GENDER, SEX AND STATUS: THE POLITICS OF DIVINE HEALING
AMONG THE ANCIENT GREEKS

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by

Michaela Senkova

School of Archaeology and Ancient History
University of Leicester

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Abstract

This thesis addresses healing opportunities beyond ‘professional’ doctors or the big Asclepius cults in ancient Greece from the viewpoint of individuals as ‘consumers’ of healing. It builds upon the scholarship written on Asclepius and examines the evidence for treatment in sanctuaries, not normally considered to be ‘healing cults’ despite clear clues to healing as part of their remit. It analyses archaeological material from these venues, literature and epigraphy to explore in depth cases of healing experience among the ancients. The main focus is on the individual worshipper, seeking answers to how people from different social strata manifested anxieties about their bodies through ritual practice and beyond. Were some cults believed to be specially helpful for particular ‘medical’ problems? Were healing rituals at some shrines ordered by gender, age or social status? The thesis concentrates on two major case studies. One looks at reproductive processes, both for men and for women, with different cultural ideologies about gender as the main driver. The second is driven by social status and considers how being a slave or a child, i.e. a dependent member of the society, could restrict or otherwise dictate one’s access to medical care. The thesis covers the archaic and classical periods (c. 800-400 BC) because at this time neither scientific medicine nor the healing sanctuaries of Asclepius were established as in later eras. Geographically, the thesis encompasses the known Greek world, including colonies in Asia Minor and the Mediterranean, to allow a better comparison of customs. The thesis demonstrates that healing in ancient Greece involved a wider range of activities than previously accepted and that this variety can tell us about how the Greeks viewed health and illness, reforming our attitudes towards ancient medicine, gender, economy and socio-religious history.
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Map 1. Showing the principal sites mentioned in the text.
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‘The most important factor in human affairs is the divine’

(Hippocrates, Nature of Women 1)
CHAPTER ONE

INTRODUCTION

Illness poses immediate threats to human life, but every society has different viewpoints on what constitutes it, how it originates, and how to cure it.\(^1\) Typically, the medical care on offer derives from culturally constructed systems of assumptions about the human body and its relationship with the outside world. For instance, calling to gods for help is essential for human health in social groups that believe illness to be the result of divine intervention. As for ancient Greece, healing, as perceived by modern scholarship, can be categorised into two basic modes: a ‘scientific’ medicine practised by professional doctors, and religious, or magical, healing,\(^2\) involving, in particular, a ‘consultation’ of a relevant deity. Because both supernatural and scientific medicine were framed within terms of common cultural and religious beliefs in ancient Greece, both were considered equally effective when one felt one was in need of medical care.

Contextualising our knowledge about Greek medical thought is, however, made problematic by scholarly debates concentrating on two main types of evidence. One is the large body of technical medical texts, written by ‘professional’ doctors (esp. the Hippocratic Corpus; see, e.g., Nutton 1992 and 2013; Phillips 1987). For these texts it is hard to know to what extent much of this knowledge was put into practice, and how far it lay solely within the reach of elite consumers (e.g. Lambert 1995, 74; Nutton 1985, 27). The other is the study of the major cults of Asclepius at Epidaurus, Cos and Pergamum, which were perhaps patronised more by members of the elite or by people who lived in close proximity to them (e.g. Burford 1969;

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\(^1\) This issue is addressed further in Chapter Two, section on Comparative Studies from Other Societies (Anthropological, Ethnographic, and Historical Scholarship).

\(^2\) For the underlying concepts behind this terminology see Chapter Two, section on Scope of the Term 'Healing'.
Croon 1967; Edelstein and Edelstein 1945; LiDonnici 1995; Pettis 2006; Wickkiser 2008). Although both types of source retell instances of individuals’ experiences with medical treatment, the debates in the above-noted secondary scholarship normally interpret their actions as part of communal conduct. In other words, secondary scholarship sees ancient Greek medicine primarily as a social phenomenon.

As result we lose the context for the supply of, and the demand for, healing on an individual level. Moreover, the dominance of major Asclepieia and medical treatises in the secondary literature obscures the potential significance of other healing methods. We know that all the gods of the main pantheon were associated with healing to a lesser or greater extent in ancient Greece (Jayne 1962, 201–369). There are also a few inscriptions, surviving charms and magical spells which attest the use of the supernatural for seeking healing (Atkinson 1958). Yet their roles in the healing arts, though acknowledged, remain under-theorised and under-analysed in the secondary scholarship.

**Research Questions**

Lacking a contextualised discussion of healing beyond ‘professional’ doctors or the big Asclepius cults in ancient Greece, the field of investigation here is personal interaction with other cults for the purposes of healing, and the thesis addresses the following research questions:

- How did people think about health and illness in ancient Greece, and what was the pervasiveness of divine in that thinking?
- What was the general awareness of treatment options and the rationale for healing choices in ancient Greece?
- How and why did people from different regions and strata of society exploit these options?
- Are there defining points for what options a person could take depending on their gender, age, social status, and region of residence?
Subordinate questions to address are the following:

- What deities and sanctuaries offered opportunities for healing?
- Were these deities geographically distinctive or specific?
- Did these deities offer same level of protection in all regions?
- How did people make specific choices about where to go for healing?
- In what contexts might some cults and healing options be preferred over others?
- Are there historical or demographic patterns in the relative popularity of the different healing options?

The ubiquity of concerns about health and healing is something that is totally missed in modern discussions of the Greek medical texts and of the cults of Asclepius. The set questions are, therefore, vital for recognising that neither was Greek medicine just the knowledge covered within the technical treatises of the Hippocratic Corpus, nor was it contained solely within the boundary limits of the sanctuaries of Asclepius. Fundamentally therefore, my questions allow this thesis to demonstrate that the above-mentioned concerns about health and healing were spread over a wider range of sources in ancient Greece than previously accepted, opening a new evidential dimension to the study of Greek medicine.

**Aims and Methodology**

The overall aim of this thesis is a contextualised discussion of the therapeutic roles of ancient Greek gods and sanctuaries studied from the viewpoint of an individual as the ‘consumer’ of healing. It builds upon the material written on Asclepius and examines the evidence for treatment in venues not normally considered to be ‘healing cults’ despite clear clues to healing being part of their remit. The focus is on the ways in which supplicants engaged with relevant cults on an individual level when in perceived need of medical assistance. Critical aspects considered include the issues of who specifically used which healing cults, how, and what for. Answering these questions is crucial in determining whether the choice to seek
cure within these places was dictated by any wider cultural attitudes or influences, and, ultimately, whether certain health conditions could be linked to particular religious cults based on gender and/or age of prospective patients.

Given the vast scope of the topic, too large to cover fully in this study, this thesis therefore takes a holistic approach to uncover patterns in the healing landscape of ancient Greece before concentrating on two specially selected case studies. These include ailments associated with reproductive capacities, both for women and men, where the main driver of the discussion is gender. The second is driven by social status and considers how being a slave or a child, i.e. a dependent member of the society, could restrict or otherwise dictate one’s access to medical care. The underlying rationale for this selection of ‘subaltern’ groups is that it might pick up most effectively individuals with limited access to doctors and the ‘elite’ medical care. Moreover the choice of individuals from lower social strata also shows the widespread pervasiveness of concern with health and healing.

The thesis is structured as follows. The following chapter (Chapter Two) sets out the key contextual, and intellectual, frameworks that inform my study. Firstly, it clarifies any terminological issues linked with the words ‘healing’, ‘medicine’ and ‘individual’, and explains how they should be understood throughout this thesis. Secondly, it reviews modern scholarship relevant to the three central themes of this thesis, notably ancient Greek sanctuaries, the healing cults of Asclepius, and ancient Greek medical literature. Last but not least, the chapter closes with a review of appropriate ethnographic and anthropological scholarship for broader understanding of how people might think about illness and healing. The rationale behind adoption of this approach is that modern ethnographic and anthropological studies might provide a particularly useful tool for the construction of a useful intellectual framework for understanding and contextualising the motivations of individuals who used healing cults in antiquity.

Chapter Three investigates the range of primary data and any possible interpretative and methodological issues it might yield. It is divided into sections based on the type of source, namely literary, archaeological and epigraphic.
Respectively it focuses on the presentation of divine powers and their interaction with the world of humans, and discusses any supposed links with human health. The aim is to discover the patterns necessary for the identification of healing connotations within Greek religious contexts. In short, the analysis of primary data for healing connotations in this chapter lays down the fundamentals underpinning arguments of the following chapters, which will focus on the above-mentioned case studies in more detail.

Chapter Four concentrates on the reproductive potentials of women and men, taking into consideration secondary attributes such as age and status. The core argument is that while women are essential for reproduction, men want to be in charge of the process. It therefore sets the following questions: What impact does this have on women, and on women’s agency in general? Does it mean that they seek divine healing more often? If so, is this because they feel pressured to do so by their fathers/brothers/husbands? Do they do it on their own, in secret, or with family/friends? In short, Chapter Four demonstrates how inherent cultural beliefs about specific genders and age groups are displayed within our body of evidence and focuses on ways in which individuals manifested their concerns about the vulnerability of their bodies, mainly through items dedicated to the divine.

Chapter Five focuses on dependent members of the society, namely slaves and children, and addresses the extent of healing means available to them. The contextual framework set out in Chapter Two of the thesis identifies that individuals in ancient Greece required some economic resources in order to fund the course of their medical treatment, whether it was religious or ‘scientific’ (see below, Chapter Two, sections on Asclepius and Ancient Greek Healing Cults, and Technical Medical Texts). Slaves and children represent groups of individuals that we normally associate with limited economic means. Yet by examination of ancient literature, largely philosophical and political in character, as well as of archaeological and epigraphic sources, especially those from burial and ritual contexts, this chapter reveals that, quite unexpectedly, healthcare in ancient Greece did not solely depend on the social status of an individual, and that the Greeks cared for the underprivileged more than has previously been assumed.
The chronological area of the thesis broadly covers the archaic and classical periods (i.e. approximately from the eighth to fourth centuries BC),3 a phase in Greek history when science and religion were still very closely linked and the variety of people's responses to illness must have been spread more widely that in later times. This chronological boundary represents a time range when neither the scientific medicine practised by professional doctors nor the 'temple medicine' of the Asclepius cults were as established as they were during later periods (e.g. Nutton 2013; Wickkiser 2008), and therefore offers a suitable area for investigation. Geographically, the thesis encompasses the known Greek world, including colonies in Asia Minor and the Mediterranean to allow a better comparison of customs (see Map 1 and Map 2 for geographical locations of particular sites discussed in the thesis). It is necessary, however, to be highly selective in discussing my case studies, highlighting examples that echo wider choices and practice.

3 Some appropriate data may be later, see Chapter Three for a critical evaluation of the sources available.
CHAPTER TWO

KEY CONCEPTS, BROADER CONTEXTUALISATION, THEORETICAL FRAMEWORK, AND LITERATURE REVIEW

This chapter sets out the key contextual, and intellectual, frameworks that inform this thesis. Over several sections, which are not necessarily linked, it, firstly, clarifies any terminological issues linked with the words ‘healing’, ‘medicine’ and ‘individual’. Secondly, it reviews modern scholarship related to central themes of this thesis, namely ancient Greek sanctuaries, the healing cults of Asclepius, and medical literature. Thirdly, it reviews appropriate anthropological scholarship for broader understanding of how people might think about illness and healing.

Scope of the Term ‘Healing’

All activities within Greek shrines that suggest cultic responses to perceived ailments of the mind and/or body, and for which we have evidence in either the literary sources or in the archaeological record, are to be considered as healing throughout this thesis, regardless of modern interpretations or definitions. The aim is to recognise the range of services people sought at times when they thought they were in need of medical treatment. Included are therefore both the measures sought as preventative medicine before an illness or injury occurs and the actions taken when people were already ill. All other possible meanings of 'healing' such as ‘to correct or put right an undesirable situation’ (OED s.v. heal) for which the term is commonly used today are omitted.
The concept of ‘healing’ in this thesis is to be understood as having a partly ‘supernatural’ character. Our modern understanding of the two terms may be instantaneous today, but they pose a problem in developing a suitable framework by which to address the issue in ancient Greece. First, one must draw a distinction between the supernatural and scientific conceptions of medical issues. This is most readily done through modern anthropological debates on the subject, which attribute the differences between western medicine and traditional healing to different philosophical conceptions of reality (e.g. Kononenko 2011; Rosengren et al. 1976). In this framework modern western medicine is seen as the outcome of science, which is based on scientific methodology, logic and learning, and therefore is rational, while traditional healing is considered the result of spirituality, which is based on intuition, faith and superstition, and therefore is irrational (Kononenko 2011, 1).

Applying this simplistic interpretation of terms to ancient Greece would, however, not only be wrong but also be completely misleading: there is no evidence that the ancients thought about these issues in similar ways. That is to say that much of what we consider the ancient Greek ‘scientific’ approach to medicine derives from their philosophical beliefs about how the human body functioned (e.g. Nutton 2013, 72-86). Whether we regard these beliefs as rational or irrational today is irrelevant for the purpose of any study concerned with ancient values. In fact, we may safely say that supernatural and scientific medicine were still inextricably linked in ancient Greece as late as the third century BC as evidenced by a public decree from Athens that mentions the duty of professional physicians to perform regular sacrifices to Asclepius on their own behalf as well on behalf of their patients (IG II² 772). In other words, both supernatural and scientific medicine were conceptualised in terms of magical and religious beliefs, as well as deep-seated cultural beliefs, in ancient Greece. This thesis, therefore, works with a concept of healing that can be described as supernatural and which is embedded in religious or magical beliefs.

The perceptions of religion and magic were not clearly separated until the development of western monotheism, as formulated in the initial
conceptualisations of magic in works by Frazer (1925; first published 1890) and Malinowksi (1948). This model would suggest that in antiquity the two ideologies should appear interchangeable. However, the ancient Greek language already recognises terms such as *mageia* (LSJ ‘the religion of the magi; magic; art’) and *pharmakeia* (LSJ ‘the use of any kind of drugs, potions or spells: poisoning, witchcraft, sorcery’). The distinction between these concepts is difficult to determine, but according to Collins it is possible to see its origin in the conflict between the ‘elite’ and ‘non-elite’ practitioners of medicine, i.e. between the Hippocrates and non-Hippocrates, in the late fifth century BC (2001, 482-5). Plato, however, uses terminology that suggests the concepts had mixed with one another by the fourth century BC (*Laws* 11.932e-933e; Collins 2003, 19-20). While more could be said on the definitions and the uses of magic in non-medical contexts such as in curses (e.g. Fowler 2000; Gager 1999), for the purpose of this study it suffice to say that the Greeks were aware that supernatural as well as magical powers could be used to similar effect. ‘Healing’ is, therefore, to be understood throughout this thesis as potentially having a supernatural or religious but also magical character.

**Theorising the ‘Individual’**

This thesis addresses a particular area of social behavior, namely the physical interaction between people and religious environments. Such interaction is visible through collated material evidence, usually in the form of excavation reports of sanctuaries or in assemblages of votive offerings for example. Past scholarship conventionally approaches these collections jointly with the aim to produce typological, iconographic or technological picture of the societies that produced, and used, them (Derks 1998, 11), fulfilling thus a descriptive role of archaeology (Renfrew and Bahn 2006, 41). Ultimately, the result is an interpretation of finds as part of communal social behavior, highlighting, as Foxhall calls it, the ‘long-term scales of lived reality’ (Foxhall 2000, 484). In this basic framework the evidence for interaction between people and religious places is approached as means for constructing historical narratives of any given site or social group (esp. de Polignac
1995, see below). This gives us a useful insight into the forms of relationships the human community had with the gods (Derks 1998, 12), but it creates a very generalised picture of the impact of religious activity on the individual worshipper and vice versa.

The interesting fact remains, however, that, especially in the case of votive offering assemblages, the data are quintessentially composed of multiple ‘individual’ acts of worship, i.e. a single person, or a single group of people (i.e. a community), has produced and/or deposited each item at one particular time, for one particular reason (Foxhall 2000, 486). This Foxhall calls the ‘short-term scales of lived life’, and stresses its importance for unraveling the patterns in social life (2000, 495). According to this notion, the focus shifts to the relationship between the worshipper and the god. The ‘short-term’ relationship between a person, a place and deity, therefore, underpins the theoretical framework of interrogating individual acts of worship for signs of healing activity. By focusing on individual people and actions, this thesis adds new dimensions to the scholarly debate.

**Sanctuaries in Their Social and Political Contexts**

The study of sanctuaries represents one branch in a prolific research field that is the ancient Greek religion. It sheds vital light on how religion was practised. Relevant to this thesis is especially the shift in scholarly emphasis from the analysis of monumentality of space, i.e. the assessment of the built areas of sanctuaries (Thomas 1996, 83-94), to theoretical approaches considering acts of worship within shrines on the above-mentioned ‘short-term’ scale by analysing motivations of an individual or the whole community (Foxhall 2000, 486).

First, however, it is necessary to duly note some basic technical information relating to early Greek sanctuaries against the background of broader concepts within the Greek religious system. Generally speaking, there was no systematic theological doctrine in ancient Greece, since deities could often be multifunctional and display considerable regional variations (e.g. Connor 2000). Sanctuaries could
represent sacred areas where active worship of these deities took place through communal and private rituals and acts of devotion, which often involved some form of sacrifice or dedication of gifts to the deity (e.g. Marinatos 1993; Mikalson 2005; van Straten 2000). Accordingly specific features became typical of sanctuaries: the most important of these was an altar; without which a sacred area could not serve the basic function of a sanctuary, i.e. to receive offerings to the god in the form of sacrifices (Mikalson 2005, 5). In their simplest form, therefore, sanctuaries could consist of an altar and a surrounding boundary, marking a specific discrete area that the ancients thought had a sense of having something special about it (Mikalson 2005, 1).

De Polignac suggests that such sanctuaries could not have emerged before the eighth century BC (1995, 16; first published 1984). He bases his reasoning on a passage from the Odyssey, in which a sacrifice is performed without the obvious presence of an altar (3.5). De Polignac concludes that the ritual practice of the Greek ‘dark ages’ can be characterised by a lack of specific spatial organisation, with little differentiation between sacred and non-sacred areas (1995, 16; first published 1984). His argument has, however, been heavily criticised because altars feature in other Homeric passages (e.g. Iliad 8.238-40; Sourvinou-Inwood 1993, 2). Moreover, there is now strong archaeological evidence for the much earlier establishment of sanctuaries, notably at Kalapodi, where the first temple dates to the ninth century BC, and Thermon, where the earliest temple was constructed between the twelfth and tenth centuries BC (Westcoat 2012, 207-8; 242). Instead it is now generally agreed that early Greek sanctuaries should be seen as proceeding alongside the rise of the polis and its self-representation through religion. In other words, the rise of sanctuaries reflected the development of Greek society at large (e.g. Alcock and Osborne 1994; Osborne 2006, 100-2; Sourvinou-Inwood 1993).

In this basic framework the development of sanctuaries should be seen as a continuous process of change that occurred as a consequence of greater mobility and interaction within the Greek world and beyond. Placing these changes in time and space is difficult, because cults were not necessarily new and sanctuaries were sometimes built on top of ruins originating in the Bronze Age (e.g. Lambrinoudakis
1981; Osborne 2006, 103-4), showing the continuity in development of Greek societies. Nonetheless, on-going developments in later periods gave way to monumentalising activity evident, above all, in the building of temples to house cult statues (e.g. Mikalson 2005, 16-22; Osborne 2006, 89-92). This, however, had nothing to do with changes in cult activity *per se*, but rather should be seen as a conscious propagandistic effort of the *polis* within the setting of a common and competitive culture (e.g. Marinatos 1993; Osborne 2006, 100-2).

Be that as it may, sanctuaries as places of worship served the whole community and, as such, never served a single purpose. Not only groups but also individuals, regardless of age, gender or class, used sanctuaries to communicate with the supernatural in relation to many aspects of their lives, private and/or civic. They requested divine answers, and responded to these answers through acts of worship, including votive offerings or inscriptions dedicated to the deity within the boundary of a sanctuary (e.g. Foxhall 2000, 486; Osborne 2006, 92-8; van Straten 2000). Each sanctuary had priests to perform special civic/communal ceremonies, though it is documented that an individual could perform sacrifice even when the priest was not present (Sokolowski no. 59, Chios). All these communications with supernatural powers were inspired by the short-term nature of the supplicant’s situation (Foxhall 2000, 486), and it is therefore the study of these immediate motivations behind worship in sanctuaries that has the potential to reveal ways in which the society functioned, including how it dealt with problems relating to health issues.

Naturally, this form of activity within shrines provides vast areas for study, and the ways in which it has been approached in the past reflect this fact. Scholars have recognised the potential of both the archaeological and the written sources, utilising or implicitly adopting a multidisciplinary approach from the earliest publications on the topic (e.g. Farnell 1896-1909). These early studies, however, were more interested in architectural and aesthetic features of sanctuaries, i.e. in the long-term monumentalising manifestations of the *polis*. This is primarily a reflection of the attitudes prevalent at the time in which they were written, because this roughly corresponds with the beginnings of archaeological research.
and excavations of major sanctuaries such as the Athenian Acropolis, Delphi or Olympia by the foreign schools of archaeology (Østby 1993, 192). This approach towards ancient Greek religion is now discarded, but some modern scholarship still includes works of descriptive nature, discussing the sites and theory of Greek religion in general terms (e.g. Price 1999; Mikalson 2005). Useful as these publications are on an explanatory level, they serve as mere introductions to the spatial organisation of Greek sanctuaries and their basic functions, and therefore follow in the trend of understanding sites in monumentalising contexts through ‘long-term’ scales of time without the consideration of momentary motivations of the worshippers.

From the 1970s, however, scholars started approaching sanctuaries from their political and social contexts (e.g. Tomlinson 1976). Much of recent scholarship on Greek sanctuaries therefore ranges from discussions of local practices (e.g. de Polignac 1995; Bruit Zaidman and Schmitt Pantel 1992) and their regional variations (e.g. Parker 1989 and 1996) to comparative studies addressing diversity of cult activity (e.g. de Polignac 1995; Parker 1989) for example. This approach allows us to see the political, social and economic relationships between religion and population, and how religion was influenced by specific circumstances such as the geographical accessibility of sanctuaries or the availability of financial means to travel to these sites for individual worshippers. This helps us to understand why each sanctuary developed in a different way from others and for different purposes. Indeed, specific religious and social functions of a sanctuary can be simply defined by its being dedicated to a particular deity. Obvious examples of this are sanctuaries of the Asclepius cult, which are connected to medical issues through the association with the healing god (Edelstein and Edelstein 1945; Wickisser 2008). However, worship in the Greek world was extremely variable and would adapt itself to local customs and social needs. Strictly speaking, all Greek gods possessed relevant healing powers, but healing represents only one aspect of the pool of divine powers that could be invoked through worship. Each cult required different acts of ritual practice to call upon these powers, whether they were for the purpose for healing or not (Burkert 1985; Farnell 1896-1909; Larson 2007; Versnel 1981). De Polignac suggests that by categorising sanctuaries by
geographical location we could gain a better understanding of their social and political functions when studying the archaeological remains in combination with the written record (1995). He thus recognises three categories of sanctuaries, which set them within their social and political context, in his work: urban, sub-urban, and extra-urban.

First, the so-called urban sanctuaries are characterised by location within the boundary of a city, whether on the acropolis, which signifies an important political role, or at any other location within the urban area. An urban approach represents the defining characteristic for de Polignac when he argues that many eighth-century BC settlements were defined by their urban centres (1995, 78-81). Indeed, he sees the function of such sanctuaries in self-representation of the city focusing on the community's internal growth (1995, 21; 81-88). Sanctuaries falling into the next two categories, sub-urban and extra-urban, are described as places where communities from various cities or poleis might engage: sub-urban sanctuaries, located outside the city, were administered by the local city-state authority but united the populations of nearby villages under a common act of worship (de Polignac 1995, 22). Finally, the extra-urban category of sanctuaries includes those shrines that were located away from any major polis, i.e. in the chora. These sanctuaries fell under the administration of a nearby city but played an important role as places of relative neutrality, providing an opportunity for political propaganda but also for social interaction and exchange of ideas about worship (de Polignac 1995, 23). Typical examples of extra-urban sanctuaries are the Panhellenic shrines at Delphi, Olympia, Isthmia and Nemea (e.g. Hall 2007, 84; Osborne 2006, 95-8).

Indeed, de Polignac is largely interested in the civic/communal functions of sanctuaries, while my focus is on the use of sanctuaries by individuals. But the simplicity of his model makes it easily applicable. In combination with interrogation of other sources of evidence, such as votives, his thesis could be explored further to address the reasons behind individual acts of worship, including those driven by healing motivations. For example, practical reasons for placing healing sanctuaries in particular areas are mentioned in several sources.
Plutarch claims that shrines of Asclepius should be located outside the city (Aetia Romana 94, 286D). Vitruvius mentions a water supply as an important aspect of healing sanctuaries (Ten Books of Architecture 1.2.7). In both cases the reasoning is linked to an idea of choosing a place in accordance with healing properties that could speed up the recovery. Such places are represented in the two arguments by clean air and water. The importance of regional religious diversity can also be seen in healing, namely in local sanctuaries dedicated to deities using a specific epithet indicating a biological function such as Athena Hygieia ('Health') at Athens (Plutarch, Pericles 13.8).

Sanctuaries have often been treated as isolated case studies and examined as structures; the presence of the healing aspect has occasionally been superficially touched upon (e.g. Alcock and Osborne 1994; Baumbach 2004; Cole 1998; Croon 1956). However, there is no comprehensive study of this topic. This may be attributed to the lack of interest in dedicatory deposits as evidence of short-term social histories in the secondary literature in general (Foxhall, 2000; Osborne 2004), caused, above all, by the prevailing interest of historians and archaeologists in chronology (Carr 1987, 87), which is usually established from individual finds regardless of their contexts in past societies and structures (Osborne 2004, 3). Indeed, we have plenty of catalogues documenting votive deposits (e.g. Baumbach 2004; Dawkins 1929; Jarosch 1994), but a contextualised study of people’s motivations for their deposition escapes the further attention of secondary scholars.

**Asclepius and Ancient Greek Healing Cults**

Asclepius is the only Greek deity associated exclusively with healing and medical issues (e.g. Jayne 1962, 241; Wickkiser 2008, 41). In brief, the healing practised in his shrines was dream-related. Supplicants would sacrifice to the god and spend a night within the vicinity of a sanctuary, in hopes that the god would appear to them in a dream in which he would either heal them or reveal a course for a cure they could follow after they woke up (e.g. Jayne 1962, 219-22; Wickkiser 2008, 47-
During the course of their stay at the sanctuary, and even after a successful treatment, people dedicated offerings to the god, most famously in the form of anatomical votives (e.g. Hughes 2017). These objects are usually understood as part of an economic exchange, in which the dedicated object appears as means of ‘payment’ for divine favours (i.e. healing) that are appealed for or have already been granted to the supplicant (e.g. Foxhall 2000, 486; Osborne 2004, 5). Economical and personal freedom of an individual was therefore essential for the supplicants in Asclepius cults.

Asclepius was known as a probably mortal healer since Homeric times (*Iliad* 4.194; 11.518), but the exact origins of his cults and divinity are unclear. Based on the archaeological evidence, the first Asclepieion most likely operated at Epidaurus, from where the cult started spreading in the fifth century BC (Croon 1967, 241, Edelstein and Edelstein 1945, 244). This idea is complemented by written evidence dealing with the subject (Pausanias 2.26.8-9), although there are number of other legends in ancient sources (e.g. Strabo 14. 1. 39).

Asclepius sometimes replaced an older deity or may have been worshipped alongside further deities, as in the case of his sanctuary at Epidaurus (Burford 1969, 47-52). This creates difficulties in establishing the exact origins of the cults, but it allows for speculations about the possible healing properties of other deities worshipped alongside him, and even before him. In particular, this appears to be the case with Apollo, whose shrines Asclepius often shared in the early period, and who is, in fact, already well known to secondary scholarship for his healing powers to secondary scholarship, as recognised by Bean (1989, 66), Burford (1969, 48-52), or Edelstein and Edelstein (1945 Vol. 2, 233).

The importance of the Asclepius cults is attested by hundreds of identified sanctuaries across the Greek world and by references in literary sources and inscriptions, which stretch from about 500 BC to the sixth century AD (e.g. Edelstein and Edelstein 1945; Wickkiser 2008). The most famous of these, at Epidaurus, Cos and Pergamum, have been studied particularly well. Scholars have addressed the issue of the origin of the god’s healing cults and their subsequent
spread across the Greek world (e.g. Croon 1967; Wickkiser 2008). Burford published a detailed study of landscape and building organization within Epidaurus, for example (1969).

More relevantly, however, modern scholarship focuses on the healing aspects of the Asclepieia and their impact on society. Recently, this has been achieved through the close reading of epigraphic evidence such as the Epidaurian *lamata*, testifying to healing attributed to Asclepius at this renowned sanctuary (Martzavou 2012). Similarly, the collation and interpretation of dedications and inscriptions by Edelstein and Edelstein, first published in 1945, provides useful insights into the cult activity associated with Asclepius, and hence the nearest analogy for possible healing practices in other cults. It is published in two volumes: the first serves as a catalogue of literary and epigraphic sources of Asclepius cults, while the second interprets this evidence. The catalogue is arranged by topic, which makes it easy to use as a guide to ancient testimonies. One weakness, however, is that it omits interpretations of material culture, such as coins, statues or votives; but through multiple references to these objects (e.g. 1945 Vol. 2, 214-131; 253-4) it serves its purpose well. The work was re-published with an updated introduction by Ferngren in 1998, and today is recognised and acknowledged by virtually every scholar dealing with Asclepius and his cults (Wickkiser 2008, 2).

Scholarship addressing healing functions of other deities is scarce. We know these healers existed through analogy to Asclepius cults, explicit references in mythological tradition, and the use of epithets. For example, Croon examines the importance of water springs as crucial components of the Asclepieia, and in his conclusions he suggests that shrines to other deities with an access to spring water probably also served a healing function (1956; 1967). Although explicit evidence for this is lacking, I will show below that he may be right to a degree (see below Chapter Four, section on Women).

A clear identification of healing deities is possible through multiple stories retold in ancient myths. Amphiaraos, for example, inherited his healing powers from his ancestors according to Pausanias (6.17.6). Jayne collated a coherent list of these
healers, but his book, *The Healing Gods of Ancient Civilizations*, was first published in 1925, and even though it was re-printed in 1962, it is now outdated. It only deals with the Greek world briefly and as part of its wider scope introducing healing deities of all ancient civilisations, starting with ancient Egypt and ending with Celtic societies. While, this kind of broad-brush comparative methodology is now discredited, nonetheless it provides limited information to the healing background of Greek gods, if not to the cult activity *per se* (201-356).

The study of individual deities sometimes yields information about specific healing functions. Cole’s investigation of Artemis is a good example of this (1998). She deals with the goddess as part of a wider study, examining the roles of women in religion of the ancient Greek *polis*, but mentions votives such as breasts and vulvae (1998, 36-42). Based on the analogy to the Asclepius cults, dedications of female body parts might indicate medical concerns for these areas. Indeed, Artemis is particularly known for her connection with women and their biological and social development as attested by the etymological or metaphorical meanings of her numerous epithets. Two notable examples include Artemis Lysizonos and Artemis Lochia. The former can be freely translated as ‘the freer of the zone’, which represents the women’s belt or girdle and its undoing as symbolic of the opening of the womb during defloration or childbirth (King 1998, 85–86). The latter, usually translated simply as ‘of childbirth’, derives from the lochial bleeding after childbirth (King 1998, 85–86).

Multiple deities whose healing connotations are suggested by their epithet are recognised in modern scholarship, but usually marginally. Recently published survey of the cults of Apollo Iatros (‘the physician’) is concerned with technical information relating to the origins and geographical extent of the cults rather than with its impact on the population as a possible healing option for local communities (Ustinova 2009).

Last but not least, healing gods sometimes supplement the study of scientific medicine in ancient Greece (e.g. Nutton 2013), but the discussion usually limits itself to a few pages (e.g. Nutton 2013, 37-42). The purpose is to stress that other
methods of practising medicine were available to the ancient consumer, but space is usually given only to well-known examples, adding little to the scholarly debate.

**Technical Medical Texts**

The early scientific medicine, represented mainly by the Hippocratic Corpus (see below, Chapter Three, section on Hippocratic Corpus), was effectively a subset of philosophy inasmuch it asked the same fundamental questions regarding the nature of life and how the human body works. Both disciplines considered an array of overlapping, mutual topics in order to answer these questions (e.g. foetal development: Hippocrates, *Eight-month Child*; Aristotle, *Generation of Animals*). A large body of technical medical treatises that survives from antiquity should, therefore, not be judged in accordance with modern meaning of the term ‘science’. These texts were written by ‘professional’ doctors, who were, for the most part, established in particular philosophical schools (*Anonymus Londinensis*; see e.g. Nutton, 1992; Phillips 1987, 38). Most notable of these is the so-called Hippocratic Corpus – a collection of approximately sixty manuscripts that are directly associated with the medical tradition of Hippocrates of Cos, a celebrated physician of the fifth and fourth centuries BC (Nutton 2013, 53–71; Smith 1979, 199–204).

The authorship of these treatises is still a subject of some debate (see Craik 2015; Edelstein 1939; Jouanna 1999, 58-65; Lloyd 1975), and it is hard to know to what extent the knowledge presented in them was put into practice. It is likely, however, that they remained largely within reach of educated and elite consumers (e.g. Lambert 1995, 74; Nutton 1985, 27). This is because ancient doctors travelled from town to town offering their services at a fee, their reputation serving as their qualification (Nutton 1985, 27). Plato’s remark that it was their rhetorical, rather than professional, skills that secured employment for doctors in the Athenian Assembly in his day justifies this view (*Gorgias* 455b). Just as is the case of healing sanctuaries, therefore, acquiring the assistance of a medical professional was subjected to sufficient financial resources on the part of an individual.
Medical texts receive much attention in modern scholarship, especially through the field of history of medicine. In particular, Nutton has published extensively on the history of medicine, including ancient Greek medicine. Though his main focus is on Galen, a doctor who falls outside the archaic and classical periods, much of his work also covers all aspects of health and healing found in pre-Galenic texts on medicine and surgery, including comments on the Hippocratic Corpus (e.g. 1985; 1992; 2013). Nutton recognises the position of religion in Greek ‘medical care’ as important, but he does not explore religious healing to its fullest potential (e.g. 2013, 103-14). As implied above, his reasoning supplements and contextualises the study of ‘scientific’ medicine in ancient Greece, which he fully acknowledges as having derived from philosophical and theoretical approaches towards how the human body functioned (2013, 72-86).

Modern scholarship is sometimes also interested in the texts as means of exploring the validity of ancient medical ideals. A particular example of this is Grmek, who tests the pathological reality behind medical texts (1989). Though his approach is more scientific than philological, he helps us understand what the ancient physicians described by reconstructing case studies of the Hippocratic evidence: for example, looking at osteoarchaeological evidence for traumas (1989, 52-63), although well-excavated skeletal assemblages for the classical period remain few compared with other areas of archaeology. Further to this, a better understanding of the texts is achieved through a recorded dialogue between a physician and a philologist in the final chapter of his book (1989, 340-352).

A particular area of the Corpus that is well studied is gynaecology. The works of Dean-Jones (e.g. 1991; 1994; 1995; 2012), Hanson (e.g. 1975; 1989; 1990; 1998) and King (e.g. 1993; 1994; 1998) focus on women’s disorders described within the ancient medical texts, and discuss their implications for the lives of women in antiquity more broadly. King’s multidisciplinary approach towards gynaecological projections is exceptionally important (e.g. 1993; 1994; 1998). Her work, which relates to classics and the history of medicine as well as women’s studies, assesses Greek knowledge of women’s bodily functions found in medical texts through a demonstration of how the doctors themselves viewed their patients’ bodies.
Stressing that these texts provide a male perspective on the matter (e.g. King 1993, 109; Lefkowitz 1996, 67; Richlin 1993, 286), she argues that Greek gynaecology was founded on ideals about women and their bodies that were incorrect or the outcome of fantasy in places (1998, 8). The strikingly large number of Hippocratic texts exclusively dedicated to female health (e.g. Barrenness; Diseases of Women; Diseases of Young Girls; Excision of the Fetus; Generation; Nature of the Child; Nature of Women) only suggests a pronounced Greek male obsession with the subject.4

The interesting fact remains that the Hippocratics were not denying the existence of the supernatural in their texts. Instead the Corpus itself offers a variety of instances that can be considered magical or superstitious, including specific references to the divine (e.g. Oath 1; Sacred Disease 21.1-8). Lambert examines this area in particular detail and concludes that, although in their approach the authors of the Hippocratic Corpus seem to have tried to exclude the use of alternative medical practices from science, they were not successful (1995). He illustrates this by a case from Epidemics in which the author sometimes omits whole days in his description of a cure administered by a physician, between the contraction of a disease and either the recovery of a patient or his/her death (3.17. Case 14). Lambert argues that such omissions may indicate that what he calls an 'un-Hippocratic', folk or 'temple medicine' treatment has been applied (1995, 73). The study of technical medical texts is, therefore, conceptually as relevant for this thesis as is the study of sanctuaries.

Comparative Studies from Other Societies (Anthropological, Ethnographic, and Historical Scholarship)

Generally speaking, positive identification of material evidence for any type of medical activity is often problematic, mainly because items used in consultation may vary across cultures, even when performing an identical procedure. Hsu

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4 This issue is discussed further in Chapter Four.
illustrates this by an example of pulse diagnosis, a simple assessment of heartbeat achieved by touching the patient’s wrist. She noticed that this simple process can be carried out in three different ways in three different cultural settings (Hsu 2002, 3-4). Strictly speaking, for Chinese doctors it is customary to perform the pulse diagnosis sitting down on a chair with the patient laying out his or her arm on a cushion that is placed on a table for this specific purpose (Farquhar 1994, 138-40). The Japanese, on the other hand, crouch on a mat and will not use either a table or a cushion (Kuriyama 1999, 58-9), and physicians in Tibet do not use any of the above (Parfionovich et al. 1992, 54-61). Although a chair, a table, a cushion and a mat are not objects usually associated with medical practice, their use, or non-use, for performing the pulse diagnosis is culturally determined in the given examples. In other words, their adoption for the realisation of the same technique has been adjusted, and integrated into the local tradition, in all three scenarios. From an archaeologist’s perspective, however, these objects would be subject to multiple interpretations, presenting much room for speculation. The connection to medical context could, therefore, unequivocally be established only by an ethnographic enquiry, and possibly by textual documentation.

Clearly, such methodology is not applicable to past societies, unless we have a sufficient level of documentary evidence. For this reason, medical archaeologists usually tend to concentrate on biomedical characteristics of the population they investigate, such as skeletal remains and medical instruments, when these have positively been identified as such (Baker 2013, 101-2). Research into these areas expands our knowledge about aspects of health-related issues including diet and clinical conditions suffered by the population, but the result is an inadequate understanding of the intricate medical beliefs and an uncritical view of attitudes towards medical care (Hsu 2002, 5).

Medical anthropology fills the gap for the modern world. Put simply, this field of study investigates medical perceptions (Baker and Carr 2002, vii), but furthermore it takes into account the significance attributed to items used in medical care, and to actions individuals or collective groups engage in when in perceived need of healing (Hsu 2002, 13). In other words, medical anthropology conceptualises the
comprehension of illness, the experience of it, and the subsequent management of it, in a broader socio-cultural context. Such approach, grounded mainly in social theory and ethnographic research, explains and interprets the range of medical services available to any given social group. This section, therefore, questions the potential insight such theoretical scholarship might offer for contextualising the motivations of individuals who used healing cults in antiquity. How do different societies engage with the supernatural in health related issues? To what extent do other cultures perceive illness as having supernatural causes? How do individuals, and collective groups, engage differently with the supernatural? Modern ethnographic and anthropological research produces a vast body of data and so only few examples will be mentioned, but the conclusions are clear: illness is a culturally determined notion and people choose to treat it based on their regional, class, and socially bound preferences. All these aspects determine whether an individual considers himself or herself ill, and how he or she should deal with it.

Over the past fifty years research has shown that behavioural patterns differ based on social contexts, and that this same social context often regulates 'standard' manners of conduct, and even cognition, among individuals of any given collective group (e.g. Becker 1963, Gusfield 1967). This basic framework, when applied to the field of medicine, allows for the interpretation of social control over normative attitudes as the cause of variations in understanding of what is considered illness, and how to deal with it, among diverse societies (Conrad and Schneider 1992; Foucault 1973). A number of conditions are hence considered normal in one environment and abnormal in another. This is especially the case of the so-called 'culture-bound syndromes'\(^5\) (Levine and Gaw 1995), of which good examples are obesity and anorexia nervosa.

While obesity has often been considered a symbol of wealth, especially in cultures that were at risk of food deficiencies (Finkel 2007, 154), some countries, Mauritania in particular, are known to boost it to the point of enforced feeding of little girls because it is considered attractive for them to be large bodied when they

\(^5\) ‘Culture-bound syndrome’ is an outdated term; it is used here for the purpose of simplification.
grow up (Donnan and Magowan 2010, 42). Today, however, obesity is generally condemned as major health problem (Finkel 2007, 153-172). Similarly anorexia, although not labeled as such at the time, was apparently viewed as means of spiritual purification by some women of medieval Europe, who willingly pursued self-starvation for this specific purpose (Bynum 1987, 195). According to Bynum, the reduction of body mass to the point of resembling the physiognomy of a man, i.e. having little or no fat tissue and the consequent decrease in breast size, meant to these women an attempt at reducing their inferiority to their male counterparts in an environment that was strongly misogynistic (Bynum 1987, 217). Anorexia was not considered a severe disease until the twentieth century, when women and girls started associating thinness with beauty, and their excessive pursuit of weight-loss became recognised as the cause of irreversible damage to the body, and even of death in many cases (Bordo 2003, 140-1). Furthermore, it should be added that unlike in the medieval period, modern anorexia is not limited to women only, and due to the culturally imposed ideology that an ideal human body is one that is extremely slender, there are many male sufferers of the disease too.

These simple examples demonstrate how different the notion of what constitutes an illness might be. As opposed to the scientific concept of illness as an entirely biological course, culturally constructed systems of assumptions about the human body and its relationship with the outside world influence and form people’s ideas about medical issues. While it can hardly be denied that both obesity and anorexia are serious medical conditions, cultural background proves significant in shaping the way they are experienced, sometimes to gender- and class-specific detail. Illness is therefore a disunited concept that is partly determined by social convention.

In much the same way, it is possible to theorise about the medical care offered to those who consider themselves suffering from an illness. It has been noted above that, generally, these options can be twofold: based on rational, systematic observation (scientific) or not. In this place it is perhaps useful to briefly address the use of language. This thesis frequently repeats the terms ‘medicine’ and

6 Understood here as deliberate self-starvation.
'medical care', but it should be understood that this terminology extends here beyond the suggestive meaning of ‘rational’ western forms of biomedical research. For the medical anthropologists these terms cover a wider range of activities and techniques that might be labelled as ‘alternative’, ‘traditional’, and even ‘unconventional’ by many representatives of western culture. These include, in particular, ritualistic actions such as singing and dancing, but also the use of herbal remedies and the placebo effect, to name a few. Consultations of divine authorities such as shamans and oracles or mediums also belong to this category (Carr 2002, 59).

As late as the 1920s this form of healing was considered as the primitive outcome of a superstitious mind in secondary scholarship (Means 1925, 74). Yet it is common for patients to seek alternative cures even today, and not only in countries and societies with no knowledge of, and no access to, western medical services such as hospitals or clinics. This phenomenon is termed ‘medical pluralism’ and it is particularly common in post-colonial nations, but it occurs to a lesser or greater extent in most countries today (Cant and Sharma 1999, 3-4). Lambert, for example, points out that approximately 80% of the adult black South African population still makes use of traditional healers despite seeking, and receiving, hospital treatment for their conditions at the same time, notwithstanding the fact that more than 50% of newborns are still being delivered outside maternity wards in that country (Lambert 1995, 75). Close collaboration between the two systems is rarely reported (Hsu 20002, 12), but it appears that ‘western’ and ‘alternative’ medicines are used to complement each other in such scenarios. In fact, Lambert makes it clear that traditional healers, herbalists and midwives are legally eligible for medical licence under the Ministry of Health and Welfare in South Africa (Lambert 1995, 75).

Similar situations occur in other parts of the world. For instance, the Ningerum tribe of Papua New Guinea and the native tribes of central Africa readily adapted to the western medical system while still making use of their traditional healers and shamans (Welsch 1983; Janzen 1978). The relationship between the two modes of healing does not come into conflict in these areas due to the specificity of
treatment on offer. Strictly speaking, western medicine is not sought for ailments that are believed by the members of these social groups to have originated as the result of an interaction with the world of spirits, i.e. they have no clear physical causes and thus cannot be rationally explained. These include, among others, cases of mental disease such as anxiety and depression, and the prospective patient selects his or her mode of treatment based on self-reflection upon their symptoms (Carr 2002, 68). On the other hand, there are regions where traditional healing is still very much preferred over western medicine. In particular, the Manus tribe in Melanesia does not consider hospital care effective at all. This scepticism, however, is rooted in the fact that patients normally seek such care as the last alternative, because all illnesses are considered a form of misfortune attributed to supernatural forces in this geographical region. A consultation of a divine authority in such scenario therefore seems more appropriate, and the late visit to a biomedical establishment usually means less chance of successful treatment (Carr 2002, 67).

Clearly, the choice of treatment is subject to culturally constructed sets of beliefs and local ideologies. Yet the traditional lifestyle and beliefs of some tribal groups appear easily manipulated. Balzer, for example, observed that in only twenty years, from the 1930s to 1950s, the indigenous Khanty people of central Russia ostensibly shifted from regarding their shamans as the most trusted healing authorities to complete scepticism about their traditional form of medicine, seeing it as deceitful (Balzer 1983, 65). This transition Balzer attributes to the Soviet propaganda that was discrediting all forms of alternative medical practices at that time. The change of political climate therefore resulted in the change of local ideology and practice in this case.

To sum up, theoretical scholarship on modern cultures and societies shows ubiquitous results. There is no one ‘right’ way of defining an illness, and only a close enquiry into local customs and socio-political climates truly reveals ideologies and cultural beliefs about its underlying concepts and causes. In view of a significant number of social groups attributing illness to the actions of spirits and other divine forces, these societies are specially likely to seek alternative cures,
including consultations of divine authorities, and provide hence a suitable analogy to the ancient world. In short, the motives for divine healing in the above-mentioned examples are culturally grounded and bound in religious, regional, class and gender specific expectations. This information can be used as a guide to better understanding of psychology behind people's choices of healing options. It develops further the intellectual framework for a wider understanding, and contextualising, of the motivations of individuals who used healing cults in antiquity.
CHAPTER THREE

CRITICAL EVALUATION OF SOURCES FOR EVIDENCE OF GREEK HEALING PRACTICES

Introduction

This chapter critically analyses the range of primary evidence available for the study of ancient Greek healing practices. The existing data can broadly be divided into three separate categories, namely literary, archaeological and epigraphic. But each source presents its own problems of interpretation. Below I will, therefore, address the critical interpretative and methodological issues relevant to my area of study and demonstrate how this evidence can be exploited for the purpose of unpicking some of the common attitudes towards health and illness.

My evaluation is brief and selective. Yet it yields several very clear patterns, which are instructive as the foundation for selecting specific case studies, underpinning my arguments in the following chapters. In particular, the material presented below shows that the Greeks considered illness, health and healing to be a ubiquitous issue. The association of illness, health and healing with the divine that permeates the entire corpus of the literary tradition draws in different ways on knowledge that was deeply rooted in deep-seated, common cultural beliefs already in existence in the archaic and classical periods. In general, disease had a supernatural character for the Greeks, and a healthy relationship with the divine, i.e. a proper conduct of individuals, consequently offered means to potentially avoid its occurrence.
The chapter is divided into sections based on the type of source to allow better orientation.

**Textual Evidence**

In this section, I focus on the presentation of divine powers within Greek, and any relevant Roman and late antique, literary sources, and discuss their supposed capacity to affect human health, both in positive and negative ways. References to the healing gifts of Greek deities are a common feature in written evidence. But literature poses considerable difficulties to my study of healing practices in ancient Greece. Much of the extant written data is artistically designed, often presenting imaginative narratives or legendary fables, rendering my interpretation problematic. Moreover, accounts of ancient sources record, as a general rule, persons and actions thought important and hence worth remembering; that means, for most part, by the elite. Most significantly, however, it is impossible to draw a clear picture of ancient Greek religion and its significance for specific areas of human lives from one text alone. Religion was not permanently fixed within one coherent or unified sacred order of beliefs and ritual practices in ancient Greece. Similarly, no single sacred document, just as it is in the case of Christianity or Islam, provided either the authority for proper religious conduct and procedures, or for set, unchanging characteristics of divine figures. Instead, gods and their intervention with the world of humans were strongly embedded in the mode of mythologising oral culture. Multiple versions of the same myth existed alongside each other, and although the fundamental message presented in them

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7 Where appropriate, non-divine healing is not to be omitted from my discussion. This is to provide a fuller picture of the choices available to the ancients.
8 I am disregarding here the fact that not all cognition ever makes it into a written form.
9 Origins of some myths are traceable thought parallels in other cultures; see, e.g., Penglase (1997).
10 Discrepancies are especially noticeable in genealogical links of divine beings. Aphrodite serves well as an example: her parents are given as Zeus and Dione in the *Iliad* (5.370), but Hesiod describes her as the daughter of Sky (Uranus) (*Theogony* 154-206).
usually did not diverge much, worship in the Greek world was extremely variable and would frame itself to local customs and social needs.\(^{11}\)

Ancient Greek literary tradition reflects these features, and for this reason I include a variety of analytic traditions across diverse genres. The different performative use or context that is reconceptualised according to the needs of the given genre helps me highlight broader methodological and interpretative issues. By investigating how ideas of health and healing are presented in different genres, and how they develop through time, I uncover the patterns necessary for the identification of healing connotations within Greek religious contexts. In particular, I argue below that despite the wide chronological range of my evidence,\(^{12}\) each source draws in different ways on knowledge that was deeply rooted in deep-seated, common cultural beliefs already in existence in the archaic and classical periods. This section, therefore, lays down the fundamental approaches underpinning my arguments in the following chapters, which will consider in more detail the relationships between the common cultural beliefs, health and religion.

The section is broadly arranged in chronological order and discusses specific authors and genres in order to better understand the shaping of Greek perspectives on the subject of preserving and recovering human health.

**Contemporary Sources and Genres**

**Epic Poetry**

The earliest form of textual evidence for the study of healing practices in ancient Greece is epic poetry, generally ascribed to Homer (*Iliad; Odyssey*) and Hesiod

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\(^{11}\) See Chapter Two, section on Sanctuaries in Their Social and Political Contexts above.

\(^{12}\) My sources cover more than a millennium of human history (c. 800 BC – c. AD 1000).
While the Homeric epics refer solely to the legendary past, with the Trojan War and its aftermath as the main theme, Hesiod ostensibly includes issues concerning contemporary society in one of his works. The *Theogony* systematically describes the origins and genealogies of Greek gods, but the *Works and Days* addresses a dispute that the author had with his brother over an inheritance from their father. Despite this difference in subject matter, the genre is characterised by gods appearing as independent personalities, whose presence is crucial for moving the plot further. Their behaviour often influences, and is influenced by, the actions of mortal humans. This is especially obvious in the *Iliad* and the *Odyssey*, where gods are frequently described as being in kinship with the mythical heroes, or else take other special interests in their lives and fates. Specific examples include Achilles’ divine mother Thetis, who warns her son that he should die in Troy (*Iliad* 21.275), and Athena’s concerns for the safe return of Odysseus expressed throughout the *Odyssey* (e.g. 1.45-63; 13.221 ff.).

For the contemporary or classical-period reader, or listener, however, the fantastic design and story line of the epic was considered an account of history and could not be challenged. Both authors make it clear in the opening lines of their poems that the narratives they are about to present are the direct results of a conversation with the gods (*Iliad* 1.1-5; *Odyssey* 1.1-10; *Theogony* 10; *Works and Days* 1-5). The communication with the divine then epitomises a vital theme for Homer and Hesiod, and the immediate results of supplication convince the audience of the impact the supernatural forces may have on various aspects of human life. The emotional effect of this framework is seen in scenarios in which the characters are likely to offer their prayers. In particular, they ask for divine help when facing challenges that appear to them beyond human control (e.g. *Iliad*

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13 Other works that fit into this category are known to have existed but did not survive in full (see, e.g., Fantuzzi and Tsagalis 2015; Tsagalis 2017), and we have a complete book of anonymous Homeric Hymns, which celebrate individual gods (see, e.g., Faulkner 2011).

14 For discussion of gods’ interests in human affairs in Homer see, e.g., Jasper (1980, especially Chapter VI) and Tsagarakis (1977).

15 Epic was originally intended for oral performance.

16 Herodotus explicitly states that Homer and Hesiod ‘described the gods for the Greeks’, providing a point of reference for later authors (2.53).
Depending on the nature of the dialogue, the interaction with the divine can have both positive and negative consequences. For instance, when Odysseus pleads with Athena to make him run faster in a footrace in the *Iliad* (23.770), the goddess grants his wish at once (23.772). On the other hand, when the hero reaches out to Polyphemus and reveals his true identity, the Cyclops’ father, Poseidon, turns to pursuing him (*Odyssey* 9.500-35). Put simply, the prominent presence of the divine within these works provides a point of reference for the place of men within the natural world to the audience (Murray 1993, 21-2).\(^{17}\)

There is, however, a problem with this oversimplified interpretation. The poems fundamentally describe an imaginary world. We cannot know which, if any, of the information regarding the interaction with the supernatural sphere they describe corresponded with beliefs and practices of the time of Hesiod and Homer;\(^{18}\) or even any specific time period for that matter, and which belong to the fantasy world of mythological tradition. This question is often tackled by modern scholarship, needless to say with inconclusive results. Key arguments in the debate include an assumption that values, including those of religious nature, must have been familiar to the audience, or else the poems would not be relevant (Osborne 2006, 153) on the one hand, and a stress on clear discrepancies between ritual practices described by Homer and those observable in the archaeological record (de Polignac 1995, 16) on the other. For the purpose of this thesis, however, their importance lies not in the description of religious practice, but in the presentation of ideas about the capacity of the divine to affect humanity.

Past scholarship places an emphasis on the scientifically accurate accounts of the consequences of inflicting damage upon vital parts of the human body within Greek epic (Nutton 1992, 16), and subsequently on the idea of healing appropriated without the consultation of supernatural forces (e.g. *Iliad* 4.194; *Odyssey* 35).

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\(^{17}\) The educational value of epic poetry has been emphasised since antiquity (e.g. Herodotus 2.53; Xenophanes fr. 11). Modern discussions include, e.g., Beck (1986) and Goldman (1989).

\(^{18}\) The poets are usually placed between the eighth and seventh century BC (Graziosi 2002, 91-3).
Phillips 1987, 17; Nutton 2013, 38; Wickkiser 2008, 13). In general, two modes of this exist in epic poems. Firstly, the *Iliad* offers numerous instances of the nursing of battle wounds in its military setting. Notably, the brothers Machaon and Podalirius perform their surgical tasks without any recourse to the gods on the battlefields of Troy (e.g. *Iliad* 4.194; 11.518). According to Homer, they were the sons of Asclepius (*Iliad* 4.204), but despite this pedigree they did not possess supernatural healing powers characteristic of their divine ancestor. On the contrary, like many heroes within the epic, they too were mortal (Quintus Smyrnaeus 6.408). Interestingly, gods sometimes adopt the same techniques as the brothers when they treat one another, as in the case of Apollo Paieon, surgeon to the gods (*Iliad* 5.401; 901). The second mode of non-religious thinking about the preservation and restoration of health takes into account common sense as a preventative measure. Hesiod provides instructions on the health hazards of a rural lifestyle, claiming that charge of one's health is entirely in one's own hands (*Works and Days* 496-9). Though this motif is typically observable in later sources,20 it becomes clear that initial patterns promoting the importance of health were consciously set out already to the archaic audience through the epic songs.

Be that as it may, following Homer and Hesiod also allows for the identification of particular gods typically involved in the healing arts. These include Apollo (eg. *Iliad* 1), Artemis (*Iliad* 5. 445-8), Leto (*Iliad* 5. 445-8) and Zeus (eg. *Works and Days* 238-45), to name a few. Without exception, all these possess both the power to heal as well as to cause disease, with the latter ability serving as a prerequisite for the former. For instance, Apollo acts both as the bringer and the restorer of sickness. In anger he induces a plague, but following negotiations with the humans he ends it (*Iliad* 1). Similarly, both Homer and Hesiod attribute epidemic illnesses to Zeus’s wrath (*Odyssey* 9.410; *Works and Days* 100-4; 238-45). Different gods figure as more immediate, ‘hands-on’ healers. Artemis and Leto treat Aeneas when Apollo

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19 For a discussion of Homer’s descriptions of the human body and its vital parts as understood by the poet see Grmek (1989, especially Chapter 1) and Sukhishvili (2014).
20 Hippocratic texts discuss the effects of diet (*Ancient Medicine* 20) and climate (*Nature of the Man* 9), and Vitruvius emphasises the factor of health when discussing structural features of buildings intended for habitation (*Ten Books of Architecture* 1.6.3).
removes him from the battlefield into their care (Iliad 5.445-8), but we learn little about how they tend to him. Others yet are mentioned as possessing powers affecting health in passing descriptions of their attributes. Poseidon will heal Cyclops’ eye only if he is willing (Odyssey 9.519), and Artemis is described as bringing death and disease at leisure (Iliad 21.484). All the same, these few examples show the gods acting spontaneously and according to their own immediate wishes, regardless of the circumstances (Nutton 2013, 39-40). Crucially, they provide us with perceived explanations for the occurrence of poor physical conditions, not actual suggestions for their cure. From this we can infer that while the epic tradition brings the significance that health has in one’s life to the attention of its audience on the one hand, it also draws parallels to the appreciation of divine concerns and influences on the other.

In brief, the key points regarding divinity and illness in epic poetry can be summarised as follows. The causes of disease in general clearly had a supernatural character for the epic poets, and a healthy relationship with the divine consequently offered means to potentially avoid its occurrence. This simple interpretation takes into account an assumption that once a person believed that an illness had come from the gods, it became rational for them to call upon these gods for help. In other words, if the divine is essential for epic tradition, it therefore underpins life in general. Further observations involve the fact that forces attributed to the gods have the potential to affect human health positively and negatively, depending generally on their momentary ‘mood’, but also on human behaviour. On this point epic poetry provides a didactic paradigm. It presents examples where improper behaviour can potentially inflict disease and other calamities. Ignorance and hubris are clearly no excuse, and usually trigger forfeiture from the gods. At the same time, the epics make it clear that successful recovery may, on occasion, be non-divine in character. Both divine and non-divine healing exist alongside each other in the epic tradition, and both appear to be equally effective and trusted. These beliefs clearly influenced later Greek thought, as will be demonstrated below.
Lyric Poetry

The term lyric poetry applies to short poems composed in a range of metrical forms, in the period after Homer and Hesiod up until the fifth century BC (Fränkel 1973, 133). It was composed in most regions of the Greek world, and for this reason lyric, as a genre, is unusually flexible, reflecting traditions of diverse Greek communities. Strictly speaking, individual poems were shaped by the area in which they originated and by the occasion for which they were written. We do not know the full performative differentiation of lyric poetry, but the surviving poems were variously intended for presentation at symposia (e.g. Sappho, Alcaeus and Archilochus), festivals (e.g. hymns, paeans and dithyrambs), or as epinicians, i.e. the so-called victory-odes, celebrating victors in competitions at major Panhellenic festivals (i.e. Olympic, Isthmian, Nemean and Pythian Games) (e.g. Simonides, Bacchylides and Pindar).

While most poems play with epic themes, characters and stories, lyric authors generally comment on issues relating immediately to their social experiences, leading modern scholars to appraise the genre as a vital source of information for the concerns and attitudes of contemporary societies (e.g. Campbell 1967, xi; Fränkel 1973, 133; Grmek 1989, 42; Murray 1993, 19). Favoured subjects of lyric poetry therefore range from love, sex and drink in poems sung at private parties (e.g. Sappho, Alcaeus and Archilochus) to warfare and political matters intended both as a satire, and as a stimulus for particular social groups (e.g. Archilochus, Tyrtaios, Theognis and Solon).

Attempts at systematisation of the themes and terminology within Greek lyric have been made since antiquity (Pfeiffer 1968, 181-8), and though generic patterns are clearly set, poets and poems rarely fit into one category alone (see Harvey 1955).

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21 Lyric poetry survives mostly in fragments. The only complete books survive from Pindar and Theognis.
22 For in-depth discussion of critical themes in Greek lyric see Campbell (1983).
23 I am not concerned here with detailed analysis of technical aspects of Greek lyric. For brief classification of lyric poems see Campbell (1967, xviii-xxix).
Despite these difficulties in taxonomy, the communication with, and the description of, the divine represents a frequent motif in lyric pieces regardless of their subject matter and performative context. In particular, Sappho’s poetry was evidently composed both for symposiastic spectacle as well as for presentation at religious festivals, with recourse to divine powers frequently interwoven into her work. For instance, she receives comforting words from Aphrodite in answer to her prayer in a poem clearly intended for elocution among the ‘women's circle’ (see Stehle 2014, Chapter 6).

Generally speaking, common features of most lyric songs include detailed accounts of myths, with gods figuring as active agents. Unlike the case of epic, however, their role in the plot is mostly complementary. A special example of this is the epinician songs. This type of poetry was composed on commission, typically connecting the mythical stories to individuals and places being celebrated. In other words, the epinicians celebrate the commissioner by glorifying his ancestry. Poems ordered by rich tyrants in particular make multiple references to mythical genealogies (e.g., Pindar, *Olympian* 9). The results are narrations frequently including descriptions of a god’s attributes and characteristics. The disclosure of Greek perceptions about supernatural forces and their association with illness and healing is secondary in such accounts, but it nonetheless exists, providing a suitable point of reference to how the ancients thought of, and understood, the medical issues.

A notable illustration is Pindar’s *Pythian* 3, in which the author offers invaluable information on his understanding of the variability in illness and its treatment. The song is part of Pindar’s epinician collection, and was composed in honour of Hieron of Syracuse’s victory in the Pythian Games. However, it mentions the victory only briefly and rather it takes the form of a prayer for health to comfort Hieron in his lingering disease (Slater 1988, 55-7). A substantial part of the poem is dedicated to retelling the myth of Asclepius and his mentor Chiron. In his description Pindar explains that three types of disease exist: (1) those without a visible external cause, (2) those resulting from physical injuries, and (3) those that

poets and styles see, e.g., Bowra (2000) and Fränkel (1973). For metres see West (1982).
occur due to extreme weather conditions (47-51). Similarly the mode of treatment is then divided into three categories: (1) ‘gentle incantations, (2) soothing potions and remedies, (3) and surgery’ (52-4). All of these are administered by the healing god himself, but a clear indication connecting specific types of ailments with particular treatments is omitted from the poem. Indeed, Asclepius falls beyond the scope of this thesis. Pindar, however, demonstrates the essence of supernatural healing as apparently accepted in classical belief, building on the ideologies so evident in the Homeric epic.

Bacchylides’s Ode 11 offers another example of how lyric poetry can be useful for unpicking healing connotations in Greek religious contexts. It was composed to celebrate the victory of a certain Alexidamus of Metaponto in a wrestling competition in the Pythian Games, and it recounts the legend behind the introduction of the cult of Artemis into Alexidamus’ hometown. Crucially, the narrative emphasises Artemis as a healing deity. According to Bacchylides, the daughters of the Argive king Proteus were stricken with mental illness by Hera after offending the goddess (45-55). Following departure from Argos, cleansing rituals in a sacred spring within the Metaponto area, prayers and promises of sacrifice, Artemis healed the girls (95-110), establishing herself as a venerated deity in that region. This story is evocative of a phenomenon observable in Homer and Hesiod: gods possess both the powers to impose as well as to heal disease, depending on, first, human behaviour, and, second, their own immediate desires. Unlike the case of epic poets, however, the ode’s primary purpose is to celebrate an achievement of a historical figure. At close reading, the myth mirrors the story of Alexidamus’ own victory that is being celebrated by the ode: just like the girls in the legend, Alexidamus suffered at first (i.e. he was defeated in the Olympic Games) (24-36) before being ‘healed’ by Artemis (i.e. she allegedly played

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24 Similar cures are described as the ‘invention’ of Prometheus (Aeschylus Prometheus Bound 476-507), illustrating that there were multiple versions of the same idea.
25 There are references to this story in a later authors, saying the mental illness was the result of Dionysus’ wrath rather than that of Hera (e.g. Diodorus Siculus 4.68.4).
26 For detailed discussion of the myth against the context of Greek social stratification see Seaford (1988).
a vital role in achieving his victory in the Pythian Games) (37-9) (see Garner 1992, 524). The description of events leading to Artemis’ adoption into the Metaponto area therefore serves the purpose of exalting Alexidamus’ reputation, rather than deliberately reporting the beliefs concerning healing practices of Classical Greece.

Nonetheless, remembering that lyric songs reflect the interests and perspectives of the author, the Bacchylides narrative, and, indeed, lyric as a genre in general, demonstrates several significant points. It clearly identifies individual gods that apparently took an interest in human health in the mindset of Greek population of the fifth century BC (i.e. Hera inflicts disease as punishment; Artemis heals it after being properly revered), and problematises the nature of the human conduct necessary for securing divine assistance in the processes of regaining one’s health (i.e. prayer, sacrifice, cleansing ritual). Crucially, however, the Bacchylides’ description links a specific ailment to a particular deity (i.e. Artemis appears as specially beneficial in the matters of women’s health), and locates her cult geographically (i.e. Metaponto; see below, Chapter Four, section on Women). This information is vital for further enquiry into supernatural healing beliefs and practices among the ancient Greeks.

Drama

Although drama was a widespread genre, we only possess complete plays that are of Athenian origin. The surviving complete texts represent a fraction of the original Greek production with the key authors being Aeschylus, Euripides and Sophocles for tragedy, and Aristophanes and Menander for comedy. All these authors were active in the fifth and fourth centuries BC, and all wrote their plays exclusively for artistic competitions at religious festivals such as the Great Dionysia in Athens, with time and space specifically reserved for this purpose (Longo 1990, 15; Winkler and Zeitlin 1990). As today, ancient drama was not uniform and productions differed in form and style. Genres such as such as the so-called satyr drama, mime, and phlyax (i.e. a type of burlesque) survive largely in fragments, if at

27 Other authors are known to us from fragments, see Kessel and Austin (1983-).
all (Sommerstein 2002, 1 n. 1), and so I concentrate here on the two key forms that we have plentiful examples of, namely tragedy and comedy. In general, tragic plays draw their subject matter from myths of the epic tradition, and comedy largely concentrates on issues in contemporary society, often presenting fantastic scenarios.

Strictly speaking, comic plays show a great deal of interest in the medical fields. Aristophanes, among others, adopts some technical vocabulary from the Hippocratic Corpus (Miller 1945), but it is imperative to stress that the purpose of such is strictly ironic. A very clear parody of the famous Hippocratic *Oath* is presented in the *Women at the Thesmophoria* (270-75) for example, but further sarcastic attitudes towards the incompetence of healers are well attested in other plays of his (Aristophanes, *Assemblywomen* 363-4 and *Wealth* 407; Alfageme 1995, 569-83). Tragedy, on the other hand, in its core concentrates on the motif of human suffering with pathological conditions representing a common theme. This aspect extends to both physical and mental ailments with obvious examples being the blindness of Oedipus (Sophocles, *Oedipus Tyrannus* 1270-80) and the madness of Ajax (Sophocles, *Ajax* 610). Technical terminology also occurs in tragic plays (Craik 2001a and 2003), but sometimes it is unclear whether it pertains to real physical features or whether it should be understood as a metaphorical expression of the character’s personality. For instance, the interpretation of the title μεγαλόσπλαγχνος, i.e. with enlarged abdomen/internal organs, that is given to Medea by Euripides (*Medea* 109), seems not to have been straightforward even in antiquity. It was not until the second century AD that Galen concluded that the term applies to Medea’s fierce character in view of medical theories that locate personal attributes within internal organs of the human body (*On the Doctrines of Hippocrates and Plato* 5.317; de Lacy 1966, 266). If, however, this was Euripides’ intention is debatable because his wording is not explicit.

Be that as it may, since tragedy is, almost without exception, set in the world of myth, gods are always present in the background (Rutherford 1996, xi). Their roles range from passing remarks by the characters, suggesting divine causality for the direction of the plot, to physical appearances and reciprocal contact with the world
of humans. To illustrate the former representations of the gods we may consider that tragic characters call out for divine assistance on regular basis. A member of the chorus in Euripides’ *Hippolytus*, for example, compares Phaedra’s suffering to the pain of childbirth and remembers Artemis as the ‘archeress who eases labour’ (161). Such comments help us appreciate specific health conditions for which particular gods were believed to be especially helpful, but further information regarding the nature of activity that would bring on the divine help are usually missing.\(^{28}\) The latter form of divine interaction, however, fosters this aspect in more detail. When gods appear as direct participants in the plays, their contribution to the plot is generally explained through direct actions or speeches. This is well illustrated by Euripides’ *Iphigenia in Tauris*, in which Athena explains the purpose of the Brauronian clothes dedications in connection with gynaecological ailments (1460–1470).\(^{29}\)

In brief, while comedy sometimes mocks the technical medicine of the day, the setting of tragedy in the mythological past reveals Greek perceptions of health and healing through divine causation. Sophocles’ *Philoctetes* illustrates this point clearly by describing in detail the physical trauma suffered by the main character. Philoctetes endures an apparently incurable wound to his leg in the play and it takes much of the plot for him to understand that the underlying causes for his injury are divine. At first Philoctetes seeks rational explanations and considers his wound the result of a snake bite (266-7; 632). His hopes are that a herbal remedy will ease the healing process (649), but it is later revealed to him that the affliction is the result of divine retribution and that it is not within human powers to cure his leg (1326; 1328). Only his acceptance of supernatural intervention allows Philoctetes to be cured (1333; 1437).

\(^{28}\) Exceptions exist, however. For example, the Delphic oracle is described as being consulted regarding childlessness (Euripides, *Ion* 64-7 and 299-305; see below, Chapter Four, section on Men), and Asclepius is described as providing cure for blindness (Aristophanes, *Wealth* 727-741).

\(^{29}\) This ritual is mentioned in other sources (Callimachus, *Hymn to Zeus* 77, Hippocrates, *Diseases of young girls* 6).
The story clearly fits the Homeric pattern, i.e. gods inflict physical harm as punishment and the individual cannot reverse its effects unless divine healing is sought. An equally significant message, however, seems to be the notion that after all earthly attempts at cure have been exhausted the sufferer ought to shift to divine healing. How far this ideology represents the contemporary thought is unclear. But in view of the performative context of Greek drama, i.e. a religious festival setting, it is conceivable that, despite not representing real-life experiences directly, the plays served a kind of didactic purpose of showing proper as well as improper behaviours to the audiences (Winkler 1990, 20). In this basic framework the spectator should always be able to relate to what is happening on the stage and so it could be expected that allusions to healing procedures within the script should be intelligible to the audience.

**History**

History, i.e. a genre that records ‘factual events’ in prose, first appeared in Greece in the fifth century BC. The key complete surviving historical texts of the classical period include Herodotus, Thucydides and Xenophon. All three authors demonstrate considerable interest in linking individual events in order to offer explanations and causality in their works. There are, however, striking differences in the principal methodologies the historians apply to achieve their goals. History encompassed multiple disciplines in the fifth century BC because fields of study had not yet been firmly separated as in later times, and for this reason historical writings of this period contain elements of systematic philosophical theorising and analytic description, as well as multiple references to the divine. Each account then clearly reflects the ways in which the author considers the divine powers to be important, or unimportant, in the matters of human affairs. This element is crucial to my study of healing practices in ancient Greece, and so I will briefly comment on individual historians below.

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30 Other historians existed at this time, but their works survive only in fragments. See Jacoby (1923-58).
Herodotus

Herodotus’ *Histories* provides an account of the events leading up to the Persian Wars, and of the wars themselves. The conflict was fought in the early fifth century BC, but Herodotus’ narrative reaches far into the mythical past in order to set the scene for explaining its origins (esp. 1.1-4). For the same reason he devotes much of the book to systematic ethnographic accounts describing customs, beliefs and physiological characteristics of peoples from cultures inhabiting regions surrounding the Greek and Persian worlds (e.g. 1.131 ff.; see Skinner 2012). The author’s interests lie, in particular, in pointing out the unusual and the fantastic, with much stress being placed on the juxtaposition of Greek and non-Greek attitudes and conventions. This is especially noticeable in passages discussing different approaches towards disease and the sick, which are plentiful in the text. For instance, Herodotus marvels at the custom of some tribes in India where no one is apparently expected to provide medical assistance to the sick at all (3.99; 3.100), but praises Egyptian doctors for their numerous specialisations in the medical field (2.84).

In places, Herodotus’ descriptions are remarkably similar to theories circulated by the Hippocratic Corpus (Lloyd 1975, 78-82; Thomas 2002, 28-42). Notable is the notion that climate and diet influence the constitution of the human body and hence the person’s general well-being (Herodotus 2.77; Hippocrates, *Ancient Medicine* 20). While a comparable, theoretical concept has already been proposed by Hesiod (*Works and Days* 496-9), Herodotus also reverts to including technical terminology and models, described by the early Hippocratic writers. He mentions, in particular, that nomads inhabiting regions in North Africa burn veins on their children’s scalps in order to stop the phlegm draining from their heads (4.187). The Hippocratics define such a condition as the cause of epilepsy (*Sacred Disease* 6). Herodotus thus shows that he is well informed about the scientific medical thought of his day. His text, however, makes it impossible for us to judge how far his interpretation of the practice corresponded with reality. Did the nomads believe the benefits of cauterising their children’s veins to be the same as described in the Hippocratic Corpus, or is Herodotus using his state-of-the-art
knowledge to explain an incident he heard about? Did he actually see this happening and speak to people engaging in the practice? The text does not answer any of these questions because Herodotus normally paraphrases his sources without any direct reference to them.\footnote{For Herodotus’ use of sources see Fehling (1989).}

Nonetheless, cases exist where the historian clearly expresses his own opinion, especially when he disagrees with his informants (e.g. 4.23-5). In particular, Herodotus often resorts to citing fables, legends and myths as causes of the seemingly unexplainable (Murray 1987), and offers striking personal views. Notable examples include his interpretations of natural phenomena such as rain and earthquakes through apparent divine intervention with the human world (2.13; 7.129). In fact, the historian makes far-reaching claims acknowledging Homer and Hesiod for unfolding the gods’ genealogies, attributes and powers, which according to him provide a standpoint for the contemporary population (2.53). The fact that Herodotus himself believes in the existence of the Homeric gods is made clear on numerous occasions throughout the text. For instance, he explicitly expresses his belief that divine providence is responsible for proliferation in all species (3.108), and that anyone displeasing the gods, even without realising it, will be punished. Such is the case in an episode in which Herodotus agrees that Persians were killed by Poseidon when they tried to capture Potidaea in northern Greece (8.129). Similarly, he accepts that the death of two Spartan men at the hands of the Athenians during the 430s BC was brought on by the divine as a consequence of actions done by their fathers, who did not make retributions for the killing of Persian ambassadors in Sparta during the Persian Wars (7.133-7).

Such primary beliefs are firmly based in Homeric values, and, in fact, reappear throughout the Histories. Importantly, they serve as a foundation for Herodotus’ own interpretation of ill health. He refers to the Cretans that fought in the Trojan War as being ‘the most despicable’, and says that their just ‘reward’ was famine and plague on returning home (7.171). Indeed, this episode belongs to the legendary past, but examples from recent history, in which Herodotus expresses similar views, also exist in the Histories. Noteworthy are the cases of king Cleomenes I of
Sparta, who became mad following a plot to overthrow his co-king Demaratus (6.84), and of the so-called ‘female disease’ among the Scythians that apparently affected the reproductive capabilities of the population after they committed sacrilegious acts at the temple of Aphrodite at Ascalon (1.105). Herodotus explicitly denies natural grounds in both cases and firmly maintains offence given to the gods as the cause. For this reason I conclude that while Herodotus appears to have connected causality to both divine and natural forces, he clearly believed that disease could come from the gods, and that it was a just punishment. Worshipping the divine, then, represented a logical outlet according to this philosophy, just as it did in the epic tradition.

**Thucydides**

Thucydides’ *History of the Peloponnesian War* covers the events of the conflict between Athens and Sparta in the second half of fifth century BC. The period between the end of Persian Wars and the start of the Peloponnesian War is briefly abridged in book 1 (1.89–1.117), making it a form of continuation of Herodotus’ account. Unlike Herodotus, however, Thucydides is not, on the face of it, interested in myth or the divine as causality.\(^{32}\) Although he sometimes refers to mythological heroes as genuine historical figures (1.3) and quotes the Homeric hymns as evidence for religious rites of specific regions (3.104), in his text gods play no active role in human affairs. On the contrary, Thucydides’ central themes develop around the imperialism and politics adopted by the two fighting sides, which he also considers as the major factors causing the war (e.g. 1.71 and 1.139-40; see Jaffe 2017). In short, the *History of the Peloponnesian War* is presented as an ‘objective’, analytical report, which purportedly offers no specific moral lesson or conclusion.

Thucydides relied on what his sources told him in much the same way as Herodotus did, but he also recounts his own experiences because he lived through the conflict himself (5.26). In fact, on two occasions he describes himself as an active participant. First, he endured the plague of Athens in the 420s BC (2.48) and,

\(^{32}\) For differences between Herodotus and Thucydides see, e.g., Rutherford (2012).
second, he acted as general in the battle of Amphipolis in 422 BC (4.104). Both incidents are marked with substantial threat to human health, and so the book presents first-hand accounts of how the Greeks of fifth century BC might have reacted to illness and physical injury.

In a passage describing the crisis resulting from the plague at Athens (2.51-55, see Craik 2001b), Thucydides calls the epidemic the most destructive in human memory (2.47). The account is very general, with individual cases purposely omitted (2.51), but it includes a colourful depiction of the situation within the city, placing a great emphasis on hopelessness and subsequent chaos (2.50-54). Thucydides makes it clear that there was no universal method of treatment. He goes so far as to state that professional doctors could not help the sick due to their lack of expertise (2.47). Consequently, the city found itself in a state of lawless disorder. The sick apparently had to rely on the goodwill of others for care (2.51), and burials of those who died were organised in unconventional ways. Because bodies piled up in the streets and in the city temples, the Athenian population resorted to the use of mass graves, not being able to perform any of the customary rites (2.52).

Interestingly, Thucydides does not encourage recourse to the gods in his report as we might expect in view of the Homeric principles. On the contrary, Thucydides offers a ‘rational’, altogether natural, explanation for the origin of the disease. He believes that it came from Ethiopia, subsequently spreading across the Persian territories, and that its arrival in Athens was due to the poisoning of water reservoirs in the Piraeus district by the Peloponnesians (2.48). Moreover, the historian explicitly denies that worshipping the gods played any role in whether a person survived the plague or not (2.47; 2.53). His statement that the sick perished in religious precincts (2.52) suggests that they were perhaps seeking healing there, but, indeed, Thucydides does not say this. The author’s scepticism about supernatural healing is elucidated more clearly by his proclaiming as a fact that people of all ages and of all social backgrounds contracted the disease, and that, in most cases, it proved fatal (2.51).

33 For traditional Greek burials see, e.g., Kurtz and Boardman (1971).
While the credibility of these events cannot be tested, the discovery of a mass grave uncovered in Athens in 1998 seems to match Thucydides’ account (Axarlis 1998). This grave was dated to approximately the same period and was described as not having a monumental character and as having been filled in a state of panic, possibly due to a plague (Baziotopoulou-Valavani, cited by Axarlis 1998). The connection between the grave and the text is unsubstantiated. The find remains unpublished and, due to construction works over it, it is now destroyed (Axarlis 1998). However, if, hypothetically, we can trust the *History of the Peloponnesian War* on the outline of burials during the plague period, could we perhaps argue that other elements of the Thucydides’ description of the event are also accurate? If so, Thucydides, in his description of the plague situation, offers us an altogether different view of Greek beliefs about human health. Strictly speaking, he does not see the origins of the disease as lying in supernatural forces and, therefore, he does not consider the divine to be an appropriate outlet for seeking help.

These perspectives reappear in his other observations regarding medical issues, whether it be a description of illness causality, or of its actual treatment. His comments on the demise of the Athenians imprisoned in the stone quarries of Syracuse after the Sicilian expedition, for example, specifically mark the exposure to high temperature at day and to low temperature at night as the cause of the disease that sprang up among the prisoners (7.87). Further illustrations of Thucydides avoiding supernatural intervention in, and explanation for, the matters of human health may include his descriptions of the care offered to those injured in battles of the Peloponnesian War. Unlike Homer (e.g. *Iliad* 4.194; 11.518), Thucydides rarely provides technical details of battle wounds or their treatment, but his text suggests that the wounded soldiers were cared for by their comrades. Notable example includes the case of Brasidas, a Spartan officer who succumbed to injuries sustained in the battle of Amphipolis after he was brought to safety by ‘those around him’ (5.10). Similarly, during the battle of Syracuse the Athenians accommodated their sick and injured in a purpose-built safe area near their ships (7.60). Who nursed the wounded and how, however, is not clear from the account.

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34 For historical accuracy in Thucydides see, e.g., Marincola (2001, 98-103).
Nonetheless, the concluding remarks on the Sicilian expedition explicitly mention that during the Athenian retreat all sick and wounded men were left behind, and that they turned to prayer (7.75). Although such a reaction may be explained as a last desperate measure, it appears that recourse to the gods would have seemed as a natural release mechanism for these men. Perhaps they even believed in its powers in view of the common cultural beliefs embedded in the Greek culture at large. It is needless to say, however, that Thucydides offers little explanation, and his text makes it clear that the prayers were to no result (7.75).

In brief, besides the technical medical texts, Thucydides is the first extant author who problematises, and to some extent promotes, non-divine healing. He does so by illustrating the hopelessness of each case that he writes about. The subjects of his history clearly engaged with the supernatural when they were in need of medical assistance, but Thucydides makes sure to demonstrate that it did not bring the desired effect in each case (2.52; 7.75). His account is, therefore, doubly important. Firstly, it sheds light on the specific, usually desperate, circumstances in which an individual was likely to opt for the supernatural route in the matters of health. Secondly, it shows its author to be sceptical about the utility of such conduct. The latter observation derives from Thucydides’ attitude towards ill health in general. The historian clearly considered disease and injury as completely natural. For him, only human agents can offer care, which may, or may not, be successful. However the extent to which Thucydides’ opinions represented the views of the wider population is questionable.

Xenophon

Xenophon’s core historical work is the Hellenica and presents itself as a loose continuation of Thucydides’ History of the Peloponnesian War (1.1). It covers the period between 411 BC and the battle of Mantinea in 362 BC, which brought a closure to all efforts of the classical poleis to take control of mainland Greece (Hornblower 1992, 238). But other works of Xenophon also contain historical

35 See below.
36 A similar attitude appears in the Hippocratic texts, see below.
elements, namely Agesilaus, Anabasis, and Cyropaedia. These are primarily biographical in character, but they are in essence first-hand accounts of historical events described in them with Xenophon being a contemporary observer and sometimes a participant. In particular, the Anabasis recounts the military expedition of Cyrus the Younger to Persia in an effort to take over the country from Cyrus’ brother Artaxerxes II between 401 and 399 BC. Because Xenophon took active part in the campaign I duly include his Anabasis within this section.

Xenophon’s histories sometimes reveal the way in which contemporary leaders deployed the mythical past, including their own divine and heroic genealogies, to their own ends by way of treating mythological heroes as genuine historical characters. Noteworthy are the wish of Spartan king Agesilaus to offer a sacrifice in Aulis in concordance with the model of Agamemnon (Hellenica 3.4.3; 7.1.34; Euripides, Iphigenia in Aulis), and references to divine ancestries in politically oriented speeches (Hellenica 6.3.6; 6.5.47). Although divination and piety encompass an important theme for Xenophon with references to sacrifice being especially common (e.g. Hellenica 2.4.39; 3.2.16; 4.7.5), he presents neither mythical figures nor gods as direct participants of his plot. Rather, the divine appears as a non-material set of powers, which bring order to human life and historical events in general, mainly through retribution. For instance, gods can manifest their anger by sending earthquakes (Hellenica 3.2.21-4), or by arranging deaths of historical persons in unforeseen, often humiliating, circumstances. Such was the case with Lycomedes of Mantinea, a politician who sought alliance between Athens and Arcadia, but was killed by Arcadian exiles on his way from negotiating this very treaty at Athens (Hellenica 7.4.3). According to Xenophon, ‘he met his death by what was quite manifestly a divine interposition’ (Hellenica 7.4.3).

The most telling example of vengeful attitudes of gods is Xenophon’s explanation for the decline of Spartan power, which he traces over the period of 10 years, between the capture of the Kadmea of Thebes in 382 BC and the battle of Leuktra in 371 BC: ‘The gods do not fail to take heed of the wicked or of those who do unrighteous things … The Lacedaemonians, who had pledged themselves by oath
to leave the states independent, had laid violent hands on the acropolis of Thebes, and were eventually punished by the victims of that iniquity single-handed’ (Hellenica 5.4.1). The clear reference to divine causality in this passage suggests that had the Spartans been true to their oath, their piety would have brought rewards in the form of stability for their polis (Bowden 2004, 243). In other words, Xenophon tells us in this passage that Sparta’s defeat at Leuktra was a just punishment for its disrespect towards the divine order:

These examples demonstrate the same primary beliefs and methodological attitudes as adopted by Herodotus. But unlike Herodotus, Xenophon allows divine retribution to affect only prominent historical figures (e.g. Lycomedes in Hellenica 7.4.3), or the state as a whole (e.g. Sparta in Hellenica 5.4.1). Nowhere in his text can we see gods wreaking vengeance on a historically insignificant individual, suggesting perhaps that the hubris of mighty individuals or states is what triggers divine punishment. Nor are the gods’ reprisals manifested in the form of disease. On the contrary, when dealing with the issues of health, Xenophon clearly relies on non-divine explanations and healing strategies. Focusing on a period of political instability, the impact of warfare is central in the passages where he discusses health. In particular, Xenophon highlights the importance of appointing surgeons to care for wounded soldiers during military campaigns (Anabasis 3.4.30), and insists that assistance should be given to those who needed it regardless of their condition. In a passage from the Anabasis he chastises a soldier for not obeying orders to carry an injured comrade (5.8.6-11), explicitly stating that the purpose of such orders was an attempt to save the man’s life, no matter how gloomy the prognosis (5.8.8). Xenophon’s descriptions of disease follow equally analytical reasoning. Another example from the Anabasis shows the campaigning soldiers experience bizarre symptoms after they eat some wild honey (4.8.20-1). Among others, the soldiers’ ordeals involved diarrhoea, vomiting and ‘madness’ (4.8.20), but within a couple of days the condition ceased ‘as if after a severe course of

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37 This is implicit in other sources, notably in Thucydides’ description of the Sicilian expedition in book 7 (see above) and, of course, in drama (e.g. Aeschylus, Agamemnon 1577 ff.)
medical treatment’ (4.8.21). The word used here is φαρμακοποσία (i.e. ‘drinking medicine’), implying hence a non-divine form of medication.

Nowhere in the given examples does Xenophon consider recourse to the gods as helpful, or, indeed, desirable. In fact, the author does not mention such healing options at all. This appears surprising in view of his apparent consideration of piety as essential for gaining favours from the gods. I suggest that this is because the concerns surrounding piety expressed in Xenophon’s history are strongly embedded in his views on morality. In brief, for Xenophon, religious principles underpin morality, and moral concerns are central to his philosophical thought and hence to his conception of history (Dillery 2002, 181). Both in his philosophy and his history, Xenophon provides a didactic paradigm for his audience, distinguishing the right from the wrong. But because he does not believe that disease comes from the gods, he has no need to problematise this fact further.

**Oratory**

In the ancient Greek context, oratory, i.e. the application of rhetoric, is understood as the art of public speaking. Aristotle recognises three types of such activity in conjunction with the performative context, and, especially, with the role played by the audience: (1) deliberative orations, for example, hortatory or dissuasive speeches used in political assemblies, (2) forensic oratory, i.e. accusatory or defensive speeches used in law courts, and (3) epideictic speeches, i.e. public orations aiming to praise or blame (Aristotle, *Rhetoric* 58a36-59a5). The evidence for deliberative and epideictic speeches spreads across wide range of genres and sources, from epic to history, where the narrative is combined, and supplemented, by the ‘authentic’ words of its characters (e.g. *Hymn to Hermes* 260-80; Thucydides 2.35-46). The third type of Aristotle’s oratory, namely the forensic rhetoric, survives mainly in collections of speeches from ‘private’ lawsuits commissioned from the so-called Attic orators of the fifth and fourth centuries BC such as Demosthenes, Isaeus or Lysias.
Irrespective of the performative context, the main purpose of rhetoric is to persuade the audience. Such skill was compared to having magical or otherwise supernatural powers (Gorgias, *Encomium of Helen* 31; Plato, *Gorgias* 456a; Herrick 2001, 40), and so some modern scholars argue that the ‘power of persuasion’ was seen as effectively a divine gift, and that rhetoric, as a literary genre, should *de facto* be assumed to be in a direct line with the tradition of Homeric poetry (de Romilly 1975, 3-7). Others, however, rather see the ability to persuade an audience as the direct result of deception, and base it in rational, systematic interpretation, and observation, of the circumstances (Enos 1976). This view challenges the veracity of information given by these texts. Strictly speaking, all real-life forensic speeches were a part of two sets of arguments, a prosecution and a defence, and clearly both parts could not have been true at the same time. Both sides of the argument rarely survive, and so we might perhaps disregard whether the said information is true or false. Rather the important point to recognise is that the rhetorical address had to be believed, and so the information given had to appear plausible to the listener.

It is fair to say, however, that a number of authors openly acknowledge fictitious elements in their orations. Such confessions are usually dictated by the purpose for which these texts were written. Thucydides, who quotes a number of deliberative and epideictic speeches in his *History of the Peloponnesian War* (e.g. 2.35-46), famously admits that his ‘habit has been to make the speakers say what was in [his] opinion demanded of them by the various occasions’ (1.22). Similarly, authors such as Antiphon and Gorgias make it clear that some of their speeches have no basis in lived reality. In particular, Gorgias wrote several fictional defences of mythological figures (e.g. *Encomium of Helen; Defence of Palamedes*) and Antiphon designed altogether imaginary homicide lawsuits (*Tetralogies*). The purpose of these orations, however, was to provide a didactic paradigm as display materials for students (Gagarin 2002, 103-9), and so there was no need to set them within the realm of actual happenings. Be that as it may, the divine is commonly mentioned in such texts (not unexpectedly as it was just mentioned that some were composed in defence of mythological characters; see above). For instance, Antiphon’s *Third Tetralogy* opens with a direct reference to the gods, saying that
they will punish not only the guilty party but also anyone knowingly involved in the prosecution if the defendant happens to be innocent, because they too share the responsibility for the alleged crimes (4.1.3-4). By reinforcing the weight of divine authority, this approach is reminiscent of the Homeric values (Gagarin 2002, 103). But, in this particular case, it also serves for illustrating the methods used in lucid argumentation that can potentially persuade the audience in the speaker’s favour. In other words, Antiphon uses the connection between divine and human concerns to make the case all the more credible.

Invoking divine justice also appears in non-fictional texts (e.g. Demosthenes 18.1 and 20.43), but it is just one means used for this purpose. Drawing upon the language of tragedy (Rutherford 2012, 68), for example, but also using technical medical vocabulary, can be utilised to the same effect. In particular, it is a common practice to compare the jury to physicians and the accused to someone who is heavily diseased in the forensic prosecutions (e.g. Demosthenes 18.243; 25.95; see Wooten 1979). The most frequently used strategy in rhetorical works is, however, the making of assumptions about human behaviour based on the local political, cultural and social contexts. Whether it is the information that no Platæan would choose to live in Tegea (Lysias 23.15), or that it is natural to love one’s father (Andocides 1.50), many real-life forensic speeches present us with sets of normative attitudes and expectations of the society. Especially valuable is information concerning the private lives of individuals about whom we would not hear otherwise. Lysias’ first speech, in particular, presents evidence regarding Athenian household arrangements, gender roles and family values (1.9-10), all of which can be employed for better understanding of the ancient mind-set endorsing the decision making in all aspects of life, including healthcare.

This approach sometimes also applies to religious practices as well as to the perception of the human body, and so, for instance, we learn that it was customary for family relatives to perform religious rituals together (Isæus 8.15), that men aged seventy-six were considered too old to father children (Isæus 6.22-3), and that it was regarded a normal practice to call a physician for one’s ex-slaves, (Demosthenes 47.67). Indeed, this information should not be taken at face value in the context of the texts it comes from. Yet it clearly indicates what would have
widely been understood as a standard measure for belief and conduct in classical Athens.

**Philosophy**

Ancient Greek philosophy, i.e. a field of study of the fundamental nature of knowledge, reality, and existence, is a large and complex subject (see, e.g., Blackson 2011). The critical area for my study of healing, however, is the concept of ‘natural’ philosophy, which attempts to explain environmental phenomena and the orderings of the physical world at large, ostensibly in ‘scientific’ ways (Johansen 2004). Natural philosophy arose as early as the sixth century BC and notable thinkers include Pythagoras or Thales for example, who, among other things, are well known to us for their methodical work in mathematics (Hahn 2017). But later authors, especially Plato and Aristotle, stand out for their extensive treatment of medical theory. 38 In particular, both philosophers present to us ‘natural’ explanations for how the human body functions, including some notes on the causation of illness, which I will be discussing in more detail in the subsequent chapters. In this brief summary I will, therefore, focus on highlighting some of the key underlying concepts behind the ‘natural’ theories presented by these two major thinkers, and show how much these theories owe to the common cultural belief.

Plato, writing around the same time as some of the Hippocratic authors (see below), deals with medicine most extensively in his Socratic dialogue the *Timaeus*. The work puts forward speculations on the nature of the physical world, discussing mainly the purpose and properties of the universe, but it also offers a systematic commentary on the psychophysical construction of the human being (see Joubaud 1991 and Karfić 2012). Plato explains that four basic elements, earth,
air, fire and water, are the building blocks for everything in the universe, including
the human body (82a-e). These elements are ‘naturally’ balanced in the body, but,
though it is ‘contrary to nature’, an imbalance can occur, causing an illness (82a).39
In order to maintain the elements in balance, a smooth cycle of biological
processes within the ‘naturally secondary structures’ of the body is essential (82c).
The blood is at the centre. It is created from digested foods and forms the human
flesh and sinews, which further create a ‘viscid and oily’ substance that nourishes
the bones and marrow (82d). For an individual to remain healthy it is, therefore,
vital that this process of production and nourishment works correctly, i.e. in the
correct order.

That is to say, the body’s mechanisms can take a reverse order according to Plato.
The flesh can decompose and cause the blood to change colour and taste, which,
instead of spreading nourishment around the body, essentially poisons it from the
inside, resulting in a ‘corrupt and dissolved’ constitution (82e-83a). Plato is not
clear what exactly triggers the reverse scenario, allowing us to assume that the
process of decay might happen spontaneously (Nutton 2013, 117). He, however,
offers a cosmological explanation for the growth and decay that is the result of a
natural aging process. Put simply, the four elements, of which all matter in the
universe is composed (i.e. earth, air, fire, water), are all made out of smaller
particles (i.e. atoms), which are regular geometric solids, and take shape of right-
angled triangles (53c-d). Because the human body is composed of the same matter
as everything else in the universe in Plato’s view, it also must be composed of these
triangles. In a young and healthy individual, their edges are sharp, but they grow
blunter as the person ages, until they come apart altogether and death occurs
(81b-e). Indeed, this model does not provide an explanation for the principles of
basic causation, diagnosis and treatment of the above-mentioned illness, which
manifests itself by reversing the natural bodily processes, but we can say with
some certainty that a healthy human body according to Plato is mathematically
precise and balanced.

39 For detailed discussion of the importance of balance within the human body see
Chapter Four, section on Explaining the Variant: Medicalised Gender and Gendered
Medicine below.
Comparable theories surrounding the imbalance or disproportions in bodily constituents and processes typically feature as the causes of disease in the treatises of other natural philosophers and in the scientific medical texts. Apart from the Hippocratic Corpus (e.g. *Aphorisms* 7.60), a similar model was proposed by physicians of other medical schools, notably by Plato’s contemporary Philistion of Locri (*Anonymus Londinensis* 20. 25-50). Plato’s account in *Timaeus*, describing the formation of the various body parts and setting out in each case the purpose of the part in question, therefore, ostensibly conforms to the ‘scientific’ ideology of the day, and has thus perhaps little to add to our understanding of religious healing in ancient Greece. That is, until we realise that the *Timaeus* is effectively a theological discourse. By way of explanation, human anatomy, physiology and pathology are discussed in the treatise in support of the hypothesis that the universe, and all the material within it, was the creation of a divine Maker, i.e. a God, who imposed a mathematical order on a pre-existent chaos (27d–29d). In other words, Plato clearly tells us that the divine is the cause. These principles are reminiscent of the causal beliefs already present in the Homeric epic (see above), and Plato thus only re-works an ideology on views about the ‘biological’ and the ‘natural’ that were well established in the Greek culture as a whole.

Unlike Plato, his pupil Aristotle openly declares scientific medicine and philosophy to be inextricably linked, and explains that both disciplines must be based on the principles of natural philosophy (*On Sense and Sensible Objects* 436a-b; *Respiration* 480b), i.e. he calls for more practical, hands-on research within both philosophy and science. His writings on the natural world cover a wide variety of subjects, including biology and zoology (e.g. *Parts of Animals*), which he studied, true to his word, by drawing on actual medical data (van der Eijk 1999). Unable to work with human specimens, Aristotle often uses the analogy with other animals that he studied in order to postulate about the structure, organisation and functions of the human body. The result is that his writings are more detailed than those of his predecessor, although he is not always correct. In the *Parts of Animals* Aristotle claims that large animals, such as horses, have a bone inside the heart (3.4.666b). Considering his study of the heart would likely have been carried out by
observation this error is striking. Be that as it may, Aristotle’s mistakes are relatively few (see Nutton 2013, 120-1), but the majority are the result of unobservable theorising. While the region of heart, for example, is described as the centre for thinking (i.e. the seat for a soul), the brain, on the other hand, is defined as a cooling organ, whose primary function is to prevent the internal heat of an organism to get out of control and cause a disease (Parts of Animals 652b 21-25; History of Animals 514a 16-22).

More significantly, however, many of Aristotle’s medical ‘mistakes’ are the outcome of contemplating ideas present in the wider field of common cultural beliefs. This is especially obvious in his descriptions in the fields of biology of gender and reproduction (see below, Chapter Four, section on Men). In brief, Aristotle’s medical theory is also one of balance. The human body is composed of four basic elements, hot, cold, wet and dry, and its natural processes can be explained through physical principles. In these principles women are colder than men, and this state, although ‘natural’ to them, results in their being less perfect than men. In fact, Aristotle places a great emphasis in his treatises on men as the most complete, i.e. perfect, designs of nature. For him, the man is an active element that provides structure to things, while the woman is passive and incoherent (Generation of Animals 729a-b). Women are, effectively defective in his view: ‘we should look upon the female state as being as it were a deformity (ἀναπηρία), though one which occurs in the ordinary course of nature’ (Generation of Animals 775a). Causality, therefore, takes a ‘natural’ course for Aristotle, but this conclusion is not exclusive to his philosophy. The critical point about natural philosophy, therefore, is that although both Plato and Aristotle aim to explain how the world, including the human body, works through natural ‘scientific’ means, they both draw in different ways upon culturally specific ideas about the body, health and illness, which were deeply embedded in Greek culture more widely. In other words, both philosophers articulate common cultural beliefs, which we observed in the Homeric epics and all other genres, in a profoundly learned way.

40 The general idea distinguishing male and female bodies based on temperature is implicit in other sources, notably in the Hippocratic Corpus (Diseases of Women 1.1; Glands 16; Regimen 1.27), but there is some disagreement within the body of our evidence; see Dean-Jones (1994, 45-6).
The Hippocratic Corpus

It has been noted above that 'scientific' medicine in ancient Greece *de facto* developed as a subset of philosophy, and that multiple schools of thought about medical principles existed in Greece of the fifth and fourth centuries BC (e.g. Nutton, 1992; Phillips 1987, 38; see above, Chapter Two, section on Technical Medical texts). Claiming the Hippocratic evidence as the core of Greek medical practice, therefore, means adopting a one-sided view. Given the fact, however, that our most complete set of evidence for the 'scientific' views on medical issues in classical Greece is the Hippocratic Corpus, I will concentrate in this section solely on this collection of roughly sixty manuscripts.41

Written by multiple authors from various geographical regions, the Corpus contains texts that are believed to date to as late as the second century AD (Nutton 1985, 24). Despite this, it is conventionally considered today to be one, homogeneous entity that is ascribed to the medical tradition of Hippocrates of Cos, a famous physician of the fifth and fourth centuries BC (Nutton 2013, 52-71; Smith 1979, 199-204). It should be noted, however, that the question of which, if any, of these documents Hippocrates himself authored is subject to some debate (see Craik 2015; Edelstein 1939; Jouanna 1999, 58-65; Lloyd 1975). This is especially because individual works within the collection, besides their style of composition and subject matter, are also extremely varied in their applied methodological and ideological principles. In short, the format of the Hippocratic manuscripts ranges from formal technical treatises (e.g. Diseases) to notes (e.g. Epidemics) and concise scientific epigrams (e.g. Aphorisms), to name a few, and covers topics such as gynaecology (e.g. Diseases of Women) and basic surgery (e.g. Fractures). But it also addresses what is considered by some today (Boyd 2006, 32-3; New York State Task Force on Life and the Law 1994, 104; Veatch 2000, xvii) to be an early medical

41 Some information on medical ideals for this period, aside the Hippocratic writers, can be found in the fragmentary papyrus *Anonymus Londinensis*, see Jones (1947).
ethics (e.g. Oath and Decorum). Some diversity in the causality of disease is present within the Hippocratic Corpus in view of the wide range of ground covered, and includes diet (e.g. Winds 7), imbalance of bodily elements (e.g. Aphorisms 7.60), climate (e.g. Airs Waters and Places 23), violence (Disease 4.50), and even cosmology (e.g. Sevens 12) (see Craik 2015).

On the whole, the authors of the Corpus display considerable interest in material practicality. Hence the majority of causation they ascribe to disease has natural, i.e. observable, connotations. The recognition of real physiological symptoms and their principal origins is evident in several of these texts (e.g. Fleshes 13; see Chapter Five below, section on Children), but the Corpus generally presents theories that are based on only a limited amount of observation. The result is that many concepts presented by these treatises are chiefly founded on socio-cultural views of widely accepted ‘proper’ conduct, and sometimes even on fantasy ideals about how the human body should function. The notion of a wandering womb is a specific example of this (Diseases of Women 2.127; 2.137). As a medical condition, it could potentially have deadly consequences unless a woman complies with a set of candid advice, namely that she marries early, has regular sex, and, just as importantly, that she gives birth (e.g. Diseases of Young Girls; Generation 4; see Chapter Four, section on Women below). It appears from the study of these texts that while the Hippocratic doctors were reasonably good at observing, they had little true understanding of the underlying causes of what they observed, and hence projected their cultural beliefs onto the ‘unexplainable’.

King shows how cultural concerns may have influenced the Hippocratic scientific theory through an analysis of a specific religious tradition (e.g. 1994; 1998). In particular, she explains the unusual epithet Apanchomene (i.e. ‘strangled’ or ‘hanged’), given to Artemis at Caphyae, a city in Arcadia, through a set of diagnostic criteria found in the Hippocratic text the Diseases of Young Girls (King 1998, 82–

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42 This view is false. There is no clear and explicit evidence suggesting that the ancient writer’s intended meaning corresponded with what we try to read into the texts based on our modern perceptions (Senkova 2012, 41-5).
Pausanias, writing in the second century AD, reports a story about a group of children who tied a rope around the neck of Artemis’s cult statue at Caphyae and then called the goddess ‘Apanchomene’ (8.23.6-7). The local population executed the children on finding out, but Artemis still punished them with an outbreak of an illness (νόσος) that caused women to deliver stillborn babies (Pausanias 8.23.6). It is understood that due to the lack of access to modern medicine perinatal mortality would have been much higher in antiquity than it is today. Moreover, sometimes babies are stillborn even with access to modern-day medical care, simply because, for example, they have been strangled by the umbilical cord. Pausanias is not clear as to how many women suffered the condition, and so it is plausible that the disease he describes as having religious undertones might have, in fact, been the result of altogether natural circumstances. But he is clear in saying that the affliction was lifted from the affected women when amends were made in the form of a proper burial and sacrifice for the child culprits and, importantly, when the goddess was officially renamed Apanchomene (Pausanias 8.23.7). While earlier studies generally connect this strangling of Artemis to the ceremonial hanging of vegetation idols on trees (Farnell 1896, ii. 428; Jost 1985, 402), King interprets it in connection with the theoretical symmetry of women’s bodies described in the Hippocratic Corpus. The *Diseases of Young Girls* explains that unmarried girls of a marriageable age are likely to experience choking and may even hang themselves as the result of the biological underdevelopment of their reproductive organs. Artemis is known as an eternal virgin, whose reproductive organs will never develop (Callimachus, *Hymn to Artemis* 1.4), and King convincingly argues that calling her Apanchomene symbolises this status (1998, 82–84).

Such a model is perhaps comprehensible in view of the Homeric ideals, but to what extent did the Hippocratics themselves agree with the notion that illness comes from the gods? Given the practical approach of the Corpus one would expect an altogether sceptical attitude. This certainly is the case for some of these texts. The author of the *Diseases of Young Girls* explicitly denounces the practicality of

43 For the value of Pausanias as a source for Greece of classical period see below (section on Later Sources).
44 It might be expected that Pausanias meant ‘all’ the women, but this is in no way specified.
religious ritual as a healing method, claiming it to be deceitful, and promotes his ‘scientific’ theory instead. Similarly, the author of the *Sacred Disease* insists that ‘the disease called ‘sacred’ … has a natural cause’ (1), but that ‘men continue to believe in its divine origin because they are at a loss to understand it’ (1). The text further claims the disease is no different from other ailments and has an altogether organic cause (2). There are also examples in the Hippocratic Corpus that ostensibly suggest that recourse to the gods might be the result of insufficient knowledge among the lay people. In particular, the author of the *Regimen in Acute Diseases* points out the contradictory opinions in religious and scientific healing methods and calls for thorough investigations in the medical fields for any uncertainties (3).

Yet a number of references also exist within the Corpus which view the role of the divine in medicine as not only plausible, but also consider it to be a positive one (*Decorum* 6; *Dreams* 89 and 93; *Law* 5; *Nature of Women* 1; *Oath* 1; *Regimen* 1.12). While the opening of the gynaecological work *Nature of Women* explicitly states that ‘the most important factor in human affairs is the divine’ (1), the *Dreams* (*Regimen* Book 4) goes a step further, claiming that the discovery of one’s regimen can only be achieved with divine aid (93), and even offers a list of deities that can be consulted for this purpose (89). In addition, the Corpus contains indications of plain cosmological superstition, some of which, effectively, draw upon the principles observed in natural philosophy. This is, in particular, the case of Pythagorean mathematics, which, as Nutton argues, directly affected the development of the Hippocratic theory of critical days (see above, section on Philosophy; cf. Nutton 2013, 46). The author of the *Diseases*, for example, claims that death occurs on uneven days (4.47), and the author of the *Sevens* explains how the number seven ‘rules’ the whole universe (1-11; see below, Chapter Five, section on Children). Just as natural philosophy, therefore, the Hippocratic Corpus also appears to draw upon culturally specific ideas about the body, health and illness that were deeply embedded in Greek culture more widely, and which we observed already in Homeric epic.
Despite these explicit references, however, the Hippocratic doctors seem reluctant to resort to the application of divine healing themselves. The authors of the treatises *Epidemics*, which is principally a collection of treatment records, do not mention divine healing at all, but strictly stick to prescribing secular cures. They, however, occasionally omit extended periods of time from their accounts (e.g. 3.17. Case 14), which has led some scholars to consider whether the patients might have turned to other means of medical care available to them, such as a healing sanctuary (Lambert 1995, 73). We have no evidence for this, but if it were so we may question as to why the Hippocratics would not want to tell us that a divine alternative was consulted during the course of their prescribed treatments. The answer may lie in pondering the economic and cultural contexts of Greek medicine as a whole. Craik, noting that the religious cures of the Asclepius cult were gaining on popularity around the same time the Hippocratic theories were being developed, argues that desperation must have drawn the sick to pursue treatments wherever they could find them (2015, xx). In view of this we may consider the Hippocratic doctors as filling a gap in the healing ‘market’. As just explained, the Corpus clearly states that the supernatural influences human health, sometimes to the point of recommendation (*Dreams* 89). In doing so it coincides with the deep-seated, common cultural beliefs that are so evident in other literary genres, starting with epic (see above). But bearing in mind the nature of the medical ‘businesses’ in ancient Greece (Nutton 1985, 27; Plato, *Gorgias* 455; see Chapter Two, section on Technical Medical Texts above), it was necessary that its physicians distance themselves from the divine in their own practice in order to offer an alternative mode of treatment that stood opposite to ‘traditional’ forms of medicine, normally embedded in the mystic world of the gods and superstition. In other words, the ostensive attempt to exclude the use of other medical practices from the Hippocratic practice might not be the result of scepticism, but instead it might be the outcome of potential concerns about future employability on the part of at least some of the physicians.
Later Sources

To complete this section on literary evidence, I duly conclude with a brief synopsis of some of the relevant Roman and late antique sources. This is because, although composed late, some of these texts draw on the same themes introduced above, occasionally cross-referring to earlier Greek sources, some of which may otherwise be lost. In particular, some information on classical Greek tradition and paraphernalia relevant to divine healing occurs in Roman texts on geography (esp. Pausanias and Strabo) and biography (esp. Plutarch), but also in Byzantine reference books and anthologies of verses that are believed to have originated in antiquity (e.g. *Greek Anthology*). A very concise comment on these types on sources follows.

The descriptions of Roman geographers and biographers sometimes include passing information on specific local healing cults. Notably, Plutarch tells us that the Athenians worshipped Athena Hygieia (’Health’) in the age of Pericles (i.e. fifth century BC), Strabo identifies Apollo as the healing god of the Milesians and Delians (14.1.6), and both Pausanias and Plutarch mention a temple at Sparta that was dedicated to Athena Ophthalmitis (’Of Eyes’) in view of healing of Lycurgus’ eye (Pausanias 3.18.2; Plutarch, *Lycurgus* 11.4). Unfortunately, none of these authors provide enough description of ritual activity to allow us further understanding of the underlying beliefs for each cult in question, but there are other significant problems regarding the practicality of their texts, mainly because of the late date at which they were written. Notably, sources of these authors are often called into question (see, e.g., Pelling 2002, 91-116), and also much of our understanding of the Greek tradition, landscape, landmarks and, in some cases, monuments, referred to in these texts is subjected to temporal variations (Stewart 2013, 236). This means that the level of detail offered does not allow us to relate the information presented to a specific period with certainty. Pausanias’s preference for recording those monuments and ’history’ that are explicitly Greek, i.e. non-Roman, for example, has been discussed at length by numerous scholars...

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45 For discussion of this particular passage see Chapter Five, section on Slaves below.
The simple explanation that the great age of a sanctuary suggests that its rituals are also old does not suffice, yet the geographer has for centuries been subject to what Stewart calls '(ab)use' for his descriptive value (2013, 236-7). In other words, the lack of explicit temporal contextualisation in these treatises, and the uncertainties regarding the source material used for their composition, create difficulties for explaining any behavioural patterns in the cults described. Not to mention that often these texts are often subjected to artistic imagination on the part of their authors. This is especially the case with Plutarch, who, though he clearly collected information from earlier sources (e.g. Xenophon), also reverts to using what Shipley terms a 'creative reconstruction' in his text in order to link breaks in the chronological line and to enrich his narrative (1997, 5-6). Nevertheless, the value of geography and biography should be recognised in terms of passing down information about the existence of such healing opportunities as they depict (e.g. Habicht 1985, 1-28; Pretzler 2007, 1).

Late antique and medieval sources also occasionally draw on the tradition of the classical world and offer a wealth of relevant references to the past, although these cannot always be verified or contextualised. In particular, the Greek Anthology and the Suda sometimes provide fragments of, or information about, otherwise lost sources. The Greek Anthology is a vast compilation of poems dating from the classical to Byzantine periods that was collated by multiple collectors roughly between the tenth and the fourteenth century AD. It consists of several Books covering specific categories of poetry, with Books 6 and 7 being dedicated to votive inscriptions and epitaphs. These are the key types of texts for information about the healing powers of Greek deities and about the ways in which individuals invoked these powers (see section on Epigraphy below). Notably, Artemis is the subject of several verses that praise her role as a healing deity and as the guardian of children (e.g., 6.202; 271 and 272; 7.743), sometimes to the point of emphasising this connection with the use of a relevant epithet (e.g. 6.202). Her ability to inflict disease and death is also mentioned (e.g. 7.530 and 743), but so are suitable dedications to appease her when in need of healing, namely items of clothing (e.g. 6.271) (for clothing dedications see Chapter Four, section on Women
below). Though neither the full archaeological context for these entries nor their approximate date of composition was recorded, the poems clearly draw on the tradition already documented for Homeric times (see above). Moreover, they indicate the concerns of individual parents for the well-being of their children, and perhaps may have played a didactic role to others through the way they may have been displayed in situ as sepulchral inscriptions. Similarly, the Suda is a tenth-century AD compilation of encyclopaedic entries, covering pagan and biblical themes. Its value lies in the fact that as a reference work, it often quotes from ancient sources, some of which are now lost. A relevant example is an account retelling the myth behind the arkteia ritual at Brauron, in which young girls performed a dance for Artemis dressed as she-bears, symbolising the making of amends for the supposed slaying of a sacred bear that belonged to the goddess (see Chapter Five, section on Children below). Under the entries Ἀρκτεῦσαι and Ἄρκτος ἡ Βραυρωνίος the Suda explains to us the origins and the meaning of the ritual, marking a clear connection to healing of women and young girls, while cross-referring to classical authors, notably Aristophanes and Euripides, at the same time (see Sale 1975).

Last but not least, a brief note is necessary by way of explanation for my disregarding of the renowned Roman medical writers, such as Galen and Soranus (both writing in the second century AD) in this summary. While it may be anticipated that these authors would yield appropriate data, I omit them from my discussion due to their lack of relevance to the common cultural beliefs of ancient Greece before the Roman conquest. Greek influence on Roman medicine is indisputable. Indeed, given the centuries of cultural contact, Roman medicine developed through the assimilation of some of the Greek medical principles to become a complex combination of both Greek and Roman cultural elements (see Nutton 2013, 160-73). But it must be remembered that the Romans also reconceptualised the medical thoughts of other cultures (e.g. Egyptians) and cultivated much different methodological principles in their study of the human body (e.g. dissection), which ultimately resulted in further alienation from the
doctrines implemented in classical Greece (see Nutton 2013, 236-54). For these reasons I find it unessential to include even a passing examination of Roman scientific medicine in my study of healing in ancient Greece.

Summary

The chapter has so far discussed the issue of how our literary sources view the divine and its role in healing. It has demonstrated that all authors draw upon knowledge and beliefs already presented by the epic tradition, and reconceptualise it according to needs of specific genres and performative context.

The second part of the chapter will address material forms of evidence for religious healing in ancient Greece, namely archaeology and epigraphy.

Archaeological Evidence and Epigraphy

Archaeology and epigraphy represent an invaluable source of information on healing deities, ritual practice, and on individual supplicants of healing cults. Particularly relevant are votive offerings that were ostensibly dedicated for the purpose of healing, and inscriptions from sanctuaries that explicitly refer to medical issues. Detailed discussions of these sources follow at relevant places in the case studies in subsequent chapters, and so below I include only a very concise introduction to the methodological and interpretative issues regarding reading these types of data.

Archaeological Evidence

A key type of archaeological data attesting to religious healing practices in ancient Greece is the archaeological evidence of the shrines themselves, and in particular

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46 Of course, Greek and Egyptian medical thoughts also interacted and influenced one another, especially in the Hellenistic period of the third and second centuries BC; see Lang (2013).
the numerous deposits of votives (e.g. Osborne 2004; van Straten 2000). These objects represent one of the most important datasets from which it is possible to study individual acts of worship, because they were deposited with an immediate motivation in mind, even though the relevant motive is not often easily understood (Foxhall 2000, 486). Some dedications can reveal their motives in written form (e.g. Linders 1972; IGASMG 3.63; IvO 267; see below, section on Epigraphy), but the majority of votives are not inscribed and hence do not clearly indicate the motive behind their dedication (Foxhall 2000, 486).

In votives that are not inscribed, healing connotations can be identified, above all, through comparison with the Asclepius tradition, where a general theme of healing dedications has already been well established (e.g. Edelstein and Edelstein 1945; Wickkiser 2008). In particular, votives depicting anatomical features make it easy to suggest (but not to determine with certainty) a healing function for the dedication (Hughes 2017; Michaelides 2014). Seeing how the body parts represented by these objects may have been the subject of a search for healing, anatomical dedications seem to distinctly indicate anxieties about the supplicant’s body. This is not to say, however, that that our familiarity with the Asclepius model should make it a default when interpreting aspects of healing connotations on offerings from other sites, as this would not only be problematic but also methodologically incorrect. Votives take various forms in various cults (e.g. van Straten 1981, 65-103; van Straten 2000, 191-226), and although Asclepius provides the closest analogy in the Greek world, it is clear that individual dedications portraying body parts may not always mean healing (e.g. Lang 2013, 56 and 76; Petridou 2016; van Straten 1981, 144).

It is possible, however, to see how specific gestures portrayed on votives, not representing body parts, could prove significant for identifying how people may

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47 Votives have been extensively studied and many well-published catalogues from several sites exist, such as the sanctuary of Hera at Samos (Jarosch 1994) as well as all other major Hera sanctuaries from across the Greek world (e.g. Baumbach 2004), or the shrine of Artemis Orthia at Sparta (Dawkins 1929), to name a few.

48 I’m grateful to Dr Petridou for sharing with me a draft version of this article before it was published in 2016.
have dealt with issues or difficulties relating to illness by recourse to divine powers within shrines. The physique and/or facial expression of the votive, when it is in the figurative form, for example, may show signs of discomfort or motion pointing towards a biological function of the body. To illustrate this notion, we may consider the examples of terracotta figurines portraying women holding their breast and belly that have been recovered from major Hera sanctuaries across the Greek world (see below, Chapter Four, section on Women). Here the explicit gesture of pointing towards the female reproductive organs may indicate a medical concern for these areas. Similarly, figurines of obviously pregnant women are known from several sites, such as the sanctuary of Eileithyia at Inatos, Crete (van Straten 1981, 99-102). The documented association of Eileithyia as the goddess of childbirth (e.g. Plato, Symposium 206d; Dillon 2002, 230-1; King 1998, 94) helps to read these votives as dedicated with healing motivations in mind.

Since votives are usually understood as part of an economic exchange, in which the dedicated object appears as means of ‘payment’ for divine favours that are appealed for or have already been granted to the supplicant (e.g. Foxhall 2013, 150; Osborne 2004, 5), those dedications that appear to bear signs of a biological appeal must therefore indicate responses to one of these three scenarios: (1) a preventative measure asking for supernatural protection from potential illness which has not yet developed, (2) a request for healing when the person is already ill, (3) a thank-you gift for successful treatment.

The crucial problem with votives, however, is that modern scholars have sometimes used them unsystematically and uncritically. Since they are likely to represent either successful treatments or requests for healing (e.g. Foxhall 2013, 150; Osborne 2004, 5), this has misled some modern scholars into concluding that in each case everyone was cured (Dillon 1997, 73-80). This seems highly unlikely, but the perceived ‘success rate’ of healing must have had a significant impact on the reputation of these places. The quantity and/or quality of votives recovered from particular sites could therefore appear tempting in interpreting the popularity of any given cult. On the other hand, one must consider the fact that low numbers of votives may not give a representative picture of less frequently visited
sites because, inevitably, our archaeological record is incomplete. Similarly, all votives broadly reflect the social standing of their dedicants (Foxhall 2000, 486), and so the high quality of some offerings cannot be easily translated into a widespread popularity of the shrine over others or into higher expectations on the side of the dedicant. That is to say that even the most modest of votives may represent communication between an individual and the divine in which a substantial favour is expected or has already been granted. There seems therefore little meaning in measuring the ‘expectations’, i.e. healing, against the ‘investment’, i.e. the votive (Osborne 2004, 3), though this kind of investigation has the potential to shed light on the social background of the people who used sanctuaries for healing purposes.

Additionally, we have limited iconographic evidence portraying some of the divine healers as well as surgical practices. Although I will not discuss imagery in great detail in the following chapters, it can be important for picking up conventions about how gods, individuals, and groups of people are imagined (see Osborne 2011). Portrayals of Asclepius are well known from all periods, whether in sculpture (e.g. Pausanias 2.27) or on fourth-century coins from Epidaurus (Digital Historia Nummorum). However, along with the outline of my project, among the typical examples of healing iconography are mythological scenes or depictions of war injuries as described by Homer that are portrayed on Greek vases. The birth of Athena showing the goddess Eileithyia assisting in the process is a particularly repeated theme on Athenian wares in the sixth century BC. Interestingly, this scene is depicted on a variety of types of pottery. These include amphorae (Fig. 1) (Paris, Musee Louvre no. E861; Beazley no. 350214), vessels associated with water carrying and storing (Cook 1997, 210), pyxides (Fig. 2) (Paris, Musee Louvre no. CA616; Beazley no. 300499), small lidded cosmetic boxes (Cook 1997, 223), and thus associate with private life in the domestic environment. However, this motive also appears on kylikes (Fig. 3) (NY, Metropolitan Museum no. 06.1097; Beazley no. 302576), drinking cups used by men, which are associated with public drinking parties or symposia (Cook 1997, 227).
**Fig. 1:** Attic amphora (600-550 BC); Paris, Musée du Louvre no. E861; Beazley no. 350214.

**Fig. 2:** Attic pyxis (575-25 BC); Paris, Musée du Louvre no. CA616; Beazley no. 300499.
This choice of pottery types is peculiar, but it tells us about the Athenian approach toward this mythological story. These images show how the ancients may have imagined a particular form of divine healing, and they perhaps partly answer to the question of why recourse to the supernatural would have appealed to them. This is not to say that the Athenians believed that children were born from a head like Athena was (Hesiod, *Theogony* 929), but there appears a sense of calm in the iconography, which may have resulted in pregnant women turning to Eileithyia in hopes of a safe delivery. In fact, as mentioned above, Eileithyia is well known to us for her function as the goddess of childbirth (e.g. Plato, *Symposium* 206d; Dillon 2002, 230-1; King 1998, 94). The purpose of these paintings, therefore, may be to symbolise a message that giving birth was nothing to be feared and that divine aid was close by. Considering the rich market for Greek vases (Williams 1993, 97), these images would have been accessible to a wide variety of users.
Other healing motives used in vase painting include depictions of Greek surgery and portrayal of tending to battle injuries, for example. Homeric references are usual subjects in this respect, such as Achilles tending to Patroclus depicted on a kylix from the sixth century BC (Berlin, Antikensammlung no. F2278; Beazley no. 200108). This means that vase painting proves useful for identifying and visualizing some of the practices we know of from the written record. Additionally they help us to identify how some gods may have been useful for specific healing practices. In this way the imagery shows how the ancients might have imagined healing in practice. However, they do not explicitly tell us the specific motivations for the chosen measures in healing because, as a rule, they depict well-known episodes with either a mythological or literary background.

**Epigraphic Evidence**

Besides literature, another type of text is valuable when thinking of religious healing in ancient Greece, namely epigraphy. Particularly relevant are inscriptions from sanctuaries, such as records of dedicated items to potentially healing deities (e.g. *IG* II² 1514-30), specific treatment records (e.g. LiDonnici 1995) and, even more significantly, private dedications by individuals that explicitly refer to illness and healing (e.g. *IGASMG* 3.64; *IvO* 267).

Catalogues of material dedications to the gods, such as the series of inscriptions recording textile offerings that women dedicated to Artemis and which survive at Athens and Brauron (*IG* II² 1514-30; see Cleland 2005; Linders 1972), do not always provide a clear-cut indication of reasons for their dedication. We do not know why the Athenian clothing items were dedicated because the inscriptions do not explicitly say this. But through an analogy to similar types of offering elsewhere, and through connotations found in ancient Greek literature (e.g. Callimachus, *Hymn to Zeus* 77; Euripides, *Iphigeneia in Tauris* 1460–1470), a link to healing can be unequivocally established (see Chapter Four, section on Women below). Some inscriptions are more specific and list examples of successful treatments. Perhaps the most famous are the Epidaurian *lamata*, published
recently with an English translation and a commentary by LiDonnici (1995). Although these texts relate to the Asclepius cult, and therefore fall outside the scope of my thesis, they reveal much about the social perception of religious healing. Martzavou recently argued that these inscriptions were probably erected with propagandistic motivations in mind, as a means of evoking emotions of hope and confidence in prospective supplicants (2012, 178) (for discussion see Chapter Four below, section on Alternative Infertilities: Theory of Compatibility). Other types of epigraphic sources include, for example, sacred regulations and laws. One notable illustration is a public decree from Athens that regulates the duty to perform public sacrifice on a regular basis (IG II² 772). In brief, such inscriptions offer insight into the politics of healing in Greek shrines from the communal perspective.

More useful for the study of healing from the perspective of the ‘consumer’ are, however, casual inscriptions in sanctuaries commissioned, or written, by individual supplicants from a variety of backgrounds (Foxhall 2013, 19). This type of data includes collections of oracular questions, such as those excavated at the sanctuary of Zeus at Dodona (e.g. Eidinow 2013; Lhôte 2006; see Chapter Four, section on Men below), but it can also take the form of isolated specimens, such as a fifth-century BC inscription from Olympia that records a man dedicating a tithe of his property in fulfilment of a vow after his son was healed (IGASMG 3.64; IvO 267; see below). Testimonies like this are essentially first-hand information about religious healing from the consumers themselves, and therefore offer better insight into the short-term relationship between people and places that I am interested in. In short, they indicate a clear interaction between an individual and the supernatural in times of illness. Useful as they are, however, inscriptions rarely record the full range of processes involved in religious healing and the backgrounds of the people who used it. With the exception of the Epidaurian lamata this information is virtually never recorded. This would be crucial for understanding of people’s motives for appealing to specific cults. Moreover, not all inscriptions can be archaeologically contextualised, so it can be difficult to link them to a particular cult. Last but not least, most inscriptions survive in fragments, and no matter how cautiously a restoration is constructed it always fabricates the message originally
inscribed to a greater or lesser degree. In fact, fragmentation is rarely identified as a problem in modern scholarship, but, using the example of the above-mentioned dedication from Olympia (IGASMG 3.64; IvO 267), I will conclude this section by demonstrating that, unless further contextual information is known, the archaeological reconstruction can potentially results in a fabricated reading of history.

Fragmentation affects the majority of archaeological end epigraphic evidence and can be caused by an infinite number of factors. Whatever the cause, however, a fragment is always an object that we identify as part of a larger whole, and as observed by Yourcenar, our attitude towards interpreting, and understanding, it is often dictated by current trends (1983). The part of a larger whole, therefore, could not be a metonymy representing the whole, and to become aware of that whole to which a fragment belongs one must contemplate the original purpose of its producer as well as the different principles that may have interfered with the item since it was manufactured (Gumbrecht 2003, 13). Imagination plays a vital part in this process, but alone it is not able to immediately provide an idea of the ‘wholeness’. Instead, to fulfil the scope of any philological or archaeological work it should be stimulated with elements of contextual knowledge and with detailed observations referring to the fragment we are dealing with. Yet even if we can ignite and feed our imagination by means of appropriate inspiration, we can never determine what the imagination will end up presenting to our consciousness (Iser 1991, 378). In other words, no restorer could ever be sure whether she or he achieved to eliminate all traces of his or her imagination, because inspiration can come from anywhere. The relationship between imagination and historical reconstruction is thus a complex methodological issue both for archaeology and for ancient history. It has no straightforward solution, but it profoundly impacts our understanding of the ancient world. The above-mentioned inscription (IGASMG 3.63; IvO 267) is a prime example of this.
The texts of *IGASMG* 3.63 and *IvO* 267 (see below) are two possible reconstructions of a block base inscription written in Euboean script and dating to the middle of the fifth century BC. It was found to the southeast of the temple of Hera and North of the temple of Zeus within the Olympian sanctuary, and only the right-hand portion of it survives (Fig. 4):

![Stone base block, Olympia, c. 467-450 BC](Image by K. Purgold, reproduced here from *IGA* 532; also in Eckstein 1969, Textabb. 4; *IvO* 267; Jeffery 1961, Plate 49.8).

The transcribed text reads as follows:

1. νιος ὕπικεον ἐν Τεγει
2. καὶ θεαὶ πασίς
3. αἱ χρεματον ὁσσα ὑπὶ πλειστα ἑγεν
4. εἴλθων ἐπείτα εὐξάμεν

Line 1 includes the phrase 'living in Tegea', providing clues as to the person who set it up. The start of the line almost certainly indicates that person’s *ethnikon* as is customary in Greek inscriptions, that is her or his place of origin. Only the grammatical ending 'νιος' survives, indicating that the person in question was a
man, but we cannot answer with certainty as to which part of the Greek world he came from. For instance, Lakedaimonios, Sikyonios and Gortynios all include the same four-letter ending, offering some but not the only possibilities. Line 2 simply says 'and to all the goddesses'. The dative case in this phrase suggests a dedication was offered to these goddesses. The information preserved in line 3 can be roughly outlined as ‘of very great amount of money’ followed by a third person reflexive personal pronoun (ϝοι) and a possible past tense of the verb ‘to become’ or ‘to come (to be)’ (μεταπεστηκαί), but we do not know who or what was becoming as the person indicative ending is missing. The fragment concludes with a phrase that might be reconstructed as ‘I came, then we prayed’, suggesting further the religious connotations. In sum, a man, who was living in Tegea set this inscription up as part of a religious dedication to all the goddesses, and possibly to someone else. The surviving text provides neither definite clues as to the supplicant’s identity nor his reasons for offering the dedication.

While the possibilities to fill the gaps on this stone are endless, it is not my aim to offer my own attempt at restoration of the missing text. Instead, I intend to highlight the historical significance of the fragment. By reviewing the ways in which previous scholars have addressed it, I will show how deeply reflexivity and imaginative self-control of scholarly authority can affect our reading of ancient history.

H. Roehl, who initially edited the fragment in 1882 (IGA 532), proposed a connection between the stone and a passage in Pausanias, in which the geographer mentions a group of twelve statues portraying gods, heroes and, interestingly, the poets Homer and Hesiod, which were dedicated along the temple of Zeus in Olympia, and which, according to him, were inscribed as follows:

Micythus ... dedicated the works of art at Olympia. ... The inscriptions on the offerings give Choiros as the father of Micythus, and as his

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49 I'm grateful to Professor Graham Shipley for a post-viva discussion of the grammar and syntax used in this line; he lucidly translates the line as: ‘of as much money as came to him in large quantity’.
fatherland the Greek cities of Rheiium and Messene on the Strait. The
inscriptions say that he lived at Tegea, and he dedicated the offerings
at Olympia in fulfilment of a vow made for the recovery of a son, who
fell ill of a wasting disease.

(Pausanias 5.26)

... τὰ δὲ ἐπὶ τοῖς ἀναθήμασιν ἐπιγράμματα καὶ πατέρᾳ Μικύθω Χοϊρον
καὶ Ἑλληνίδας αὐτῶ πόλεις Ρήγιον τε πατρίδα και τὴν ἐπὶ τῷ πορθμῷ
Μεσσήνην δίδωσιν· οίκεῖν δὲ τὰ μὲν ἐπιγράμματα ἐν Τεγέα φησίν
αὐτῶν, τὰ δὲ ἀναθήματα ἀνέθηκεν ἐς Ὀλυμπίαν εὐχὴν τινα ἐκτελῶν
ἐπὶ σωτηρία παιδὸς νοσήσαντος νόσον φθινάδα.

(Pausanias 5.26)

His own reconstruction (IGA 532), however, assumes over-long lines, allowing
hence for far too much speculation, and so later scholars (Kaibel 1893; Preuner
1920) attempt further restorations by calculating the number of letters missing
from the inscription. This is achieved, in particular, by supposing the original size
of the block and comparing its dimensions with similar, reasonably preserved,
monuments from the area (Preuner 1920, 59-60). Roehl’s proposition that the
missing part of the inscription should include the information presented by the
Pausanías passage, however, has not been challenged, and both Kaibel and Preuner
make very obvious use of it:

[Mίκυθος ὁ Χοϊρον Ῥεγῖνος καὶ Μεσσᾶ] νιος, φοικέον ἐν Τεγέει
[τάγάλματα τάδε θεοῖς ἀνέθεκε πάσι] ν καὶ θεαῖς πάσαις
[παιδὸς δὲ νόσον φθινάδα] νοσέοντος ἱ
[ετὸ δυνατὸν ἵπτοις δαπανηθέντων] αἱ χρεμάτων ἱόσα ροι πλείστα ἐγέν-
[ἐς Ὀλυμπίην] ἐλθόν, ἔπειτα ἐυξάμεν-

(reconstructed by Kaibel 1893, 60-62; IvO 267 )
Line 1 is identical in both cases. It identifies the person who commissioned the inscription with some precision as Micythus, the son of Choiros, who was of Rhegium and Messene, and who lived in Tegea at the time of the dedication. The name is fully lifted from the Pausanias passage (5.26; see original Greek above), but this particular individual is also mentioned by other sources, notably Herodotus (7.170), who was his contemporary. The ancient sources also identify Micythus as the son of Choiros, and provide details regarding his lifetime. They tell us, in particular, that Micythus came from the house of the tyrant Anaxilaus of Rhegium. For nine years after Anaxilaus' death, around 476 BC, he was the regent of Rhegium for Anaxilaus' sons who were not yet legally of age, but after handing over control to them, he went to Tegea in Arcadia. From there he offered a number of dedications at Olympia (Diodorus Siculus 11.48.2 and 11.59.4; Herodotus 7.170; Macrobius, Saturnalia 1.28-9; Strabo 6.1.1).

Line 2 includes the actual verb 'dedicated' (ἀνέθεκε) in both reconstructions, which also appears in the Pausanias passage (5.26; see original Greek above). In addition to 'all the goddesses' (θεαῖς πάσαις) who are identified in the surviving part of the text as the receivers of this offering, however, both restorers expanded the line to encompass the phrase 'to all the gods' (θείς πᾶσι). This is not because of what Pausanias says, but presumably because it is a fairly standard formula used in a number of sources (e.g. Aeschines 1.116; Demosthenes 18.1; Hippocrates, Oath 1; Xenophon, Anabasis 6.1.31; 7.6.18). While the address to all the goddesses...
is rare, the concept of ‘all the gods’, or that of ‘all other gods’ besides the ones being addressed by name, is especially frequent in oath formulas and prayers to healing gods (see Versnel 2011, 503-4), and as we shall see in line 3, both Kaibel and Preuner clearly assumed the fragment to be just that.

The third line in both reconstructions is very interesting because it is lifted from the original Pausanias text in full (5.26; see original Greek above). It gives us the reason for the dedication, namely that it was offered because of Micythus’ son, who was suffering from a wasting disease. The surviving part of the inscription, however, provides no clues to this.

Line 4 places the dedication geographically, at Olympia. This information is again in Pausanias (5.26; see original Greek above), but it is also corroborated by the fact that the stone was actually found there (IGA 532). Here it is useful to remind ourselves that once a dedication was offered to the god or gods, it should not, in the ideal situation, leave the boundary of the sanctuary as it now fully belonged to the deity or deities worshipped there. In other words, having the name of a different shrine in the given text seems highly unlikely.

Having sketched how much both restorations owe to the quoted passage in Pausanias (5.26; see original Greek above), we can complete the survey of the text by identifying the discrepancies. These are to be seen in the lines 2 and 4. The second line, as mentioned earlier, uses a specific impression that is known from other sources (see above). It is, therefore, no surprise that it was adapted in both reconstructed versions. Where the two restorations differ completely, however, is in the fourth line, which recognises what else was being done about the son’s illness. In this place the imagination of each restorer comes into play. While Kaibel’s version tells us that Micythus spent money on doctors, Preuner suggests that he dedicated a tithe, that is one-tenth of his property, as contribution to a religious organisation, the sanctuary at Olympia in this case; and either version is perfectly plausible for a dedication of this period.
To sum up, the immediate connection between Pausanias and both versions of the reconstructed text is striking. By way of explanation, imagination driven by inspiration, ignited by Roehl in 1882, provided here a rational way of filling the gaps on the stone for both Kaibel and Preuner. The result is that the two reconstructions appear almost identical. But the only information that is actually preserved on the stone and matches Pausanias’ description is the note in line 1 identifying the dedicator as someone living in Tegea (⽗κέον ἐν Τεγέει). It is perhaps needless to say that in the middle of the fifth century BC, to which the fragment dates, Tegea was not a minute, insignificant city-state, and that Micythus clearly need not have been the only outsider living there. This means that any other foreigner resident at Tegea, provided he could afford it financially, could potentially have dedicated at the sanctuary in Olympia.

I do not wish to unjustly criticise Kaibel and Preuner for their work. Logic tells us that the connection to Micythus is perfectly plausible. He evidently was a historical figure, who visited the Olympian sanctuary and dedicated there. Indeed, having Micythus named as the dedicator makes the stone all the more interesting and appealing to us. But the critical issue remains that the surviving part of the inscription does not explicitly connect this particular fragment to him, still less does it explicitly indicate the nature of the text that was inscribed on the missing part.

No such connection can be made even with the consultation of several tiny fragments, which might belong to the left-hand side of the stone, and none of which is more than three letters long:

(a) [— —]ΟΣ[— —]
   [— —]ΝΕΘ[— —]

(b) [— —]Κ[— —]

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50 Naming people has its own special charm for all historical and archaeological encounters, just as we saw with the recent discovery of Richard III at my home institution in Leicester.
Nor can a link to Micythus be established through the consultation of a similar inscription, also from Olympia, with breaks and damage in different places:

\[\text{[Μίκυθος ὁ Χοίρου Ῥηγῖνος καὶ Μεσσήνιος φοικέων ἐν Τεγέη]}
\[τάγάλματα τάδε θεοῖς ἀνέθηκε πάσιν καὶ θεαῖς πάσαις.]
\[παιδὸς δὲ νόσον φθινάδα νοσέοντος καὶ χρεμάτων ὁ[σσα] ὁπλεῦστα ἐγένετο δυνατόν]
\[ἰητροῖς δαπανηθέντων, ἐς Ὀλυμπίαν ἔλθον, ἔπειτα ἔ[ύξαμενος, — — —].

\((IvO\ 268)\)

Nonetheless, a link to Micythus can plausibly be established through several contextual clues, most recently summarised by Osborne and Rhodes (2017, 24-29): firstly, the inscription is written in Euboean script, which is common in Sicily and South Italy in view of their tracing links with Euboea. Secondly, \textit{IvO 267} and \textit{IvO 268} appear to be duplicates of the same text, suggesting they should be viewed as part of the same monument. Lastly, Osborne and Rhodes mention that all the above-quoted fragments, i.e. \textit{IvO 267}, \textit{IvO 268} and \textit{IvO 269}, must belong to
Micythus’ dedications of the twelve statues listed by Pausanias (5.26), as was initially proposed by Roehl (IGA 532; see above), in view of their find spot North of the temple of Zeus and South of the temple of Hera (2017, 27). To put the threads together, Micythus’ fatherland of Rhegium and Messene might explain the use of the Euboean script, and the alleged monumentality and geographical location of his dedications as described by Pausanias (5.26) further support the connection of IGASMG 3.63 and IvO 267 to him.

Convincing as this argumentation may be, it does not guarantee the text, or even its general content, as reconstructed by Kaibel and Preuner in IGASMG 3.63 and IvO 267, to be accurate also. Although asking whether or not the reconstructions are true is obviously not in place, Roehl’s initial proposition to connect the stone to information presented by Pausanias has been taken for granted since it was first proposed more than a century ago (1882, IGA 532). The result is that Kaibel’s and Preuner’s restorations in IGASMG 3.63 and IvO 267, which, as we have seen, rely on Pausanias to the point of copying his text, are now widely accepted in secondary literature, and are repeatedly marked as ‘better’ or ‘best’ attempts at restoring the stone by the most influential specialists (e.g. How and Wells 1961, 205 (originally 1928); Jeffery 2003, 244-5 (originally 1961)). Such assurance is, however, subject to assumption that Pausanias did not omit, or artistically shape (see section on Later Sources above), any information available to him in his description of Micythus’ dedications, and, in particular, that he recorded the inscription accurately and in its entirety. While the geographer’s value as recorder of epigraphy has been defended in the past (Habicht 1985, 71), the most recent treatment of the fragments in IvO 267, IvO 268 and IvO 269 by Osborne and Rhodes also brings attention to linguistic difficulties in the surviving part of the text (2017, 28). Notably the syntax of the last line of the fragment, in which we see a change in grammatical person (ελθον επειτα ευξαμεν), begs further contextual questions, which Pausanias’ text alone cannot answer to. This means that even if

51 How far this information agrees with the original archaeological context is unknown because some masonry from the area was clearly reused, see Eckstein (1969, 33-42).
we accepted the connection to Micythus to be accurate, we still cannot be sure as to the accuracy of the content of the missing part of the inscription.

This example, therefore, demonstrates that in dealing with fragmentary artefacts or texts, there is no perfectly deductive and rational way of filling the gaps, but by filling these gaps we may then risk moulding the past according to our conscious or unconscious desires. Moreover, unless further contextual information is known, any such attempt could easily shift into fabrication, which might potentially stick even in the most authoritative scholarship. In sum, the stone is an interesting, and fascinating, piece of evidence for the history of the Olympian sanctuary, but it clearly cannot be linked with medicine on its own. Despite the convincingly argued connection to Micythus presented by Osborne and Rhodes (2017, 24-29), it is impractical for my study of ancient Greek healing practices because, besides the information presented by Pausanias, we simply cannot know what the original text said. I will revert, however, to the story of Micythus in my analysis in subsequent chapters, using mainly the literary evidence for his life, including that offered by Pausanias, and critically examine this for further clues regarding the ways in which individuals approached the divine for the purpose of gaining aid in medical crises (see Chapter Five, sections on Slaves and Children below).

**Conclusion**

This chapter has critically analysed the available body of evidence, both literary and material, for Greek perceptions of divine healing. The material presented shows that the Greeks considered illness, health and healing to be a ubiquitous issue. Crucially, the chapter has demonstrated that the association of illness, health and healing with the divine permeates the entire corpus of the literary tradition. All genres draw in different ways on knowledge that was deeply rooted in deep-seated, common cultural beliefs already in existence in the archaic and classical periods. Ancient literature thus not only allows us to identify divine healers, sometimes to the point of linking a specific ailment to a particular deity and
locating their cult geographically, but it also proves instructive in unpicking some of the common attitudes towards health and illness.

In particular, the sources tell us repeatedly that causes of disease in general have a supernatural character, and a healthy relationship with the divine consequently offers means to potentially avoid its occurrence. A considerable amount of attention in this regard is given to women and their reproductive cycle, and, perhaps quite expectedly, to the elite members of society.\(^\text{52}\) Besides these two groups of individuals, however, the literary tradition provides limited information on who specifically used religious healing and what for, and whether any culturally specific patterns dictated their access to it. In the following chapters I will, therefore, address these issues. In particular, given the ostensibly uneven distribution in the attention given to individuals of opposite sexes in the matters of procreation, the next chapter will centre on the different forms of treatment of a single medical 'concern', namely the issues surrounding human reproduction. The focus will be on the question whether we should understand the disproportion of interests in our sources as a consequence of consciously set gendered hierarchy of healing among the ancient Greeks. Chapter Five will then concentrate on non-elite, dependent, members of the society and their access to healing arts. In particular, the chapter will seek to answer whether divine healing was only the privilege of individuals of higher social status in ancient Greece, and whether there was a contrast in access to healing for dependent and independent members of society.

\(^{52}\) I disregard here physical injuries, such as battle wounds, which we also have ample examples of in the literary evidence.
CHAPTER FOUR

WOMEN AND MEN: AN INTERACTION OF GENDER IN GREEK HEALING

Introduction

The previous chapters have identified a pronounced interest on the part of ancient Greek writers in women’s health, and in particular in their reproductive cycle. Not only are women’s roles in procreation widely problematised within the medical treaties (e.g. e.g. Barrenness; Diseases of Women; Diseases of Young Girls; Excision of the Fetus; Generation; Nature of the Child; Nature of Women), but also there are plentiful references to deities who ostensibly took interests in women’s ailments (e.g. Bacchylides 11). Significantly, however, the preceding survey did not observe a similar preoccupation of the sources with the role of men in procreation. Even though some ancient sources refer directly to men in the context of reproduction (e.g. Aphorisms 5.62-3; see below, section on Men), the result is an almost universally accepted notion of social repercussions for women that pervades modern scholarship (e.g. Flemming 2013). This chapter challenges this view, and analyses written and material evidence for the different forms of treatment of a single medical ‘concern’, namely the issues surrounding human reproduction, for both sexes.

Reproduction is fundamentally a biological process, which can only be achieved with the combination of several prerequisites: the initial fertility of both partners, the ability to carry the foetus to full term, and the positive outcome of childbirth. While pregnancy and childbirth affect only women, reproductive fertility, i.e. the

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53 Preliminary results of the research presented in this chapter are published in the scholarly peer reviewed journals Graeco-Latina Brunensia (Senkova 2015) and Studia Hercynia (Senkova 2016)
physical ability to conceive an offspring, relates to both women and men. The chapter is, therefore, divided into sections based on the gender of respective potential patients, namely women and men, and questions how far we can discern concerns regarding their reproductive health within the body of our evidence. It will demonstrate that issues surrounding human reproduction were a serious consideration for both sexes in ancient Greece. In particular, material evidence from sanctuaries and literary tradition, mainly medical but also philosophical and political in character, reveals possible scenarios in which individuals were likely to seek healing of their reproductive systems. A fundamental part of the argument will show that men and women expressed their anxieties about reproduction differently. The chapter will, therefore, close with a discussion questioning why this might be the case. Overall, the chapter will argue that, in contrast to modern assumptions, which see infertility to be primarily a female problem, there were also other ways of thinking about infertility in the archaic and classical Greek world. Notably, there were contexts where infertility was attributed to the man, and, even more unexpectedly, to the combination of a particular couple as a whole. All of these were, however, dictated by cultural norms, which we can observe in literary tradition dating back to the Homeric times (see Chapter Three).

**Women**

All three above-mentioned criteria needed for successful procreation, namely fertility, pregnancy and childbirth, are linked with women. This perhaps explains in part the Greek preoccupation with their bodies. Yet the key issue in conceptualising gendered ideology in Greek medical thought is the fact that essentially all written evidence on the topic is by adult, free citizen, male writers, who, as we have seen in the previous chapter, often had their own agenda in mind. The lack of information on women’s perspectives ultimately results in our perceiving reproduction as seemingly more important in the context of communal politics for the ancient Greeks than on individual level. Indeed, the fact that without reproduction there would be no population that could form a community, and, consequently, a culture as a whole, was particularly recognised at Athens,
from where most of our sources originate. In most periods after 452/1 BC, citizenship passed through both parental lines at Athens, and so women were essential for the reproduction of the citizen body there (Osborne 2010, 246).

A number of texts from the Hippocratic Corpus are thus exclusively dedicated to female health (e.g. Barrenness; Diseases of Women; Diseases of Young Girls; Excision of the Fetus; Generation; Nature of the Child; Nature of Women). Notably, these titles distinguish between the normal and abnormal conditions of women's bodies, and lay down the fundamentals for the prevention and treatment of female health issues. In particular, early marriage and regular sex, and just as importantly childbirth, are repeatedly emphasised as essential for maintaining the general well-being of women (e.g. Diseases of Young Girls; Generation 4), and neglecting this advice could supposedly lead to potentially lethal conditions (e.g. Diseases of Young Girls). Based on only a limited amount of observation, concepts presented by these treaties are instead founded chiefly on preconceived ideals about women that were grounded in deep-seated cultural beliefs that are also manifested in philosophical thought, myth and ritual (King 1994, 112; see below, section on Explaining the Variant: Medicalised Gender and Gendered Medicine). The doctrines presented by the Hippocratics and the philosophers are, however, not representative of individual behaviours, and do not present explicitly what measures women actually took to control their perceived pathological bodies. Women would most likely not read or contribute to the medical theories (Dean-Jones 1994, 26–40), but they probably subscribed to a lot of the deep-seated cultural beliefs underpinning them, and so they would still engage in other kinds of activities marking their anxiety about the abnormal conditions their bodies could contract. One way of dealing with issues surrounding female health could be to turn to the divine.

Who the women may have considered to be appropriate deities and what further influenced their choice may be questioned, but I will solely concentrate on Artemis and Hera in my discussion. This is because the well-documented link of Artemis and Hera with young women and their biological and social maturation offers suitable room for investigating the goddesses’ roles in obstetrics and gynaecology.
This section will, therefore, survey votive evidence from their sanctuaries, specially selected to represent different geographical regions of the Greek world, in order to detect possible standardisation or variation in religious belief and ritual practice that may have developed in response to the perceived medical problems of Greek women. The sites under investigation include shrines to Artemis at Brauron and Athens in Attica, the sanctuary of Artemis Orthia in Sparta, the sanctuary of Artemis at Ephesus in Asia Minor, and the Heraia at Samos and Perachora. In order to simplify the argument, those aspects of the cults of Artemis and Hera that do not explicitly denote a connection with women’s interests will be omitted. Bearing these criteria in mind, three types of votives appear repeatedly in the archaeological record. These are the anatomical moulds of female body parts, terracotta figurines representing women gesturing towards the female reproductive organs, or holding items that are normally interpreted as symbols of fertility, and textile dedications. This section will question whether it is appropriate to read these types of votives as personal reactions to the cultural beliefs about women’s bodies. It will demonstrate that there are vital methodological issues when reading these types of data, but that, overall, a link to healing can be established. Moreover, using the case example of Pantanello, a rural sanctuary to an unknown deity in the Metaponto colony area, the section will conclude with a brief discussion of how votives might be used for wider understanding of Greek healing in venues not normally considered to be ‘healing cults’.

Artemis

Generally speaking, Artemis, an eternal virgin and the goddess of hunting and wilderness, also presided over the social and biological development of women, marking the transition of virgins, pari tenoi, into mature women or wives, gynaikes (e.g. Cole 2004, 180–181, 209–213). In contrast to our modern understanding of virgin as signifying anyone, man or woman, who has not yet engaged in sexual intercourse, the distinction between parthenos and gyné reflected a complex shift in the social concept of female identity for the ancient Greeks with marriage at its centre (Sissa 1990, 76-78). The word parthenos applies to young, unmarried girls
regardless of their sexual status and even to unmarried boys (LSJ s.v. παρθένος). Pindar, for instance, describes a parthenos who is already pregnant in one of his Odes (Third Pythian 34). It could, therefore, become risky to characterise the transition from parthenos to gyné as merely a biological one. Nonetheless, it is crucial to note that some biological processes clearly defied the stages in the process of becoming a gyné, namely menarche, defloration and first childbirth (Cole 2004, 209; King 1993, 111), and that Artemis appears to have played a vital role for the women experiencing these points of passage as attested by the etymological or metaphorical meanings of her numerous epithets. Two notable examples include Artemis Lysizonos and Artemis Lochia. The former can be translated as ‘the freer of the belt’, which represents the women’s belt or girdle and its undoing as symbolic of the opening of the womb during defloration or childbirth (King 1998, 85–86). The latter, usually translated simply as ‘of childbirth’, derives from the lochial bleeding (King 1998, 85–86). Because women experience the lochial bleeding after childbirth, this epithet should therefore be understood as indicative of a safe delivery that was granted by the goddess. Evidence for these and other epithets often come from literary sources (see King 1998, 82–88), and explicit references to Artemis in connection with women and childbirth appear in great numbers in epigrams from the Greek Anthology (e.g. 6.202; 6.271).

**Hera**

Hera’s primary function was as the goddess of marriage and family (e.g. Clark 1998, 13–14). Considering marriage as one of the crucial steps in the transformation of the parthenos into a gyné, Hera stands opposite to Artemis in this transitional process, looking after new wives and mothers. Her responsibility for these matters is invoked through multiple references in ancient literature. Notably, she is the mother of Eileithyia, a childbirth goddess in her own right in Greek mythology (e.g. Hesiod, Theogony 920; Homer, Iliad 11.270, 16.187, 19.103; Jayne 1962, 319–23). As such Hera is sometimes portrayed as being in control over

54 Eileithyia is often associated with other kourotrophic deities, notably Artemis (see below).
the outcome of childbirth by commanding Eileithyia to aid or to deter labour (Pausanias 1.18.5). Hera’s involvements in obstetrics are not always positive in nature, however. For instance, she is said to have obstructed the births of Heracles (Pausanias 9.11.3) and Apollo (Homeric Hymn to Delian Apollo 91–104). In fact, the motif of divine disturbance in issues surrounding health is not unknown in Greek thought. In particular, an outbreak of disease is commonly rationalised as the result of spiteful malice on the part of gods or as divine punishment (e.g. Hesiod, Works and Days 100–104; 238–245; Homer, Iliad 1). Besides these examples of Hera, Artemis is described as taking pleasure in bringing death and disease by our sources (e.g. Iliad 21.484).

**Women in Artemis and Hera Sanctuaries**

Ceremonies performed for Artemis by her female worshippers are a familiar feature of Greek religion. The cults of Artemis Limnatis and Artemis Caryatis on the borders of Laconia are primarily associated in our sources with sacred rituals performed by young girls and women (Pausanias 3.10.7, 4.4.2). Similarly, Artemis’ shrine at Brauron is well known for its arkteia ritual, in which young girls performed a dance for Artemis dressed as she-bears, symbolising the making of amends for the supposed slaying of a sacred bear that belonged to the goddess (Suda s.v. Ἀρκτέυσαι and Ἀρκτός ἤ Βραυρωνίοις; see below, Chapter Five, section on Children). The ceremonies are thought to have acted as a means of satisfying Artemis and securing her protection for the young girls in their future passing through stages of cultural maturation, i.e. the transition from parthenos to gyné (Cole 2004, 210).

This explanation does not, however, clarify whether all Artemis and Hera shrines served this function. Cult practice in the Greek world was extremely variable and was adapted to local customs and needs. The crucial evidence should, therefore, not only come from literature but from the places of worship themselves, and in particular from votive offerings and inscriptions dedicated at sanctuaries. These represent parts of reciprocal exchanges between the supplicant and the deity, and appear, among other things, as a means of entreaty or payment for divine favours.
(e.g. Foxhall 2000, 486; Osborne 2004, 5). In this case they provide a vital testimony to the behaviours women could adopt in order to keep their bodies in the condition dictated by the cultural norms as presented in the Hippocratic texts. In other words, by reviewing the nature of the votive offerings dedicated to Artemis and Hera it is possible to ascertain whether concerns flagged in the medical theories show up in the material culture. Three types of dedications seemingly indicating female interests appear in the sanctuaries of Artemis and Hera, namely anatomical votives, terracotta figurines and items related to textiles and their manufacture. Their potential link to the goddess’s healing roles is discussed below.

**The Votive Evidence**

**Anatomical Votives**

Models of female body parts occur frequently within the sanctuaries of Artemis and Hera. Breasts and vulvae survive in the shrines of Artemis at Athens (van Straten 1981, 116), and a golden vulva is known from her sanctuary at Ephesus (Marshall 1911, 71, no. 924). Likewise, the Heraion at Samos has yielded a model of female genitalia (Rouse 1902, 215). Generally speaking, anatomical votives make it easy to ascribe a healing function to the deity. Seeing how the body parts represented by these objects may have been the subject of a search for healing, these dedications appear to indicate clear and sometimes specific anxieties about the supplicant’s body (e.g. van Straten 1981, 100–102), as is the case with countless offerings found in all major sanctuaries of Asclepius (e.g. Roebuck 1951, 114-128). On this interpretation, the items recovered in the above-mentioned shrines of Artemis and Hera can readily be understood as dedications offered in response to the perceived problems with women’s bodies.

Yet female body parts do not appear in all the sanctuaries of Artemis and Hera under consideration here. In particular, no explicit imagery of female physiognomy survives in the Perachora Heraion. It is worth mentioning, however, that the
sanctuary lies in close proximity to a renowned Asclepieion at Corinth, where votives in the form of female body parts are a common feature (Roebuck 1951, 121–122). The alleged presence of a sanctuary of Eileithyia in the area (Pausanias 2.5.4) might also have had an influence on practice within the shrine at Perachora. Be that as it may, where dedications of female reproductive organs are attested, their numbers do not stand above those of other anatomical parts that are also present. Models of feet, hands, eyes and ears are known, for instance, from Artemis’s sanctuary at Ephesus and the Heraion at Samos (Hogarth 1908, 107; Rouse 1902, 215). Moreover, anatomical dedications to Artemis and Hera usually lack a dedicatory inscription that would explicitly identify them as healing votives.

Strictly speaking, not all body parts in our votive assemblages were necessarily associated with healing. Imagery of ears, for example, may not involve a biological problem with these sensory organs but, rather, a request that the god or goddess hears the supplicant's plea (e.g. IG X 2 1 100; van Straten 1981, 144). Similarly, models of eyes may not be indicative of a healing but might represent intense visual experience of the dedicants (Petridou 2016). This means that while the representation of female body parts within the shrines of Artemis and Hera plausibly indicate a healing role, they might be linked to other aspects of life. In other words, it cannot be automatically inferred that the primary function of Artemis and Hera was linked to female health based only on the evidence presented by anatomical dedications, and other types of votives have to be examined to reveal how women may have dealt with issues or difficulties relating to their bodies by recourse to the divine powers of Artemis and Hera in the chosen shrines.

**Terracotta Figurines**

Similarly, representations of women in terracotta figurines also could be interpreted as having healing connotations. Terracotta was relatively accessible both in price and abundance in the Greek world, and for this reason it offered a means of expressing oneself to individuals regardless of one's position in the social strata and one's region of residence (Kyrieleis 1988, 215; Picazo 2008, 60). While the subject matter and purpose of terracotta items vary considerably, its use for
the creation of votive offerings is attested in most Greek sanctuaries (Picazo 2008, 60). Those terracottas that appear in the sanctuaries of Artemis and Hera provide a wealth of data to help us appreciate the context of personal manifestation through the symbolism of the image. Their interpretation, however, proves problematic.

Baumbach’s research into votives dedicated to Hera at both the Samian Heraion and the sanctuary at Perachora yields examples of terracotta figurines portraying women holding items such as doves and pomegranates to their breasts and belly (2004, 176). While the explicit gesture of pointing towards the female reproductive organs may indicate a medical concern for these areas, Baumbach also emphasises the meaning of the doves and pomegranates as symbols of fertility on several occasions (2004, e.g., 17; 19; 31). In the case of the pomegranate this is no doubt because of the fruit’s wealth of seeds and the blood-red colour of the juice. Indeed, the possibility that pomegranates represented fertility to the ancient Greeks is often discussed in secondary literature (e.g. Farnell 1896, ii. 696–697; Immerwahr 1989, 407; Kyrieleis 1988, 219). Explicit evidence of such an explanation in the primary data, however, does not exist. For this reason, it may not be justified to consider the representation of the fruit on the terracotta figures, as well as its numerous models found at the sanctuary at Samos (Immerwahr 1989, 407), as representing dedications made by women for the purpose of gaining help from Hera with fertility. The same should apply to the evidence for the dedication of pinecones and poppies in the Samian sanctuary, which, due to their large numbers of seeds, are usually interpreted in a similar fashion to the pomegranates (see, e.g., Kyrieleis 1988, 219). Likewise, except perhaps for a late and debatable reference in Varro (On Agriculture 3.7.9), no explicit mention in the ancient sources indicates that the dove was considered a fertility symbol. For these reasons, nothing beyond the explicit body language portrayed by these dedications suggests that the terracotta figurines should be taken as evidence for Hera’s function in procreative matters at Samos and Perachora.

55 The pomegranate also appears in wedding/marriage and funeral/death symbolism; see Versnel (1993, 255 ff).
Nonetheless, rationalising images through the depiction of specific symbols can be helpful in instances where a clear analogy is available. The cult statue of Artemis at Ephesus is a good example of this. When compared to the portrayal of Artemis in the rest of the Greek world the difference is striking, and a prolific scholarly debate has developed around her multiple adornments. These are understood, variously, as breasts, eggs, or even bull’s testicles, but in any case as fertility symbols. A connection has also been made to the Anatolian ‘mother goddess’ Cybele (see, e.g., Flescher 1973, 85-7; LiDonnici 1992, 410). Whatever the actual meaning of the unique dress of the Ephesian Artemis, it seems at first sight to indicate a fertility function. This explanation, however, is not satisfactory. It does not account for any possible medicinal functions of the goddess or the cult, and it cannot testify to the range of roles that might be invoked by Artemis’s female worshippers in response to concerns regarding their bodies.

Be that as it may, a consideration of both the historical and the archaeological context of the area of origin can further help the interpretation of an image. In Laconia, the cult of Artemis Orthia provides an important source of information for the study of Spartan society (see, e.g., Cartledge 2002). For our purpose, however, it is important to notice the ways in which the Spartan cult represents a close link to fecundity through a clue offered by Pausanias. He tells us that a sanctuary of Eileithyia was located in close proximity to that of Artemis Orthia at Sparta (3.17.1). We have already mentioned that Eileithyia was a childbirth goddess by definition, and indeed, among the votives recovered from the sanctuary of Artemis Orthia are not only bronze dies inscribed with her name but also a group of terracotta figurines representing the birth goddess assisting a young mother and her newborn child, and another of a mother and baby (Dawkins 1929, 51, Fig. 29).

These objects appear to have been dedicated to Eileithyia, but the context in which they were found suggests the contrary. The fact that the finds come from the vicinity of the sanctuary of Artemis Orthia might indicate a close link between the cults of Orthia and Eileithyia through both the proximity of the shrines and their function. On the other hand, there might not be any connection at all. This scenario
would mean that the objects were deliberately dedicated to Artemis. We might then conclude that Artemis Orthia could act as Eileithyia, and served, in fact, as a childbirth goddess in her own right under the proper name of Artemis Eileithyia (Dawkins 1929, 402). The lack of evidence verifying either view does not need emphasis. The dedicators of the votives and their purposes can only be guessed at, as the objects lack detailed dedicatory inscriptions. Nonetheless the imagery of the terracotta figurines and the explicit mention of the name Eileithyia clearly indicate concerns about the female reproductive cycle at Sparta.

**Clothing Dedications**

Offerings in the form of clothing and tools used in cloth production represent a category of votives commonly associated with women. This is without a doubt because women are portrayed as the main producers of cloth in our sources, whether in literary works (e.g. Xenophon, *Oeconomicus* 7.35.6) or on images painted on pottery (e.g. Lewis 2002, 62–65). The association of these items with female health is partly established in literature, especially in regard to the cults of Artemis. According to some ancient sources, women often dedicated garments they had worn during pregnancy to Artemis as a thanks offering after they had given birth, or after they recovered from disorders in the menstrual cycle (e.g. Callimachus, *Hymn to Zeus* 77; Hippocrates, *Diseases of Young Girls*).

Fabrics from the ancient world rarely survive, but tools used in cloth making do. Spindle whorls and loom weights are a usual feature in the sanctuaries of both Artemis and Hera (for Brauron see, e.g., Cole 2004, 214; for Laconia, e.g., Koursoumis 2014, 196–217; for Ephesus, e.g., Hogarth 1908, 201; 234; for Perachora, e.g., Dunbabin 1962; and for Samos, e.g., Isler 1973). Similarly, series of inscriptions listing garment dedications indicate this was a common practice across the Greek world. While dresses offered to Hera are known from the Samos inventories (*IG XII.6 1 261*), suggesting a pronounced significance of the textile dedications for the cult practice there, clothes presented to Artemis are especially frequent and are attested at the Athenian Acropolis and at Brauron (*IG II² 1514-30*; see Cleland 2005; Linders 1972), as well as at Miletus in Asia Minor (Cole 2004,
216–217), and possibly at the sanctuary of Artemis Limnatis in Laconia (see Koursoumis 2014, 217). Although there are no actual records of fabrics dedicated at the Artemis Orthia sanctuary in Sparta, plenty of votive model textiles and weaving equipment was recovered from the site (see Dawkins 1929, pl. 90.d; 180.18; 181.27 and 28; 186.20, 21 and 27).

The Attic inventories are especially interesting due to their prominent presentation on the Athenian Acropolis. The inscriptions encompass a detailed catalogue of each of the dedications to Artemis Brauronia, recording the dedicant’s names and dates by the name of the archon (Cleland 2005, xi). Cole argues that the meticulous manner of display is evidence of the continual concern for women’s health on the part of all of society. In particular, she sees the stelai as means of promoting childbearing for women who have not yet had a child (Cole 2004, 230). It is plausible that the prominent display of such inscriptions could have had an encouraging effect, but, since these items were clearly private dedications, it is equally appropriate to seek a more personal explanation.

Strictly speaking, all of the dresses offered to Artemis are unique, sometimes to the point of being personalised with woven letters (IG II² 1514 7-9). The majority were, therefore, not only worn by the women who dedicated them or on whose behalf they were dedicated, but it is highly likely they had also been produced by them (e.g. Xenophon, Oeconomicus 7.35.6; Lewis 2002, 62–65). For these reasons, dedicating clothing should be seen as an offering of a highly personal nature that is specific to the woman’s feminine identity. These items then pertain to a socially attributed gender role while showing a bodily expression of the self, which could be translated into a biological purpose. By dedicating a piece of her body to the goddess a woman was consciously dealing with a problem that might have been denoted by cultural norms. To put it another way, while the dedication of clothes worn in pregnancy might symbolise a perceived gynaecological problem, items

56 Foxhall suggests that plate 186.27 may be a representation of a male hat (2013, 151). The votive certainly appears to be a hat shape, but there are no clear distinguishing marks to affirm the suggestion.

57 All dedications were made by women, but the collection also includes men’s and children’s clothing (Brøns 2015, 48; see Cleland 2005 and Linders 1972).
used by women in cloth manufacture emphasise the feminine nature of the task. Votives of this type could therefore represent the physical manifestation of bodies of their dedicators, and for this reason may be considered as material representations of the concerns seen in the medical texts. It is possible, therefore, that among the reasons why clothing dedications were offered at Brauron, Sparta, and in the other Artemis sanctuaries listed above, was for the purpose of healing. This interpretation may perhaps also extend to other cults, where we can identify the right contextual indicia.

A suitable example of a site where clothing items may have been dedicated for therapeutic reasons, but have not been identified as such, is Pantanello, a rural sanctuary to an unknown deity in the area of a Greek colony Metaponto, southern Italy. The occupational phases of the sanctuary span the archaic and classical Greek periods through to Roman times, and the site was used by the Greek settlers (Carter 2006, 163). The sanctuary comprises a spring, on which the early cult activity focused, and there is a stone cut basin, through which the worshippers accessed (Carter 2006, 164). A large number of loom weights were recovered from the site, which Foxhall identifies as personal dedications (2018, 613). The evidence for this identification is compelling: not only is every loom weight different and a large number of them show signs of use and wear, but these items are also personalised with unique markings. The motifs range from simple scratches to imprints of female specific objects, notably jewelry (Fig. 5), and one item is also inscribed with the word ΦΙΑΙΤ (Fig. 6).\textsuperscript{58} It is beyond doubt that such marks served as means for identification of individual worshippers, but they are also informative about aspects of social life of the women who dedicated them. In particular, we can learn about the women’s likely social standing from the means they used to personalise their loom weights. While jewelry imprints may indicate a wealthy background, the inscribed loom weight is a sign of literacy, presumably unusual among women. Be that as it may, a further indication that these loom weights were dedicated as votives can be ascertained from the fact that many were found in areas that were positively identified as being connected with cult practice and

\textsuperscript{58} I am grateful to Professor Foxhall for sharing with me, and for allowing me to reproduce here, images of these loom weights.
ritual, notably the above-mentioned spring and basin (Foxhall 2018, 613). We do not know to which deity, or deities, the sanctuary was primarily dedicated because explicit, inscribed or iconographic, evidence is lacking,⁵⁹ but Carter suggests Demeter on the basis of a fragment of a hydria handle with a painted torch (2006,164).

**Fig. 5.** Loom weight from Pantanello imprinted by a piece of jewellery (Image courtesy of Professor Foxhall).

In sum, there is no explicit evidence suggesting that Pantanello was a healing sanctuary dedicated to Artemis, or that the loom weights were dedicated there for the purpose of healing. However, several circumstantial clues imply that healing might have been one of the sanctuary’s focal points, and also one of the reasons for women to worship there. Chapter Two, section on Asclepius, revealed that water

⁵⁹ A Nymph has been identifies from the terracotta plaques found at the site (Foxhall 2018, 613).
sources were crucial components of Asclepieia. This is because of the importance of ritual bathing and purification, which were seen as crucial aspects of the recovery to good health (e.g. Vitruvius, *Ten Books of Architecture* 1.2.7; Parker 2001, 20; 212 ff.; 113). Modern research into the significance of water springs for the Asclepius cults further suggests that shrines to other deities with access to a water source probably served a healing function also (Croon 1956; 1967). The access to the Pantanello shrine through the stone cut basin indicates the worshippers performed ceremonial cleansing there. Such ritualistic purification is consistent with the needs of women’s bodies, which were generally considered to be wet and impure, and which had a direct effect on their health (see below, section on Explaining the Variant: Medicalised Gender and Gendered Medicine).

**Fig. 6.** Loom weight from Pantanello inscribed with the word ΦΙΑΙΤ (Image courtesy of Professor Foxhall).
Considering that the above-mentioned sanctuaries to Artemis, notably Brauron and Sparta, are also placed in watery locations, the proposed interpretation of identifying these places as healing sanctuaries is further affirmed. Moreover, when compared with the sanctuary at Pantanello a pattern emerges: the votive dedications in the form of personalised loom weights, and the circumstantial evidence for ritual bathing is consistent with the fundamental characteristics of healing that we identified as being practised in the Artemis shrines elsewhere in the Greek world. Of course, we do not know whether Artemis was worshipped at Pantanello, but remembering the poem by Bacchylides discussed in Chapter Three above, in the section on Lyric Poetry, which identifies Artemis as specially beneficial in the matters of women’s health, and which explicitly locates her cult into the Metaponto area (11), a link can plausibly be established. We may, therefore, conclude that, in addition to any other functions the sanctuary may have fulfilled, Pantanello was probably a healing sanctuary, serving the population of local women.

It imperative to stress, however, that further evidence suggests that not all dedications of this type were made to mark a request or thanks for a successful delivery or recovery from a gynaecological ailment. The identification of healing connotations must, therefore, be based on strict evidential evaluation. In particular, Iphigenia, the mythical first priestess of Artemis at Brauron, became a revered deity of that sanctuary in her own right after she died, and also received clothing offerings. These, however, were dedicated to her when a woman did not survive labour (Euripides, *Iphigenia in Tauris* 1465–70). After dying in childbirth, women, it should be understood, could never complete their cultural transformation into a *gyné* (King 1998, 23). Iphigenia, once a mortal woman to the Greeks, found herself in similar situation, dying before attaining the status of *gyné* (Euripides, *Iphigenia in Tauris* 1460–65), and so dedicating to her on behalf of those, who, like her, cannot accomplish the status of *gyné*, would have seemed appropriate (Dowden 1989, 43–4). Whether such an interpretation is true or not, however, making a dedication on behalf of someone who is already dead clearly could not indicate a plea for healing that individual. This means that while we may consider clothing dedications to be healing votives in one context, we cannot apply
that same symbolism to all scenarios, even within the same sanctuary. Unless, therefore, the context for these offerings is explicitly articulated to us, or unless other circumstantial evidence strongly supports this, as we have seen in the case of the Pantanello sanctuary, it is not appropriate to credit them with a healing role.

**Men**

This section centres on infertility, i.e. the physical inability to conceive an offspring, as it is the only aspect of the human reproductive cycle that may affect men. With the exception of a recent PhD thesis (Fallas 2015), the general assumptions of modern scholarship deem it to be a primarily a female problem, with the body of a woman seen as the unit of healing for infertility. In particular, the ever-increasing interest of modern scholarship in ancient Greek gynaecological texts (e.g. Dean-Jones 1994; Hanson 1989; King 1998) has caused the male function in reproductive processes to be overlooked and under-theorised. Similarly, even though we recognise today that failure to reproduce is a significant health issue that affects both sexes, determining the cause on either partner’s side is complicated even with the availability of modern scientific methods. For these

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60 I am grateful to Dr Fallas for allowing me to read her PhD thesis.
61 It is estimated that despite regular periods of trying, up to fifty percent of modern couples will experience problems with conception at some stage during their sexual maturity (Davies et al. 2009, 1).
62 Factors such as age, lifestyle, genetic predisposition, environment and psychological well-being play substantial part in the ability to reproduce in both sexes. Age in particular becomes a gendered issue when thinking about reproduction. It is usually considered in relation to women, for whom it has become typical to judge their reproductive ability according to their ‘biological clock’. This term relates to the aging of a woman’s supply of eggs, with which she was born and which mature during her lifetime in a process called ovulation. Because men retain the ability to produce sperm throughout their life they should, theoretically, be able to father children into old age. The quality of sperm, however, decreases with age as does that of women’s eggs. Similarly, lifestyle is an issue that affects equally both men and women, and includes aspects such as smoking, alcohol and drug consumption, but also poor diet and low levels of physical activity. All these factors decrease the quality of men’s sperm and women’s ability to ovulate (e.g. Davies et al. 2009, Seli 2011, Zhang 2011). Medically, semen analysis can identify problems with the reproductive potentials of a man, yet many
reasons it is imperative to answer some basic questions in relation to male fertility in ancient Greece: did Greek men understand they might have a fertility problem, or was infertility exclusively associated with women in their minds? If some basic understanding of male infertility existed, how could a Greek man tell he was infertile and what were his healing options? And ultimately, did the inability to father children affect his standing in the community, socially or legally?

The data testifying to Greek awareness of male infertility in the medical texts is scarce. Despite the extensive treatment by the Hippocratic treatises of reproductive processes and potential difficulties that might arise when trying to conceive (e.g. Diseases you Young Girls; Prorrhetic 2.24), only two works from this vast collection refer directly to men in the context of reproductive failure.63 These are a discussion of the traditional lifestyle of Scythians, a people occupying vast areas east of the Black Sea (cf. Herodotus 4.1-8), in the Airs, Waters and Places (20-21), and one entry in the Aphorisms (5.63):

They [Scythians] grow up flabby and stout for two reasons. First because they are not wrapped in swaddling clothes ... nor are they accustomed to horse riding as children which makes a good figure. Secondly they sit about too much ... People of such constitution cannot be prolific. The men lack sexual desire because of the moistness of their constitution and the softness and coldness of their bellies, a condition which least inclines men to intercourse ... they are weak in the sexual act when they do have intercourse. These reasons suffice as far as the men are concerned ...

(Airs, Waters and Places 20-21)

scientists agree that even in such circumstances the female factor cannot be disregarded (Tournaye 2011, 71).  
63 I disregard references to infertility caused by an injury or by a purposeful castration (e.g. Generation 2). For in-depth discussion of these instances of male infertility in the Hippocratic Corpus see Fallas (2015).
Women, who have the uterus cold and dense do not conceive; and those who have the uterus humid do not conceive, for the semen is extinguished, and in women whose uterus is very dry, and very hot, the semen is lost from the want of food; but women whose uterus is in an intermediate state between these temperaments are fertile.

Similarly with males. Either because of the rarity of the body the breath is borne outwards so as not to force along the seed; or because of the density of the body the liquid does not pass out; or through the coldness it is not heated so as to collect at this place; or through the heat this same thing happens.

(\textit{Aphorisms} 5.62-3)

These two texts ostensibly imply that the Hippocratic writers understood that men, as well as women, could suffer from flaws that might diminish their reproductive potentials. At the same time they offer some limited, conjectural explanations for why male infertility occurs: while the \textit{Aphorisms} gives way to a perception of fertility as something outside human control that depends merely on the constitution of the body, the \textit{Airs, Waters and Places} offers more detail on lifestyle factors that could lead to the loss of reproductive ability in men. Yet it is crucial to notice the contextual framework in which the two texts were composed. In doing so, especially the evidence provided by the \textit{Airs, Waters and Places} becomes increasingly problematic. The passage quoted above describes one particular culture, inhabiting one particular geographical region, neither of which is Greek. This is vital because foreign nations were regularly viewed as naturally subordinate by the more ‘sophisticated’ Greeks (Foxhall 1998a, 67; Skinner 2012). Indeed, highlighting any unusual peculiarities mostly fuelled the Greek interest in foreign cultures (see above, e.g., Chapter Three, section on Herodotus above), and so it is almost to be expected that the aforementioned Scythians would be described in unflattering ways.
Broadly speaking, the *Airs, Waters and Places* examines the relation of environmental features, such as climate, with human health and character. The ‘flabby and stout’ Scythian bodies that ‘cannot be prolific’ result from an alien lifestyle that no civilised Greek would lead, and which, it is understood, is the direct consequence of the environment they inhabit. In this basic framework the Scythian environment is foreign and therefore it is hostile, and, ultimately, it is unhealthy. In other words, the passage does not inform us whether the Hippocratics thought that Greek men, who live in ‘healthier’ regions and are hence naturally suited to be healthier, could suffer similar symptoms.

The *Aphorisms*, on the other hand, presents short, easily memorable, excerpts from wider contemporary medical thought that should be applicable to individuals regardless of region of origin, unless this is explicitly specified. However, the passage quoted above is not easy to interpret. In particular, it does not specify which women are prone to having a ‘cold and dense’ and ‘humid’ uterus and which men might have ‘rare’ or ‘dense’ body. Consequently, the two texts cannot be taken as evidence for general, widespread beliefs about infertility in all men.

Nonetheless, the *Aphorisms* passage coincides with some of the contemporary philosophical principles. This is important since philosophy formed an integral part of medicine at the time of its composition.\(^64\) In particular Aristotle’s detailed treatment of procreation in the *Generation of Animals* and the *History of Animals* explicitly states that both men and women, irrespective of area of origin, can be infertile (*Generation of Animals* 746b 15; *History of Animals* 10.1). Reasons for this are listed as sterility from birth caused by prenatal ‘deformities in the regions employed for copulation’, age, obesity and disease (*Generation of Animals* 746b 20-32), and, fascinatingly, the size of the penis: ‘men with large penises are not as fertile as men with average-sized penises, for sperm is unproductive if it is cold, and sperm that has too far to travel turns cold’ (*Generation of Animals* 718a).\(^65\) Unlike the Hippocratic writers, however, Aristotle clearly mentions that some of these ‘deformities’ could be treated (*Generation of Animals* 746b 34), even if he

\(^{64}\) Craik estimates the date of the *Aphorisms* to fifth century BC (2015, 34).

\(^{65}\) Similar notions appear in later sources (e.g. Aëtius, *On Medicine* 16.26).
provides no clues as to what this treatment might be. A simple formula for testing the quality of men’s semen (*Generation of Animals* 747a 4-6), and advice to wives to observe their husbands having sex with other women when in doubt as to their reproductive potential (*History of Animals* 10.5.1-20), are the only practical additions to his otherwise theoretical approach.⁶⁶

In both the Hippocratic writings and Aristotle’s philosophy of procreation, a pattern emerges: neither source offers any practical solution for the men affected.⁶⁷ Unlike women, whose health apparently depends on their ability to reproduce according to the Hippocrates (e.g. *Diseases of Young Girls*), men are given no medical attention at all. This appears striking because the male element of generation is never disregarded in the ancient reproductive beliefs. On the contrary, two theories of conception survive from Classical Greece, both of which consider a man’s contribution to be indispensable. First, the ‘one-seed’ theory of Aristotle argues that the man provides all relevant rudiments necessary for the creation of new life, which the woman only nourishes in her womb (*Generation of Animals* 727b).⁶⁸ Second, the ‘two-seed’ theory of the Hippocratic Corpus sees both male and female parts are essential. This concept rationalises both the creation of women and any possible resemblance between mother and offspring (*Generation 8*). Indeed, neither of the texts mentioned above suggests that a man’s input into conception is irrelevant, so it appears safe to argue that the omission of treatment advice for male infertility might be due to the fact that the Greeks felt no need to problematise it medically (Flemming 2013, 7 n. 23). This implies that while the Greeks of the Classical period considered childbearing and pregnancy as critical elements of women’s health, i.e. if these functions were impaired then women were ‘ill’, non-procreation in their eyes had no direct effect on the general well-

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⁶⁶ There exist dietary recommendations for aphrodisiacal effects (e.g. Pliny the Elder, *Natural History* 22.39), and some recipes for potions that are specifically prescribed to men with ‘seminal weakness’ (e.g. Pliny the Elder, *Natural History* 22.40), but these are late in date.

⁶⁷ The *Airs, Water and Places* passage proceeds with a description of the Scythian traditional remedy for treating their infertile bodies: ‘they open the vein behind each ear’ (22), but rather than a recommendation to his readers, the author’s aim here is an emphasis on the curiosity of the foreign practice.

⁶⁸ This notion has clear cultural bearings, notably observable in drama (Aeschylus, *Eumenides* 657-666; Euripides, *Orestes* 522).
being of men. These views seem to have remained unchallenged until at least the second century AD, when Soranus proposed lifelong virginity as healthful, regardless of gender (Gynaecology 1.30-2; see Hanson 2007).

Yet even if procreation was not medically important for men, the creation of offspring was inextricably linked with fulfilling one's social duty, namely the continuation of the family line (Wilkinson 1978, 26). The awareness that one was unable to father children could have, therefore, presented damaging social consequences. For this reason the most explicit evidence testifying to Greek understanding of male infertility comes neither from medical nor from philosophical discourses, but from an Athenian political speech of the early fourth century BC, in which the allegation of male infertility passes for evidence in a dispute over the inheritance of property. Isaeus’ Oration 6 follows claims made for the estate of a certain Euctemon after he died aged ninety-six. Among the claimants are his two alleged sons, who are no older than twenty, and a significant part of the oration represents other claimants’ efforts to dispute their legitimacy. A part of the argument amounts to an accusation that Euctemon was infertile because of his age:

Euctemon … announced his intention of marrying a sister of Democrats of Aphidna and recognising any children who should be born to her … His relatives, knowing that no more children would be born to him at his time of life …

(Isaeus 6.22-3)

We do not know whether the speaker’s plea was successful, but this is not important. Instead, the key aspect of the passage lies in the fact that, in view of the performative context of the speech at legal trial, it is clear that the speaker must have referred to Euctemon’s age purposefully, believing that it would seem plausible to the jury. In other words, the speaker must have been confident that such argumentation corresponds with the standard measures for belief in his contemporary society. We have already seen that Aristotle lists old age as one of
many general reasons for male infertility in his discussion of procreation (Generation of Animals 746b 20-32). But it is also worth mentioning that, drawing a parallel with the cessation of reproductive functions in women with age, the philosopher tells us precisely when this happens in another one of his texts. In particular, his advice on the appropriate timing of marriage for both men and women explicitly states that ‘the period of parentage terminates, speaking generally, with men at the age of seventy, and with women at fifty’ (Aristotle Politics 7.1335a). Euctemon would have been at least seventy-six when he supposedly fathered the boys. This means that he was well beyond the seventy-year benchmark listed by Aristotle, and, indeed, the speech reveals elsewhere that the youngsters were, in fact, not his own children (6.20). Although, the comment ‘generally speaking’ suggests that the philosopher understands that exceptions exist (Aristotle Politics 7.1335a), this incident reaffirms that the ancients evidently understood that some men, notably elderly ones, could not reproduce easily, while also providing some insight into the consequences this could have had for one’s life, especially from a legal perspective.

Having established that Greek men were clearly conscious that male infertility exists, the question is whether they felt contented acknowledging the problem when they suspected that might suffer from it, and, ultimately, what form would that acknowledgment take, i.e. what were their healing options? Because male infertility seems not to have been medicalised within the ‘scientific’ medical tradition, which, except perhaps for the problematic reference in the Airs, Water and Places (22; see above), provides no precise detail on potential treatment, Greek men may have sought alternative cures. A consultation of the divine seems to be an appropriate choice. The discussion above has shown a strong interest in divine consultations for the purpose of seeking aid in reproductive ailments irrespective of geographical region (see section on Women above). All, however, concerned women. Actual male appeals also exist, scarce as they are, and Attic tragedy of the fifth century BC, in particular, offers examples of how instances of men approaching the gods with requests that their wives may provide children may have worked in action:
Ion: Have you come to the oracle with your husband or alone?
Creusa: With him ... he wished to learn one word from that shrine ...
Ion: Have you come for the sake of harvest, or for children?
Creusa: We are without children, though married for a long time.

(Euripides, Ion 299-305)

They call me Jocasta, for so my father named me, and I’m married to Laius. Now when he was still childless after being married to me a long time in the palace, he went to and questioned Phoebus, and asked for us to have sons for the house ...

(Euripides, Phoenician Women 12-18)

There are no explicit references to male infertility as such here, and we cannot tell which partner was the cause of the childlessness. Yet, in view of drama as kind of didactic genre, showing proper as well as improper behaviours to the audiences (Winkler 1990, 20; see above, Chapter Three, section on Drama), these few examples indicate that Greek men probably did not consider the taking of actions in response to reproductive failure as an exclusively feminine task. On the contrary, men sought aid, but they would perhaps be wary of naming themselves as the party responsible.

It is perhaps due to non-medicalisation of the problem that no known deities are exclusively responsible for male procreative functions in Greece of fifth and fourth centuries BC. But we can find two types of potential archaeological evidence for male consultations regarding fertility. Following the analogy with the Asclepius cults, one takes the form of anatomical votives. The other, namely inscribed enquiries, especially oracular questions, is more explicit and conveys the actual words of the supplicants. Below I discuss both types of data separately and argue that while the anatomical votives offer us a seemingly clear understanding of the nature and the purpose of the act of dedication, i.e. that they pertain to appeals for healing, it would be wrong to take these objects as evidence for fertility
consultations alone. Close reading of the oracular questions, on the other hand, forms the basis for a new theoretical concept, specifically that of compatibility of sexual partners. This model explains that, rather than seeking flaws in an individual’s reproductive potential, the Greeks might have considered the combination of particular partners as a key aspect leading toward successful or unsuccessful procreation.

Anatomical votives in the shape of men's genitalia are common (e.g. Roebuck 1951, 122-123), though they do not appear in such large numbers as their female counterparts (see above, section on Women). Establishing a clear link to male fertility is problematic, however, because some may be indicative of entirely different biological problems other than infertility. 69 The Asclepieion at Corinth provides a good example of this: the majority of penises recovered from the site show the foreskin drawn tightly over the glans (Roebuck 1951, 122-3, plate 35-7), 70 leading some scholars to believe that this is a representation of the pathological condition today called phimosis (Oberhelman 2014, 50). This portrayal of a penis is characteristic of most votive offering from antiquity, 71 and if all represented phimosis it would suggest that it was an extremely frequent condition. Indeed, scholars arguing the ailment is represented often do so in view of the poor hygiene and sexually transmitted disease, which would, no doubt, have had substantial effects on sexual health in antiquity (e.g. Catucci and Jannelli 2002, 64; Comella 1982, 134). There is, however, a significant problem with this assumption. In particular, depicting detailed pathologies is not characteristic of Greek votive offerings. That is to say, anatomical votives recovered form the sanctuaries of Asclepius normally represent the members of the human body in ‘healthy’ condition, and, perhaps more significantly, these items are merely formalistic, symbolising the affected body part, and a naturalistic appearance is

69 I disregard here non-biological meanings such as symbols of luck.
70 Roebuck catalogues eighteen pieces in his publication, some of which are damaged. There are, however, thirteen intact specimens, and, though they are clearly not made from the same mould, they all share the said feature of foreskin drawn tightly over the glans (Roebuck 1951, plate 35-7).
71 D’Arcy Dicus points out that the same iconographic principles appear on the majority of votives in Etruscan and Roman sanctuaries from across Italy (2012, 148-53).
never a requirement.\textsuperscript{72} If, therefore, phimosis was represented, it would mean that it is a highly untypical category of votive. This seems unlikely. Instead, those scholars, who do not agree with the phimosis explanation, offer a link to sexual virility and fecundity in their interpretations (e.g. D’Ercole 1990, 185; Ferrera and Pinna 1986, 135). The truth is, we do not know why these items were dedicated because they lack an explanatory inscription. While, therefore, it might be tempting to see anatomical votives of male genitalia as evidence of anxiety about reproduction, they might be symbolic of other concerns such as sexual performance or urinary complaints for example.

The other form of evidence is more explicit, namely oracular questions, and a particularly fruitful example is those recovered from the sanctuary of Zeus at Dodona. This sanctuary yielded a large number of lead tablets bearing various enquires to the god dating from the sixth to the second century BC (e.g. Eidinow 2013; Lhôte 2006). A catalogue of selected testimonia from the site was recently published by Eidinow (2013), but the majority still remain unpublished. Nonetheless, queries in which the supplicants ask about children are frequent in the available collection. A standardised formula by which men ask for children from a particular woman appears in four published requests and follows a set pattern: “[man’s name] asks the god whether there will be children for him by [woman’s name], the wife he has now?” (Eidinow 2013, 90 no. 1; 92 nos. 4-6).

Similarly to the examples from Attic drama quoted above, these testimonies should not be interpreted as simply placing the fault with one or the other partner, so they potentially pose a problem for a discussion of male infertility. Equally significantly, the texts are not clear as to whether these men are referring to an already experienced failure, or whether they are raising general concerns for future in order to decide whether they should marry the women in question (Flemming 2013, 17). While both scenarios are equally plausible, the recurrence and phraseology of the Dodona requests suggests that the combination of particular

\textsuperscript{72} Exceptions exist, however. A good example is a relief dedication in the form of a leg, clearly showing varicose veins, that was dedicated to the hero Amynus at Athens in the fourth century BC (National Archaeological Museum, Athens 3526; Rouse 1902, 222). But the leg on the votive is represented larger than life, and so despite the realistic appearance of the medical condition the dedicant may have suffered, we cannot talk of a truly naturalistic portrayal.
partners might have been held responsible for unwanted childlessness in the eyes of the suppliants. On this interpretation, we can develop an alternative approach to infertility in classical Greece, namely the theory of the compatibility of couples, which I will explain in the next section.

**Alternative Infertilities: The Theory of Compatibility**

The chapter has so far identified that infertility was understood to affect both women as well as men in ancient Greece. But the evidence from the sanctuary at Dodona just presented raises questions whether the responsibility for unwanted childlessness could have also been regarded as the outcome of the combination of a particular couple rather than strictly placing the fault with individual women or men. Aristotle’s discussion of the sterility of mules offers some clarification for the conceptual and theoretical background to this issue. In particular, for Aristotle, the sterility of mules is an expected outcome of the combination of two species, i.e. a horse and an ass, which both have ‘natural dispositions to be infertile’ (*Generation of Animals* 748b8-20). An offspring of such combined parentage must consequently be ‘more infertile and unnatural’ according to the author (*Generation of Animals* 748b18). Yet mules reproduce on occasion, which Aristotle acknowledges in several places (*History of Animals* 6.24, *Generation of Animals* 748b32). When this happens, however, the philosopher sees the offspring as ‘deformed and diseased’, a *ginnos* (*Generation of Animals* 748b34), and proceeds to compare it with the ‘deformed and diseased’ offspring that is sometimes born to parents of the same species, a *metachoiron* (*Generation of Animals* 749a1). Among his examples of the *metachoira* are human dwarfs (*Generation of Animals* 749a5), who are hence to be understood as the product of an unnatural combination of parentage among humans. Aristotle gives little detail on the particular type of parents prone to develop dwarfism in their children other than a generalised

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73 Is this perhaps why we find mule testicles listed as the main ingredient in some contraception recipes from later antiquity? (e.g. Aëtius, *On Medicine* 16.17).
74 Notable cases reported from antiquity include, e.g., Herodotus (7.57) and Varro (*On Agriculture* 2.1.27).
statement that a ‘metachoiron comes under the class of offspring which is unlike its parents’ (Generation of Animals 770b7). This means that the parents of a metachoiron do not need to be metachoiras themselves, but they must in any case possess similar natural ‘dispositions’ as the horse, ass and, consequently, the mule.

In view of this, both men and women, who are otherwise healthy, can produce children whose ‘deformity’ or inferiority results from their incompatibility with their sexual partners. Similarly, such otherwise healthy parents might not be able to procreate at all. Aristotle suggests this possibility in passing in his discussion of the causes of infertility in humans when he mentions that ‘both [partners] are able to have children but are not matched to each other in simultaneous emission’ (History of Animals 10.4.5-10). Although the philosopher does not discuss this idea at length and proceeds rather swiftly debating the female part in the process of conception, the proportionate compatibility of couples is clearly vital for successful procreation in his view. In fact, he raises this idea again, when he discusses the importance of συμμετρία in the natural world: ‘they [the couple] require the right proportional relationship, and that is the reason why it happens that many couples fail to effect generation with one another, but if they change partners they succeed’ (Generation of Animals 767a). The Hippocrates too imply that the matching parts, and pace, are a requirement for successful conceptions. For them, the mechanics of conception involves the mixing of respective bodily fluids they call the ‘male’ and ‘female’ seed (Generation 5). But this can, however, only happen under specific conditions. In particular, both partners must orgasm. Moreover they must orgasm in a specific way and at a specific time for the relevant fluids to mix properly (Generation 4).

Be that as it may, these theoretical principles are an elaboration on beliefs deeply embedded in the Greek culture. Notably, Hesiod’s description of the birth of the goddess Aphrodite already uses the idea of an appropriate procedure of seed mixing. In his account, Cronos threw Sky’s (Uranus’) severed genitals into the sea and ‘foam spread around them from the immortal flesh, and in it there grew a maiden (i.e. Aphrodite)’ (Theogony 190). Similarly, Aristotle’s philosophy is

75 I.e. a ‘two-seed’ theory, see section on Men above.
noticeably inspired by earlier ideological concepts, namely the superiority of men of men over women (Hesiod, *Theogony* 535-616 and *Works and Days* 42-105; Semonides F7), which he explicates in several of his treatises (*Generation of Animals* 729a-b and 775a; *Politics* 1.5.1254b13-16; see section on Explaining the Variant: Medicalised Gender and Gendered Medicine below). This means that, despite their open disagreement, neither Aristotle nor the Hippocratic writers are building their theoretical principles on ungrounded means. There is, therefore, some potential that the ideological framework for the compatibility of couples was widespread among the populations of ancient Greece, and below, I will discuss three specific cases of regional practice that can be interpreted in line with the proposed theoretical principles. These are purposely taken from varying cultural, economic and political settings in order to demonstrate the plausibility of this notion: namely, the Asclepius sanctuary at Epidaurus, which represents a suitable analogy to the religious settings discussed above, while the Athenian and Spartan *poleis* embody different kinds of Greek societies. Although none of the examples discussed refers specifically to the theory of compatibility, the model is implicit in the conceptual background.

**Epidaurus**

It is beyond doubt that the dominant Greek healing deity, Asclepius, would have been a point of help for fertility issues. The available evidence, however, suggests that women, rather than men, normally asked for children from the god. Yet the case of male infertility cannot be ruled out in at least five extant testimonies from his shrine at Epidaurus. Strictly speaking, seven accounts from the treatment records of the Epidaurian Asclepieon, collectively known as *lamata*, refer to women in the context of reproduction (LiDonnici 1995, A1, A2, B5, B11, B14, B19, B19, B19, B19, B19, B19, B19, B19, B19).

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76 Aristotle, in particular, takes effort to disregard the ‘two-seed’ theory, saying conception sometimes happens without the woman reaching an orgasm (*History of Animals* 10.10).
77 I disregard the evidence of male genitalia because we do not know whether they were dedicated for the purpose of reproduction (see section on Men above).
B22). Of these, one concerns a woman who came to the sanctuary already pregnant, asking the god to relieve her of her five-year gestation (A1). This case clearly has no bearing on infertility and is therefore not relevant. Another account deals with a false pregnancy (B5), and also does not relate to infertility. The remaining five incidents represent women who came to the sanctuary specifically to ask for children. Unlike the evidence presented by oracular questions discussed above, the *lamata* also record some information on the course of treatment that was undertaken, and, more significantly, its outcome:

A three-year pregnancy. Ithmonika of Pellene came to the sanctuary to have children. Sleeping in the shrine, she saw a vision. It seemed that she asked the god if she could conceive a daughter, and Asklepios answered that she would ... She became pregnant and bore the child in her stomach for three years... (A2)

Andromache from Epirus, concerning children. When she was sleeping in the shrine she saw a dream. It seemed to her that a handsome young boy uncovered her, and after that the god touched her with his hand. From this a son was born to Andromache by Arhybbas. (B11)

* A woman from Troizen, concerning children. This woman, sleeping here, saw a dream. It seemed to her the god said that she would have a family ... After this, within a year a son was born to her. (B14)

--da from Keos. This woman, sleeping here concerning children, saw a dream. It seemed to her that in her sleep a snake lay down upon her stomach. And from this five children were born to her. (B19)

Nikasiboula of Messene, concerning children. Sleeping here she saw a dream. It seemed to her the god came bringing a snake creeping beside

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78 I follow here LiDonnici’s classification of the inscriptions, i.e. A=IG IV² 1.121; B=IG IV² 1.122; 1=individual testimony.
79 Following LiDonnici’s edition, italics indicate restored text in the inscriptions.
him and she had sex with it. And from this children were born to her within a year... (B22)

The explicitness of these testimonies is clear: all five women fell pregnant following a miraculous treatment delivered by the god during supplication. Considering the socio-historical and topographical contexts of the lamata, this reading, however, becomes problematic. The inscriptions are part of four extant stelai that were set up during a major rebuilding programme of Epidaurus in the fourth century BC (LiDonnici 1995, 5-14).\(^{80}\) Yet as LiDonnici’s semantic analysis of the texts reveals, they are a combination of earlier inscriptions, votives and oral traditions (1995, 76-82). Given that an individual’s contact with the lived past in ancient Greece was usually not more than three generations (Foxhall 1998b, 125-7), the women named by the inscriptions were likely not in the living memory of contemporary population at the time of their erection. This means that though the recorded names suggest a connection to real individuals and their real, individual stories, the tales as inscribed on the stelai do not necessarily represent contemporary realities, if realities at all. That is to say, the texts were displayed in an openly accessed area where anyone visiting the sanctuary could view them (LiDonnici 1995, 19). These facts led Martzavou to conclude that the lamata must have made a great emotional impact on the supplicants visiting the sanctuary, and that their main purpose was, in fact, in stimulating hope for potential supplicants and in creating rumours about the efficacy of divine healing (2012, 195-6). In other words, much like in today’s advertising campaigns, rather than recording factual course of historical cures, the function of the lamata was promotional, creating a psychological impact on the target audiences. In this way, they purveyed to women that to become pregnant, i.e. to become cured of an unwanted childlessness, is attainable regardless of a potentially flawed medical history and previous unsuccessful attempts at conception.

How exactly this was meant to be accomplished, however, is open to speculation, but I would like to offer one possible explanation. While the lamata explicitly

\(^{80}\) IG IV² 1.121–124. Pausanias mentions six stelai (2.27) so there were likely more testimonies.
describe miraculous therapies involving sleeping and dreaming in designated areas of the sanctuary, i.e. means specific to the Asclepius cult, noticeable are the two accounts where the women are said to have given birth about a year after their visit (B14, B22).\(^{81}\) This is noteworthy because, unless the supplicant asks the god a wrong, or otherwise insufficient, question (A2), commits a sacrilegious act (A7), or is sleeping in the sanctuary on behalf of someone else (B7), all testimonies claim the treatments were instantaneous, with the supplicants leaving the sanctuary cured the next morning. Except for the testimony regarding Ithmonika of Pellene (A2),\(^{82}\) all women in the above examples asked specifically for children and seemingly followed all relevant procedures without any record of disrespect (B11; 14; 19; 22). This leaves no doubt as to the correctness of their supplication, and so, to keep with the set pattern, it would be appropriate if they too left the sanctuary with a child the next day. This, however, is not the case. Although Asclepius was ostensibly able to miraculously cure other ailments, some of which would normally require prolonged periods of treatment, immediately (e.g. a malignant ulceration on a toe, case A17), his healing of at least some women asking to have children roughly corresponded with the actual time of human gestation. One possible explanation for such accurate timing could, therefore, be that the women in question might have conceived by having sex with someone while they were seeking cure at the sanctuary. Upon close reading, one account suggests this by way of simile (B22), and another two implicitly allude to it (B11, B19).

But even on this interpretation there are several significant problems. We cannot tell how long the women stayed and what the stage their menstrual cycle was at the time of their visit. Similarly, Pausanias’ account of the prohibition of births and deaths within sanctuaries (2.27) speaks against the argument. While we cannot answer any questions regarding how easily could the women in question have got pregnant from the *lamata* alone, we might perhaps be wrong to understand the Pausanias’ passage too literally. Although the geographer is explicit in his text he, however, only informs us on what sanctuary behaviour should have been like and

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\(^{81}\) The account of B14 has this time scale reconstructed.

\(^{82}\) At first, she only asked the god to conceive a child, but because this request was deemed as insufficient, she carried the pregnancy for three years before giving birth after a second visit to the sanctuary (A2).
not what it actually was. By way of explanation, broader prohibitions on behaviour always have exceptions,\textsuperscript{83} and the account A11 of the \textit{lamata} is a good example of this. It records an incident in which a man was wondering about the sanctuary at night ‘when the supplicants were already sleeping’. Not only does this case show that the Greeks did not always follow rules, but it also shows that there would always be an opportunity for people to break these rules. Whether, therefore, we accept the proposed explanation for the healing of childlessness within the Epidaurian Asclepieion or not, it emphatically is plausible. The women came to the sanctuary because they could not get pregnant with their regular sexual partners, i.e. their husbands, but a ‘divine treatment’ at the Asclepieion helped them to conceive. For at least some women this ‘divine treatment’ could have involved intercourse with a different sexual partner. The account of A11 in the \textit{lamata} affirms this was a possibility, and if this were so, it would be an example of the theory of compatibility put into practice. The question, however, whether this was a methodical, widespread custom, and whether the women consented to it, is another matter.

\textbf{Sparta}

Sparta provides an excellent example of a region where the theory of compatibility seems to have been applied deliberately. In particular, Xenophon’s and Plutarch’s descriptions of the Lycurgan laws regulating marriage among the elite Spartiates are very relevant.\textsuperscript{84} In the first instance, the two authors outline to us the secretive nature of Spartan matrimony:

\begin{quote}
Then the bridegroom … continued … spending his days with his comrades, and sleeping with them at night, but visiting his bride by
\end{quote}

\textsuperscript{83} Not to mention that some prohibitions are at times proven to be a myth, such as the British law that is widely believed to forbid people to die in the Houses of Parliament (Clare 2012).

\textsuperscript{84} Xenophon was an eyewitness to the Spartan tradition in practice in the early 4th century BC, but Plutarch’s account is questionable due to the loss of its sources (Huys 1996, 48).
stealth and with every precaution ... And this they did not for a short time only, but long enough for some of them to become fathers before they had looked upon their own wives by daylight.

(Plutarch, *Lycurgus* 15.3-4)

The rule that he [Lycurgus] adopted was ... that the husband should be ashamed to be seen entering his wife's room or leaving it.

(Xenophon, *Constitution of the Lacedaimonians* 1.5)

Disregarding the question of how probable it would be for the Spartan husbands not to see their wives in daylight for such prolonged periods of time,\(^{85}\) the purpose of this practice was, we are told, the production of ‘more sturdy offspring’ (Xenophon, *Constitution of the Lacedaimonians* 1.5). Sparta is wellknown to us for its ‘eugenic’ concerns, apparently offering generous incentives to specially prolific parents, especially fathers (Aristotle, *Politics* 1270b). In view of this Pomeroy suggested that the institution of secret marriage as described by Xenophon and Plutarch did not draw the attention to divorce of a childless couple and allowed each partner to remarry with further hope of reproducing (2002, 55). If this were so, it would be a clear indication that the Spartans considered that some couples were not compatible for the production of children. Yet there is no explicit reference to infertility in either account. Similarly, we cannot interpret the practice of secret marriage as placing the fault for unwanted childlessness with either partner. But because the ultimate objective for the married couple was to beget children, we may deem it plausible that the theory of compatibility was understood at Sparta. Neither Xenophon nor Plutarch says this explicitly of course, but another reported Spartan practice, namely the alleged sharing of partners for the purpose of reproduction, ostensibly supports the suggestion that the Spartans might have considered reproductive compatibility to a much greater degree than

\(^{85}\) Men and women clearly interacted in public activities such as religious festivals during the day. For women in Sparta see Pomeroy (2002).
we realise:

... an elderly man with a young wife, if he looked with favour and esteem on some fair and noble young man, might introduce him to her, and adopt her offspring by such a noble father as his own. And again, a worthy man who admired some woman for the fine children that she bore her husband and the modesty of her behaviour as a wife, might enjoy her favours, if her husband would consent, thus planting, as it were, in a soil of beautiful fruitage, and begetting for himself noble sons, who would have the blood of noble men in their veins.

(Plutarch, *Lycurgus* 15.7)

... he [Lycurgus] ... requiring the elderly husband to introduce into his house some man whose physical and moral qualities he admired, in order to beget children. On the other hand, in case a man did not want to cohabit with his wife and nevertheless desired children of whom he could be proud, he [Lycurgus] made it lawful for him to choose a woman who was the mother of a fine family and of high birth, and if he obtained her husband’s consent, to make her the mother of his children.

(Xenophon, *Constitution of the Lacedaimonians* 1.7-8)

... in Sparta it is a traditional law, and a matter of common custom, for three or four men to have one wife, and even more if they are brothers; and when a man has begotten enough children, it is quite proper and usual for him to sell his wife to one of his friends.

(Polybius 12.6b.8)

At first glance, these excerpts convey two important messages. Firstly, Plutarch
and Xenophon agree that particularly elderly men benefit from younger peers fathering their children. Should we understand this as an admission of Spartan understanding of the cessation of fertility with age as proposed by Aristotle? This question is not easy to answer, especially because none of the authors is clear as to the age of women who would play the role of surrogate mother in the event of a reverse scenario. We may suppose that they would be in their prime, but this is in no way specified. Secondly, however, and perhaps more importantly, all three texts indirectly suggest that changing one’s partner will ultimately result in procreation. Yet before concluding whether or not the custom should rightly be accepted as evidence for the Spartan understanding of the underlying principles behind the proposed theory of compatibility, it is crucial to notice that the sources also imply that at least some individuals involved in such practice had already proven themselves to be fertile in the past, i.e. they already had children. This means that the Spartans cannot have employed partner sharing solely as a treatment for reproductive failure resulting from the combination of incompatible partners. In fact, the texts are specific in that the purpose of sharing one’s partner was not to produce offspring alone, but instead, it was to produce an offspring that was ‘noble’ (Plutarch, Lycurgus 15.7), one of whom the father ‘could be proud’ (Xenophon, Constitution of the Lacedaimonians 1.7-8). It appears, therefore, that, unlike at Athens, the Spartan eugenic interests allowed at least some children born out of wedlock to enjoy the citizen rights of their parents.

Pomeroy argues to the matter that sharing partners for the purpose of procreation was economically advantageous for the mother and infant (Pomeroy 2002, 38). Plausible as it may be, such interpretation would ultimately mean that the Spartans were not concerned with the legal issues of legitimate birth. This is clearly not the case. Walbank points out that especially the Polybius’ passage resembles customs of various modern tribes, where fraternal polyandry is common at times of a shortage of women or when men are absent for prolonged periods of time (1967, 340). This anthropological analogy implies that the Spartans might have modified their customs in order to keep up the numbers of citizens at the times of need. After all, Sparta faced a population decline, i.e.
oliganthropia, repeatedly throughout its history (Cartledge 2003, 117). For this reason it is perhaps safe to argue that the purpose of the reported practice of partner-sharing was to re-organise the legal structures so that they extended the definition of legitimate birth, with the added benefit of an increase in citizen births. Herodotus’ report on the childless marriages of the Spartan kings Anaxandrides and Ariston further supports this view (5.39-41; 6.61-9).

According to the historian, Anaxandrides was happily married, but childless, and for this reason he was ordered by the ephors, i.e. senior magistrates, to get a divorce so that he could remarry and produce an heir (5.39). Anaxandrides refused, claiming that his present wife was blameless (γυναῖκα ἐόσαν ἄνωμάρτητον), perhaps suggesting that she was blameless in the matters of procreation. Be that as it may, Anaxandrides consented to bigyny for the purpose of reproduction (5.40), and subsequently, both of his wives provided offspring (5.41). Two interesting points can be deduced from this story. Firstly, unlike in the above excerpts from Polybius, Plutarch and Xenophon, Anaxandrides’ purpose for taking the second wife was not to produce ‘noble’ children, but to produce ‘any’ children. Effectively, his objective was to find an additional partner with whom he might reproduce. Secondly, although the first wife was ostensibly blamed for the childlessness initially, she was able to procreate later. Bearing in mind the above-mentioned link between citizenship, state security, and reproduction, we might question Anaxandrides’ paternity of these children. Herodotus’ description does not mention who fathered the ostensibly infertile wife’s children, but he tells us that her pregnancy was certain because she was forced to give birth in front of the ephors in the case that she was going to present an impostor child (5.41). The historian does not raise the question of legitimacy in his text, but he mentions a...
similar incident elsewhere, in which the possibility of surrogate paternity is implicit (6.69). Namely, he tells us that another Spartan king, Ariston, was only able to beget offspring after marrying a third wife, but, after calculating the number of months since the marriage, he realised the child could not be his own (6.63). Herodotus offers several possibilities as to the paternity of Ariston’s offspring. One is the previous husband of the third wife, whom she had to divorce in order to marry Ariston (6.68). Another is a stableman, whose lover she is said to have become at an unspecified time (6.68). While both these alternatives are described as mere gossip, the woman in question further claims that either Ariston himself or the divine hero Astrabacus fathered the child (6.70). It is not my aim to judge who fathered Ariston’s son. Considering, however, that paternity can be questioned in both examples mentioned, and that the offspring in each case was still raised as legitimate, both Herodotus’ narratives make it conceivable for us to conclude that reproductive compatibility was probably understood among the Spartans, who seemingly ‘kept trying’ until a compatible partner provided children, even to the point of extending the definition of legitimate birth, which confirms, paradoxically, their concern for legitimacy.

**Athens**

While most of the above-discussed evidence is largely circumstantial, an example from an Athenian legal document offers an example that is rather explicit. In particular, Isaeus’s *Oration* 2 focuses on a dispute over the inheritance of an old man, Menecles. Menecles was married twice, once when young and the second time as an older man. His second wife was the young daughter of a close friend, but they later divorced because they had no children and Menecles instead adopted her brother as his son. About twenty years later, Menecles’ biological brother prosecuted this adopted son, the brother of Menecles’ second wife, as having been adopted unlawfully. The argument is made that the adoption happened under the influence of the defendant’s sister (2.1). In the speech, however, the defendant pleads his right to inherit and not only emphasises his dutiful conduct as adopted son, but describes in detail the circumstances under which he was adopted. According to him, Menecles divorced his sister out of pity
so that she could marry again and have children, after which he (her brother) was adopted because of the warm relations between the two families:

Menecles, with many expressions of praise for our sister, approached us and said that he viewed with apprehension his increasing age and childlessness: she ought not, he said, to be rewarded for her virtues by having to grow old with him without bearing children; it was enough that he himself was unfortunate ... he [Menecles], therefore, approached us and said that he thought it right, since fate had decreed that he should have no children by our sister, that he should adopt a son out of the family from which he would have wished to have a son of his own ... 'I should like, therefore,' he said 'to adopt one of you two ...'

(Isaeus 2.7-11)

Two pieces of information appear striking in this example. First, Menecles must have been at least one generation older than his adopted son and his second wife in review of his long friendship with their father. This follows the line of argument made earlier, that old men could experience difficulty in procreating. Secondly, however, and perhaps more importantly, the speech tells us that Menecles had been married before and still had no offspring. This information is crucial to understanding his divorce and subsequent adoption of a son, as it is an indirect admission of infertility – Menecles could not father children even when he was young. Indeed, the credibility of the story cannot be tested, but for the purpose of this thesis it is irrelevant whether the events took place as described. The vital point is that such an argument would be thought persuasive for presentation to the jury, which in turn suggests that people were aware of the possibility that some men would be infertile even in their prime. On this interpretation, the passage indirectly alludes to a form of socially acceptable treatment for both the male and the female infertility. This treatment, however, lies not in medicalisation of the issue but in Greek socio-cultural values. That is to say, the creation of offspring was inextricably linked with fulfilling one’s social duty, namely the continuation of the family line (Wilkinson 1978, 26). If one could not beget offspring, one had other,
non-medical options for remedying one’s social position: (a) one could change partners in the hopes of finding a compatible peer, as was offered to Menecles’ wife, or (b) one could adopt, as Menecles’ did. While the first scenario does not guarantee a positive outcome, the second does.

Summary

The chapter demonstrated so far that issues surrounding human reproduction were clearly a serious consideration for both sexes in ancient Greece. The evidence discussed above demonstrates a consciously set, and strictly gendered, framework for possible scenarios in which individuals were likely to appeal to the divine with requests for healing of their reproductive systems. Moreover, it presents clues to the circumstances under which these individuals were likely to present their appeals. There are noticeable differences in the modes of divine aid sought, however.

Women appear as active agents in most cases. Even in situations where a plausible rationalisation for an unexplained and unwanted childlessness is male infertility, women often seek help for reproductive failure, such as in the example of the Epidaurian lamata. Except for this specific case, however, the evidence for potentially female interests in procreation is not explicit. Of the votives examined in this study only models of female body parts seemingly offer us a clear understanding of the nature and the purpose of the act of dedication: they pertain to appeals for healing. But this interpretation is plausible only if we accept the analogy of body parts as healing dedications, which, as has been shown, is not unproblematic. Among the votives that do not depict body parts, terracotta figurines offer the most uncertain possibilities for interpretation in connection with women’s bodies. The problem lies in the lack of detail about the contexts in

87 The institution of adoption is in itself a proof that offspring was mainly desired for social reasons. The adoptee would in most cases be an adult at the time of the adoption, securing hence the continuation of the family’s place within the community. For discussion see Rubinstein (1993) and Wilkinson (1978).
which they were dedicated, as well as in the frequent misunderstanding of the symbolism they embody because interpretation has been based on fictional, or irrelevant, evidence. The third type of votives dedicated by women considered above were the textile dedications and objects of cloth manufacture. But, as with the figurines, these items also bear no certain indication of connotations relating to female biology. If, however, we consider the circumstances under which they were dedicated, and which deities were the recipients of such dedications, a link to healing can plausibly be established. On the other hand, male pleas, scarce as they are, are more explicit because they are clearly formulated to us in oracular questions. It would be wrong, however, to take these testimonies as an admission of infertility. Instead, the principles of the proposed theory of compatibility of partners may have been the source of concern for these men. Neither anatomical nor other types of votive offerings can be linked to men in this respect with confidence.

We can, therefore, say with some certainty that, although men clearly understood that they might be the cause of childlessness, women sought divine healing more often than men. Such conscious division ostensibly suggests an accepted hierarchy in healing practices among the ancient Greeks. But before any such conclusion can be drawn it is vital to answer some fundamental questions to clarify whether women did it on their own account or whether they were compelled to do so either by family members or by wider social pressures. This information is not ascertainable from the archaeological data alone, and so other forms of evidence must be consulted. In particular, philosophy sheds important light on the Greek conceptualisation of health and regimen, i.e. a systematic set of actions that may potentially improve one's health, in relation with the body type of a prospective patient. In the final section of this chapter, I will therefore analyse the connections between the body type and its appropriate treatment options.
Explaining the Variant: Medicalised Gender and Gendered Medicine

A practical motivation for the apparent hierarchical variant in the healing of women and men may lie in the Greek conceptualisation of regimen in relation to the sex and gender of individual prospective patients. Problematising the complex relationships between the three concepts, namely regimen, sex and gender, the discussion below reveals that health for women meant a different thing to health for men in the ancient Greek view, and that this is potentially the reason why women and men approached different categories of healing routes.

Terminology-wise, sex and gender are not the same thing. Put simply, sexual morphology defines whether an individual is a female or a male, and gender ascribes her or his feminine or masculine status. Even though, for us, a person’s gender has been traditionally distinguishable simply through the physical features of her or his sexual organs, and secondary sexual characteristics, mainly because men’s genitalia look entirely different from those of women, this conventional approach is no longer so simple. Modern Western society is increasingly more open to accepting an individual’s own perception of herself or himself. A person’s self-identified gender identity can, therefore, differ from her or his morphological sex assigned at birth. In other words, we no longer distinguish clear masculine and feminine categories exclusively in line with anatomical characteristics of sexual organs. This shows that the perceptions of sex and its relationship with gender status change through time, and so it would be wrong to assume that the ancient Greeks must have viewed biological sex as inextricably linked with the respective gender status.

In his influential work on history of the body, Laqueur argues that, similar to the modern trends, the ancients did not consider genitalia as the only factor that defined a person’s gender (1990, 25). This hypothesis is correct to a degree, but it is so for the wrong reasons, mainly because it is based on a passage of Galen, a second-century AD physician, who explains that women’s sexual organs are the same as those of a man, but are turned inwards (On the Usefulness of the Parts of the Body 14.6). Laqueur points out that this concept of the ‘one-sex’ body prevailed
from antiquity until ‘sometime in the eighteenth century’ when ‘sex as we know it was invented’ (1990, 149). These claims were completely refuted by King (esp. 2013), who mentions examples of earlier texts that interpret women’s physiology as very different from that of men’s (e.g. Diseases of Women). A notable example of an anatomical feature that for the ancient writers differentiates men from women is a hodos (‘way’), a tube connecting the nostrils with the mouth of the vagina (e.g. Diseases of Women 2.137; see King 1998, 28). This means that, beyond the issue that Galen composed his work in the second century AD, and thus cannot be taken as representative of ancient thinking about the body in general, Laqueur ignores other alternatives to the ‘one-sex’ model that must have existed in antiquity.

Clearly, morphology was, as it is today, a powerful tool in the early Greek conception of the body as attested by the existence of the hodos (King 1998, 28). But equally important in defining a gender of an individual was the composition of matter inside her or his body. Traditionally, medical and philosophical treatises of the classical period describe women as cold, wet and spongy, and men as hot, dry and dense (Diseases of Women 1.1; Glands 16; Regimen 1.27). A key aspect in differentiating men’s bodies from women’s bodies, therefore, was the link between morphology and the decisive composition of matter, namely of the aforementioned temperature, moistness and texture of flesh. Only when these aspects were balanced, were individuals of respective genders healthy. But the balance could only be achieved through a suitable regimen, that is through a set course of actions and routines, such as diet or exercise, but also technical medical procedures, that had the potential to positively impact on moderating, or maintaining, the body. In view of the varying requirements of bodily composition, it must have been necessary for the regimen to be tailored in accordance with the needs of an individual by taking into account her or his gender and morphology (Fig. 7).

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88 The reason why the Galenic principles were apparently so appealing is primarily in offering easy explanations for potential physical anomalies where no clear male or female features were observable (Timm and Sanborn 2016, 1).

89 There is some disagreement within the Hippocratic evidence whether the female body is hot or cold, see Dean-Jones (1994, 45-6) for discussion.
Fig. 7. A matrix of gender, morphology and composition of matter in relation with regimen (Image by author).

Despite this ostensibly explicit theoretical framework characterising the nature of male and female bodies, however, the sources omit to inform us as to the fundamental mechanisms behind attributing a gender to individual persons. Is wetness an essential characteristic underpinning femininity, or is it an attribute that develops and characterises a feminine organism? Is wetness a prerequisite of femininity, and, on the other hand, is dryness a prerequisite of masculinity? There is some information on why a fetus develops a particular sex. Besides general theorising about stronger and weaker seed or sexual positions of the partners and
the location the fetus takes after conception (e.g. *Generation* 6), for example, it also refers to the overall heat and moisture of the environment in which it develops, i.e. the womb, but this does not answer to this question adequately (e.g. Aristotle, *Generation of Animals* 775a). Likewise, the ideology of identifying differences in the texture and temperature of flesh, poses further problems, namely we cannot be sure as to what the right balance for persons of different genders is. Although men are traditionally supposed to be dry, they also accumulate moisture according to our sources:

'I say that the woman has a looser texture and is softer than a man, and so, because she is like this, the woman’s body draws more fluid from the bowels, and more quickly than a man’s body ... he works harder than the woman. For his toil draws off the moisture.'

(*Diseases of Women* 1.1).

Moreover, moisture is vital for men in order to reproduce: ‘a man’s seed comes from all the moisture in his body’ (*Generation* 1). If, therefore, both men and women ‘draw fluid’, and this fluid is necessary for both sexes, what then is the suitable amount of it in their respective bodies? Is there limit of wetness or dryness to the point to ‘define’ gender? The answer to these questions is obscured by the texts showing a degree of flexibility in recognising that individual men and women could be wetter or dryer (e.g. *Diseases of Women* 1.1; Dean-Jones 1994, 55-56; King 1998 9 and 72). In view of this shifting scale the Greeks recognised a few ‘in-between’ genders (see Foxhall 2013, 68-72). However, the masculine and the feminine represented to them the two fundamental categories, and anything not fully fitting these categories was viewed as abnormal and uncomfortable.\textsuperscript{90} The

\textsuperscript{90} We can draw an analogy to modern perceptions of gender, which are very much culturally embedded. Individual women and men are often considered to be more masculine or feminine based on their musculature, behaviour and fashion style, such as their choice of make-up and clothing, but also music they listen to for instance. Some cultural trends defining gender can also cause serious medical damage. Notably, clothes and shoes can disfigure figure and feet, and excessive
Attic comedy presents examples of effeminate men in mockery of the standardised patterns (see McClure 1999), but the relationships between morphology, composition of matter and gender were not stable even in real life.

Age, in particular, is a serious concern to our sources in this respect because the amount, and the nature, of liquid inside one's body apparently change through time.\textsuperscript{91} Aristotle, for instance, sees pre-pubescent boys as feminine by relating the fluid emitted by them to vaginal discharge (\textit{Generation of Animals} 728a). Such appropriation of femininity to the boys might also explain their customary role as sex objects. By way of explanation, boys of young age are morphologically male, but they are also less masculine, and, therefore, they are more suited for use by older, more masculine, and hence superior, men for sexual pleasure. Similarly, women after menopause, although still having an unequivocally female form in view of the above-mentioned \textit{hodos}, should presumably be seen as de-feminised, and hence more men-like, because they lost most of their moisture due to the cessation of menstruation (Dean-Jones 1994, 107; see below). Indeed, the sources tell us that women tend to dry out with age (\textit{Regimen} 1.33). Thus, regardless of the individual's natural sex, the wetter or dryer his or her body was, it appears that the more feminine or masculine he or she was considered. Foxhall shows that, for the ancient Greeks, this theoretical model extended beyond human beings in her discussion of 'gender' distinctions in plants, which are attributed a gender on the basis of wetness and dryness, and of hardness and softness of wood (1998a). The term gender should, therefore, be understood as a cultural concept (Foxhall 1998a, 57). It characterises organisms based on principles deeply rooted in socio-cultural ideology of the community to which they belong.

Because men and women differ in sexual morphology and were clearly distinguished as separate forms of bodies by the ancient Greeks, they should also be categorised with respect to the specific gender roles and expectations endorsed

\textsuperscript{91} The bodies of children were thought of as particularly wet and hot irrespective of bodily morphology (e.g. Aristotle, \textit{Problems} 1.19.816b; 3.7.872a; 3.34876a; see below, Chapter Five, section on Children).
by the society. The Hippocratic writers explain the differences in the composition of matter in the body through the activities and environments men and women traditionally occupied. While the wetness of women was seen as direct result of the inferior, sedentary lifestyle usually led indoors, the dryness normally associated with men apparently stemmed from hard work presumably undertaken in the outdoors (Diseases of Women 1.1; Glands 16).

Philosophy takes a parallel approach. For Aristotle, the active and passive characteristics attributed respectively to male and female organisms play a crucial role in procreation. According to him, the male ‘generates into another’, and is, therefore, active, but the female, on the other hand, ‘generates into itself’, and is, therefore, passive (Generation of Animals 716a). In line with his ‘one-seed’ theory, the philosopher proceeds to explain that the male active ‘form’ provides an intelligent, guiding element that shapes the female passive and incoherent ‘matter’ (Generation of Animals 729a-b), proposing thus a clear superiority of the male over female (Generation of Animals 737a). Such figurative attributes not only explained the differences between men and women to the Greeks, but were also fundamental in influencing the ideology, opinion and, consequently, the manner of conduct of individuals. In particular, the wetness of women is held accountable for their imperfections such as emotional reactions and alleged unruly sexual desire (see Carson 1990, 137-143). We can see this in the earliest literary traditions. In particular, Pandora, the mythological first human woman, is portrayed as externally attractive but internally evil (Hesiod, Theogony 535-616 and Works and Days 42-105; Dean-Jones 1994, 42-3; King 1998 23-7). A cultural tradition predating the treaties of medical and philosophical writers thus already recognised women as different from, and fundamentally inferior to, the ideal human being, which to the ancient Greeks was a man (Aristotle, Generation of Animals 737a and 775a; Plato, Timaeus 90e). The Greek men understood ‘normal’ as unachievable for women, who were potentially unbalanced in themselves and capable of bringing imbalance to the clearly set order of the physical world (Carson 1990, 135). In

92 Similar ideas regarding male ‘intelligence’ and superiority prevail in some modern rural Greek societies (Du Boulay 1979, 101-103).
93 Aristotle repeats this notion in several places: e.g. Generation of Animals (775a) and Politics (1.5.1254b13-16).
other words, women needed to be controlled by men for the order to be maintained.

This ideological framework extends to the Greek conception of health. Aristotle states that ‘we should look upon the female state as being as it were a deformity (ἀναμηρία), though one which occurs in the ordinary course of nature’ (Aristotle, Generation of Animals 775a). Though the philosopher’s main point in this statement is an emphasis on men as the most complete designs of nature, he sees the female ‘deformity’ as entirely ‘natural’, mainly because women are widespread occurrences and, more significantly, because they are essential for reproduction. He, nonetheless, fundamentally declares that women’s bodies are subordinate and defective because they can never achieve the ideal human form, i.e. they can never become a man. Physiologically this defectiveness lies in the uncontrollable unpredictability of bodily processes such as menstruation and childbirth. We already saw that a surprising number of texts from the Hippocratic Corpus are exclusively dedicated to female health, laying down the fundamentals, and guidance, for the prevention and treatment of female health issues (e.g. Barrenness; Diseases of Women; Diseases of Young Girls; Excision of the Fetus; Generation; Nature of the Child; Nature of Women, see above, section on Women). Often these texts emphasise early marriage and regular sex, and, just as importantly, childbirth as essential for maintaining the general well-being of women (e.g. Diseases of Young Girls; Generation 4).

This advice is, however, only an elaboration on the ideological framework of composition of matter in the body. The women and girls that appear as subjects of such treatises are all of childbearing age (or on the cusp of it), which means that, ideally, they should menstruate. In simplified terms, because women’s bodies absorb more moisture than men’s bodies and do not dispose of it through ‘hard work’ as the men would normally do (Diseases of Women 1.1), menstruation is essential for clearing off the surplus for women (King 1998, 29). It is effectively one of the prerequisites of regimen, allowing them to moderate, and to maintain, the right balance of bodily composition. For this reason, not menstruating should be viewed as a deviation from the norm and, consequently, as unhealthy
(Generation 4). Similarly, pregnancy and childbearing helps the women keep control over their bodily balance. It stretches their bodies so that they have a larger capacity for absorbing moisture. This offers them a bigger leeway for balancing their composition of matter and hence for stabilizing their health (Diseases of Women 1.1).

In sum, the factors of marriage and sex recommended by the Hippocratics are to be understood as means for men to gain control over the otherwise out-of-control, and potentially defective, women's bodies. It is an equally important means for women, however, because the prospective loss or excess of moisture puts them in danger of contracting female specific illnesses, which only marriage, sex and childbirth can mitigate. Accordingly, the above-noted process of drying out of women with age must have resulted in further severe, and female specific, pathological conditions in the Greek view. A notable example is the spontaneous movement of womb, which apparently searches the body for moisture (Diseases of Women 2.137; King 1998, 72). Yet Dean-Jones claims that after reaching the menopause women were considered to be closest to the male form because they no longer bled and hence lost most of their 'feminine' wetness (1994, 107). If this were so they should, paradoxically, have been viewed as 'healthier'. The lack of interest in women after menopause in our medical sources suggests exactly that. By way of explanation, it appears that because the Greeks perceived no immediate health threat to this category of women, there was no need to problematise their bodies in their medical tradition.94

Regardless of how illogical the Greek conceptualisation of gender may seem, the gynecological and philosophical treatises clearly demonstrate that some medical conditions were related to age and life stage in the Greek view. This observation can also be extended to gender because some specifically male diseases also exist.

94 We do not know, however, what the actual reality was. Menopause has real physiological symptoms, which sometimes require medical attention even in modern times. In view of this, several interesting question arise. Notably, how did women in antiquity deal with menopause? Was it something they would cover up? Did the Greek men even know it was happening? How could they tell? Because of the lack of immediate relevance to the questions posed by this chapter, these questions will remain unanswered for now.
in the available evidence. The most notable example is gout: ‘Eunuchs do not take the gout, nor become bald. A woman does not take the gout, unless her menses be stopped.’ (Aphorisms 6.28-29). Moreover, gout is not only male-specific, but it also affects men of certain age as indicated by the following statement in the Aphorisms: ‘A young man does not take the gout until he indulges in coition.’ (Aphorisms 6.30). Besides gout, age is used as factor affecting the men’s health in other conditions: ‘Old men have catarrhs because of their flabbiness and the wasting of their veins’ (Airs, Waters and Places 10). The textual sources thus present us with the view that men and women were susceptible to different forms of ailments, mostly depending on the phase in their life cycle, and to protect themselves they had to comply with gender and age specific cures. In other words, health and healing did not mean the same thing for men as it did for women. When, therefore, the Hippocratics tell us that women become healthy in their texts, such as in the Diseases of Young Girls, it is to be understood that they become healthy as a woman can be in the context of her gender and age. These women become neither men, nor they become man-like. Instead they become healthy women, which is to be understood as something entirely different from a healthy man.

Women would most likely not have read or contributed to any of these texts (Dean-Jones 1994, 26–40), but they probably subscribed to many of the deep-seated cultural beliefs underpinning them. This perhaps explains, to some extent, their concerns about the vulnerability of their bodies as expressed in the material culture. Leading a good, socially acceptable lifestyle was key for attaining a healthy body in the Greek mind. This is especially observable in connection with men, whose active lifestyle is not only praised as superior by the medical and philosophical writers, but is also linked to material prosperity and moral virtues in other sources. Xenophon, in particular, articulates this clearly when he makes his fictitious Athenian character Ischomachus engage in regular exercise, namely walking, running and horse riding, and regulate his diet (Oeconomicus 11.14-18). For these activities Socrates admires Ischomachus’s ‘enjoyment of health and strength’ and considers him to be one the ‘wealthiest citizens’ (Oeconomicus 11.20). Because Athenian women were ideologically restricted to the indoors (whatever the reality was), they could not achieve the ‘full’ healthiness of
Ischomachus. But, in Xenophon’s view, they could still engage other activities that supported their regimen. In particular, housework is recommended as suitable form of physical training for women because ‘such exercise would give her a better appetite, improve her health, and add natural colour to her cheeks.’ (Economicus 10.11). Other parts of Greek world also draw parallels between workout and health. Athenian dramatists, for instance, praise the physique of Spartan women (Aristophanes, Lysistrata 79-83; Euripides, Andromache 597-600), which was the outcome of systematic exercise undertaken in preparation for the role of a mother and a wife, allegedly so typical for that region.

Exercise, whether it be in form of housework or systematic regime of physical workout, is, therefore, to be understood as suitable preventative measure for predictable health problems in both genders according to these sources. For other, uncontrollable ailments, there are the medical doctrines, which provide advice in accordance with the gender and life stage of prospective patients, and, of course, the divine. We cannot know how far the Greeks, irrespective of the area of origin, complied with such recommendations in reality. But the impact of Greek conceptualisation of gendered heath is clearly visible in the material culture as discussed above. The evidence from sanctuaries represents one possible scenario of women acting as active agents of their social options. Similarly with men, because information on gendered ideologies appears in other sources, some predating the treatises written by Aristotle and the medical writers, we can conclude that evidence presented in Dodona, by Isaeus, and others, represents an elaboration on ideas that are already embedded in Greek culture.

**Conclusion**

This chapter demonstrated that Greek conceptions of infertility were perhaps less gendered than has previously been assumed. However, considering the issue specifically in the context of healing, a clear gendered divide remains. Male infertility was not something that could be healed because it came as a matter of age or just as an affliction. It was, therefore, not viewed as a malfunction of the
body. Female infertility, on the other hand, was healable, and by extension it was seen as a malfunction. It may be questionable whether this was because a core function of women was to marry and to produce children, i.e. future citizens. Yet it remains apparent that, in view of this broader cultural ideology, women were compelled to seek divine aid in the matters of procreation more often than men. Similarly, the viewpoint considering female infertility to be a malfunction opened the way for Greek philosophers and medical practitioners to concentrate on women’s bodies, which in turn allows us to understand that it was women that the Greeks blamed for reproductive failure. Instead, as has been demonstrated, the ancients operated a consciously set gendered system of healing practices. Accordingly, we cannot talk of a gendered hierarchy of healing among the ancient Greeks, but rather of a gendered hierarchy of illness and of a gendered hierarchy of the perception of health at large.
CHAPTER FIVE

SLAVES AND CHILDREN: DEPENDENT PATIENTS IN GREEK SOCIETIES

Introduction

This chapter is profoundly different from the previous one. My approach to men and women in the previous chapter centered on the different forms of treatment of a single medical ‘concern’, disregarding completely the social standing, and, in particular, the economic means, of the individuals pursuing it. But my discussion of key conceptual issues in Chapter Two revealed that health care in ancient Greece, whether scientific or divine, required some economic resources from the supplicant in order to fund the costs of treatment and any additional expenditures linked with travel to sites where the treatment might be undertaken, such as healing sanctuaries (see above, Chapter Two, section on Asclepius and Ancient Greek Healing Cults, and section on Technical Medical Texts). The fundamental prerequisite for undertaking the journey to any place where the supplicant wished to seek a cure was, therefore, a considerable independence, personal and economical. In other words, seeking healing and medical treatment was easier for some individuals and groups than for others. Broadly speaking, those who fit the largest number of the categories of adult, free-status, citizen-status, wealthy, and males were more likely to find it easier to access medical help from doctors.

Yet, as they do now, Greek populations also comprised ‘invisible’, second-class individuals, whose voices are rarely directly preserved for us in the historical record, and who depended on the members of higher, independent social strata in all aspects of life, including health care. By way of explanation, other people were
involved in the decision-making on behalf of these reliant individuals, and the option to provide healing was a genuine choice in which the dependents had no say. Not to mention the possibility that there might have been reasons why the independent social strata did not want to provide health care altogether. This chapter, therefore, addresses the differential access to healing by these dependent patients. I will concentrate on two categories of individuals in my discussion, namely slaves and children, mainly because of the wealth of information preserved in the ancient sources, which allow for a thorough investigation. But it should be understood that, as they do today, other disadvantaged groups of people existed in ancient Greece, who also depended on others for provision, notably the elderly or individuals with debilitating disabilities, whether they be physical or mental. The fundamental questions I will thus be asking below include what level of health care a Greek child or slave could expect? And, was there a contrast in access to healing for dependent and independent members of society?

The evidence for children’s and slaves’ medical treatment is limited and largely circumstantial, but detailed Greek views of childhood and slavery are preserved for us in ancient literature, largely philosophical and political in character, as well as in archaeological and epigraphic sources, especially those from burial and ritual contexts. The majority of such evidence dates to the fifth and fourth centuries BC, and consequently my discussion will focus on this timespan. Likewise, with the notable exception of the Hippocratic Corpus, most literary and material evidence documenting ancient Greek thoughts on these issues comes from Athens. Accordingly the focal point here will be primarily Attica and the Athenian polis unless otherwise stated.

The chapter is divided into two main sections, based on the respective category of patients discussed.

**Slaves**

The problem of dependency is particularly noticeable in relation with slaves. By way of explanation, we would traditionally expect to see considerable socio-
cultural barriers between slave and free populations because, regardless of historical period, enslaved individuals are usually understood of as having specially restricted freedoms (Honoré 2012). Aristotle’s discussion of natural slavery justifies this assumption for ancient Greece, when he argues that a slave, while being human, is ‘a piece of property; and a piece of property is a tool for action separate from its owner’ (Politics 1254b16–21). Asking what levels of healthcare a Greek slave, i.e. a human piece of property, could expect and whether there was a contrast in access to healing for free and non-free members of society, my discussion below will demonstrate, however, that, in contrast to Aristotle’s thinking, our accepted ideology of socio-cultural barriers between the free and enslaved populations was not so straightforward in ancient Greece, especially Athens. In particular, I review the limited instances of slaves as patients in ancient texts and analyse the circumstances under which medical treatment was offered. I am purposely selective in my debate and highlight examples that echo wider choices and practice, and argue that slaves had the means and freedom to scale the presupposed socio-cultural barriers when it came to medical care.

This analysis is divided into two parts: one addresses the issue of a slave’s access to scientific medicine; the other discusses slaves as supplicants in healing sanctuaries.

**Slaves and Doctors**

Disregarding the amount of money a Greek physician would charge for his services, and whether and how much these charges varied based on the specific procedure or geographical region within which he operated, the fundamental line of enquiry regarding a slave’s access to healthcare concerns the ability to afford the doctor financially.

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95 On Aristotle’s concept of natural slavery see, e.g., Heath (2008); Smith (1983).
96 For simplicity, I disregard here any possible flaws in Aristotle’s work itself, which has been criticised for it’s numerous inconsistencies and contradictory information. These are addressed in full by Dobbs (1994).
First, however, it is important to stress that the institution of slavery was a complex one in ancient Greece, with slaves serving in diverse roles with different levels of restriction (Forsdyke 2012, 21-2; Garlan 1982). Slaves could be owned either by the state or by private individuals. Ultimately, being a public slave, i.e. belonging to the state and undertaking civic duties such as coin testing, offered relative autonomy, both personal and economical. Aeschines, for instance, tells us about a particularly wealthy public slave Pittalacus, who had ‘plenty of money’ and his own house (1.53-4). But enslaved populations, such as the Spartan helots, also fall into this category, rendering the topic of public slavery too complex for this discussion. Instead, I focus below solely on privately owned chattel slaves, who would normally have lived and worked in their masters’ households or on their lands (Aristotle, *Economics* 1344a), and who we would normally consider as dependent in all aspects of live on their masters.

Discussing the role of chattel slaves within the household’s economy, Aristotle tells us that ‘food is a slave’s pay’ (*Economics* 1344b). But the philosopher does not take into account that some slaves falling into this category also lived unattended and received other, seemingly unconventional forms of pay, which allowed them significant freedoms. A pertinent motivation for a separate residence was an involvement in the running of a trade on behalf of the owner in separate ‘commercial headquarters’ for example (see Cohen 2000, 130-32). An illustration is offered in an extract from a fourth century BC Athenian law court speech that mentions slaves, who were part of an inheritance, and worked in a shoemaking business:

His father left him a fortune... There was a house south of the Acropolis, a suburban estate at Sphettus, another piece of land at Alopeke, and besides there were nine or ten slaves who were skilled shoemakers, each of whom paid him a fee of two obols a day, and the superintendent of the shop three obols.

(Aeschines 1.97)

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Although the fact that these particular slaves lived separately from their master can only be guessed at from this example, the considerable liberties they would have enjoyed are evident. Notably, the text tells us that the slaves were paid in money for their services and merchandise, and, even more strikingly, that this money clearly did not all belong to their master as we might think in view of the deep-seated conventional ideology of socio-cultural barriers between enslaved and free populations presented by Aristotle (Politics 1254b16–21). Rather, a fixed amount of revenue was paid to the owner at agreed intervals, leaving, presumably, the rest to the slaves. The payment being arranged in such a way also suggests that the slaves spent much of their time supervised by someone other than the master, possibly (but not necessarily) experiencing comparative independence. Remembering that Athenian law court speeches were written to convince, and thus the realities presented by them should have been viewed plausible to the contemporary population, especially the jury, it appears that some slaves could have afforded the care of a professional physician using their own provision. No source, however, tells us of such transactions explicitly. Additionally, it is imperative to realise that only certain slaves might benefit from such a liberty. With whom, then, could those slaves with none, or limited, financial resources consult their health issues? Was there a ‘specialised’ service for such slaves in ancient Greece? A statement in Plato provides a partial answer to these questions:

... the slaves are usually doctored by slaves, who either run round the town or wait in their surgeries ... But the free-born doctor is mainly engaged in visiting and treating the ailments of free men.

τοὺς μὲν δούλους σχεδόν τι οἱ δούλοι τὰ πολλὰ ἱατρεύοντων περιτρέχοντες καὶ ἐν τοῖς ἱατρεῖοις περιμένοντες ... ὁ δὲ ἑλεύθερος ὡς ἐπὶ τὸ πλεῖστον τὰ τῶν ἑλευθέρων νοσήματα θεραπεύει τε καὶ ἑπισκοπεῖ

(Plato, Laws 720c-d)
Plato’s choice of vocabulary is very particular here. Especially, the verb ἰατρεύω and the noun τὸ ἰατρεῖον used in connection with the slaves leaves no doubt as to the specialised nature of their craft. This quote is thus important for us to understand that there was an ostensibly standardised manner in providing medical care at Athens of fourth century BC. More specifically, we learn that there were slave and free doctors, who, presumably by socio-cultural obligation, tended to their respective peers.98 Interestingly, the extract continues by praising the free doctor for his courteous and attentive virtues (720d), which is in direct contrast to that of the slave doctor, who is described as tyrannical (720c). Clearly, the philosopher agrees here with Aristotle, who argues that ‘natural’ slaves are non-rational, and hence immoral and corrupt (Politics 1254b20-23). In fact, Plato already proposed this ideology in one of his earlier works (Gorgias 483d). But, contextually, the information establishing Athenian medical care as being founded on the social ranking of both the doctors and their patients is nothing short of wishful thinking on the part of Plato because, rather than describing lived realities, the ultimate purpose of his Laws is to envisage an ideal state (see Bobonich 2010). Again, the lack of explicit evidence providing relevant examples in the ‘real life’ renders his ideology problematic. We cannot be certain whether it was ever put into practice, and if so, where and when. Indeed, slave healers evidently existed at Athens of the classical period (see Kudlien 1968),99 but it is not clear whether their services were limited only to their peers. Moreover, considering that even services performed by slave doctors would, doubtless, not be free of charge in view of their being described as keeping up a ‘surgery’ (τὸ ἰατρεῖον), there are still doubts as to the accessibility of medical care for those slaves of limited economic backgrounds.

98 This is in direct contract with Hyginus, who claims that ‘the Athenians forbade slaves and women to learn the art of medicine’ (fabula 274), but because his work was composed as late as the second century AD I disregard this information from my discussion.

99 Similarly, in contrast with Hyginus’ testimony (see above, previous note), some women apparently also had access to medical knowledge as attested by an epigram identifying a midwife as doctor (iatros) (Kosmopoulou 2001, 299-300; M1; see below, section on Children).
By what means would a slave receive medical treatment if he or she needed it, but could not afford the doctor’s fee, whether he was slave or free? A common sense answer would be with the aid her or his owner. But, if the slave was only a ‘piece of property’, as Aristotle claims (Politics 1254b16–21), she or he could, presumably, be easily replaced. Why then would the Athenian slaves’ owners care to provide medical attention to their slaves? An important clue in answering this question is given by the professed recognition of the importance of keeping the slaves in healthy condition. In particular, Aristotle explicitly mentions in his discussion of household organisation that the ‘first and most indispensible’ kind of property is the human chattel:

... the first and most indispensible kind is that which is also best and most amenable to Housecraft; and this is the human chattel. Our first step therefore must be to procure good slaves.

(Aristotle, Economics 1344a25)

Understandably, the philosopher is not concerned here with the wellbeing of slaves from what we would consider a moral perspective. He merely discusses the definition and explanation for the concept of slavery, placing an emphasis on the fact that healthy slaves are important for the day-to-day running of the master’s household and for bringing in financial revenue (see Cambiano 1987; Smith 1983). ‘Real life’ examples might include instances where the owner depends on an income generated by the slave’s physical labour, whether it be work in the master’s fields or ‘other’ kinds of business. In particular, the sex trade is appropriate to mention here. It thrives in most cultures and sometimes it relies on slave utilisation (Kara 2010). Ancient Greece was no exception. Athenian legal

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100 This was likely the case especially in later periods. Lauffer argues that an influx of new slaves from the provinces under the Romans caused the conditions of slaves working the silver Laurium mines in Attica to deteriorate significantly (1979, 58-59). As the result of the excess supply in slaves there was no longer any reason to protect their well-being, and consequently the health of the miners declined (Lauffer 1979, 59). Whether private chattel slaves were subjected to similar treatment is open to debate.
documents, for instance, tell us of a certain Nicaretê, a freedwoman, who, working in the sex industry, apparently took great care in looking after the slave girls that worked for her:

She [Nicaretê] was skilled in recognizing the budding beauty of young girls and knew well how to bring them up and train them artfully; for she made this her profession, and she got her livelihood from the girls. ... When she [Nicaretê] had reaped the profit of the youthful prime of each, she sold them ...

(Demosthenes 59. 18-19)

Although this passage does not tell us anything about healing *per se*, Nicaretê’s interest in looking after her girls was clearly driven by the prospects of personal gain. We can only imagine that she would also pay much attention to the girl’s health while ‘bringing them up and training them artfully’ in order to maximise her chances of profit. When, therefore, Aristotle tells us that slaves are ‘indispensable’ and should be cared for, he has mainly in mind the wellbeing of the slave owner. Nevertheless, he partially answers the above posed question in that it was an economic motive that could influence the Athenian slave owners to provide a focused medical care to their slaves. A note in a speech by Hyperides supports this view, when he mentions a law ‘which states that whenever anyone sells a slave, he must declare in advance any physical disability from which the man suffers. Otherwise the slave in question can be returned to the vendor’ (3.15). 

Aristotle does not say this explicitly, but similar ideals are presented in another invaluable source for the treatment of slaves in ancient Greece, namely Xenophon’s *Oeconomicus*, a Socratic dialogue also concerning household management. In this work, a character named Ischomachus tells us that it is the duty of the women of the house to care for slaves. Addressing his young wife, Ischomachus says she will be responsible for providing welfare to ill servants (Xenophon, *Oeconomicus* 7.37).

Comparable are also examples of contracts for the sale of slaves in Hellenistic Egypt, which made it obligatory to provide health checks on purchase and guaranteed a full refund in the event that a newly purchased slave develops epilepsy (Temkin 1971, 47-9).
Here too Xenophon’s remarks highlight the importance of healthy slaves for the benefit of the household: ‘those who are well cared for are going to feel grateful and be more loyal than before’ (Xenophon, *Oeconomicus* 7.37).

Neither Aristotle nor Xenophon, however, informs us what the appropriate arrangements for, and the method of, care given to ill slaves might be. Is it the woman herself who tends to servants, or does she merely have the capacity to call a doctor and pay him using the household funds if she feels one is needed? How does she decide that a doctor is needed, and under which conditions is she free to cover his costs? While it would, no doubt, depend on the severity of the slave’s condition, our sources are silent in this regard. Despite this, the philosophers make it conceivable for us to believe that even those slaves who could not afford the doctor’s fee would probably not have been deprived of medical care, as the master or mistress would perhaps have arranged for it, whether it be in the form of self-help, physically providing a first aid treatment, or an appointment arranged with an appropriate professional.

This hypothesis is not only possible, but also highly likely. Notably, the Hippocratic treatise *Epidemics*, a clinical case history collection written by its doctor-authors during the course of their travels in northern Greece in the fifth century BC, mentions slaves as patients on several occasions (4.9; 4.13; 4.32; 4.38; 5.19; 5.25; 5.35). Kudlien’s detailed analysis of these texts observes that free and non-free individuals are named as patients alongside each other, and that each of their cases is described unemotionally and factually (1968, 14-25). In view of this, he argues that the patient, irrespective of her or his social status, was, in the first place, nothing more than a sick person to the authors of the *Epidemics* (1968, 25). This may be true of the work in general, but closer reading of some of the instances involving slaves becomes more problematic. In particular, the *Epidemics*, while

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102 The care provided within a household has been considered as a traditionally feminine task without proper examination for decades (Daniels 2004, 5; Graham 1985, 26). Although some sources (e.g. Demosthenes 59.56), including examples in the Hippocratic Corpus (e.g. *Epidemics* 4.11; 5.25), mention women as physically looking after sick people within their household, this deep-seated ideology was convincingly challenged, and disputed, by King (1998, 157-171).
being a collection of clinical records, generally only describes the nature of illness suffered by the patient along with its symptoms and outcome. Modern editors of the text claim its background in a ‘medical community’ that presumably exchanged notes (Henderson 1994, 10). It is clear, therefore, that what the *Epidemics* reports on would have been considered of reflective significance and it would likely have had a didactic purpose among its professional readers. Especially interesting in relation with slaves is the case 5.35, which presents a short account retelling the death cause of a slave woman:

The slave woman: after a potion she evacuated a little bile above, and choked; passed much below. She died that night. She was a barbarian (βάρβαρος δὲ ἦν).

(*Epidemics* 5.35)

The lack of relevant information regarding the illness the slave woman in this example suffered is striking. What were her symptoms for which she took the said potion in the first place? Who gave it to her? Is it possible that she took it without examination? Since none of these questions can be answered with certainty from the text alone, the importance of this particular case must lay elsewhere. In particular, the author’s concluding remark duly stating that ‘she was a barbarian’ makes us wonder how central this factor was for the development of her disease in the eyes of an ancient Greek physician. Would her body react differently were she ethnically Greek? Could she even have survived? While individuals belonging to the medical community of ancient Greece would likely have understood the significance of this comment, for the current reader, it is not easy to recognise its underlying meaning. King suggests the comment might simply be a self-note for the writer to refresh his memory of this particular case at a later date (1998, 116; see Lonie 1983), but she also stresses that the author might have considered that there were significant differences between the ‘barbarian’ and ‘Greek’ bodies (1998, 117). This is in direct contrast with what the Hippocratic Corpus suggests elsewhere, namely that illness is the same regardless of region: ‘the symptoms ... have the same significance in Libya, in Delos, and in Scythia’ (e.g. *Prognostic* 25).
One may also wonder whether the author is simply passing a judgment on whoever presented the slave woman with the aforementioned potion, which perhaps might not have been suitable for her 'barbarian' body type in his view. That is to say, explicit comments on mistakes made by other physicians or lay carers appear in the *Epidemics* on several occasions (esp. Book 5, but also, e.g., 4.11, see below, section on Children).

Whatever the meaning of the comment, however, the fundamental issue is that we would be wrong to assume that each patient listed in the *Epidemics*, including the named slaves, was actually treated by the respective doctor-author, or by any other doctor for that matter. In fact, of the seven case histories listed above only one says explicitly that the author administered treatment to the slave patient in question: 'The newly purchased servant girl whom I saw ...' (4.38). Another three cases suggest that someone else was in charge of the patient during the course of their illness (4.13; 5.19; 5.25): the author of 4.13 mentions that he is not sure on which day 'pain came to into hips and legs' of the patient; the case 5.19 comments that the patient was given a 'weak purgative' and explains that had she been given cold water to drink 'until she vomited' she might have survived; finally, the patient in 5.25 is openly described as being helped by 'another woman' and surviving. The remaining examples featuring slaves as patients duly describe their symptoms and outcome of the disease with no further comments (4.9; 4.32).

The contextual information in the *Epidemics* is thus limited and much debatable in order to reach a definite conclusion on whether its authors provided, or felt compelled to provide, medical treatment to all patients regardless of their social ranking as Kudlien claims (1968, 14-25). Moreover, while the *Epidemics* only rarely provides precise details of who carried out the treatment, it never specifies its expected costs or how the patients, free or slave, came into the doctor's, or anybody else's, care. Strictly speaking, there is the possibility that some case histories included in these treatises involved stories that its authors only heard about, but felt obliged to include them, perhaps for a wider didactic purpose. Nevertheless, the case 4.38 alone makes it clear that at least some slaves would gain access to the level of healthcare that otherwise we might believe was limited
to the free members of the society (Plato, *Laws* 720c-d). We can only speculate, however, how common this practice was. Even though, in this respect, we may cite several honorific decrees that come from various regions of the Greek world, including the Peloponnese (*IG* V 1 1145) and the Aegean islands (*IG* XII 1 1032), and in which free doctors are described as treating citizens and slaves alike, these are mostly Hellenistic in date; that means a century or more later than the time frame of this discussion. Yet they may still represent a continuation of practice developed in earlier times.

Similarly, the motivation for allowing the slaves access to medical professionals in the *Epidemics'* case histories is open to speculation. Considering the evidence discussed above we might hypothesise it was economical. But because the treatise is not clear in this respect, other reasons, such as affection, are equally plausible. As an appropriate example we may consider the circumstantial evidence provided by an Athenian legal document that documents an ex-slave being treated by an elite medical professional. In particular, Demosthenes's *Oration 47* presents a case of an unknown plaintiff against two defendants, Evergus and Mnesibulus, regarding false testimony. As part of the oration, the speaker describes an attack on his house by the two accused, in which they severely injured an elderly woman, who had been the plaintiff's slave nurse in the past. This woman had been set free some time before the attack, had got married and moved in with her husband. But after her spouse died, she came back to live with her former master, who says his reason for taking her back was that he ‘could not suffer his old nurse, or the slave who attended him as a boy, to live in want’ (Demosthenes 47.56). A crucial piece of information is then provided when the speaker tells us that he himself brought a doctor to care for the old woman after the attack, and that the doctor in question was one that he himself had been using in the past:

> Since, then, men of the jury, he [defendant] paid no heed, when I served notice on him [defendant] to care for the woman whom they [defendants] had beaten and to bring in a physician, I myself brought in one [physician] with whom I had had dealings for many years, and he
cared for her during her illness.

(Demosthenes 47.67)

Although the injured woman was actually free by the time she was beaten and required medical care, her dependent status is indisputable in this example. If the plaintiff did not take her to live with him, she would 'live in want' (Demosthenes 47.56). Moreover, the syntax in this extract sounds as though it was anticipated that the party responsible for her beating should call a physician for her,\textsuperscript{103} but when this was not arranged the speaker took care of the situation, presumably out of sympathy. Indeed, this particular case is distinctive because nurses fall into a specific category of slaves.\textsuperscript{104} The intimate nature of the nurse’s office is a prerequisite for a highly personal connection between her and her nursling – a phenomenon not only observable in literature but also in epigraphy. Notably, fifteen published Athenian tombstones pay tribute to nurses from this period, all presumably funded by former masters of these women (Kosmopoulou 2001, 285-292; Wrenhaven 2013, 92-100). These monuments vary in style and size, but as a rule they portray the commemorated nurse in a carved relief that is accompanied with an inscription, which in its most basic form identifies the nurse’s occupation, but in two cases also includes an elaborate epigram (Kosmopoulou 2001, N4 and N7). This is taken as evidence for affection, and Demosthenes, in the above-mentioned example, affirms this view. Just as the people setting up elaborate tombstones to their beloved nurses, the speaker in his speech had no obligation, legal or moral, to take the woman in after her husband died, let alone to provide her with medical care after she was beaten. There is clearly no economic motivation of personal gain in these examples. On the contrary, both actions, i.e. setting up a grave monument to a slave nurse and taking one’s ex-slave in at the time of need, are profoundly driven by sentimental affection.

We cannot test the Demosthenes’ story for credibility, but, as with all the other examples from political speeches in this thesis, it is irrelevant whether or not the

\textsuperscript{103} It is assumed the law would dictate this. For instance, the Cretan \textit{Gortyn Code} specifies the precise amounts of fines imposed on free and slave offenders for a variety of crimes.

\textsuperscript{104} I disregard here free women employed as nurses, e.g. Demosthenes (57.35).
events actually took place as presented. Rather, the vital point rests in the performative context of the oration because it reveals what must have widely been considered a standard measure for conduct in classical Athens. In other words, the speaker wanted to be believed, and for this reason the account of his actions had to be composed in ways that would be thought credible to present before the jury. With this in mind the conclusion is clear - in the eyes of a fourth century BC Athenian citizen, a scenario where an ex-master offers asylum to his ex-slave, and moreover brings in a physician, whose services he himself has used, to care for this ex-slave, must have seemed not only plausible, but also acceptable. Although the oration does not inform us on how widely such practice was used, it demonstrates that, when called in for an appointment, a free doctor did not always feel the need to question the social status of his patient as Plato would have believe (Plato, Laws 720c-d).

In brief, we have established that the master's interest in providing medical care to their slaves was dual, economic and sentimental, and we can, therefore, conclude with some confidence that, despite the anecdotal nature of our evidence, slaves did have access to scientific medical care, sometimes to the point of using the same provision as their masters. Below I will discuss whether this was also the case for religious healing.

**Slaves and Healing Gods**

Thompson claims that material culture, however fragmentary, provides a more objective picture of ancient slavery than historical texts written by elite writers (2003, 3). He is right, of course, but I feel the need to acknowledge the limitation

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105 Explicit evidence for the lives of slaves is not only preserved to us in the products of their work, but also in art and in inscriptions, for example. Notably, Garlan observes that towards the end of the sixth century BC the Athenian vase painters clearly distinguished between the figures of slaves and free members of the society (1982, 19). Likewise, numerous grave monuments commemorating slaves are also known. The most obvious examples to note are the above-mentioned slave nurse's tombstones, but slave graves are also known from other
of archaeological data, especially in connection with slave healing. The discussion above revealed that clues to worship intended as means of aiding the recovery from sickness remain uniform across the Greek world: to mark one's experience with religious healing, one would often dedicate an offering to the god or goddess, normally in the form of anatomical votives, usually body parts that needed healing, and inscribed inquiries, in some cases questions to oracles (see Chapter Three sections on Archaeological and Epigraphic Evidence above). A fundamental problem of this type of data is, however, that in most cases, particularly with the lack of an inscription, it rarely identifies the dedicant's status. Indeed, all votives broadly reflect the social standing of their dedicants (Foxhall 2000, 486), but even the most modest of votives might represent a communication between a free individual and the divine. Searching for slaves in these records is, therefore, problematic.

While I cannot positively identify slave votives without an inscription, I can address the potential of discerning status from those dedications that are inscribed. Especially slave names and the word ‘slave’ might appear tempting as useful indicators for the identification of slave's healing votives. I will demonstrate below, however, that this temptation is not justified. Thus once more I will turn to literature for circumstantial evidence of slaves as patients in religious healing, and argue that, just as with the ‘scientific’ healing discussed above, it is unlikely that slaves were banned from consulting their ailments with any deity they felt appropriate.

Considering examples from classical antiquity in general it is easy to think that we can deduce the social status of an individual based on their name. Notably, Roman documents are normally clear in identifying a person's position within the social strata because the Latin language follows a strict, systematic taxonomy. In particular, Roman slaves had only one name that was up to their master, often (but not necessarily) indicating the slave's origin, and after manumission, the former places. In particular, tombstones from a slave cemetery near the Athenian silver mines at Laurium provided vital evidence for estimating the number of slaves working these mines as well as their geographical origin (see Lauffer 1979, 140ff.).
slave would be known as ‘libertus’ (freedman), normally adopting her or his master’s name.\textsuperscript{106} As opposed to Roman standards of nomenclature, however, slave names did not always differ from those given to free members of the society in the Greece of the archaic and classical periods. For instance, the fifth century BC building accounts of the Erechtheion, one of the main temples on the Athenian Acropolis, record two different individuals called ‘Kroisos’. While one is identified as a slave, the other was a metic worker (Caskey 1927, 9.3.8; 9.3.31, 13.2.20; 13.1.9; 13.1.18).\textsuperscript{107} The accounts further mention slaves called Aeschines and Apollodorus (Caskey 1927, 14.1.15; 13.2.29), i.e. names we usually associate with prominent literary figures. Moreover, owners regularly changed the names of new slaves upon acquisition (Plato, \emph{Cratylus} 384d), and although a law that prohibited naming slaves after eminent religious festivals apparently existed at some point in Athens (Athenaeus 13.51), no other known regulation limited their choice. Parker demonstrates that theophoric names were not uncommon for both slaves and free alike (Parker 2000). Similarly, the common practice of indicating ethnicity or personal qualities in slave names does not guarantee servile status in our epigraphic sources (Strabo 7.3.12; Fragiadakis 1986, 47). Where slave dedications have been identified positively, it is typically due to the fact that their subject concerns the prospects of manumission rather than requests regarding healing (see, e.g., Eidinow 2013, 102-4). With this in mind, the clearest way of identifying a slave as supplicant in the context of religious healing seems the use of the actual word ‘slave’. But this also proves problematic. There were several terms denoting servile status in ancient Greece (see Kyrtatas 2001, 1056-61). Among the most commonly used ones belongs the word \textit{pais}, which, in its most basic form, means a child of either sex, but was also used to describe slaves of all ages (LSJ s.v. \textit{παῖς}). This word appears in several cases of the Epidaurian treatment records, collectively known as \textit{lamata} (e.g. \textit{IG IV}\textsuperscript{2} 1 121 V and VIII; \textit{IG IV}\textsuperscript{2} 1 122 XXIV). The context of the inscriptions, however, reveals that here, the scribe, meant a free child rather than a slave.

\textsuperscript{106} On Roman names see Cheesman (2008).
\textsuperscript{107} I adhere to Caskey’s classification of the inscriptions, i.e. 9 = fragment. 3 = column. 8 = line.
Strictly speaking, therefore, the identification of particular cases, in which slaves expressed their concerns about issues surrounding health and illness, within the body of our available evidence for divine treatment, is not an easy task. On the other hand, examples from ancient literature reveal several instances of slaves as prospective ‘consumers’ of religious healing that have the potential to help us understand and problematise the behavioural patterns of the ancients in the context of socio-political stratification. In particular, Pausanias describes at length numerous statues offered at Olympia by an individual called Micythus in the fifth century BC (Pausanias 5.26.2-7). Among these apparently were a dedication to Asclepius and Hygeia (i.e. Health; the wife or sister of Asclepius; Orphic Hymns 66), bearing an inscription that explained that Micythus’ motivation for the offerings was a vow he made for the recovery of his ill son (Pausanias 5.26.5).\(^\text{108}\) Pausanias further identifies the aforementioned Micythus as a slave of Anaxilaus, a tyrant of Rhegium, and makes a reference to a passage in Herodotus, which corroborates his story (Herodotus 7.170.3-4).

If Micythus was of servile status at the time of the dedications, Pausanias’ account would clearly demonstrate that divine consultations were not only appropriate, but also a plausibly affordable means for slaves at times of need for the recovery from illness in Greece of the fifth and fourth centuries BC. Unfortunately, this does not seem to be the case. In addition to citations in Pausanias and Herodotus, the story of Micythus can be traced in several other sources, namely in Diodorus Siculus, Strabo and Macrobius. Although these authors wrote centuries after Micythus’ lifetime, using his story for different purposes in their literary narration, they all agree that Micythus became a ruler of Rhegium when Anaxilaus died (Diodorus Siculus 11.48.2 and 11.59.4; Strabo 6.1.1; Macrobius, Saturnalia 1.28-9). Our single contemporary authority for these happenings is Herodotus, and he provides us with only limited information. Notably, he says that Micythus made his offerings at Olympia after he relocated to Tegea following Anaxilaus’ death

\(^\text{108}\) This inscription was apparently recovered from the site (two possible versions of the reconstructed text are published in IGASMG 3.64 and IvO 267), but the connection to Micythus could only be made after heavy restoration; see Chapter Three, section on Epigraphic Evidence, discussing further methodological issues regarding fragmentation and this particular inscription.
(Herodotus 7.170.3-4). Herodotus does not present clear clues as to Micythus’ social status after this move, except for a brief mention that he was entrusted with the charge of Anaxilaus’ affairs (Herodotus 7.170.4). Remembering that certain slaves could exercise an assured level of autonomy and liability while still, unquestionably, belonging to the servile class (see above), Herodotus’ account does not identify Micythus as the ruler of Rhegium on Anaxilaus’ death. Nonetheless, the sheer amount of dedications Pausanias says were presented by him suggests a costly enterprise. No mention of a new master makes it equally questionable for us to believe that he was still a slave. For these reasons it is perhaps safe to reason that Micythus was quite likely a free man when his son fell ill.

More relevant perhaps seems the following incident, which supposedly occurred during the building works on the Athenian Acropolis under Pericles in the mid fifth century BC:

A slave, who was held in high esteem by Pericles, the ruler of the Athenians, being engaged upon the buildings of a temple in the citadel, while creeping along the top of the roof, happened to fall; from the effects of which he was relieved, it is said, by this plant [parthenium], the virtues whereof had been disclosed to Pericles by Minerva in a dream. Hence it is that it was first called parthenium, and was consecrated to that goddess.

(Pliny the Elder, Natural History 22.20)

One of its artificers, the most active and zealous of them all, lost his footing and fell from a great height, and lay in a sorry plight, despaired of by the physicians. Pericles was much cast down at this, but the goddess appeared to him in a dream and prescribed a course of treatment for him to use, so that he speedily and easily healed the man.

(Plutarch, Pericles 13.8)
Inconveniently, the two passages were written about five hundred years after the event they describe apparently took place. Contextually, both authors include the story for a specific, and much different, aetiological purpose in their works, and critically, neither of them is concerned with discussing the politics of religious healing or slavery. Notably, Plutarch’s interests lay in exploring the human character and its association with specific actions. For him, Pericles was a virtuous, gentle and righteous man, and someone who cared deeply about his own public image (Pericles 2.4; Pelling 2002, 128-32). No wonder, therefore, that the biographer chose to include such emotional anecdote for his Lives. Whether or not the incident occurred, and whether or not Pericles’ reaction would have been similar to that described by Plutarch had it occurred, is, however, open to speculation. Pliny uses the story in a different manner, namely to explain the origin of a plant name (parthenium). For him, it is simply an anecdotal supplement to his otherwise ‘scientific’ discussion on botany and should not, therefore, be taken at historical value.\(^{109}\) A potentially problematic factor for this discussion is also the lack of agreement on whether the injured worker was actually a slave.

On the other hand we may consider that contemporary evidence suggests that there was, in fact, little distinction between slave and free members of the society, both in appearance and treatment, in Athens at the time the incident apparently occurred. Pseudo-Xenophon, or the Old Oligarch as this fifth century BC work is generally known, includes information that slaves and free members of the society wore the same dress (Old Oligarch 1.10). Herodotus describes regular craftsmen as being held in less esteem than the rest of the people (Herodotus 2.167). The building accounts of the Erechtheion reveal that both free and slave workers earned the same wages (Randall 1953, 209; see also Silver 2006). Moreover, other sources confirm that slaves were allowed to take part in religious life and even to seek sanctuary.\(^{110}\) A particularly favourable religious festival for the slaves would

\(^{109}\) Interestingly, Plutarch also tells us that a plant of this name grew on the Acropolis in another one of his Lives (Sulla 13.2).

\(^{110}\) For slaves taking part in religious life see Eidinow (2013, 102-4) and Parker (2011, 236-8). For slave refuge see, e.g., The Gortyn Code (1.38); Herodotus (2.113); Christensen (1984).
surely have been the Cretan version of the Hermaea, in which, similarly to the Roman Saturnalia (Macrobius, *Saturnalia* 1.24.22–23), masters and slaves exchanged roles (Athenaeus 14.639, see Forsdyke 2012, 125-6). Bearing this in mind, the above-quoted extracts (Pliny the Elder, *Natural History* 22.20; Plutarch, *Pericles* 13.8) convey two important messages to us. Firstly, both authors demonstrate that religious healing was believed to have been practised at Athens in the age of Pericles. Secondly, and perhaps more importantly, they make it conceivable for us to believe that slaves could benefit from it.

Owing to the fact that there were no cults exclusively associated with slaves alone in this respect, we may deem it plausible that they would follow the rule of their masters and consult the same deities. In fact, because slaves formed an integral part of their master's household, sometimes to the point of being considered valued family members or friends (e.g. nurses; see above), it might be expected that they would be encouraged to join, and, subsequently, willingly take part, in the religious life alongside other household members. This hypothesis is not only conceivable, but it is also attested within the body of our evidence. A suitable example is an oration by Antiphon, in which the plaintiff accuses his stepmother of poisoning her father (1). According to the speech a slave girl carried out this murder on behalf of the stepmother after she was conveniently invited to a private veneration by the victim himself (1.15-20). This particular case is made problematic by the fact that no relevant evidence supporting the prosecution exists, and the slave girl may have thought that the poison she administered was simply a love potion (1.19; see Wohl 2010, 43). Nonetheless, my interest in the trial is not to contemplate its likely legal result. Whatever really happened between the slave girl and the plaintiff’s father, it is clear that her presence at the ritual must have been regarded as appropriate by the fifth century BC Athenians.

This conclusion is affirmed by artistic representations of family cult activity, in which slaves appear as active participants. Notable is a collection of fourth century

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111 Noteworthy is the similarity with dream related healing method employed in the Asclepieia (see Chapter Two above, section on Asclepius and Ancient Greek Healing Cults).
BC marble reliefs in the National Archaeological Museum at Athens that represents a family worshipping Asclepius and Hygeia (Athens, NM 1333). Seven figures lining in front of the two deities in these reliefs include a couple, presumably a husband and his wife, followed by their children, but also a male slave with a sacrificial sheep and a female slave at the end of the procession, who holds a large basket with offerings on her head (Karouzou 1968, 141-42). We do not know the purpose of the family’s visit to the Asclepius shrine, but, given Asclepius’ role solely as a healing deity, the scene clearly represents a private ceremony. The slaves would, doubtless function as helpers in such private ceremonies, but the intimate nature of the ritual also suggests that the family considered them specially significant in order not only to become part of their religious life, but also to be depicted as such. In this way the reliefs could mark an economic and social success of the family and the inclusion of the slaves as a valued part of the household. That is to say, examples of free individuals expressly rejecting slaves’ presence from private rituals, to ‘which [they] attached a special importance’, are also known (esp. Isaeus 8.16).

The incidental evidence discussed so far indicates that no widely accepted socio-cultural barriers stood in way of a slave’s religious activity, and that the access to deities worshipped by the family they belonged to was almost certainly granted. At the same time, however, there is no reason to assume that slaves would be denied access to sanctuaries of their own choosing. Since Greek slaves are usually presented as ideally of non-Greek origin in our literary sources, foreign deities would seem a suitable alternative (e.g. Euripides, Alcestis 675-8; Aristophanes, Birds 763). An appropriate example is the Thracian goddess Bendis. Below, I will, therefore, briefly address why we may consider this goddess to be a healing deity and what we know of the slaves’ access to her shrines.

The precise year of, and the reasons for, Bendis’ introduction to Attica are subject to some debate (e.g. Janouchová 2013, 95-98; Planeaux 2000). Yet we know that by 429/8 BC Bendis was a part of Athenian religion because her name is mentioned in the records from a treasury ’to the other gods’ from that year (IG I² 383). Furthermore, Plato confirms that her cult was firmly established at Athens before
the end of the century, when he not only mentions the state festival of Bendideia, but also Socrates’ desire to take part in the celebrations (Republic 327a; 328a). In view of this we can determine an approximate date of Bendis’ entry into Attica, sometime around 430 or 429 BC (Planeaux 2000, 179), and, perhaps more importantly, that, soon after, if not immediately, the goddess was venerated by the local population and not just by the resident immigrants. This appears striking. After all, she was a foreign, and thus a barbarian, deity. We have already established that although the ancient Greeks marveled at all things foreign, it was usually for their oddities (see above, e.g., Chapter Three, section on Herodotus.). It is clear, therefore, that the incorporation of Bendis into the state religion at Athens must have had a special meaning for the Athenians. Considering the estimated date of her entry, two possibilities arise. One is political. Thucydides tells us that in the summer of 430 BC the Athenians negotiated an alliance with the Thracian king Sitalces in order to secure help in a campaign against Chalcis (2.29). It has been suggested that the incorporation of Bendis into the Athenian religion was, therefore, a diplomatic move in order to strengthen Athens’ position in this relationship (Janouchová 2013, 96). Plausible as this theory is, relevant evidence is lacking. Be that as it may, the second potential reason for her adoption is more relevant, namely the great plague of Athens, which occurred around the same time, i.e. 430 BC (Thucydides 2.47-55; see Chapter Three, section on Thucydides above). Ferguson was the first to make this connection (1948, 157ff.), and while some rejected his idea straight away (e.g. Nilsson 1951, 46-47), indirect evidence, which I will show below, suggests this may have been a possibility.

Bendis is not a healing goddess by definition, and little material evidence survives of her from her home country. What evidence there is, however, it implies a strong similarity with Artemis, whom we have already established as having healing powers in her own right (see above, Chapter Four, section on Women). Several reliefs of Bendis dating to the second and third century AD are known from Bulgaria, all of which portray the goddess in short dress, high boots, usually with a bow or spear, and accompanied by a dog or a deer (Deoudi 2010 73-80 and 100), i.e. iconography typical for Artemis.\footnote{Classical Greek imagery of Bendis depicted as Artemis also exists (e.g Beazley,}
inscriptions accompanying these reliefs, which normally describe Bendis as a *kourotrophos*, i.e. a protectress of children. Although this association alone does not explain why the goddess would appeal to the Athenians at the time of the plague, we may also consider her intimate relationship with the Thracian hero Deloptes, who was adopted into Athens alongside her and participated in her festival there (*IG II² 1256; 1324*), and who, Planeaux observes, was normally depicted in the imagery of Asclepius (2000, 181; esp. *IG II² 1256*; Fig 8.). In view of this, Planeaux concludes that Bendis was a Thracian Artemis and Deloptes was a Thracian Asclepius, and that both of them might have served as healing gods to the Athenians prior to the arrival of Asclepius from Epidaurus in 420 BC (2000, 181; Wickkiser 2008, 62ff.). The lack of explicit evidence, however, does not require comment.

Fig. 8. Honorary document relief. "The Bendis Relief"; Ny Carlsberg Glyptotek, IN 462; *IG II² 1256* (http://www.trackingcolour.com/da/genstande/42).
Having established that the free Athenians might have, theoretically, used Bendis as a healing goddess at the time of the plague in early 420s BC, could we also hypothesise that slaves perhaps used her for this purpose also? We know of several shrines dedicated to the goddess in Attica, notably in Piraeus and Salamis (IG II² 1317b; Janouchová 2013, 98), but there was also a sanctuary of Bendis in the region of Laurium, where the Athenian silver mines were located. It goes without a doubt that slaves predominantly worked these mines, a significant number of them from Thrace (see Lauffer 1979, 140ff.). Several votive statuettes and an inscription are known from the Bendis sanctuary there (SEG 39.210), but none of these clearly denote healing connotations or the servile status of their dedicants. It is plausible, however, that the Bendis sanctuary at Laurium might have functioned as crucial meeting point for the Thracian culture in that area, notwithstanding the possibility it also served a healing function for these peoples. After all, we have just established that healing might have been one of Bendis’ supremacies, and that slaves did have access to religious life in Athens. It is imperative to stress, however, that this conclusion is purely hypothetical and not founded on direct evidence.

To sum up, slave’s access to religious healing follows similar patterns already established above, in the section on Slaves and Doctors. Although we have little direct evidence, enough circumstantial evidence exists to establish that slaves had access to both scientific and religious healing. The mistress or the master would normally grant the access, being compelled to do so either by economic or emotional motivations. Some privileged slaves, however, could even have afforded to gain access to healing shrines using their own provisions. Nothing in the available data, therefore, suggests that slaves were excluded from the healing arts, whether they be scientific or religious.
Children

Unlike the case of slaves discussed above, children of free citizens in Athens, and it is reasonable to expect this to be true in other poleis as well, were completely, i.e. legally and materially, dependent on adult members of higher, independent social strata, in all aspects of life.\(^{113}\) This includes health care. No child could, therefore, possess economic means, which she or he could independently use to fund either the costs of medical treatment or any additional expenditures linked with travel to sites where healing might be undertaken. We may simply suppose that the parents would be held responsible to, and that they probably felt compelled to, tend to their children, mainly because modern, especially Western, attitudes expect that parents always care deeply for their offspring.\(^{114}\) But was this also the case of the ancient Greek societies? It has been noted in the past that attitudes to the same issues often vary in different cultures (Wilkinson 1978; see also Chapter Two above, section on Comparative Studies from Other Societies (Anthropological, Ethnographic, and Historical Scholarship)), and so below I will debate how far the ancient Greeks problematised their children’s wellbeing and how much they cared to deliver medical treatment to them.

The previous chapter identified that illness, and consequently medical care, was gender and life-stage specific in ancient Greece (see Chapter Four, section on Explaining the Variant: Medicalised Gender and Gendered Medicine). Put simply, gender and life-stage determined the body ‘type’ of an individual, which in turn determined whether or not she or he was susceptible to particular maladies. Any treatment was then tailored accordingly. With this in mind, we would expect that children must have represented a unique category of patients to the Greeks, mainly because childhood is a very specific life-stage in the human life (see below). Opposed to these beliefs, however, this section will show that the Hippocratic Corpus seemingly lacks considerably in detailed attention to specialised paediatric care, allowing us to conclude that the ancients perhaps had little concern for the

\(^{113}\) Just as women, children did not own property in their name, and had to be legally represented by a father or a male guardian at law courts in Athens (see Block 2017, 33).

\(^{114}\) Exceptions are inevitable, however.
health their children. This assumption is supported by the widespread opinion that the lives of children were of little value to the ancients because of the allegedly high mortality, exposure and infanticide rates (see below). Nevertheless, instances of children as patients exist. Beyond the ‘scientific’ treatises, they are known mainly in the literary, epigraphic and archaeological sources. Some show clear respective gender and life stage adaptations, but, more significantly, all allow us to further problematise the subject of ancient child care.

As with the previous section, I will be highly selective in my discussion, emphasising samples that echo wider practice. The analysis is divided into two sections. Firstly, I will take into consideration philosophical treatises and ‘scientific’ medicine as the basis for ancient Greek thought about children’s bodies, sketching how far they were conceived differently to those of adult Greeks. I will address the types of medical care potentially appropriate for children’s ‘biological’ requirements in this section before proceeding to the second part of my analysis, which will discuss examples of specific activities targeted at children’s medical needs, both religious and secular. Overall, the section will demonstrate that, in contrast with the ideology ostensibly presented by the Hippocratic writers, the Greeks were caring parents, who placed a great emphasis on growing up properly, and who, consequently, developed an elaborate system of preventative and protective measures that were regarded as vital for keeping their children in good health.

First, however, it is important to clarify whom I intend to refer to as ‘children’ in this section. Strictly speaking, ‘childhood’ is an abstract term that marks a phase in the human development, generally starting at birth. The upper limit of childhood is, on the other hand, not universally defined. Today, the so-called age of majority, i.e. the threshold when childhood ends and a person becomes an adult, varies depending on the legal systems of each individual country, and normally ranges between the ages of 15 and 21 (Williams and Weeks 2014, 17). We cannot, therefore, expect that clear demographic boundaries were in place for all regions of ancient Greece at any one time. Although specific figures designating the age terminating childhood were duly suggested by the Hippocratic writers (esp.
Fleshes 13; see below), these are not consistent, and, therefore, render our assertion of who was, and who was not, a child by the standards of the ancients problematic. Not to mention that regional variations are also to be expected.

Be that as it may, several terms describing children of various age groups are known to us from our sources. These are discussed at length in most scholarship on ancient Greek childhood, and usually present complex sets of demographic attributes (see, e.g., Dean-Jones 2013, 112; Golden 1990, 12-22; Overstreet 2009). One term worth mentioning, however, is *pais* because it encapsulates children in general. As noted in the previous section, this word could also be used to describe slaves of all ages (see above), but when applied to children, it is normally understood as referring to young boys before their admission to their respective deme at Athens, and to girls before their marriage (Golden 1990, 4). It is vital to stress, however, that that these life landmarks might not necessarily mean a definite termination of childhood in the context of ancient Greek social stratification,\(^{115}\) and that ‘*pais*’ is a widely generic term. Dean-Jones notes that, especially in the Hippocratic Corpus, the term *pais* is often not used to indicate a specific demographic limit at all (2013, 111). Rather, contextually, it sometimes applies to individuals that are children of someone, regardless of their age, and might, therefore, be describing an adult person (*Epidemics* 7.124). Terminologically, ancient Greek childhood is thus a complex subject, which I have no intention of discussing further. Instead, I will refer to children loosely in this section, namely as individuals that are not yet full citizens, and who can be identified as such from the contextual information passed down by the ancient sources.

Simultaneously, I will not cover very young babies in my argument, whom we today, quite justly, consider to be children also. Babies’ physiologies are very different to those of older children and adults, which makes their case especially interesting. The Hippocratic Corpus offers us a wealth of information on baby management (*Dentition*) and on the hazards of later pregnancy that might potentially affect the infant’s chances of survival (*Eight-month Child*). It also

\(^{115}\) I will return to this point below.
implies, however, that new-borns might not really have been categorised as ‘children’ in the true sense. In particular, while discussing individuals of cold and dry nature, the Corpus claims that the healthiest are ‘children (paides) and those to either side of that age group’ (Regimen 1.32; see Dasen 2013). This view is circumstantially supported by the firmly established ten-day waiting period before naming a new-born (Aristophanes, Birds 922; Demosthenes 40.28) and by the necessity of introduction, and especially acceptance, of infants into the phratry, i.e. a clan group (Isaeus 8.15-19). Be that as it may, the interests of the Hippocratic writers discussing very young babies are deeply rooted in their interests in gynaecological, and related (esp. obstetrics), subjects (e.g. Seven-month Child and Eight-month Child). Women, mothers and midwives in particular, are normally portrayed in charge of the new-borns, administering medicines (pharmaka) inducing defecation for example (Diseases 4.23). Moreover, there is epigraphic evidence suggesting that some midwives may have been considered to be doctors in their own right. Kosmopoulou mentions an epigram of Phanostrate, which identifies the woman both as maia (i.e. midwife) and iatros (i.e. doctor) (2001, M1). Though there are some doubts as to why iatros appears in the masculine form in the inscription, the link to Phanostrate is made clear. She has, therefore, been respectively recognised as either a paediatrician (Clairmont 1970, 131) or a gynaecologist (Kosmopoulou 2001, 300). Either way, her epigram affirms the importance of women’s knowledge, and, just as importantly, experience, in the matters of baby care. In view of this, some scholars argue that the care given to infants was primarily the responsibility of their mothers, midwives and/or nurses, but in any case of women (e.g. Baker 2014, 160-1), and I will thus omit this issue from my discussion for simplicity.

116 This was especially important in order to gain citizenship at Athens. See, e.g., Block (2017, 100-146).
117 Craik notes a striking similarity in vocabulary and style between the gynaecological works and those that address infant care (2015, 61).
Children and (Medical) Philosophy

Children are very different from adults. Their bodies have not yet reached the peak maturity, and the same can be perhaps be said about their minds.\textsuperscript{118} The ancient Greeks fully recognised this and mark the fundamental difference between children and adults primarily as mental, addressing aspects such as morality and intelligence, which both supposedly affect behaviour, and, of course, physical in their texts. The following summary briefly sets out their ideologies.

Morality, i.e. the ability to differentiate right from wrong, is normally the disposition of only adult male citizens according to the ancient sources (Aeschines 1.18), mainly because children lack the capability of purposeful choice (ἡ προαίρεσις) (Aristotle, Eudemian Ethics 7.1240b). This characteristic, among other things, further justifies the children’s dependent status in the questions of health.

By way of explanation, unable of logical judgment, children can neither make an assessment of whether they need a medical treatment nor can they soundly decide on which mode of it to apply. Other philosophers consider children, boys in particular,\textsuperscript{119} as less clever than adult men for the same reason (Xenophon, Cyropaedia 4.3.10-12). But intellectual incapacity of children is, in fact, documented, and often mocked, more widely. A notable source is drama. In particular, Athenian comedy presents a number of the so-called Megarian jokes, which are defined as crude humourist puns that might only appeal to not highly educated or cultured members of the audience, or, specifically, to children (Henderson 1991, 9). Similarly, references likening slow-minded adults to children also exist (e.g. Aristotle, Rhetoric 3.1407a2).

The corporal differentiation of children’s bodies was, on the other hand, all too apparent to our sources and is, therefore, rarely discussed at length outside the

\textsuperscript{118} I am considering the ideal situation in which individuals are schooled for the duration of their childhood.

\textsuperscript{119} We have already demonstrated that adult women were categorised as fundamentally inferior to adult males (see above Chapter Four, section on Explaining the Variant: Medicalised Gender and Gendered Medicine). In view if this, female children must be inferior also, and any comparison with adult males is, therefore, not justified.
Hippocratic treatises (see below). Instead, the philosophers normally consider children to be the same as the young of any other species, notably small and, therefore, weak (Aristotle, *Generation of Animals* 2.733b, Aristotle, *Problems* 34.10.964a). As with the mental aspect, physical weakness of adults is sometimes likened to that of children. Notable is the outcry of old men in the chorus of Aeschylus’ *Agamemnon*, who consider themselves ‘no better that a child’ (81) because they are ‘incapable of service by reason of [their] aged frame’ and so they ‘wait here at home, supporting on [their] canes a strength like a child’s...’ (75-6).

Aristotle explains that the fundamental aspect underpinning children’s mental and physical fragility was the substantial moistness and hotness of their bodies (e.g. Aristotle, *Problems* 1.19.816b; 3.7.872a; 3.34876a). It significantly exceeded that of the bodies of adults and thus had a negative effect on the children’s mind and behaviour, resulting in children being irritable, greedy and angry. In fact, according to Plato (*Laws* 7.808d) and Xenophon (*Cyropaedia* 2.3.10), children are the most difficult to manage of all the living creatures, rendering them problematic in the view of the ancients.

In sum, though the few references just offered represent only a fraction of the ancient Greek views on children, they demonstrate a clear pattern in thought: children are physically frail, morally ineffectual and mentally feeble, just as are the drunk, the old, the diseased and otherwise outcast members of the society, but also, just as are women (e.g. Aristotle, *Eudemian Ethics* 1.1214b; 7.1236a; 7.1238a; *History of Animals* 7.588a; *Problems* 10.39.895a), whom we have already established as inferior, and physically ‘defective’, in the previous chapter (see above, Chapter Four, section on Explaining the Variant: Medicalised Gender and Gendered Medicine). This alone rationalises children as a distinct biological group among the ancient Greeks, which may, potentially, have been susceptible to unique forms of ailments and thus required specialised medical attention that was other than that normally associated with adult women or men.

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120 For the significance of, and the attention paid to, the composition of matter within one’s body in ancient Greek philosophy see previous chapter.
121 For in-depth discussion see Golden (1990, esp. 4-12).
Reading the Hippocratic Corpus, however, this does not seem to be the case. Strictly speaking, the Corpus mentions children and childhood in two separate contexts. Firstly, it stresses the importance of age in assessing the likelihood of disease (e.g. Aphorisms 3.28; Nature of the Man 9). Secondly, it discusses children as part of a wider description of biological processes associated with individuals of various ages (e.g. Fleshes 13).

The author of the Nature of the Man instructs his colleagues by a very general statement to ‘carry out treatment only after examination of the patient’s constitution, age, physique, the season of the year and the fashion of the disease’ (9), but the first category of discussions that emphasises age in the context of medical conditions in the Hippocratic Corpus also offers an extremely detailed list of specific demographic milestones, or critical periods, at which a disease is likely to strike the child’s body. These include, in particular, the ages of forty days,¹²² seven months, seven years, and the onset of puberty (presumably taking place at around fourteen years of age; see below) (Aphorisms 3.28). The repetition of the number seven is especially interesting, mainly because this number is often mentioned in relation with the cosmological ordering of the world. In particular, the Hippocratic treatise Sevens explains how ‘seven’ rules the whole universe: there are seven winds (3) and seven seasons (4), but there also are seven ages in the human life (5) and seven parts of the human body, with the head (which cunningly has seven functions) being the first (7-8). Simply put, seven was thought to be a number of great significance, which underpinned life in general, and was therefore projected into physiology and pathology according to the ancients.¹²³

¹²² As noted above, it is not clear how young a baby was considered to be a child, but the author of the Aphorisms uses the term paidion, which is the diminutive form of pais, so a forty-day old baby was clearly a child in his mind.
¹²³ To appreciate how widely the idea was accepted, and how deeply it was rooted in the philosophical thought of antiquity, we may consider that Cicero still considered seven as the ‘node of all things’ in the first century BC (Republic 6.18) that is about four hundred years after the Hippocratics. Not to mention that the number’s persistent reputation is still with us today, when many people consider seven a lucky number.
Although the concept has extensively been criticised in the past to be an unconventional superstition (see Webster 1951), it is clear, however, that some notions in the Hippocratic Corpus regarding the number seven might be reflective of actual biological processes, which could potentially cause medical complaints. Noteworthy is the fact that the ages of seven months and seven years are the approximate times when respective first and second dentition occurs in humans. Such conforming timing might be a coincidence, but it is vital to remember that dentition can be accompanied by real physiological symptoms, such as mild raise in temperature or even fever, increased salivation, runny nose and loss of appetite (Kost 2015, 361). In fact, several Hippocratic texts make a clear connection between age, dentition and illness. In particular, the age of seven years is explicitly associated with the second dentition in the Fleshes (13; see below), the Eight-month Child (8) and the Prognostic (24), and the whole of the Dentition is dedicated to the subject, describing the associated ailments (esp. convulsions and fever) (6-12).

The second significant instance when the Hippocratics mention children simply draws demographic limits to childhood, or to human life in general. Particularly interesting is the notion ostensibly claiming that one reaches adulthood between seven and fourteen years of age:

A person reaches adulthood when he has acquired his definitive form, and this generally occurs between seven and fourteen years of age.

(Fleshes 13)

... ἀνθρωπος οὖλος αὐξάνηται. Αὐξάνεται δὲ ἐπὶ ὑγεία ἐπίδημος-ἐπίδημος δὲ μάλιστα γίνεται ἀπὸ ἐπταετέος μέχρι τεσσαρεσ-και-dekaeτεος

(Fleshes 13)
The English version of the text appears clear in its meaning. It explicitly tells us that the definite form (ἐπίδημος), and hence adulthood of an individual (presumably a male individual given the masculine form of ἄνθρωπος) is reached at a very specific time frame, namely between the ages of seven and fourteen years. But the translation, and consequently the interpretation, of the passage is not so straightforward from the contextual viewpoint. Dean-Jones recently questioned whether ἄνθρωπος should translate to ‘adult’ here in view of the complex sets of parameters describing children of various ages in our sources (2013, 110). Interestingly, some of these parameters are duly listed in the same chapter of the Fleshes as the given quote, which strongly supports her case. In particular, a statement, which immediately follows the given passage, claims that neaniskoi, i.e. youths, continue to grow into a ‘third-seven year period’ (αὐξάνεται δὲ καὶ ἐς τὴν τρίτην ἕβδομάδα), i.e. until they are twenty-one years of age. Should we perhaps understand this information to be an admission that the Hippocratics expected the human body to change around the age of fourteen? Did they believe that puberty was likely to occur at this time? Dean-Jones thinks so (2013, 110). But whether or not this was the case, the fact that an individual is described as growing (αὐξάνω) for another seven years past the seven to fourteen years of age threshold means that the Fleshes divides childhood into several separate seven-year periods.

Setting aside the fact, therefore, that we could hardly consider someone who is only seven years old to be an adult by modern standards, we can say with some certainty that the author of the Fleshes was not suggesting this either. Instead, the definite form one acquires in the quoted extract should perhaps be understood in relation with the development of adult teeth. After all, it has just been noted that second dentition normally occurs around the seventh year of age, and that the author of the Fleshes recognised this also (see above). In fact, the whole chapter 13, from which the above quote is taken, explains the formation of teeth. Contextually, therefore, we should perhaps understand that the author simply describes how

124 Note the repetition of the symbolic number seven.
125 Coan Prenotions supports this assumption by suggesting a cut-off point for children at the age of fourteen. It claims that an individual can contract all diseases between the ages of fourteen and forty-two, while before and after she or he is immune to some ailments (502).
this process operates on a seven-year cycle, namely that teeth start to grow around the age of seven years, and by the age of fourteen years they should, under standard conditions, be fully developed. In other words, the *Fleshes* tells us that an individual has acquired all the physical components of an adult human body by the age of fourteen years, but her or his body has not reached the peak maturity yet and so it continues to grow until the individual is twenty-one years old.

On this interpretation we may conclude that the Hippocratic writers took a great interest in attempting to explain all apparent bodily changes that seemed to them to be the results of the maturing, and aging, processes in children. The example of dentition demonstrates that they were sometimes capable of associating real physiological symptoms with specific age groups. Yet, even though the dentition provides a good example, none of the symptoms the Hippocratics associated with it are limited exclusively to that particular event. Notably, convulsion and fever, as mentioned in the *Dentition* (6-12) for example (see above), can be contracted by individuals of any age group (*Prognostic* 24). In reality, there is, therefore, little evidence in the Corpus for exclusive children's illnesses. A notable exception are rashes. These are specifically defined as a ‘disease’ (νόσημα) especially when they appear in children in the second book of *Prorrhetic* (4:3), and we can only guess whether this is because they were deemed to be more dangerous, or because they perhaps occurred more frequently, in younger patients. The author of the *Prorrhetic* offers no clear explanation for this, and equally significantly, he offers no advice for cure.

The Hippocratic Corpus should thus be understood as presenting to its readers a coherent model of the child's body by commenting on whether or not she or he is prone to contract an illness at a particular age, or life stage; a pattern familiar to us from the previous chapter. As demonstrated above, it tells us quite clearly that children were at risk of a sickness at various moments in their life. On the other hand, however, it tells us little about the specific healing methods needed. Nor

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126 At least not for those we might expect by the modern standards.
127 They can also be contracted by adults, but the author of the *Prorrhetic* does not consider them to be such a problem in older patients.
does it comment on the access to, and the level of, medical care actually provided. It has been noted above that the Greek scientific literature was largely within the reach of educated and elite consumers (Chapter Two, section on Technical Medical Texts; see, e.g., Lambert 1995, 74; Nutton 1985, 27), and so it seems appropriate to assume that only children in the higher circles of the society may have benefited from the awareness of such risks. Moreover, the limited attention paid to exclusively paediatric illnesses within the Corpus is striking, especially when contrasted with the number of treatises dedicated solely to other distinct biological groups, notably women. Demand offers an explanation for this noticeable variant in arguing that while the development of the Hippocratic gynaecology was driven by the men’s desire to control the women’s bodies, they felt content with their control over children, rendering paediatrics, as a specialised medical field, to be unnecessary in their view (1994, 141-7).

Does this mean that the Greeks did not care for their children? Modern scholarship frequently suggests that children were of little value to the ancients, mostly due the allegedly high mortality, exposure and infanticide rates. According to Moses Finley the ancients must not have been emotionally attached to their children, and to adults respectively, because premature deaths and burials were a daily occurrence in the ancient world (1981, 159). Similarly, Ariès (1973, 29), Pinchbeck and Hewit (1969, 301-2), Shorter (1976), and many others, have argued that the societies of preindustrial era avoided emotional attachment for the same reason. It is a matter of fact that due to the lack of access to modern medicine the perinatal mortality would have been much higher in antiquity than it is today. It is also noteworthy, on the other hand, that the ancients followed unconventional burial practices when it came to funerals of very young children, allowing their interment within the inhabited area, including the inside of houses (see, e.g., Kurtz and Boardman 1971, 55; 70; 92; 188-90). Such close proximity of the deceased children to their parents surely suggests an assured degree of bond.

128 On the control of women see previous chapter.
129 For modern estimates of mortality rates in the Roman world see Frier (1983).
Exposure and infanticide are also often suggested as the reasons for reservations about Greek parental care.\textsuperscript{130} It is beyond doubt that both would have been practised in ancient Greece. In particular, girls are normally thought of as being at greater risk because of supposedly placing a greater burden on their families. The inability, or unwillingness, to provide a dowry, but also the fear of not finding a husband, are among the most recognised potential motives for exposure or infanticide in girls (Golden 1981, 326). In some poleis, however, infanticide or exposure were apparently even the subject of legal provision, mainly in the event or severe, visible disability of the child in question (Plutarch \textit{Lycurgus} 16.1-2).\textsuperscript{131} Again, given the lack of modern medical advances in antiquity, we may speculate to what extent a parent would want to keep a child that would die otherwise anyway. It is, therefore, easy for us to assume that both infanticide and exposure must have been widespread practices. Indeed, there is no possibility of recovering exhaustive data for either procedure in ancient Greece, but notes on the basic demographic principles of Athenian society as presented in the early 1980s by Engels (1980), Golden (1981) and Patterson (1985) suggest it might not have been so common a practice as generally believed.

Combining historical data, common sense, as he says, and mathematics, Engels concluded that a high rate of infanticide in girls would have had a catastrophic consequence in classical Athens (1980, 119). This is because Athens was a society where the average life expectancy was low and the proportion of women surviving to the mean age of reproduction was small (1980, 116). Golden considered the average ages of Athenian brides and grooms, and concluded that given the tendency for women to marry early and men later, the number of potential brides would have been too high at any given time, unless a significant proportion of these have been killed or exposed in infancy (1981, 326). His calculations define the rate of female infanticide at Athens at as much as 20 per cent (1981, 330), and

\textsuperscript{130} Infanticide is an act, which necessarily results in the death of an infant. 'Exposure' of a child, on the other hand, may or may not result in the same outcome. Exposed children are not always expected to die, and this act would often have been arranged in antiquity to ensure the survival as well as subsequent adoption (e.g. Sophocles, \textit{Oedipus Tyrannus}); see Patterson (1985, 104-105).

\textsuperscript{131} The Plutarch passage poses several significant problems, on which see Huys (1996).
the hypothesis itself is persuasive, but it lacks further consideration of both marriage and child-bearing practices as part of the larger system of values of the Athenian society. Given the tendency to high perinatal mortality, for example, it is not made clear where the Athenian men would find additional women to whom they could remarry in the case of losing a wife in childbirth. Finally, Patterson’s method of considering separate situations in which infanticide or exposure occurred, or is said to have occurred, stressed that both acts would normally have been carried out in individual circumstances (1985, 123). This element is crucial. In general, she argued that a standard way of determining whether or not to rear a child in any society would be to consider the following criteria: its visible physical condition, the circumstance of already having a large family, unwillingness to feed the extra infant, an unwanted female offspring, or the question of legitimacy if applicable (1985, 111-123).

In view of this, it appears that, although we cannot ignore exposure and infanticide as particularly important subjects of ancient history, they probably were not as common as we might think. In any case we can hardly consider them as evidence for affecting the care of those children who lived. That is to say, even if exposure and infanticide were happening frequently, the ancients surely must have held some regard for those children that they decided to rear, as perhaps demonstrated by the infant burials in close proximity to their families (see above).

The most obvious, and the most fundamental, reason for producing, and for rearing, a child is an economic security. Namely, the new generation guarantees the future of an oikos through the continuation of the family line (see previous chapter), but we also know that it was expected of the grown-up children to look after their parents in their old age (Lysias 13. 45). Although the discussion above revealed that ancient Greek views on children were mostly negative, the economic aspect cannot be disregarded. Similar to the case of women (see above, Chapter Four, section on Explaining the Variant: Medicalised Gender and Gendered Medicine), the Greeks traditionally perceived children as incomplete, and hence imperfect and inferior, individuals: ‘a child is not blessed (εὐδαίμον) ... for nothing incomplete is blessed (εὐδαίμον), since it is not a whole.’ (Aristotle, Eudemian
Unlike the case of women, however, children, notably male children, had the potential to reach ‘wholeness’ when they grew up in the Greek thought. In other words, because children meant potential for the future, the Greeks must have valued those that they decided to rear. For this reason the philosophers often place a great emphasis on the vital aspect of education and training in their treatises (esp. Aristotle, *Politics* 7.1334b; Plato, *Law* 7.788d-790a), and it would be logical to expect that the questions of health should have been regarded just as important. As we have just seen, however, the Hippocratic Corpus ostensibly leaves us to believe that this might not have the case. Analysing instances of children as patients below, therefore, I will challenge this view and demonstrate that the ancients cared for their children more than we realise.

**Children as Patients**

The perceived lack of paediatrics in the Hippocratic Corpus suggests that the Greeks did not regard their children to be important, or important enough to be worthy of medical attention. This clearly is not the case, mainly because the *Epidemics* presents children as patients in several of its case studies (4.11; 4.19; 4.31; 4.33; 4.36; 5.23; 6.1.12). It is true that all but one example listed describes only the symptoms suffered by the child in question, without providing further information on the nature of the cure, its outcome, or who (if anybody) delivered it (4.19; 4.31; 4.33; 4.36; 5.23; 6.1.12). One example even makes only a mere generalisation about infants, without referring to an actual individual (6.1.12). Similar to the case of slaves discussed above, therefore, we may question whether the children mentioned in these records were actually treated, and whether the treatment, provided there was one, was delivered by a doctor or by some other carer, or whether we are only dealing with notes of the *Epidemics* authors, which they thought important to keep for a didactic purpose (see section on Slaves above).

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132 Aristotle’s references to the incompleteness of children are numerous; see, e.g., *Politics* (1.1260a and 8.1339a).
Dean-Jones suggests on this point that the fragility of children's bodies may have played a vital role in the Hippocratic doctors deliberately choosing not to treat them in view of the notorious 'do no harm' principle (2013, 123): 'I will do no harm or injustice to them [the patients]' (Oath 17), and 'practise two things in your dealings with disease: either help or do no harm to the patient' (Epidemics 1.2.11). These well-known extracts appear clear in their underlying meaning at first glance, but, at closer look, the exact definition of what the authors thought constituted 'harm' and 'help' is not explained. The 'do no harm' principle is, therefore, a complex issue, which is problematic to interpret for us. By way of explanation, while it is likely that the borderline between help and harm may refer to a borderline between life and death in these texts, it is not clear whether harm, i.e. the death of a patient, is the result of an intentional murder by the doctor, or whether it refers to accidental killing (Senkova 2012, 41-3).133 Even if Dean-Jones was right, however, and the physicians did not want to treat children because of the fear that they would do harm to them, i.e. that they would kill them unintentionally, there would be little need for the Hippocratic doctors to include children in their case histories in order to serve a didactic paradigm.

Be that as it may, one case in the Epidemics suggests otherwise altogether. The account 4.11 explains the death of a child (pais),134 who 'was wounded in the head with a potsherd by another child', to be the direct consequence of care, which was provided by 'a woman' immediately after the incident happened. The woman in question is said to have washed the wound, rubbing the area around it. Her actions resulted in the child 'taking a chill', which later proved fatal. This parallels the

133 The fear of being poisoned was a common occurrence throughout antiquity (Van Hooff 2004, 983). Some Latin sources even talk of doctors, whose base of study would, no doubt, directly or indirectly, have been the Hippocratic writings, and who did not conform to this ideology, deliberately poisoning their patients (Quintilian, Institutio Oratoria 7.2.17; Calpurnius Flaccus, Declamationes 13).

134 Since the term pais also describes slaves of ages (see above), there is the possibility that the patient in question might have been a slave. I, however, agree with Dean-Jones, who notes that potsherds are likely to cause more damage to a child's skull, not to mention that throwing potsherds at somebody is just the kind of activity a child would do (2013, 122).
general pattern outlined above, namely that the authors of the *Epidemics* did not necessarily have tended in person to all the patients whose symptoms they describe in their case histories. Moreover it illustrates well the fact that they occasionally inclined to pass judgment on whoever was providing the treatment, perhaps to provide an instructive lesson. In this case, however, the account clearly states that when things started to go bad as the result of the poor care provided by the woman, ‘the child was trephined immediately’, though it was too late to save him. It is not clear from the text whether the author performed the trepanation himself, but it is unlikely that such a technical procedure would have been done by a lay person. It is, therefore, reasonable to assume that a professional, who knew what they were doing, i.e. a doctor, must have carried it out. It is irrelevant whether it was the author of the treatises. Instead, the vital point is that a doctor, whoever he was, stepped in in order to undo damage done by someone else, i.e. a doctor performed the operation.

Even though we do not learn the identity of the doctor in question and his reasons for the willingness to help save the child, this case clearly demonstrates that, irrespective of the perceived fragility of children's bodies (see above), professional physicians treated them when it was required, or when they were asked to do so. Considering that a fee would likely have been due for the procedure in view of the above mentioned economic nature of the Greek medical trade, this case also demonstrates that at least some parents, or guardians, wanted to provide medical treatment to their children regardless of its costs. In other words, at least some of the Greek parents, or guardians, must have cared for their children more than the medical and philosophical writers would have us believe. One case history cannot, however, be taken as evidence for documenting the behavioural pattern of all Greek parents, or guardians, and so further data must be scrutinised in order to reach definite conclusions on the level of ancient Greeks’ concerns for their children's physical well-being. In particular, I would like to propose that the reason for the ostensive lack of specialised paediatric care within the Hippocratic Corpus is the result of purposeful choice not to see it on the part of the modern-day reader. That is to say, through pondering the biological, and cultural, stages of development a child had to live through before becoming a fully-fledged adult, i.e. a
citizen, it is possible to ascertain some of the Hippocratic treatise to be paediatric without being explicitly labeled as such.

Just as being a man meant biologically, and culturally, a different thing to the ancient Greeks than being a woman (see previous chapter, section on Explaining the Variant: Medicalised Gender and Gendered Medicine), the meaning of being a child of either sex also differed considerably in the Greek view. In particular, one’s childhood ended in relation to her or his gender. Indeed, it was noted above that expecting clear demographic boundaries for the end of childhood in ancient Greece is problematic. We can say with some certainty, however, that girls were believed to reach adulthood much sooner than boys. Aristotle explicitly mentions that females take longer to develop in the womb, but once they are born, they mature much faster than males (*Generation of Animals* 775a).

In brief, the process of maturation in girls focused on their reproductive role, with the vital transition from *parthenos* to *gyné* at its centre. It was duly stated in the previous chapter (section on Women) that this transition was marked by several cultural (esp. marriage) and biological (esp. menarche, defloration and first childbirth) stages, but it should be understood that a girl became ‘adult’ only after she became a full-fledged member of her husband’s household and, especially, a mother. This could be a few years after she got married (e.g. Lysias 1). Considering that girls normally married between the ages of twelve to fourteen at Athens, Foxhall argues that they would become adult around the age of fifteen or sixteen (1998b, 125). Athenian boys, on the other hand, started the process of maturation much later, at around the age of seventeen or eighteen, but probably did not become adult, i.e. complete citizens and participants in the society, until much later. Vidal-Naquet explains that the prerequisite for a ‘definite admission’, i.e. an admission into adulthood, for young men at Athens was admittance into the phratry and deme, entry into the hoplite phalanx or into the navy, and, just as

135 The actual figure would vary according to the *polis*. For instance, Plutarch’s note that Spartan women should not marry until their body had reached its ‘acme’ (*Lycurgus* 15.4) has led modern scholars to conclude that the most reasonable time for the Spartan girls to marry would have had to be sometime between eighteen and twenty years of age (Cartledge 1981, 94).
importantly, marriage (1986, 106-28). The timing of these landmarks varied significantly. While boys were normally admitted into their phratry in infancy, admission into a deme took place at the age eighteen (Aristotle, *Constitution of the Athenians* 42.1), and it was uncommon for men to marry before they were thirty years old (Foxhall 1998b, 125). This means that the concept of childhood and its transition into adulthood was a complex issue in ancient Greece, which was distinctive for each individual based on their gender and social status.

Disregarding the issues of whether old maids and unmarried bachelors were considered to be children by the ancients in view of their not attaining the prerequisite of matrimony,\(^\text{136}\) we may conclude that, apart of being substantially differentiated from adults (see above), children’s bodies also varied significantly from each other. Equally vital, however, is the conclusion that both childhood as well as adulthood, apart of being defined by biological characteristics, was very much a cultural concept in ancient Greece, in which a great emphasis was placed on growing up ‘properly’, i.e. growing up in line with the traditionally defined, and mutually recognised, ideologies. If we apprehend, therefore, that much of the gynaecological treatises in the Hippocratic Corpus are targeted at female bodies before they reached the status of a *gyné* (esp. *Diseases of Young Girls*), i.e. before girls became biologically and culturally accepted adults, we may view these texts as being paediatric in their core. In other words, the Hippocratic interest in women’s bodies and reproduction is nothing short of an interest in a specifically paediatric problematics, which is underlined by culturally defined concerns about the proper ways in which children, girls in particular, mature and grow up. By offering advice on the correctness of maturation and on what to do when thing do not develop properly they hence serve as a didactic paradigm for protecting the children’s health.

Indeed, we may question the practicality of these texts, mainly because of the potential limitations in reaching the targeted audiences, in this case girls who have

\(^{136}\) This question is particularly interesting because it is beyond doubt that such individuals would have existed in ancient Greece, as they do in any other society, but I will omit this issue for simplicity.
not yet become *gynaikes*. But, as noted in Chapter Three above (section on Hippocratic Corpus), the Hippocratic Corpus presents ideas and ideologies that were deeply embedded in Greek culture more widely. Similar concerns should, therefore, not only be discernible in the said gynaecological treatises, but also in other sources. In particular, we can observe them in the evidence for religious life and ritual practice. Notably the cults of the *kourotrophos* deities are appropriate examples to mention in relation with child protection. The most popular kourotrophic deity in Athens was the goddess Ge (i.e. Earth), who was often associated with other gods, notably Artemis, Hera, Leto and Apollo (see Parker 2006, 426). Garland sees the popularity of her cults as evidence for wider awareness of high infant mortality among the ancient Athenians (2013, 210). No source would tell us this explicitly, of course, but it seems evident that the need for a specialised religious means for securing children’s protection must have been driven by a sense of parental concerns for their children’s well-being.

An important part of worshipping a *kourotrophos* were rituals of the rights of passage (Calamae 2001; Padilla 1999), moving symbolically from one life stage to another. Fundamentally, these rituals functioned as means of securing divine protection during the maturing process, with the children performing a series of ritual performances, which characterised their separation from the former phase of life and reintegrated them into a new one. One of the best-known rites of passage rituals to the modern-day reader is the above-mentioned Brauronian *arkteia* (*Suda s.v. Ἀρκτεύσαι* and Ἀρκτος Ἡ Βραυρώνιος; see above, Chapter Four, section on Women). According to the *Suda*, the ritual was performed as follows:

[Girls]¹³⁷ playing the bear used to celebrate a festival for Artemis dressed in saffron robes; not older than 10 years nor less than 5; appeasing the goddess. The reason was that a wild bear used to come to the deme of Phlauidoi and spend time there; and it became tamed and was brought up with the humans. Some virgin was playing with it and,

¹³⁷ The original Greek uses the term γυναῖκες, but from the context it is clear that these females could not have reached the status of *gyné* yet because they were ‘not older than 10 years nor less than 5’.
when the girl began acting recklessly, the bear was provoked and scratched the virgin; her brothers were angered by this and speared the bear, and because of this a pestilential sickness fell upon the Athenians. When the Athenians consulted the oracle [the god] said that there would be a release from the evils if, as blood price for the bear that died, they compelled their virgins to play the bear. And the Athenians decreed that no virgin might be given in marriage to a man if she had not previously played the bear for the goddess.

(Suda s.v. Ἀρκτος ἢ Βραυρώνιος)

Much earlier, Aristophanes makes a clear reference to the same elements, which the Suda mentions, as essential to the ritual:

At seven, then
I pounded barley
At the age of ten,
And clad in yellow robes,
Soon after this,
I was Little Bear to
Brauronian Artemis;
Then neckletted with figs,
Grown tall and pretty,
I was a Basket-bearer,
And so it's obvious I should
Give you advice that I think good,
The very best I can.

(Aristophanes, Lysistrata 641-7)

This passage outlines the ideal stages of a girl's life course, as marked by participation in rituals, which were part of civic festivals. Although it has been taken for granted in the past that this passage represents the reality of most girls’
lives (Brelich 1969, 229-311), that is probably not the case. Rather, participation in a ritual like the *arkteia* was probably limited, and most participants would have come from wealthier families. Given the size of the sanctuary, it does not seem feasible that all the Athenian girls within the right age group could possibly have participated all at once. The participation of the few, however, is probably representative of the many, for the life changes that girls were perceived to undergo on their way to maturity. The large number of *krateriskoi*, i.e. small vases decorated with depictions of young girls, which were found at the sanctuary and associated with the *arkteia* (Sourvinou-Inwood 1988, 116; Hamilton 1989), provide additional evidence of this: these could easily have been dedicated by families whose children were present, but who did not participate in the actual ritual. Economically the provision of the *krateriskoi* would have been a much smaller expense than the elaborate ritual dress and other paraphernalia required for participation in the actual rite.

Rights of passage rituals were, however, not female specific. Rituals around young men becoming ephebes as part of their transition to adulthood and full citizenship, and serving to guard the borders of Attica, have been well studied and documented (Vidal-Naquet 1986). In view of this we may conclude, therefore, that both male and female children were nurtured by their families because they represented their families’ future, providing care for parents in their old ages and future economic security for the whole family, and collectively for the whole community. It is also possible, if not probable, that rituals of similar nature extended into the home (Garland 2013, 211), adding a lot more personal dimension to the subject. But we have no explicit material evidence for this. Nonetheless, child protection outside the religious precinct is noticeable in the form of few protective amulets and charms, and even toys with apotropaic effects that survive (Neils 2003, 143-4; Ham 1999, 206). These objects should perhaps not be viewed as healing articles *per se*, but they testify to the fundamental concerns of parents for keeping away evil and protecting their children during the maturation process.

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138 Roman sources offer detailed information as to which charms were deemed to be specially suitable for children, such as amber or dried brain of a boa (Pliny the Elder, *Natural History* 30.47; 37.12). But due to their late date this evidence might not be applicable to Greece of archaic and classical periods.
Children in actual need of healing are best visible through inscriptions than any other source material. Anxieties explicitly expressed by parents for the health of their offspring were recovered from sanctuaries across the Greek world, indicating a strong sense of parental affection and apprehension, but also testifying to the importance of offspring for the whole household. Concerns about family fortunes, purposefully including children in the prayers, are sometimes articulated in oracular questions, such as those recovered from the sanctuary at Dodona (Eidinow 2013, 125 n. 1 and 126 n. 2), but these are too general and do not refer specifically to healing. A few questions from the Dodona collection, however, also involve the healing of children (Eidinow 2013, 107 n. 2; 108. 8; 117 n. 2). Besides the examples of broad queries, simply requesting to know whether a child would become healthy or not (Eidinow 2013, 107 n.2), the supplicants ask more specific questions about the nature of treatment they should pursue. In particular, one individual wishes to learn whether she or he should ‘pay up to cure’ her or his son (Eidinow 2013, 117 n. 2), and another one wonders whether it would be ‘advantageous to bathe in a spring his child’s foot’ (Eidinow 2013, 108 n.8). These two requests are telling in two ways. Firstly, the parent asking whether she or he should pay for the cure suggests her or his willingness to do so. Secondly, the parent questioning the option of washing the child’s foot implies his understanding of the possible benefits this may have in healing.

We do not know what these parents decided was the right course of action in the end, and whether their children were healed or not, but the two testimonies are a clear indication of unmistakable understanding of the underlying concepts behind the common cultural beliefs about what is needed for securing, and attaining, good

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139 This particular tablet is dated to ca. third to second century BC; all other tables quoted are classical.
140 We know that in this case the father presented the question. He is named in the query as Amyntas.
141 Spring water, along with ritual purification and cleansing, was already noted as essential element in healing by scholars who studied the Asclepius cults (see above, Chapter Two, section on Asclepius and Ancient Greek Healing Cults), but it was also mentioned above as a possible healing aspect in other, non-Asclepius, sanctuaries (see above, Chapter Four, section on Women).
health, as well as of genuine parental care for their offspring. Effectively, they show us how much individual parents were willing to do for achieving the healing of their children. The limits, which parents were willing to reach when seeking cure for their children are, however, enhanced by two accounts in the Epidaurian lamata, and, further, by the, already well-discussed, Micythus inscription from Olympia (IGASMG 3.64 and IvO 267; see above Chapter Three, section on Epigraphic Evidence, and section on Slaves in this chapter above). I will, therefore, close this section by briefly commenting on the wider implications of these sources and their relevance to our understanding of Greek childcare.

It has been noted above that several case histories within the lamata collection concern the healing of children (see above, section on Slaves), but two accounts stand out from the assemblage for the far-reaching undertakings performed by the parents in search of cure for their offspring. By way of explanation, the parents in cases B1 and B4 both travelled to the Epidaurian sanctuary and spent the night there, vigorously supplicating on behalf of their children. In the case of B1 it was the mother of a girl from Laconia, and it the case of B4 it was the father of a boy from Halieis. Both regions are at a considerable distance from Epidaurus,\(^{142}\) and so these examples demonstrate both parents’ dedication to their children and economic security of their families. The supplication is described as success in both cases, but considering the socio-historical and topographical contexts of the lamata discussed above (Chapter Four, section on Epidaurus) we may question the veracity of these documents. It is, however, not important whether the events actually took place as described. Since the purpose of information presented in the inscriptions was likely promotional, we may conclude it probably complied with wider sets of beliefs and attitudes of the population. In other words, to the parents of classical Greece it must have seemed normal, if not desirable, to actively engage in seeking healing on behalf of their children, and to use any means available to them in order of achieving this goal. It is also reasonable to assume that this conclusion may have extended to wider aspects of life and did not only include the medical crises.

\(^{142}\) Although Halieis is not, on the face of it, very far from Epidaurus (see Map 2), it is beyond doubt it would have taken several hours to reach in antiquity.
The *lamata* do not say this explicitly, of course, but similar conclusions may be reached through an analysis of further recorded supplications from other places. The story of Micythus is a suitable example. Although the above-considered inscription (*IGASMG* 3.64 and *IvO* 267; see above, Chapter Two, section on Epigraphic Evidence, and section on Slaves in this chapter above) might perhaps not be a genuine dedication that was offered by him, the literary evidence that documents information for Micythus’ lifetime, and which I have discussed above (Diodorus Siculus 11.48.2 and 11.59.4; Herodotus 7.170; Macrobius, *Saturnalia* 1.28-9; Pausanias 5.26; Strabo 6.1.1; section on Slaves in this chapter above), clearly demonstrates that he was a historical figure. In particular, he is said to have dedicated at Olympia in response to a ‘wasting disease’ suffered by his son:

The offerings of Micythus I found were numerous and not together. Next after Iphitus of Elis, and Echecheiria crowning Iphitus, come the following offerings of Micythus: Amphitrite, Poseidon and Hestia; the artist was Glaucus the Argive. Along the left side of the great temple Micythus dedicated other offerings: the Maid, daughter of Demeter, Aphrodite, Ganymedes and Artemis, the poets Homer and Hesiod, then again deities, Asclepius and Health. Among the offerings of Micythus is Struggle carrying jumping-weights, the shape of which is as follows. They are half of a circle, not an exact circle but elliptical, and made so that the fingers pass through as they do through the handle of a shield. Such are the fashion of them. ... The inscriptions on the offerings give Choerus as the father of Micythus, and as his fatherland the Greek cities of Rhegium and Messene on the Strait. The inscriptions say that he lived at Tegea, and he dedicated the offerings at Olympia in fulfilment of a vow made for the recovery of a son, who fell ill of a wasting disease.

(Pausanias 5.26)

Pausanias clearly comments in this passage that Micythus dedicated to several gods, and places an emphasis on making it clear that the dedications were
'numerous’ and ‘not together’. This might indicate that he anticipated a ‘larger’ return from the gods, i.e. that the son would be healed faster, or that the severity of the illness was so great that only a substantial offering was believed to be appropriate for securing the divine assistance. This interpretation, however, does not seem feasible because measuring an ‘expectation’, i.e. healing, against an ‘investment’, i.e. the votive, was already noted above as not being a suitable methodological approach in reading this type of data (Osborne 2004, 3; see Chapter Three above, section on Archaeological Evidence). Instead, we may perhaps consider the possibility that Micythus might have dedicated multiple times over the course of his son’s illness in view of it being described as ‘wasting’. We do not know whether Micythus’ pleas were successful and whether his son regained health following the supplication, or supplications. Yet, in any case, this incident clearly demonstrates a great deal of commitment and anxiety for the son’s well-being. Because of the amount and nature of offerings presented it also demonstrates a considerable financial means of the family, and its willingness to use these means in order to save the son’s life.

Both the accounts presented in the *lamata* and the Micythus story thus document behaviours and conducts of someone, who clearly did not consider the health of their offspring lightly. We may, therefore, conclude that far from being considered insignificant, children in ancient Greece appeared to have been well cared for. The reason for parental devotion was, no doubt, partly the future economic security of the *oikos*, but considerable level of affection and sentimental attachment cannot be disregarded when thinking about this group of individuals. Children of rich parents, in particular, benefited from cures in well-known healing shrines. But this does not mean that parents of limited financial means did not exploit means within their economic reach. On the contrary, this is highly likely because the Greeks clearly cared about their children and are portrayed as eager to provide medical care to them in the available evidence.
Conclusion

This chapter has demonstrated that, despite our modern preconceptions, which compel us to expect cultural barriers between individuals of different social strata, at least two categories of dependent patients in ancient Greece, namely slaves and children, had been granted access to medical care to a much greater degree than previously accepted. The evidence presented above suggests that, in theory, slaves could enjoy equal means of medical care as the rest of the population. Whether these means were based on the scientific medicine of the day or on supernatural belief was of no consequence. In practice, however, it was only slaves with access to adequate financial resources, or with a caring owner, who could benefit from either mode of treatment. Given the fact that slaves were clearly viewed as profitable components of the oikos, we might expect that the fundamental motive for owners to care for them was economical. The chapter has demonstrated that this was certainly the case, but it has also shown that, even more unexpectedly, owners could care deeply for their slaves as the result of emotional attachment. Similarly with children, modern-day misconceptions about Greek parental care, challenged in this chapter, have been proven wrong. Children embodied the future of the family, securing the care for their parents in adulthood and the transmission of property down the generations. For these reasons the Greeks took care to ensure that children were safe during the maturation process. Evidence for this is visible in the scientific medical theory, which problematises ailments in relation with relevant life stages, and in the elaborate system of protective and preventative care offered by amulets and by the healing sanctuaries. We may therefore conclude with some certainty that healthcare in ancient Greece did not solely depended on the social status of an individual, and that the Greeks cared for the underprivileged more than has previously been assumed. However, we cannot expect this conclusion extended to all other dependent groups, such as the disabled or the elderly, who should be studied separately.
CHAPTER SIX

CONCLUSION

This thesis has re-examined a well-known and well-published corpus of evidence, both literary and material, for indications of healing activity in ancient Greece. In doing so, it has exposed several methodological and interpretative issues, summarised at the end of this conclusion, which contribute to our understanding of the conception of health and the experience of illness and healing (and access to it), in antiquity.

Firstly, the thesis has shown ways of tracking the pervasiveness of concerns with health, illness and healing, and how we can see this in our sources, which are very rarely explicit. By way of explanation, scholars have tended to overlook healing in the evidence because they have focused on other significant elements, but I have shown that concerns for healing may additionally provide explanations for what we see in the evidence. For example, we know that offerings in the form of clothing, and tools used in cloth production, clearly represent a category of votives associated with women. We do not know, however, why were these objects were dedicated. I have demonstrated that, in certain contexts, clothing items could represent the physical manifestation of bodies of their dedicants, and for this reason may be considered to be material representations of the medical concerns that are so prevalent in the literary tradition. This interpretation of at least some clothing-related votives is especially significant because, in specific contexts, it may be applicable to sanctuaries not previously identified to be healing cults as was shown in the case of the Pantanello shrine in the Metaponto area. This is not to say that all dedicated clothes, or textile-related items, were offered for the purpose of healing, but the ultimate result is that we can now see more clearly how concerns about health and healing permeated particular aspects of life, and how
these concerns appear in places and contexts where previous scholars have not seen, or looked for, them.

At the same time, however, the thesis has brought to attention specific categories of evidence, which, although ostensibly pertaining to healing, proved problematic in my analysis, despite the long-established readings in the scholarly tradition. This was particularly an issue with common symbols, which are sometimes interpreted to epitomise a biological subtext. Doves and pomegranates, in particular, are regularly associated with fertility in secondary literature (Baumbach 2004, e.g., 17, 19, 31; Farnell 1896, ii. 696–697; Immerwahr 1989, 407; Kyrieleis 1988, 219), but explicit evidence for this symbolic connection is lacking in the primary data. These issues are a legacy of nineteenth-century scholarship, but they profoundly impact on our understanding of the ancient world because information presented in secondary literature is too often taken at face value. There is no straightforward solution for this problem, aside for the call for more critical analyses in the future.

Secondly, by picking out concerns in groups that are not elite, or men, the thesis has demonstrated that in ancient Greece health, illness and healing were a ubiquitous issue for all individuals regardless of their age, gender, or social status. Children, for instance, might be considered a group that was not regarded as important, or important enough to be worthy of medical attention. This is mainly because of the perceived lack of specialised paediatric discussion within the body of ancient scientific medical texts. Influential secondary scholarship also plays a part in promoting this assumption, as attested by, for example, the now outdated views of Moses Finley, who claimed that the ancients cannot have been emotionally attached to their children, and to adults respectively, because premature deaths and burials were a daily occurrence in the ancient world (1981, 159). On the contrary, this thesis has demonstrated that concerns for children’s health were a very high priority for the Greeks. They were clearly caring parents, who placed a great emphasis on growing up properly because children reaching adulthood were essential for the continuity of the family and the transmission of property down the generations. Hence they also developed an elaborate system of
preventative and protective measures, such as the use of amulets and the promotion of children’s participation in rituals of the rites of passage, that were regarded as vital for keeping their children in good health. Similarly with slaves, we might expect that health was not deemed particularly important in regards to these individuals in view of their being allegedly easily expendable (Aristotle, *Politics* 1254b16–21). But, as has been demonstrated, the health of slaves too was regarded highly, whether it be for economic or, even more unexpectedly, emotional reasons on the part of the owner.

In addition, the thesis has revealed that many health concerns manifested by the non-elites, or ‘non-men’, are uniform across geographical regions, in contrast to the elite male discourse that so frequently dominates. The analysis of votives offered to Artemis and Hera is a prime example. There can be no doubt as to the importance of the cults of these two goddesses in terms of protection against exclusively female medical conditions. The ways in which women invoked the powers of Artemis and Hera are mostly consistent in different shrines across the Greek world, although there are few discrepancies. In particular, the lack of features characteristic of protection in medical issues in the case of the Heraion at Perachora, where neither anatomical votives nor clothing dedications exist, indicates the absence of the protective powers of Hera in that particular sanctuary. There are several possible causes for this apparent difference. One possibility is that the healing aspect is overshadowed by another element, possibly shipping and sailing in view of Perachora being a harbour sanctuary. It is also possible, however, due to the common Greek practice of worshipping multiple deities in close proximity to one another, that women from this area might have consulted other shrines in the region. The famous sanctuary of Asclepius at Corinth would seem an obvious choice in such a scenario. It does not mean, however, that Hera at Perachora did not possess the relevant power in the eyes of some of her worshippers. It was either not necessary for the local population to invoke these powers through votives because of the other means available to them, or the cult practice might have been specific to that specific sanctuary, and we may not yet understand the relevant evidence for this. Clearly, more work is needed in this area.
Thirdly, the thesis has demonstrated that, although healing was evidently a major concern across all generational and social strata, it could have proved problematic to access for some individuals. This is because the most obvious forms of health care in ancient Greece, whether ‘scientific’ or divine, required some economic resources in order to fund the costs of treatment and any additional expenditure linked with travel to sites where the treatment might be undertaken, such as healing sanctuaries. The fundamental prerequisite for undertaking the journey to any place where the supplicants wished to seek a cure was, therefore, considerable independence, personal and economic. In other words, seeking healing and medical treatment must have been easier for some individuals, and groups, than for others. Broadly speaking, those who most closely fit the categories of adult, free-status, citizen-status, wealthy, and male were more likely to find it easier to access medical help from both doctors and healing sanctuaries. Although my discussion of two categories of dependent individuals, namely slaves and children, revealed that for some of them access was possible, that is, I found no compelling evidence that would suggest otherwise, this conclusion cannot, without further examination, be extended to cover other disadvantaged groups of people, who also depended on others for provision, and whom I did not study. Groups that would make a fruitful case study for future research include, but are not limited to, the elderly and individuals with debilitating disabilities, whether they be physical or mental.

Fourthly, the thesis has refined our perception of what the ancient Greeks considered the notions of ‘health’ and ‘illness’ to mean, and, fundamentally, of what they understood it was that ‘needed’ healing. In particular, the thesis has demonstrated that some medical conditions were correlated with the gender, age and life stage of an individual prospective patient. By way of explanation, while the same medical concern could be understood as a malfunction of the body for some, for others it might be considered to be just an affliction that comes with age. Similarly, while the same medical concern could be healable for some, it might not even be medicalised for others. These assumptions, illogical as they seem, are the product of complex systems of common cultural beliefs, which are preserved for us
in the vast corpus of textual evidence. All genres of the classical Greek literary
tradition, and, indeed, even some works dating to much later periods, draw in
different ways on the same culturally reinforced beliefs, allowing us to unpick the
underlying principles for understanding ‘illness’ within the framework of the
Greek mindset.

A specific example addressed in this thesis includes the Greek perceptions of
infertility, which were perhaps less gendered than has previously been
assumed. However, when considered in the context of healing specifically, a clear
gendered divide remains. While the childlessness of a woman would have been
viewed as dangerous for her general health, and, therefore, required healing, the
infertility of a man was not considered to be a health hazard, and so there was no
need to problematise it further in the medical tradition. These gendered nuances,
though more subtle than previously acknowledged, are the results of power
relationships, in which men attempt to take control of the, to them, subordinate
women’s bodies. Surprising it may be, but this is something that we can associate
with even within our own culture. In particular, gendered power relationships are
all too reminiscent of a Foucauldian idea of medicalisation in view of cultural
biases that might regulate behaviours and experiences (Foucault 1973).

Procreation, and pregnancy in particular, is an altogether natural progression for
women’s bodies, yet medicalisation of it can still be an issue even in modern times.
An unexpected nonconformity in Greek thought, however, is the perception of
menopause. Though not addressed as a central issue by this thesis, this ‘concern’
appears not to have been medicalised in the Greek view, but is implied by the lack
of interest in women after menopause in the medical texts. We do not know,
however, what the actual reality was. Menopause has real physiological symptoms,
which sometimes require medical attention even in modern times, and so the
subject offers room for more investigation.

To sum up, this thesis has contributed the modern scholarship in four specific
ways. Firstly, it has exposed methods for us to unpick motives of healing in places
and contexts not recognised in the past. Secondly, it has shown that healing was a
major concern for all social groups, but that, thirdly, the access to it might have
proved problematic for some. Fourthly, the problematising of the different forms of treatment of a single medical ‘concern’, i.e. fertility, in relation to individuals of different gender and age groups has profoundly changed our notion of what the ancients considered to be an ‘illness’. Needless to say, however, this is just a tip of the iceberg, with considerably more work needed.

The topic of this thesis is large and, ultimately, not all aspects of the relationships between an individual and healing could have been addressed. Apart from the proposed study of other underprivileged, or otherwise distinctive, groups of individuals, a systematic follow-up investigation into healing sanctuaries with a detailed examination of the votives would be particularly fruitful. Building upon the methodological advances made by this thesis it might be possible to identify votives related to healing from many more sites. Gathering these data would prove vital for undertaking much more detailed analyses than the ones I have completed here, and potentially move us another step closer to being able to answer to the fundamental question of ‘what constitutes a healing sanctuary?’ This thesis set out some underlying principles but we are not quite there yet. Only when we fully understand this will we ultimately acquire a thorough understanding of the healing landscape of ancient Greece.
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