Rather, the fourth century is characterized by an overarching reluctance to directly engage with medical literature on either childbirth or celibacy, despite, as established earlier in this dissertation, a clear awareness of that literature.⁴⁰ Equally, following Paul, none of these authors ever even attempt to grapple with the belief that virginity could be physically dangerous to women, a medical belief that still held sway in late antiquity. Their reluctance is all the more curious because, beginning in the second century CE and continuing on into the sixth, physicians themselves showed an increasing awareness of ascetic debates and a

³⁸ Ibid.

³⁹ Fortunatus, *De virginitate* 8.3. Ed. Julia O’Faolain and Lauro Montanes (Harper and Row, 1973).

⁴⁰ See also Barr, *Tertullian*.

willingness to incorporate it into their medical practice. This next section will detail that evolution.

The medical sources

In Hippocratic theory, women are broadly speaking cold, damp, and spongy.⁴¹ Menstruation corrected this sponginess by evacuating the necessary fluid, but could also be dangerous when its flow was blocked, leading to congestion in the body, or more rarely flowed out too much.⁴² Birth corrected the dangers of a clogged flow by reopening and restoring the respective channels, while obviously still remaining dangerous in its own right.⁴³ Together, these physiological conditions operated similarly to a cocktail of pharmaceutical drugs in a modern hospital, each with its own side effect (or cascade of side effects), and each thus carefully and continuously calibrated to maximize their benefit and minimize their risks.

The Hippocratic *Diseases of Women* writes, “A woman who has not borne children becomes ill from her menses more seriously and sooner than one who has borne children. For when a woman has given birth, her vessels allow a freer flow for her menses.”⁴⁴ It is worth noting that *Diseases of Women* refers to prepartum women (γυναῖκα ἄτοκον) rather than virgins (*parthenoi*). Given cultural pressures and the lack of effective birth control, most Greek and other Mediterranean women probably began conceiving shortly after marriage.⁴⁵ Hence, marriage and pregnancy were synonymous.

⁴¹ Hippocrates, *Diseases of Women* 1.1.

⁴² Hippocrates, *Diseases of Women* 1.2.

⁴³ Hippocrates, *Diseases of Women* 1.1. Τὰ δὲ ἀμφὶ γυναικείων νούσων· φημὶ γυναῖκα ἄτοκον ἐοῦσαν ἢ τετοκυῖαν χαλεπώτερον καὶ θᾶσσον ἀπὸ καταμηνίων νοσέειν. ὅταν γὰρ τέκη, εὐρωώτερά οἱ τὰ φλέβιά ἐστιν ἐς τὰ καταμήνια, εὐροα δὲ σφε ποιέει ἢ λοχείη κάθαρσις.

⁴⁴ Ibid.

⁴⁵ Caldwell, *Roman Girlhood*, 99.

Another text, *Diseases of Young Girls*, is more explicit when it comes to the dangers of virginity, the healthworking wonders of pregnancy, and the connection between marriage and pregnancy. Its author claims,

Young girls of an age for marriage who remain unmarried suffer especially at the time of the descent of the menses. Before puberty they are healthy. Afterwards blood is gathered into their wombs for evacuation. Yet, when the mouth of the exit is not opened ... then the blood, not having a way to flow out, rushes from the quantity towards the heart and the diaphragm.

.... When these things occur in this way, the young girl is mad from the intensity of the inflammation; she turns murderous from the putrefaction; she feels fears and terrors from the darkness. From the pressure around the heart, these young girls long for nooses. Their spirit, distraught and sorely troubled by the foulness of their blood, attracts bad things. They command the young girl to wander about, to cast herself into wells, and to hang herself, as if these actions were preferable and completely useful. Even when without visions, a certain pleasure exists, as a result of which she longs for death, as if something good..... I urge that whenever young girls suffer this kind of malady they should marry as quickly as possible. If they become pregnant, they become healthy.⁴⁶

Virginity in this framework leads to all kinds of noisome effects. Not only does the blood itself inflame, go rancid, and congest the body, but it also lures “bad things” (κακόν) to the adolescent girl that bewitch her and turn her suicidal. Marriage is the key to curing these evils, but only as a means to getting her pregnant and thus opening the proper flow of her menses.

A few key differences exist between these Hippocratic texts. Where *Diseases of Women* had specified childbirth (τόκος) as the necessary cure, *Diseases of Virgins* mandates only pregnancy (κνήσασιν), not necessarily a successful birth. Similarly, a virgin’s menses are dangerous in *Diseases of Women* only due to their increased clogging, but menses are acknowledged as a health risk to all women, mothers and non-mothers. Childbirth is a way of managing a risk factor, not eliminating a set of symptoms altogether. *Diseases of Virgins*, on

⁴⁶ Hippocrates, *Diseases of Young Girls*, 1.1. Trans. Ann Ellis Hanson and Monica Green (1988).

the other hand, has the clogged menstrual blood become an active danger due to its inflammation and luring of bad things, but the author promises too that pregnancy will lead to a complete restoration of health (ὕγιές γίνονται). In *Diseases of Virgins*, both the dangers of virginity and the restorative potentials of pregnancy are far more potent.

Of course, the risks of pregnancy and childbirth were also well known. Modern medicine has linked a host of increased risk factors to pregnancy, including but not limited to stroke, heart failure, temporary or permanent blindness. Although ancient authors admittedly did not pay much attention to conditions caused by frequent childbearing,⁴⁷ they still understood and taught widely techniques to reduce the dangers of *individual* births, such as postpartum hemorrhage, retained placentas, and challenging birth positions. For the most part, they were neither stupid nor cartoonishly callous. For instance, Soranus stresses the importance of not staring too fixedly at a woman's vagina to protect her modesty and dignity, even during the throes of labor.⁴⁸ Like a modern physician balancing the risk factors of various surgical or pharmaceutical interventions, ancient physicians too sought to balance what they understood as the risks and benefits of sexual celibacy versus childbirth. Still, for the most part, they erred on the side of childbirth.

The implications of this Hippocratic gynecology, as well as its impacts on social and cultural constructions of women, have already been robustly discussed.⁴⁹ Less studied have been Roman perspectives and adaptations of the supposed health impacts of female celibacy. But by the first century CE, Roman gynecologists were already on the intellectual move. Virginity, suggested the first-century physician Rufus, was not automatically a threat to the

⁴⁷ Rousselle, *Porneia*, 63.

⁴⁸ Soranus, 2.6. Φυλασσέστω δὲ ἡ μαῖα τὸ εἰς τοὺς γυναικείους κόλπους τὸ πρόσωπον ἐνατενίζειν, ὅπως μὴ αἰδουμένης συσταλῇ τὸ σῶμα.

⁴⁹ See especially Flemming, *Medicine and the Making of Roman Women*.

health of the pubescent girl, nor was menstruation a cure-all. Rather, if a girl could not or would not marry early, a good diet and consistent light exercise could delay the need for marriage and sexual activity to restore her health. Virginity was not the issue; virginal mismanagement was. Worth noting is Rufus's cautionary note that this regime was not a replacement for marriage and sexual activity.⁵⁰ It was more of a stopgap: a way to delay sexual activity in a young girl who began menstruating early but was still too young to safely bear children. Significantly, this regime of good diet and light exercise also parallels the advice given to married women to ensure their bodies are in good shape to conceive. Eventual fecundity was still the goal for Rufus and his patients. Managing virginity until the proper physical development to conceive and bear children was but one strategy towards that eventual goal.

His colleague and possible contemporary Soranus has no such qualms. With typical bluntness, Soranus argues instead that virginity was itself healthy because "intercourse by nature is harmful."⁵¹ Soranus reasoned that excessive sexual activity drained both male and female physiologies of their seed and energy, as well as the visible dangers and detriments of premature childbearing.⁵² As evidence, he points to the Vestal Virgins, whom he claims are less prone to disease than ordinary women.⁵³ Practical as ever, Soranus also conceded that perpetual virginity for everyone would lead to the end of society. Hence, he recommended

⁵⁰ Rufus of Ephesus, fragment collected in Oribasius, *Collectiones Medicae*, 18.1-18.2.

⁵¹ Soranus 1.32. Ἡμεῖς δὲ τὴν διηνεκὴ παρθενίαν ὑγιεινὴν εἶναι φαμεν ὅτι βλαβερά κατὰ γένος ἡ συνουσία.

⁵² Ibid, see also 1.42 for other risks of pregnancy.

⁵³ Ibid. καὶ τῶν γυναικῶν δυσσάλωτοτέρας πρὸς νόσους τὰς διὰ νόμον καὶ τὴν εἰς θεοὺς θρησκείαν ἀποτεταγμένας ταῖς μίξεσι καὶ τὰς ἐννόμῳ παρθενία διαφυλαχθείσας.

delaying marriage for young girls until menarche or the age of fourteen, which he argued usually coincided anyway.⁵⁴

Moreover, in Soranus's methodology, he unmoored the purported ill effects of virginity from virginity altogether and tied it to disruptions in the female sexual lifecycle as a whole. "Hysterical suffocation" could now present in women with amenorrhea, recurrent miscarriages, premature birth, prolonged celibacy in the absence of a husband, or menopause. In only one of these cases is celibacy the cause and sexual activity the cure. Indeed, many of these women were clearly having sex. The cure for their badly behaved wombs instead resided in massage, compresses, warm baths, and pessaries.⁵⁵

By the sixth century CE, Aetius - himself an enthusiastic proponent of Soranus - had cast the net even wider. "Uterine fury" was now found not just in disturbances to the sexual lifecycle, like virgins, chaste women, and lustful women who suddenly stop sex, but also girls who turn twenty, women with warm bodies, and women who eat rich food.⁵⁶ In other words, this uterine fury and imbalance is *a* disease of virgins, but not, as Hippocrates would have it, *the* disease of virgins. It is no longer even a primarily sexual disease. Aetius's cure - pessaries and oral medicines - likewise represent the last step in the professionalization and medicalization of uterine imbalance. Most of Soranus's cures could be administered at home, like massages and warm baths, with the exception of the professionally prescribed pessaries. Under Aetius, the cure has moved conclusively from the marital bedchamber to the sickroom.

⁵⁴ Soranus, 1.33. Μέχρι δὲ τοσούτου διατηρεῖν ἐν παρθενία συμφέρει, μέχρις οὗ δι' ἐαυτῆς γένηται κάθαρσις.... Τὸ μέντοι τὴν κάθαρσιν ἐπιφαίνεσθαι πρῶτον, κατὰ τὸ πλεῖστον περὶ τὸ τεσσαρεσκαίδέκατον ἔτος ἀπαντᾷ. Τοῦτο τοίνυν ὄντως ἐστὶ φυσικὸν καὶ τὸν τῆς διακορήσεως ἐμφαῖνον κρόνον.

⁵⁵ Soranus, 3.26-28.

⁵⁶ Aetius, 16.74.

Other scholars have already commented on this transition in gynecological thought.⁵⁷ However, it has not yet been linked to Christianity's burgeoning social influence, despite the swell in Christianity and specifically ascetic thought at precisely this period. Yet the pieces are in place to make that connection. Christians were in Rome during the time Rufus and Soranus practiced and circulated their gynecological writings, including among their elite clientele.⁵⁸ Additionally, Christians could freely visit pagan physicians and even praise their knowledge as an example of God's beneficence.⁵⁹ Aetius practiced in an even more heavily Christian context, namely the imperial court of Justinian, and may have been Christian himself; certainly a majority of his patients would have been Christians. Moreover, all three trained at Alexandria, a seething bed of Christians in general and of ascetic thought and controversy in particular. Even if not Christian themselves, the three men would have been aware of the debates convulsing the Christian community and animating their Christian patients. Physicians had been advising Roman parents for generations on the care of their preteen and adolescent daughters, as discussed above.⁶⁰ If fourth-century parents less ascetically committed than Demeterias' or Eustochium's wanted to gauge the potential benefits and drawbacks of permanent virginity, the family physician was a natural choice to consult.

⁵⁷ Hanson, Ann Ellis. "The Hippocratic *Parthenos* in sickness and in health," in *Virginity Revisited: Configurations of the Unpossessed Body*, Bonnie MacLachlan and Judith Fletcher (eds.). Toronto: University of Toronto Press, 40-65; King, Helen. "Bound to bleed: Artemis and Greek women," in *Images of Women in Antiquity*, A. Cameron and A. Kurth (eds.). London: Routledge, 109-127; King, Helen, *The Disease of Virgins: Green Sickness, Chlorsis, and the Problem of Puberty*. London: Routledge: 2004.

⁵⁸ Peter Lampe, *From Paul to Valentinus: Christians at Rome in the First Two Centuries*, trans. Michael Steinhauser (T&T Clark International, 2003).

⁵⁹ Darrell Amundsen, "Medicine and Faith in Early Christianity," *Bulletin of the History of Medicine* 56 no. 3 (1982), 334.

⁶⁰ For another overview, see Caldwell, *Roman Girlhood*, 79-100.

Conversely, ascetic writers themselves were well acquainted with prevailing medical thought. Tertullian is particularly notable for his widespread and competent invocation of medical thought across his writings.⁶¹ In fact, the physician he cites most often is Soranus.⁶² But this was not an eccentricity limited to Tertullian. Part of a *paterfamilias*' control meant selecting and overseeing the medical care available to his family, so it was expected for him to be essentially conversant with the broad strokes of medical thought, particularly when it came to fertility and producing heirs.⁶³ As I argue elsewhere in this dissertation, certain sections of Soranus and Aetius make the most sense if directed at husbands anxious to detect and undo their wives' surreptitious contraception. Like other elite men, then (and somewhat better than modern expectations of men today), the Church Fathers knew their gynecology.

Given how pervasive the Hippocratic model of gynecology was throughout the Mediterranean and how directly it impacted major social rites like marriage and pregnancy, proponents of asceticism could logically be expected to contend with it and explain why virginity was as healthy as reproduction, or at least not actively dangerous. Indeed, we can detect this move towards dethroning pregnancy as the *sine qua non* of female health – but the move is instigated by Hippocratic physicians, not by ascetics. The ascetic strategy is instead to decouple women's health from either virginity or childbirth altogether: in other words, to change the parameters of the conversation. In setting up the ascetic ideal, writers like Jerome, Ambrose, and John Chrysostom found it safer to agree on a virginity that was both spiritual and (increasingly) anatomical, but not medicalized. Virginity was no longer the danger it had once been, but its status as the antithesis to pregnancy and childbirth was less important than

⁶¹ David Satran, "Fingernails and Hair: Anatomy and Exegesis in Tertullian," *Journal of Theological Studies*, 40 (1989): 116-120.

⁶² Glancy, *Corporal Knowledge*, 119.

⁶³ Flemming, *Medicine and the Making of Roman Women*, 131-136 and 183.

its ability to cultivate faith and spiritual discipline for women *and* men. The result was nothing less than an upheaval of centuries of medical thought and practice. Under the Christian model, health now ceased to be gendered.

As established at the beginning of this chapter, this eventual move away from pregnancy as a source of health towards a stress on an anatomical, medically neutral virginity was never an uncontested way. The discourse and its emphases flared up depending on the time, writer, and location in the empire. To close this chapter, I turn towards hagiography as a set of case studies to examine in tandem how third-century North African and Gaulish discourses on maternal health and virginal purity intersected. My foci will be the Carthaginian martyrs Perpetua and Felicitas and the Gaulish martyr Blandina.

Part 3: The saints as case studies

Felicitas was an enslaved Christian executed in 203 CE at Carthage as part of a group of martyrs, including her famous companion Perpetua, preserved in the Latin *Passio de Perpetua et Felicitas*. Although Kate Cooper has proposed a non-aristocratic origin for Perpetua,⁶⁴ most scholarship agrees with the *Passio*'s representation of Perpetua as an aristocratic and breastfeeding young mother. More debated has been whether the *Passio* was actually written by Perpetua in prison, as the opening claims.⁶⁵ Also debated is whether the *Passio* has origins in the New Prophecy movement of the early third century CE.⁶⁶ We are on

⁶⁴ Kate Cooper, "A Father, A Daughter, and A Procurator: Authority and Resistance in the Prison Memoir of Perpetua of Carthage," *Gender and History* 23 (2011): 685-702.

⁶⁵ For proponents of a Perpetuan authorship, see Brent Shaw, "The Passion of Perpetua," in *Past and Present* 139, no.1 (1993): 3-45; Thomas Heffernan, *The Passion of Perpetua and Felicity* (Oxford University Press: 2012), and *Perpetua's Passions: Multidisciplinary Approaches to the Passio Perpetuae et Felicitatis*, ed. Jan Bremmer and Marco Formisano (Oxford University Press: 2012). For dissenters, Ellen Muehlberger, "Perpetual Adjustment: The *Passion* and Entailments of Authenticity," *Journal of Early Christian Studies* 30, no.3 (2022): 313-342, and Stephanie L. Cobb, "The Other Woman: Felicitas in Late Antiquity," *Journal of Late Antiquity* 15, no.1 (2022): 1-27.

⁶⁶ Cobb, 3-4, provides an overview of the literature and the arguments made by both sides.

more solid ground with the textual transmission. The original Latin text was first modernly published in 1663, with ten extant manuscripts attested; C.J.M. Van Beek produced a widely used modern edition in 1936.⁶⁷ Stephanie Cobb reused this edition in her 2021 compilation of all late antique and medieval texts that discuss the two martyrs.⁶⁸

Blandina was part of a similar group of martyrs, this time executed in 177 CE at Lyons. The sole account of their martyrdom is found in the anonymous *Letter of the Martyrs of Lyons and Vienne*, which survives thanks to Eusebius's quotation and summarization of it in book 5 of his fourth-century *History of the Church*. The best English translation and commentary of Eusebius is Jeremy Schott's 2019 translation. For my own consultations and translations of the Greek in this dissertation, I have relied on the Loeb edition in Loeb volume 153.

Like Felicitas, Blandina was enslaved, and as I argue below, her maternity is a central part of how the letter presents her, even though she is never formally acknowledged as a woman who has given birth in the text. Thus, the two of them make ideal comparanda with the elite mother Perpetua to highlight the limits of both the Hippocratic model of maternal health and the Christian model of a martyr's bodily triumph. They also make useful correctives to the assumption of an elite female patient otherwise pervasive throughout the obstetrical handbooks discussed in this dissertation. Focusing first on Blandina and then on Felicitas, I highlight how their hagiographic writers deployed different strategies to rewrite their bodies to be closer to Perpetua's, if never wholly alike. In the hierarchy of martyred physicality established, Perpetua is at the peak: a dry-fleshed, courageous heroine who

⁶⁷ Jacqueline Amat, *Passion de Perpétue et Félicité suivi des Actes* (Éditions du Cerf, 1996), 272-273.

⁶⁸ Stephanie Cobb, *The Passion of Perpetua and Felicitas in Late Antiquity* (University of California Press: 2021).

supersedes both her maternity and her gender. Felicitas remains at the bottom as someone who remains unquestionably both enslaved and female. Blandina falls in the middle.

Although she begins as an enslaved mother, she ends where Perpetua began: a mother who is aristocratic, and thus inviolate.

Whether or not Blandina had been pregnant or had children before her martyrdom we cannot know. What we can say is that her audiences, both watching in the arena and reading aloud from the page, would have understood her as a body subject to reproductive violence. This is because she was enslaved. The enslaved body was eroticized specifically for its inability to say no. No slave is a virgin, and every slave is assumed fair game. Indeed, the sexual assault of enslaved bodies could even be deployed as an aid to Christian virtue. The *Acts of Andrew* records a Christian noblewoman, Maximilla, who sends her slave Euclia to take her place as the target of her husband's sexual overtures. When Euclia grows boastful, her tongue is torn out and she is thrown to the dogs.⁶⁹ Jennifer Glancy comments that the *Acts* "seem to exempt Maximilla of any moral culpability in the subterfuge, implying that Euclia's actions are completely explicable in the context of her nature, depicted as both lascivious and greedy. Abstinence from polluting sexual activity is a distinctly elite prerogative. This latter ethical system served not only upper-class interests but also explicitly Christian interests."⁶⁹

The enslaved female body is further valuable for its forced reproductive labor. *Vernae*, people who were born into enslavement, played a key role in the Roman slave economy.⁷⁰ Consequently, by virtue of being introduced as an enslaved woman, Blandina is

⁶⁹ Jennifer Glancy, *Slavery in Early Christianity* (Oxford University Press, 2002), 22.

⁷⁰ See for example Keith Bradley, *Slavery and Society at Rome* (Cambridge University Press:1994) and Walter Scheidel, "Human Mobility in Roman Italy, II: The Slave Population," in *The Journal of Roman Studies* 95 (2005), 71-75.

introduced to her Roman reader as a body that has been subjected to both sexual and reproductive violence. It does not matter that her children are never seen (indeed, they could very well have been sold or taken from her well before her martyrdom). As an enslaved woman, she is marked by sexual and reproductive accessibility in a way the freeborn are not. This sits uneasily with conventional fourth-century Christian ideas about martyrdom, female virtue, and especially female sexual virtue - but it also allows and demands us to read Blandina as a foil against Felicitas, not Perpetua.

Blandina and Felicitas enter their texts the same way, as enslaved maternal bodies. They do not end the same way. As part of his process to make Blandina a martyr worth teaching and thinking with, the letter writer is at pains to write over her enslaved maternal past with a new, spiritual motherhood, both subtly and overtly. Her resonances with the story of the heroic Maccabean mother are well attested.⁷¹ But there are other maternal threads woven around her throughout the narrative.

The text as a whole reveals a preoccupation with birth and afterbirth as metaphors. Prisoners who recant their Christian faith under torture are deemed “abortions,”⁷² and Alexander the Phrygian physician strives so hard to prevent his fellows from becoming these spiritual abortions that his face contorts as though he himself is in labor.⁷³ Sanctus, when his genitals are burned and destroyed by red-hot plates, is revived in his torture by heavenly nourishment flowing from Christ’s womb.⁷⁴ Blandina herself, just before she dies, is compared to a noble mother rushing happily to a wedding feast. For the text’s theological and

⁷¹ Candida Moss, *Ancient Christian Martyrdom: Diverse Practices, Theologies, and Traditions* (Yale University Press: 2002), 111-112.

⁷² Eusebius, *Ecclesiastical History*, 1.5.11, ἐξέτρωσαν

⁷³ Eusebius, *Ecclesiastical History*, 1.5.49, ὥσπερ ὠδίνων

⁷⁴ Eusebius, *Ecclesiastical History*, 1.5.22. ἐκ τῆς νηδύος τοῦ Χριστοῦ

rhetorical framework to function, however, parturition must remain strictly metaphorical. We see thus the gradual sanding away of any reference to Blandina's enslaved status, often subtle but sometimes quite overt.

Take, for example, the one mention of her enslaver. The nameless woman is a fellow Christian, introduced as Blandina's "mistress in the flesh."⁷⁵ Two possible objects of the next clause are possible: ἀγωνιώσης μὴ οὐδὲ τὴν ὁμολογίαν δυνήσεται παρρησιάσασθαι διὰ τὸ ἀσθενὲς τοῦ σώματος ("fearing that, from the weakness of her flesh, she would not be able to boldly confess").⁷⁶ If the object is herself, then we see a ripple of irony. This enslaver is still not mistress of her own flesh, as she fears caving under torture and being unable to maintain her Christian faith. If, on the other hand, it is Blandina's weakness of body that she fears for, then that adds an additional layer of verisimilitude, as presumably her enslaver knows best the extent of Blandina's weakness and ability to endure punishment. In either case, the narrative then switches to Blandina's superlative endurance under torture, and her enslaver quietly fades from sight. It is unclear whether she does end up lapsing and recanting from her own torture, becoming one of the aforementioned "abortions," or whether her own slave's resilience motivated her to hold fast.⁷⁷ Such communal strengthening and motivation were common tropes in the martyrologies, as indeed we see elsewhere later on in the Lyon account. But possibly that would have been too stark an upheaval of the slave-enslaver bond.

Blandina is summoned into the arena twice. During the first round, she is suspended on a cross and takes on the image of the crucified Christ to her companions as she ardently

⁷⁵ Eusebius, *Ecclesiastical History*, 5.1.19. σαρκίνης δεσποίνης

⁷⁶ Ibid.

⁷⁷ She *may* be Biblis, who is mentioned a few sections later as initially recanting but then balking when asked to further condemn her fellow martyrs, and described as "unmanned" (ἄνανδρον) by her initial recantation. However, the connection is not made clear.

prays and encourages them. In Blandina's final and climatic arena appearance, however, she recedes from this Christlike imagery and is referred to instead as a "noble mother"⁷⁸ to her fellow martyrs. Candida Moss has called attention to the Maccabean imagery in this scene, noting how the parallel is "amplified by the use of the plural noun *tekna* (children). Blandina is paired only with the youth Ponticus, rendering the plural *tekna* suggestively metaphorical."⁷⁹ Compelling as the Maccabean link is, this passage also neatly elides the relevance of any biological children in Blandina's past. While "noble mother" is a clear bookend to the earlier "noble athlete," the γενναῖος ἀθλητῆς is a common martyrological trope. Indeed, even in this text, it is used to refer both to groups of martyrs and martyrs other than Blandina. On the other hand, no other martyr is termed μήτηρ εὐγενῆς either here or, to my knowledge, anywhere else. Nobility in this context is more than a stock phrase: it makes clear the chasm between her enslaved past and martyred present. Moreover, it also severs any possible maternal link between her biological children and her current Christian motherhood, as simply naming her a mother might leave open. It has been suggested previously that Blandina might not have biological children at all because they do not appear in the text.⁸⁰ I find that untenable precisely because she had been enslaved. It is this ambiguity of potential past motherhoods which the editor is so careful to excise. By making her not just a mother but a noble mother, she is transformed into a matron endowed with pudicitia, and no longer the "small, weak, despised" body subjected to violation and demeaning reproduction long before the arena.

⁷⁸ Eusebius, *Ecclesiastical History*, 5.1.55. μήτηρ εὐγενῆς

⁷⁹ Candida Moss, *Ancient Christian Martyrdom: Diverse Practices, Theologies, and Traditions* (Yale University Press, 2002), 112.

⁸⁰ Stephanie Cobb, *Dying to Be Men: Gender and Rhetoric in Early Christian Texts* (Columbia University Press, 2008) 115.

By the end of the martyrdom, the transformation is complete. Standing with her young fellow martyr and spiritual child Ponticus, Blandina remains unafraid in the face of torture and the crowd's hostility. The editor breathlessly recounts, "They neither had mercy on the youth's age or felt shame on account of the woman's weakness [γύναιον]."⁸¹ Yet by the end of her travails, even the crowd must admit that "they have never seen a woman [γυνή] suffer so many or such horrid tortures."⁸² An enslaved woman's torture, normally, is nothing remarkable in the empire. Limits on the punishments permissible against a slave were negligible, and torturing slaves was a normal and expected part of the judicial process. Throughout the martyrdom, thus, attention is called to the special cruelty of torture in Blandina's case not because of her sex but because of her frailty. She is not simply a slave, but an "inexpensive" one;⁸³ she is "small" and "weak";⁸⁴ she is a "little woman."⁸⁵ But once she has been transformed into a "noble mother," then she becomes simply a woman [γυνή]. She has become the type of woman whose torture would shock and amaze the crowd: in other words, not an enslaved woman. In confessing her remarkable endurance, the crowd is also forced to confess her body's fundamental freedom.

As Salés has persuasively argued, Blandina is not necessarily a masculinized woman so much as a queered female figure.⁸⁶ That is, rather than straightforwardly assuming Roman

⁸¹ Eusebius, *Ecclesiastical History* 1.5.53, ὡς μήτε τὴν ἡλικίαν τοῦ παιδὸς οἰκτεῖται μήτε τὸ γύναιον αἰδεσθῆναι

⁸² Eusebius, *Ecclesiastical History* 1.5.56, καὶ αὐτῶν ὁμολογούντων τῶν ἐθνῶν ὅτι μηδεπώποτε παρ' αὐτοῖς γυνὴ τοιαῦτα καὶ τοσαῦτα ἔπαθεν

⁸³ Eusebius, *Ecclesiastical History* 1.5.17, Εὐτελῆ. While usually translated along the lines of "worthless" or "mean," this word was applied to both objects for their financial value and people for their metaphorical value. I have chosen to translate it as "inexpensive" here to highlight the possibility of Blandina being read as either person or object here.

⁸⁴ Eusebius, *Ecclesiastical History* 1.5.42, ἡ μικρὰ καὶ ἀσθενὴς

⁸⁵ Eusebius, *Ecclesiastical History* 1.5.53, γύναιον

⁸⁶ Luis Josue Salés, "'Queerly Christified Bodies: Women Martyrs, Christification, and the Compulsory Masculinisation Thesis,'" in *Journal of Early Christian History* 10, no. 3 (2020): 83-109.

masculine freeborn virtues of endurance and self-control, Blandina subverts them by embodying such qualities in an openly female and enslaved - i.e., in Roman eyes, inherently weak - body. But this queerness is selective, particularly when it pertains to her enslavement. In a manner similar to the quiet overwriting of Felicitas' enslaved status in post-*Passio* texts, as shown in Cobb,⁸⁷ Blandina's own enslavement is discreetly obscured. This process is directly tied to the letter writer's rhetorical strategies in highlighting a *particular* type of femininity and maternity for her: i.e., a noble woman. The corporeality associated with a past of particularly female enslavement is not only uninteresting in this matrix, it is destabilizing. Hence, it must be assiduously erased. When she is presented as a masculinized or queered athlete, or as the crucified Christ, Blandina's enslavement can function as a powerful rhetorical rebuttal because the two roles are so diametrically opposed. But when she is presented as a mother, the all-too-real specter of enslaved motherhood must first be banished. Only then can the role of spiritual matron, whose spiritual integrity soars over and subsumes her bodily wounds, can be safely invoked.

Although Blandina's text is thus able to strategically cloak her enslavement behind the martyrdom's various gendered enactments, Felicitas enjoys no such sleight of hand in the *Passio*. Instead, enslavement is central to the *Passio*'s depiction of her parturition and postpartum health, undercutting the text's broader attempts at theological and spiritual equality between Felicitas and Perpetua. The very elements that seem to bind them together, on closer inspection, actually spotlight that fundamental difference. For example, when Perpetua protests their being stripped before being sent into the arena, she is objecting not only to the immodesty but to being subjected to a nakedness only enslaved persons would

⁸⁷ Stephanie L. Cobb, "The Other Woman: Felicitas in Late Antiquity," *Journal of Late Antiquity* 15, no.1 (2022): 1-27.

suffer.⁸⁸ Both facets of her identity as a freeborn woman are under attack, as she well knows. When the crowd later shudders at the women's nudity, the editor delineates how their horror manifests at seeing "on the one hand, a lovely girl, and on the other hand, one fresh from birth with dripping breasts."⁸⁹ Both women are mothers, but their nakedness is treated entirely differently. Perpetua is returned to being an unmarried girl (*puella*), albeit with the erotic frisson of *delicata* added, suggesting that her maternal past has now been fully shed. The mere fact of seeing this born-again girl before them makes the crowd flinch at the taboo. Felicitas, on the other hand, is unmistakably a mother, but also solely a mother. It is her freshness from childbed that compels the crowd's horror and pity in the editor's telling, not her nakedness and status as a woman in and of itself. Even when presented with two nude women, in the editor's rendering, one woman's body still possesses more *pudicitia* than the other's.

The differences in their pregnancies and labors further highlight this fundamental divide. While we do not learn explicitly what Perpetua's pregnancy looked like, we can infer based on the medical advice of the physician Soranus, who catered to elite families very similar to hers. Soranus recommends that pregnant women avoid too much exercise, rough activity, or pungent foods. Instead, they should follow a carefully modulated regime of light exercise, regular massage, a judicious combination of meat and fish in the diet, special baths, and reading aloud.⁹⁰ "Clearly," remarks Anna Bonnell-Freidin, "this regimen is not for your average woman, but one with the time and means to care meticulously for her body."⁹¹ A

⁸⁸ *Passio*, 20.3.

⁸⁹ *Passio* 20.2. *Horruit populus alteram respiciens puellam delicatam, alteram a partu recentem stillantibus mammis*

⁹⁰ Soranus, *Gynecology* 1.16.70-78 and 1.17.31-57.

⁹¹ Bonnell-Freidin, *Birth of Romans*, 145.

woman who did not, or could not, follow these exacting restrictions was at risk of miscarriage. Even if she does bring her child to term, Soranus fulminates, “Let no one assume the fetus has not been harmed! For it *has* been damaged; it becomes weaker, hindered in its growth, difficult to rear, and, in general, easily affected by harmful things, deformed, and ignoble in soul.”⁹² This is the fate expected of Felicitas’ child and, looking back at her own gestation, likely of her as well. Rather than light exercise in a sedan chair carried by enslaved power and massage under enslaved hands, Felicitas has spent a great deal of her pregnancy in the dark, stuffy, and cramped conditions of the prison, with poor nutrition: a far cry from Perpetua’s own birthing and later breastfeeding conditions.

In another section, Soranus writes of the importance of a birth attendant not staring protractedly at a patient’s vagina, so as to preserve her dignity and modesty.⁹³ Felicitas in contrast gives birth under the eyes of a male prison guard, who not only watches her but comments mockingly on what he sees.⁹⁴ Felicitas may have been lightly clothed with her belt loosened for this birth, or, following many visual depictions of childbirth and considering the stuffiness of the prison, she may have been naked. Where the taunting guard speaks of Felicitas’ forthcoming pain (*dolor*) in the arena, she rejects that description and reframes it as a question of endurance (*patior*): “Now I suffer what I suffer, but then there will be another in me, who will suffer for me, because I am to suffer for him.”⁹⁵ This remarkable statement is “the most theologically developed statement...of the theology of martyrdom in the entire

⁹² Soranus, 1.16.79-85.

⁹³ Soranus, 2.3.6.

⁹⁴ *Passio* 15.1-5.

⁹⁵ *Passio*, 15.6. For pointing out the rebuttal of *dolor* versus *patior*, I draw on Stephanie L. Cobb, *Divine Deliverance: Pain and Painlessness in Early Martyr Christian Texts* (University of California Press: 2017), 97.

narrative.”⁹⁶ Yet, in contrast with major figures like Perpetua and Saturus in her own martyrology or Blandina and Attalus in *The Martyrs of Lyon and Vienne*, Felicitas’s death does not form a major scene to show the promised fulfillment of her statement and faith. Instead, she dies as part of the faceless group of martyrs, “silently and without moving,”⁹⁷ that contrast with Perpetua’s extraordinary last act of will in seizing the gladiator’s sword and shouting aloud as it strikes her.

Despite Felicitas’s declaration of expected painlessness, in fact, she spends the rest of the narrative in agony. Yet the narrative finds these particular forms of pain so normal that they are not even mentioned at all. Barring pre-existing disability among her fellow martyrs, for example, the very freshly postpartum Felicitas is the only one who would have experienced the walk into the arena itself as agony. Other examples of pain in the narrative make it clear that certain types of pain are only uninteresting when it occurs in Felicitas. For example, in the absence of torture, Perpetua’s thirst, heat, and emotional pain (*dolor*) at being separated from her family is presented as part of her martyr’s journey.⁹⁸ In contrast, Felicitas’ feelings about parting from her newborn daughter are not accorded the same theological weight; they are not even recorded at all. Likewise, there is no mention of her milk ceasing the way it does for Perpetua. Both of these phenomena would have been common experiences for enslaved mothers separated from their children, but more unusual in a noble mother like Perpetua. In other words, part of Perpetua’s miracle is the absence of her simultaneously expected and unexpected pain: first when her milk dries up, then again in the arena when she is tossed and unaware of it. The miracle for Felicitas is that she *does* feel

⁹⁶ Cobb, “The Other Woman,” 16.

⁹⁷ *Passio*, 21.8.

⁹⁸ Cobb, *Divine Deliverance*, 110.

pain: that is, the agony of childbirth. This particular pain is interesting for the text because it allows her to be martyred with her fellow Christians, and for the neat parallel of going “from midwife to gladiator, from blood to blood.”⁹⁹ The other emotional and physical tolls of her separation from her child were a part of life when it came to enslaved mothers, and hence not worth remarking on.¹⁰⁰

At first glance, Felicitas’s labor plays a very similar textual role to Blandina’s torture. Both scenes introduce and foreshadow the women’s capacities for pain. Both, moreover, feature particularly heightened forms of the pain in question: Felicitas as an eight-month labor,¹⁰¹ and Blandina in enduring so many different types of torture cumulatively where even one is usually fatal.¹⁰² Finally, both sites of pain are used as an avenue to prove God’s greatness enacted through the two women. Felicitas even goes one better than Blandina here. Rather than having the editor translate the significance of her body’s pain to the reader, she herself voices it in her defiance of the guard.

However, these similarities between the two women are very quickly downplayed. True, Felicitas is what Blandina might have once been: an enslaved body laboring in public with little comfort or dignity afforded to her. But that enslaved past has been washed away by the time Blandina enters the arena, along with any lingering pain. The narrator assures us that she is filled instead with the joy and embodiment of Christ’s presence, and dies

⁹⁹ *Passio*, 18.3.

¹⁰⁰ One possible visual reckoning with Felicitas’ postpartum status does come centuries after the *Passio*. The eleventh-century *Menologion of Basil* depicts the martyrdom of Felicitas, Perpetua, Revocatus, Saturus, and Saturninus. Although the two women are dressed with similar plainness, Felicitas can still be picked out. Out of the entire group, she is the only figure not depicted with a cut throat. Instead, her fatal blow is shown on the breast. This may be a reference to the ancient Hippocratic theory that breast milk came from leftover uterine blood after pregnancy; her bleeding breast in the image thus alludes to that dripping milk.

¹⁰¹ Ann Ellis Hanson, “The Eight Months’ Child and the Etiquette of Birth: ‘*Obsit Omen!*’”, in *Bulletin of the History of Medicine* 61, no. 4 (1987): 589-602.

¹⁰² Eusebius, *Ecclesiastical History*, 5.1.36.

ultimately without pain.¹⁰³ On the other hand, as we have seen, Felicitas' agonized postpartum body is inextricable from the narrative. Miraculous as her prompt (and safe) labor is, there is still nothing redemptive about the pain that goes with it. Indeed, she herself draws an explicit contrast between the pain of childbirth and the pain of the arena - even though, again, it is that pain of childbirth that was dearly sought and will allow her to die in company with her fellow martyrs. For her faith, she receives no closure of painlessness in the arena. She remains an open wound.

Although Felicitas does not experience a lack of pain in the arena, Perpetua does, and in a context remarkably similar to Blandina's own painlessness: being wrapped in a net and tossed by a bull, in Blandina's case, or a cow, in Perpetua's case.¹⁰⁴ It is explained that Perpetua was "virtually asleep, for she had been so much in the spirit and in ecstasy,"¹⁰⁵ and that Blandina was "senseless [to her wounds], due to her hope and being carried on what she believed, and her speaking with Christ."¹⁰⁶ As Felicitas had discerned, suffering with and for Christ brings an end to suffering.

Yet where this is the climax of Blandina's martyrdom and she dies shortly afterwards, this is only the beginning for Perpetua. Having been tossed by the cow, and before she even comes out of her trance, Perpetua quickly pins up her hair and rearranges her disheveled clothing to conceal her legs. What has alternately been interpreted as an inexplicable act of female vanity or a way to avoid the appearance of mourning should be read back against her status: Perpetua, moving on autopilot, wants to die looking like a matron. Later, "so that she

¹⁰³ Eusebius, *Ecclesiastical History*, 5.1.115.

¹⁰⁴ Eusebius, *Ecclesiastical History*, 5.1.56. *Passio* 20.8.

¹⁰⁵ *Passio* 20.8, Quasi a somno expergita (adeo in spiritu et in extasi fuerat)

¹⁰⁶ Eusebius, *Ecclesiastical History*, 5.1.56, μηδὲ αἰσθησινεῖτι τῶν συμβαινόντων ἔχουσα διὰ τὴν ἐλπίδα καὶ ἐποχὴν τῶν πεπιστευμένων καὶ ὁμιλίαν πρὸς Χριστόν

might taste some pain,” Perpetua screams as she is struck by an inept young gladiator, then guides his hand to cut her own throat.¹⁰⁷ Craig Williams connects this to broader Latin tropes about women’s particular susceptibility to pain: “whereas the Latin textual tradition is full of assertions that it is womanly to fear or avoid pain or to bear it badly, Perpetua takes action precisely *in order* to have some taste of pain (*ut aliquad doloris gustaret*).”¹⁰⁸ Mastery of pain indicates a mastery of her gender, and a still more perfect and compelling martyrdom. Neither Blandina nor Felicitas can be quite permitted to attain that. For Blandina, it is transcendence enough to be raised above her enslavement and recast as a “noble mother”: her endpoint is where Perpetua begins. The enslaved and maternal femininity of Felicitas, meanwhile, are worlds away from the exultant, triumphant mastery of her pain and body that Perpetua exhibits. We are not quite yet at the full decoupling of female health from procreation that our fourth-century ascetic authors will later attain, but already these experiments in form, as well as the Hippocratic model’s frailty when applied to non-elite women, are showing forth.

¹⁰⁷ *Passio*, 21.9. Perpetua autem, ut aliquid doloris gustaret, inter ossa conpuncta exululauit, et errantem dexteram tirunculi gladiatoris ipsa in iugulum suum transtulit.

¹⁰⁸ Craig Williams, “Perpetua’s Gender: A Latinist Reads The *Passio Perpetuae et Felicitatis*,” in *Perpetua’s Passions: Multidisciplinary Approaches to the Passion Perpetuae et Felicitates*, ed. Jan N. Bremmer and Marco Formisano (Oxford University Press, 2012), 68

Conclusion

In this dissertation, I have focused on late antique expressions of challenging and challenged fertility, such as fertility control, infertility, and voluntary childlessness. By examining these strands of discourse together, I have shown that patristic and medical writings on female health and procreation between the second and sixth centuries were far more aware of each other than has previously been acknowledged. Like two partners in a tango, the patristic and medical sources sometimes press close together, and sometimes move in a distant arc from each other. But they always remain connected at least one point: the shared concern for, and desire for authority over, female health.

Expanding this dissertation into a monograph presents multiple new directions to take for methodology, theory, and scope. Methodologically speaking, outside my integration of the medical canon with the patristic sources, this dissertation is in many ways very typical of patristic history. More engagement with material culture like votives and epigraphy, as well as *any* engagement with late antique Jewish gynecology and purity laws, are sorely needed to make this a truly interdisciplinary piece of scholarship.

Theoretically, too, my monograph would benefit from more ambitious integration of feminist theory on pregnancy, infertility, and matrescence. Feminist studies in the vein beginning with Adrienne Rich's *Of Woman Born* is the most obvious touchstone, but exploring insights from anthropology and sociology would also fill in some current theoretical gaps. I could see these interdisciplinary weavings being particularly useful for a proposed fourth chapter, where I pull on the material currently covered at the end of chapters 1 and 3 to write a new chapter focused on enslaved pregnancy and fertility. Extremely recent work from Katharine Huemoeller and Tara Mulder will both be helpful here.

Finally, at the moment this is not really a dissertation on obstetrical discourse across the late antique Mediterranean. It is instead focused on the two poles of Rome and Constantinople, with the occasional venture into Carthage or Antioch. My earlier commitment to bringing in more material culture will help me in further exploring expressions of fertility in the provinces. Based on a 2024 research trip to Burgundy, I already have materials to get started on fourth-century Gallic-Roman healing shrines and a specific class of infant votives. Moreover, based on unexpectedly recurring actors across my three chapters, venturing more firmly into the Byzantine and medieval afterlives of the discourses on abortion, infertility, and female asceticism I have identified would also provide greater scope for expansion. At the same time, I find there is room to expand in my scholarship from simply a survey of early ascetic thought to a focus specifically on the ascetic thought and contexts of Jerome and John Chrysostom, for which there is a vast literature I have only just engaged with.

The goal of this dissertation and the ultimate monograph is to establish a piece of scholarship that can speak equally to the histories of ancient and early medieval medicine, the history of early Christianity, and the history of late antique gender. Whether, like the Roman Empire, the Hippocratic woman herself fell or transformed into the Christian woman remains the focus of my work.

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