Oribasius’ Woman:  
Medicine, Christianity and Society in Late Antiquity

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July 2017

This dissertation is submitted for the degree of Doctor of Philosophy
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ACKNOWLEDGEMENTS

This thesis would not have been possible without the generous support of the Arts and Humanities Research Council, who funded its research and write-up from September 2012 until June 2016. I would also like to acknowledge the help and support of the Classics Faculty at Cambridge, its staff and graduate community, who heard early versions of these chapters in paper form, and offered their suggestions and enthusiasm. Thanks to the staff at the Cambridge libraries, especially Classics, Divinity and Whipple, who were continually patient with my ever-elusive final submission date, and quick to offer their help and support. Thank you to Christopher Kelly and Mary Beard who read and commented upon earlier versions of this work; and to Liba Taub, whose advice and encouragement were invaluable. Thank you to colleagues and researchers at ReMeDHe; and to the School of History, Archaeology and Religion at Cardiff University, without whom I would never have got here in the first place. Particular thanks are due to my Cardiff supervisor, Laurence Totelin, who was always so generous with her support and encouragement, and also commented upon a final version of this thesis. Most of all, thank you to Rebecca Flemming: for your constant patience, generosity, help and advice, without which this thesis most certainly would never have been finished.

Among family and friends, thank you to Angelene, who always made me feel like my research was the most interesting thing in the world. Thank you to Mama, Ojciec, Michal and Karolina, for being enthusiastic about the Christian bits, and ever eager to know more. Thank you especially to my family: to Grandma, who encouraged my love of literature; and to Uncle Eric, who inspired me to pursue the Romans, and proof-read a final draft of this thesis. Thank you to Mum and Dad, for their unfailing love and support; and to my siblings, Richard, James and Sarah-Jane. And finally, thank you to my husband, Cezary, who checked the final draft, and whose belief in me never wavered. Words cannot express my gratitude.
NOTE ON SOURCES, TRANSLATIONS AND ABBREVIATIONS

The fields of ancient medicine and patristic studies deploy an often-confusing variety of titles for ancient works. To keep my references as standardised as possible, this thesis uses conventional Latin titles for all primary sources, apart from in the main text, where titles are given in English. In the footnotes, these titles are abbreviated by the standard patristic conventions found in Lampe’s *Patristic Lexicon* (Oxford, 1961) and Blaise’s *Dictionnaire latin-français des auteurs chrétiens* (Paris, 1954); whilst classical and medical works are abbreviated by the standard conventions found in Liddell and Scott’s *Greek-English Lexicon* (Oxford, 1940). Where a standard abbreviation is not available, items are abbreviated by the conventions listed below. All titles are given in the primary bibliography, along with a full list of editions consulted. In the main text, editions are referenced by their volume, page and line number.

Translations are my own unless otherwise stated.

**Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CSEL</td>
<td>Corpus Scriptorum Ecclesiasticorum Latinorum. 103 vols. (Vienna, 1866-2017)</td>
</tr>
<tr>
<td>CMG</td>
<td>Corpus Medicorum Graecorum</td>
</tr>
<tr>
<td>Evang. Infant.</td>
<td><em>Evangelia Infantiae</em></td>
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<tr>
<td>G</td>
<td>Guerra (1994)</td>
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<tr>
<td>hom. post. mart.</td>
<td><em>Homilia dicta postquam reliquiae martyrium</em></td>
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<tr>
<td>DOML</td>
<td>Dumbarton Oaks Medieval Library</td>
</tr>
<tr>
<td>FC</td>
<td>Fathers of the Church</td>
</tr>
<tr>
<td>KM</td>
<td>Krueger and Mommsen (1872)</td>
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<tr>
<td>L</td>
<td>Littré (1839-61)</td>
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<tr>
<td>LCL</td>
<td>Loeb Classical Library</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>MM</td>
<td>Mommsen and Meyer (1905)</td>
</tr>
<tr>
<td>NPNF</td>
<td>Nicene and Post-Nicene Fathers</td>
</tr>
<tr>
<td>Prot. Iac.</td>
<td><em>De protevangelio Iacobi</em></td>
</tr>
<tr>
<td>Ps. Mt.</td>
<td><em>Pseudo-Matthaei Evangelium</em></td>
</tr>
<tr>
<td>SC</td>
<td>Sources Chrétiennes</td>
</tr>
<tr>
<td>TLG</td>
<td>Thesaurus Linguae Graecae</td>
</tr>
<tr>
<td>v. mir. Thec.</td>
<td><em>De vita et miraculis sanctae Theclae</em></td>
</tr>
<tr>
<td>Z</td>
<td>Zervos (1901)</td>
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INTRODUCTION

Oribasius, Christians and Women

Of all the medical writers of late antiquity, we know most about Oribasius. We know about his friendship with the Emperor Julian, his paganism, and a little about his student days in the medical school of Zeno in Alexandria. We know that he was carried off to Gaul by Julian in late 355, and that he was exiled shortly after the death of the same in 363. Eunapius offers us details of his career and philosophical circle into the late 390s, whilst Philostorgius makes dubious claims about his being the receiver of the last Delphic oracle. There are even suggestions in our sources that Oribasius was single-handedly responsible for Julian’s usurpation of the imperial title in 360. But for all the mythologising that became associated with this writer of late antique medicine, no full-length study of his life and work exists. This thesis, then, is first and foremost an attempt to address this absence, by setting medical author and writing in their historical context. A large part of this project involves overcoming surprisingly persistent scholarly bias on Oribasius and his work. As a writer of medical compendia, whose oeuvre was made exclusively from extracts of his predecessors, the physician has long been derided for a lack of originality and bland Galenism. Even now, in a

1 Eunapius, VS 498-9; 505.
3 Eunapius, VS 498.
4 Even recent scholarship which rejects older narratives of late ancient medical decline cannot help but see the period as a poor substitute for its earlier manifestations. Nutton, for example, speaks of the compilatory form as having ‘lost’ something ‘in the process of redaction’, (2012): 303.
time of changing perceptions on encyclopaedic knowledge, Oribasius’ writing still deters many modern scholars because of its imposing length, apparent inaccessibility and lack of modern translation (especially into English).

Oribasius was certainly a prolific compiler. His first epitome, made from the writings of Galen, no longer survives, but 26 books of the original 70 come down to us from his Medical Collections. An additional 63 chapters of this major work, known as the libri incerti, are also extant. In his preface, Oribasius presented his Collections as a summary of the best medical writing of the classical past, from which a comprehensive knowledge of the art could be obtained. Some years later, he would epitomise his own Collections, producing the Synopsis in nine books for his son, Eustathius – himself probably a doctor, and perhaps a Christian contemporary of Basil the Great – and another for his biographer Eunapius; this one in three books, for a lay readership. The very nature of Oribasius’ legacy suggests it was a dynamic tradition from its earliest inception in Gaul in the mid-350s. The compiler was quick to update his oeuvre for the sake of ever-more practical accessibility, and various parts of it gained prominence at different times and in different places, reminding us, among other things, that regional circumstances effected the reception and transmission of medicine in this period. In the west, an adapted Latin translation of the Synopsis proved popular from the sixth-century, whilst the scope and comprehensiveness of the Collections impressed the bibliophile Photius in the ninth. Oribasius’ encyclopaedic successors would also adapt the form, developing the genre long after Oribasius’ death.

Exploring the significance of compilation as a genre is only a part of understanding Oribasius’ place in late antiquity. This thesis argues that the Collections was no isolated or stagnant text, in dialogue with a handful of medical experts and a disconnected dream of the classical past. Instead, it was a text steeped in its fourth-century context and the literary norms it espoused. The borrowed lived experience it contained spoke to the everyday interactions of patient and physician out in the world. It was for this reason that Oribasius retained a personal pronoun throughout the Collections, actively excerpted case histories, and made repeated

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5 Examples include König and Whitmarsh (2007); and Gill, Whitmarsh and Wilkins (2009). On Oribasius more specifically, see van der Eijk (2010).

6 A nineteenth-century translation into French was made by Bussemaker and Darember in 6 volumes: (1851-1876). For this reason, French scholarship has traditionally engaged more freely with Oribasius’ medical writings. See, for example, Rousselle (1988), ch. 1; 2. Despite this, Rousselle takes the writing of Galen and Oribasius to be almost interchangeable, giving the impression that there was little notable or unique about Oribasius that was worthy of independent consideration.

7 Not all 26 books survive in full. For an outline of the medical subjects Oribasius compiled in his Collections, see the table in the appendix.

8 Basil of Caesarea, Ep. 151; 189. Olszaniec (2013): 305-6 claim that Basil’s Eustathius was too old to be Oribasius’ son may well be true, unless we entertain the possibility that Oribasius had children from a marriage earlier than the one mentioned by Eunapius: VS 499.

9 Photius, Bibli. codex 221.
claims to first-hand experience. Of course, such assertions of authorship and direct observation would not stand up to scrutiny in modern scientific terms, but were perfectly familiar to a fourth-century audience who expected and valued them.\(^{10}\) In short, to understand Oribasius, we must engage directly with the content of his writing and how it might have been received by his audience, paying particular attention to the medical encounter between the physician, his patient and their families. This picture emerges not only through the *Collections*, but also from a range of fourth-century texts that engaged with healing, health and medicine to a greater or lesser degree. All help us to contextualise those issues of most importance to a fourth-century practitioner and their elite clientele, and to understand Oribasius, the physician and writer, on his own terms.

As will become clear, the ‘cultural capital’ we might ascribe to the *Medical Collections* depends upon the social standing of the art in late antiquity, as any medical work does in any historical context.\(^ {11}\) The respectability of Greek medicine had been on the rise throughout the imperial period. Galen’s movement and success in the Roman world attest to this, as does his famed polymathic approach to classical *paideia*. But what is most strikingly original about Galen by our own reckoning is also perhaps the greatest hint that professional medicine in Galen’s day was still negotiating its place in society. Oribasius’ medical compendium, on the other hand, seems to speak to a sense of medical triumph, where the prestige and standing of the art is taken quite for granted. Medical spectacle like Galen’s, both competitive and practical, continues to exist in Oribasius’ world, but it does less work for the art in those technical texts that most paradigmatically speak for it. At the same time, the social status of physicians continued to grow, whilst the role of the doctor was granted a certain ethical potential in the late antique imagination.\(^ {12}\) This helps us to contextualise Oribasius’ drive to streamline the medical art and its teaching, the better to meet the demand of cultural expectation.

In its approach to codifying knowledge, medical compilation was much like its legal counterpart: the great juridical codes of the period, produced in the reigns of Theodosius and Justinian.\(^ {13}\) These texts met the demands of a society that was increasingly bureaucratic, and under pressure to impose universal law across a diverse empire. But they were also the product of a society encouraged to petition the emperor on all manner of social and family issues, which

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\(^{10}\) For an overview of this approach, see Mattern (2008): ch. 1.
\(^{12}\) On the social status of physicians in antiquity more generally, see Nutton (1977); (1992); Pleket (1995). For the late antique west see Jones (2009): ch. 7.
\(^{13}\) Smaller legal compendia had also been produced in Diocletian’s reign: the *Codex Gregorianus* and the *Codex Hermogenianus*, suggesting that the drive to codify was older than the better known legal codes, and contemporary with Oribasius’ lifetime.
would once have been handled privately.\textsuperscript{14} The result was an eagerness to legislate on a range of social norms. Once-marginal groups like women and the poor become more visible in such sources than they had ever been, in part because they partook of a society eager to plot and perpetuate its fundamental order. Oribasius and medical compilers were just as implicated in this culture of codification. The best physicians were also understood as purveyors of moral excellence, who helped to preserve the social order. These traditional concerns for the status quo are frequently apparent in Oribasius’ \textit{Collections}, especially in the way he represents family relationships, gender norms, and the ‘correct’ relations of power between patient and physician. But traditional as these concerns might have been, such texts were also fundamentally dynamic. Like law, the \textit{Collections} sought to uphold those social norms deeply embedded in the classical past, but they did so from a position of contemporary urgency and by way of contemporary forms.

In short, Oribasius’ medical writing was not disconnected from the world which produced it. On the contrary, it shared in many of the priorities of other fourth-century texts, and is best understood when placed in dialogue with them. But this thesis seeks to put Oribasius primarily in conversation with a very particular set of his contemporaries: eastern Christians of the mid-fourth and early fifth-centuries. On the face of it, encouraging such dialogue seems misguided. We know very well that Oribasius was a pagan, and was most prominent during the reign of an emperor who is said to have launched a ‘pagan renaissance’.\textsuperscript{15} But much of Oribasius’ career continued long after Julian’s death, suggesting there might be more to his story. Moreover, recent work by Susanna Elm amply demonstrates that placing unlikely authors in conversation can yield surprising results, as she has shown in the case of Julian and the Bishop Gregory of Nazianzus. In fact, Elm suggests, such dialogue ‘reveals that the boundary between pagan and Christian was so porous that these terms lose their analytical value’.\textsuperscript{16} Christian writers were no strangers to medical learning and theory during this period. It is often from such authors that we catch glimpses of contemporary medical norms and details of the late antique sickroom. Like many of their peers, Christians also found the medical encounter and the role of the physician endlessly good to think with, whilst certain types of Christian text, especially the sermon and accounts of miraculous healing, display specific points of concrete overlap with contemporary medical norms and priorities.\textsuperscript{17}

\begin{itemize}
\item \textsuperscript{14} For the scholarship on this argument, see Brown (2008): Iviii-lix.
\item \textsuperscript{15} Grant (1997): 2; De Lucia (1999): 474.
\item \textsuperscript{16} Elm (2012): 11.
\item \textsuperscript{17} These specific overlaps between medical and Christian norms are particularly topical in current scholarship. See, for example, the articles published in the \textit{Journal of Late Antiquity} in 2016, and work by Mayer, who argues that the Christian sermon was a type of ‘medical treatise or medical therapy’ in late antiquity, (2015): 12.
\end{itemize}
Approaching Oribasius and Christian authors in this way has several advantages. For one thing, it opens up Oribasius’ world considerably. Such a reading is more in keeping with the ambition and scope of the compiler’s project, since at no point in his work does he express any specifically pagan agenda. Rather, Oribasius’ concern was for the corporeal ebb and flow of embodied society, its health and its perpetuation. Interest in medicine often returns to this basic motivation for social harmony and continuity. Indeed, exploring Christian encroachment into the realm of medicine also helps to remind us of another crucial point: that Christians themselves were inevitably invested in the empire and its world order, along with the institutions, both social and familial, upon which it was grounded. With this in mind, the current thesis will challenge the dichotomy of ‘pagan’ and ‘Christian’ when exploring the writings of these authors. Instead, it will adopt a more social dichotomy: namely, the categories of ‘traditionalism’ versus ‘separatism’, where ‘traditionalism’ refers to processes that uphold the classical status quo, and ‘separatism’ challenges them to explore other divine or ideological priorities (asceticism, for example). In practice, these categories can be surprisingly porous, but are nonetheless more representative of fourth-century realities.

To make such a comparison more focused, this thesis will take gynaecology as its case study. This makes sense for several reasons. For a start, since Galen was proverbially uninterested in women as a category, Oribasius’ take on women’s medicine must be more complex than simple Galenism. But it has often been noted that the advent of institutionalised female asceticism, which typically involved vows of lifelong virginity, was one of the more fundamental developments of late antiquity. Classical women’s medicine, on the other hand, is notorious for its reproductive bent, and its equation of female health with generativity. An obvious question presents itself, then: how far did narratives of asceticism challenge the discourses of classical gynaecology? Although this is the obvious question, it will quickly become clear it is not the most pertinent. In fact, there has been a great deal of scholarly debate on the prevalence of ascetic narratives in late antiquity, to which a focus on medicine can further contribute. For the physician, sexual continence carried little social utility. It was a generalised female potential for virtue that appealed to medical practitioners more, since well-behaved elite matrons were good for everyone: the physician looking out for his reputation and the

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18 In the last few decades, the division between ‘traditionalist’ and ‘separatist’, as opposed to the older dichotomy of ‘pagan’ and ‘Christian’, has been found to be more reflective of ideological divides in late antique society. For recent approaches that take this view, see Cooper (2007); Watts (2015).
20 The classic study is, of course, Brown (2008).
21 For example, Hanson (1990); Dean-Jones (1994); King (1998); Flemming (2000).
22 On the centrality of ascetic narratives in late antiquity, see Brown (2008); Clark (1999); Elm (1994); Rousselle (1993); Shaw (1996). On challenges, see, Evans Grubbs (1995); Arjava (1996); Cooper (1996); Beaucamp (1990-2); Clark (1993); Nathan (2000).
It was only from the sixth-century that virginity would make some small impact on the medical landscape – perhaps as a result of more far-reaching Christianisation – but the texts concerned are beyond the scope of the present thesis.

Oribasius’ narrowly classical categories of womanhood also obscure a more nuanced picture of the medical encounter in late antiquity. His preference for an idealised patient type – substantiated with reference to Xenophon’s *Oeconomicus* – encourage him to downplay interactions with non-traditional women: those without legal guardians, who dealt with physicians and other practitioners more directly. These are exactly the women who seem to become more common in legal texts in this period, and who often predominate in Christian texts.\(^23\) We must read Oribasius somewhat against the grain to find such women. But when we do, the physician appears greatly interested in his relationship with ones like them, especially when it came to the question of female choice and medical responsibility. Particular attention was paid to the life-stages of youth and pregnancy, whose subjects were represented as both the most valuable and the most vulnerable in a medical context. Through his bestowal of agency and power in the medical encounter, then, the physician sought to recreate the social world in which he moved. Yet the same priority leaves the medical text devoid of some level of lived experience. As with the majority of medical texts in antiquity, there is so much they do not tell us about the physician and his interaction with women.

This is where our Christian texts are particularly helpful, and where seeing very concrete overlaps between medical and Christian forms of rhetoric and discourse is most revealing. Around the fourth-century, the healing depicted in hagiography and miracle accounts seems clearly in dialogue with ‘case history’,\(^24\) at exactly the time the category was of less interest to authors like Oribasius. In the Christian miracle account, we can observe all manner of women in the fourth-century sickroom, but also the way that Christians drew upon Hellenistic forms in their bid to claim the power to heal the bodies of the sick. In reimagining such categories, Christian writers could construct disease and healing in a way that substantiated their own cosmologies and social order, where the choosing of divine physicians was tantamount to choosing Christ, and the world order he represented. Both Christian and classical texts share an interest in medicine and healing as a way to understand the social world and the relations of power between those who inhabited it. Meanwhile, in the Christian sermon, the church can be

\(^23\) For a consideration of this phenomenon in legal texts, see Evans-Grubbs (1995); Arjava (1996). Examples of independent Christian women are relatively common in this period, and will be explored in this thesis.

\(^24\) There has been a great deal of writing on the genre of narrative case history. For the classical period, the study of Mattern (2008) is particularly central; but the main bulk of interest is in the field of medical anthropology. See, for example, Kleinman (1988); Frank (1995); Mattingly (1991; 1998); Brody (2003).
shown to borrow the apparatus of classical modes of self-care.\textsuperscript{25} For the female listener, this is particularly significant. Where Oribasius only grudgingly reveals female autonomy in the medical encounter, the Christian preacher makes such freedom of choice central.\textsuperscript{26}

This is not to say that Christian writers extolled female agency in any simple sense. Their discussions of women’s freedom almost always served grander theological ends, often intended to distract listeners from their everyday assumptions and push them towards Christ and his law.\textsuperscript{27} But such rhetoric was not wholly empty, and did open up new ways of defining womanhood, even if these approaches remained comfortably traditional. Indeed, in some ways Christian expectations of women and their nature were decidedly classical. Women were generative creatures, whose sphere of influence was the household. But by the end of late antiquity, both hierarchies of household power and the pervasive social emphasis upon generation had subtly shifted in light of Christian ideals.\textsuperscript{28} Women’s lives are shown to be about more than the socially-contested bodies they inhabit, and the meaning that might be written into them by men. Instead, female nature was represented as a matter primarily defined through personal choice, enacted most completely through particular and meaningful social interaction with bishops, physicians, family members and various others out in the world. Self, generativity and continence can be in some senses both disembodied and performative, and it is in this performance, as much as with bodies, that both Christian writers and physicians are interested.

In making this argument, the thesis is intended to engage with several influential studies in the field of gender in the early Christian period. It seeks, in particular, to problematise the prevailing scholarly approach to women as mere rhetorical constructions, inaccessible to the modern scholar but for the ‘woman-function’ she serves in the writings of her male creators.\textsuperscript{29} Rather, as Kate Wilkinson has recently suggested, no rhetorical construction of gender was absolute, and even patristic rhetoric and patriarchal expectation must contain echoes of the lived experience of real women.\textsuperscript{30} This is particularly true where rhetoric is based upon the

\textsuperscript{25} Although using the terms of Foucault’s influential study, this thesis will come to the opposite conclusion: Foucault (1997).

\textsuperscript{26} Freedom of choice versus classical assumptions on fate have become central to studies in the early Christian period in recent years. A good example is Harper (2013). Although Frede (2011) has argued that the origin of the concept of free will rested with Stoicism rather than early Christian authors, the concept has nonetheless proven to be a useful category of analysis in studies of this period.

\textsuperscript{27} As Cameron has argued, women’s bodies, their virtues and their flaws were readily available categories of figurative analysis, which helped Christian writers to conceptualise aspects of their faith and discourse, (1989): 199.

\textsuperscript{28} Cooper (2005a); (2005b); (2007a); (2007b); (2014); (2016); and Sessa (2012).

\textsuperscript{29} This influential thesis was put forward most famously by Clark (1998b); (2004). For scholars who follow Clark more optimistically, see Cooper (1996), Krawiec (2002), and Burrus (2004). For a refreshing approach against ‘a radical feminist hermeneutic of suspicion which always sees the male author of the text reasserting himself’, see the comments of Ludlow (2007): 199-201, which are perhaps enabled by her receptionist method and analysis.

\textsuperscript{30} Wilkinson (2015).
expectation of female performance, as it is in modes like the Christian sermon, in didactic manuals or in regimens for health. Wilkinson’s performative category of analysis is particularly relevant here, since much of what women were expected to do for their health was, of course, highly performative. That female health depends upon such performance is exactly what creates tension for physicians and families, and debate about responsibility and blame. The question of performativity, then, has the potential to challenge the way we think about ‘agency’ in the late antique world, helping us to understand the notion on its own terms, rather than by modern expectations and categories.31

*   *   *

This thesis is divided into three parts. Part one deals with Oribasius and the world of medicine in late antiquity. It charts Oribasius’ relationship with the Emperor Julian, and challenges some of the more persistent scholarly biases that predominate on the physician and his chosen genre of medical compilation. The section also traces the cultural capital the medical art was granted in this period. It introduces us to Oribasius’ woman, his own interest in perpetuating the social order, and the way that Christian writers themselves drew upon the role of the physician in exploring their particular world order. Part two explores precise points of concrete overlap between medical and Christian writing, focusing on the miracle account/case history, and self-care/sermon more specifically. This part also introduces us to the world of the medical encounter, the issue of female generativity and the question of choice.

Part three brings these strands together, asking what was at stake in fourth-century forays into the medical encounter, and in debates over the contested bodies of women. Oribasius will be put in conversation with legal texts, to suggest that the medical art claimed much the same social role as law in late antiquity, delineating female nature in line with generative social expectation. Much of this is substantiated as a concern for proper hierarchies of power in the sickroom, particularly in terms of discourses of choice and responsibility. Finally, this section will explore Oribasius’ interest in the female soul and capacity for virtue, suggesting that both carried limited social utility in medical terms. For the Christian writer, on the other hand, these categories were central. But where scholarship has traditionally linked interests in the soul and virtue with asceticism, this section will suggest that these terms were also used to reconfigure the fundamental meaning of Christian womanhood, generation and motherhood in this period.

In short, Christians shared with their contemporaries an interest in society and its institutions,

31 Wilkinson problematises the question of agency in the ancient world by attempting to decentralise modern feminist understandings of autonomy as ‘resistance’, (2015): 20-3. In doing so, she draws on modern ethnographical studies, to explore the notion of agency and subjectivity in modern, non-western cultures, following in the footsteps of scholars like Mahmood (2005).
and drew upon contemporary notions – both broadly Hellenistic and specifically medical – in order to transform them.
PART ONE
In 361, the would-be emperor Julian composed a letter to the Athenians, urging them to look kindly upon his march against his cousin, the emperor Constantius. Keen not to implicate himself, and eager to maintain the support of the city of his student days, he recounted his oppressive years under the watchful eye of Constantius, up until the moment he accepted the imperial title. In particular, he related the circumstances under which, through the influence of the Empress Eusebia, he was made Caesar and sent to pacify the northern frontier in the winter of 355. But Julian was to find himself under scrutiny as he set out for the north. He claimed that only four domestic servants were allowed to accompany him, along with an unnamed physician (ἐἷς ἱατρός), one of his ‘many loyal companions and friends’ (πολλῶν ἔταίρων καὶ φίλων πιστῶν), who carried his books. The only reason he had managed to secure this man’s company, Julian suggests, was because Constantius and his warders did not know the physician was a genuine friend. There can be little doubt that the physician was Oribasius, most likely a young man at the beginning of his career at the time. It was this man who would accompany Julian to Gaul, and with whom he would converse late into the night on matters of medical

32 Julian, *ad Ath.* 277 B-C (LCL 264.16-8). On the background to this letter, see Humphries (2012): 77-81.
33 Julian probably met Oribasius during his studies in Athens between 351 and 355.
34 That Oribasius was at any early stage of his career has been assumed from the evidence of his probable birth date in the early 320s: see Grant (1997): 1-2; and because of the youthful, student friends Julian tended to keep: Baldwin (1975): 87-88.
According to Oribasius, it was during this time that Julian requested the writing of the *Medical Collections*: a project likely begun some years later, when Julian was already emperor. If we do not dismiss the imperial claims of Oribasius’ medical preamble as mere formulaic commonplace, the medical genre of compendium that would dominate in the east for the next three centuries had some intriguing origins indeed, bound up with the emperor Julian himself, and the intellectual circumstances of his reign.

This chapter is concerned with Oribasius: the man himself, his medical writings, and the world in which he lived. Oribasius has traditionally occupied an uncertain place in modern scholarship. Ignored as a political player and disdained as a medical copier, Oribasius has only recently been granted more sustained consideration, both as writer and courtier. But even more recent attempts have often separated these two aspects of the physician’s identity: those interested in Julian rarely giving thought to Oribasius’ writings, and those interested in medical history, largely ignoring his political intrigues, beyond the occasional suggestion that Oribasius’ work must have been part of the pagan ‘propaganda’ of Julian’s reign. Most medical historians have kept to issues of genre, critical edition and partial translation, whilst usually undertaking little sustained analysis of the work as a whole. This thesis will aim to readdress this balance. As will become clear, there are many issues at stake in a more holistic analysis of the physician’s writings, most of which transcend questions about Oribasius the individual. The way we read the physician must go beyond his work and life, and should engage with broader cultural and historical questions.

When we place Oribasius in conversation with literary texts, for example, we come to understand that the ‘exemplary physician’ was highly regarded in late antiquity. The elite doctor was on the frontline of the fight for social order and morality, and his actions in the physical

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35 Oribasius, *Coll. Med.* 1.1-2. This is certainly the impression we have if we consider Oribasius’ preface in the context of Ammianus’ descriptions of Julian studying late into the night whilst on campaign in Gaul. See, for example, Ammianus 16.5.1-8 and 25.4.6.

36 This is certainly true from a history of medicine point of view, following more recent scholarly interest in medical genres beyond the classic medical ‘treatise’, and a move away from an argument of decline in the field of medicine in late antiquity. From the medical and genre perspective, see Grant (1997), De Lucia (1999) and (2006), MacLachlan (2004): 93-132; van der Eijk (2010), and Zipser (2013). Similarly, the project Episteme in Bewegung currently ongoing in Berlin seeks to explore ‘The Transfer of Medical Knowledge in the Medical “Encyclopaedias” of Late Antiquity’, as part of its broader objectives. Historical perspectives are much older, and many are classic studies of Julian himself, such as Bidez (1930) and Bowersock (1978). The most detailed accounts of Oribasius’ life and career remain Schröder (1940) and Baldwin (1975).

37 This argument is appealing, and may very well have been Julian’s intention. Whether it was Oribasius’ is another matter. See De Lucia (1999): 474. MacLachlan completely rejects this view, along with most attempts to place Oribasius in the context of Julian’s reign, (2004): 132. Grant has speculated that perhaps Julian delighted in the thought of Oribasius as his Galen, to his own Marcus Aurelius, (1997): 2.

38 Examples include van der Eijk’s consideration of medical compilations in late antiquity, (2010); and Grant’s translations of Oribasius’ book 1 and 4, (1997).
world were mirrored by the ascetic, bishop and philosopher in the world beyond. Developments like these were accompanied by a general reconfiguring of the elite in the late antique world, and the rise of physicians in the imperial administration: evidence, perhaps, that a knowledge of bodies and their treatment translated well (at least in an analogical sense) to the ordering of the body politic. Similarly, Oribasius’ depiction of society in the Medical Collections, from the material, geographical and cosmological foundation upon which it was built, to the categories by which the individual body was known – age, social status, gender or race – serve to bind the human being to their social position, whether as mother, philosopher, slave, labourer, or privileged elite male. This meant that health was also dependent upon the fulfilment of social criteria. Oribasius is hardly unique in this, but the scope of his socio-medical model – and his concomitant command of the medical past – suggest that he was deploying such categories in new and complex ways. The structure of the work as a whole, therefore, will be outlined in due course.

These chapters will also touch upon the compiler’s apparent commitment to medical accessibility. In the late fourth-century, it would not be an exaggeration to claim that most elite men (and even some women) were medical enthusiasts (φιλίατροι). The Emperor Julian seems to have taken more than a passing interest in the art. The Basils of both Caesarea and Ancyra – not to mention the heretical Aetius – were all said to be medically trained, whilst the Gregorys of Nazianzus and Nyssa both showed themselves perfectly fluent in medical matters. Much the same has been said of John Chrysostom, who not only made repeated mentions of medical theories in his sermons, but also exchanged medicines and medical advice by post with a number of epistolary female friends, among them the deaconess Olympias, and

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39 This will be explored in more details in what follows, but the late antique imagery of the philosopher as the physician of the soul, in both Christian and non-Christian texts, has recently been discussed in Elm (2012): 166-176.
41 There has been a considerable amount of recent scholarship on the topic of ‘order’ in the writings of the imperial period; medical, technical and otherwise. See the edited volumes by König and Whitmarsh (2007), and Gill, Whitmarsh and Wilkins (2009).
42 Oribasius, Eup. preface 4 (CMG VI.3, 317.26). The φιλίατρος is not an invention of the fourth-century, but can be traced back to worlds of Celsus and Galen. It is often found in the writings of Plutarch, for example. For a full consideration of lay interests in medicine, see Luchner (2004).
43 Julian’s commissioning of two medical works is perhaps the best evidence for this, but we might also consider his interest in the physician, Caesarius of Nazianzus: Gregory, Or. 7.12-4. On medical particulars in Julian’s writings, see: Or. 6.183bd; 184a; Or. 5.178b; Ep. 80.390b-394a. Elsewhere, Julian seems interested in medicine as a part of the specifically ‘pagan’ medical past. See: Gal. 200a-205e; 222a-223c; 235b; Or. 4.144bc; 153ab.
44 On Basil of Ancyra, see Jerome, vir ill. 89; on Basil of Caesarea, see Gregory of Nazianzus, Or. 43.23. 6; 61. 3; and on Aetius, see Gregory of Nyssa, Eun. 1.6 and Philostorgius, HE 3.54. For less well-known Christian figures who were medically trained, see Nutton (2012): 310-11.
45 To give just one example from the morass of medical trivia in Christian literature, both Gregory and Chrysostom note in their writings that physicians obtain antidotes from venomous animals: Gregory, Or. 43.11. 3; Chrysostom, diab. 2.4 (PG 49.262).
women named Syncletia and Carteria. Oribasius’ shortest medical summary, meanwhile, had been composed for his biographer and friend, Eunapius. More generally, the physician insisted that all young men familiarise themselves with medicine well before their university years. This is not to say, of course, that the physician was unconcerned with the special status of the medical ‘expert’ (τεχνίτης), but his somewhat egalitarian approach does help us to appreciate the respectability of the art in late antiquity.

The central case study of this thesis is women’s medicine. As such, Oribasius’ discussion of gynaecological matters will be outlined in the chapter that follows. Women seem to have had a colourful relationship with medicine, physicians and healing in this period, an issue that will be explored more thoroughly in chapter three. During late antiquity, women were often presented as active medical consumers. Mothers regularly appear as the parent who sought out, and supervised, their children’s medical care, whilst women like the aforementioned Carteria mixed medicines for themselves and for friends. Others were in charge of the medical cupboard within the household, a duty adopted in monastic establishments for women when the time came. Likewise, the authority of female names, if not actual female persons – Aspasia and Metrodora among them – carried particular weight in the genre of women’s medicine. A new and surprising figure also arises to comment on the field of women’s health in late antiquity: the bishop-cum-amateur-physician, with his reversal of medical advice and his regimens for making women’s damp and desirous bodies more amenable to asceticism. Where Oribasius stood in relation to opinions like these will be explored in chapter six.

For now, we return to Oribasius’ life and career, and the numerous ways scholars have represented (and indeed, declined to represent) it. In fact, I will suggest that the way Oribasius’ story has been told, and the nature of the ancient evidence as it comes down to us, reveals as

46 Chrysostom, ep. Olymp. 17 (SC 13.206-15); Syncletium is mentioned at 17.1b (SC 13.206-7); ep. 34 (PG 52.629). On Chrysostom’s correspondence and relationship with female friends, see Mayer (1999a) and (2014). Most recently, Mayer has written articles on medical aspects in the sermons of John Chrysostom: (2015); (2016). See also the PhD dissertation of Wright (2016).
48 Oribasius, Eup. preface 3-4 (CMG VI.3, 317.23-26). Here, the ‘expert’ is discussed primarily in relation to the medical enthusiast or amateur (φιλίατρος). However, Oribasius also draws on the older distinction of the expert versus the ‘layman’ (ἰδιότης), particularly through his discussion of Rufus’ work for the latter category of the potential audience.
49 The role of mothers in their children’s healthcare is suggested both within and outside medical texts. See for example, Stephanus of Athens, In Hipp. Aph. II.44 (CMG XI.1.3.1, 236.20-35); v. mir. Thec. 11 (DOML 12.42-6). Of course, men were tacitly in charge of healthcare arrangements (e.g. Themistius, Or. 21.251-2), but women seem to have done the actual legwork of supervision and accompaniment. On Carteria and her medicines: John Chrysostom, ep. 34 (PG 52.629).
50 Augustine, ep. 221.13. For a comparative perspective on women as keepers of medical supplies in the household in the early modern period, see Rankin (2013).
51 For Aspasia, cited exclusively in Aetius of Amida, and Metrodora, see: Flemming (2007b); Parker (2012) and Scarborough (2013). The text of Metrodora likely dates to the first to fourth-centuries AD.
52 Basil of Ancyra’s virg. is probably the best example of this, but several authors in the patristic corpus make use of similar medical notions. See Elm (1994): 113-36 and Shaw (1998) on Basil.
much about the shifting position of medicine in late antique thought, as it does our own scholarly uncertainty regarding its interpretation.

**Oribasius’ Career**

Around the turn of 358, Oribasius found himself immured in political intrigue in Vienne. Before long, Julian’s favourite, the Gallic *quaestor*, Salutius, would be recalled to Constantinople by a suspicious Constantius. But the emperor seems to have been unaware that Oribasius was also working somewhat covertly for Julian, as we can tell from a letter Julian wrote to Oribasius at the time, on administrative matters and the considerably riskier business of imperial overthrow. In the first instance, Julian’s letter provides a glimpse into an ongoing discussion with Oribasius on the question of fiscal reform. Julian hoped to ensure the loyalty of local landowners by alleviating some of the tax burden, quite against the wishes of his officially-appointed adviser, the prefect Florentius, then resident in Vienne. Florentius had pressured Julian to impose a more stringent levying of taxes, but Julian had resisted. In his letter to Oribasius, Julian presents himself as the great defender of the landowners in the north, refusing under any circumstances to inflict reforms that went ‘beyond the bounds of decency’ (ἐπεὶ δεινὸς ἀσχημονεῖ) on an already ‘wretched people’ (ἀνθρώπους ἀθλίους). Presumably concerning these same matters, Julian urges his physician to keep an eye out and ‘tell me whatever you can’ (δήλωσον ὑν). But Julian was equally eager to receive moral support from his physician: the reassurance that he had pursued his administrative duties in a ‘philosophical’ manner, showing the conduct proper to ‘a man who is a zealous student of the teachings of Plato and Aristotle’ (ἀνδρα τῶν Πλάτωνος καὶ Ἀριστοτέλους ζηλωτὴν δογμάτων).

It was not the last time Julian would seek personal and philosophical advice from Oribasius. A fragment from Eunapius’ lost history – written from the personal accounts (ὑπομνήματα) of Oribasius himself – described an occasion when the physician had advised the emperor never to show anger in his voice or eyes, even if he felt it. Here, the physician

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54 For this see Ammianus, 17.3.5; Julian, *ep.* 4, 384D-385D; Julian, *ad Ath.* 282c.


57 Julian, *ep.* 4.385b (LCL 157.12), trans. Wright (1923): 13. It is possible to read this another way: that, in fact, Julian is addressing his self-defence not so much to Oribasius but to posterity. In this case, the overtones of the good philosophical ruler are not much to do with impressing a fellow philosopher, but with impressing a potentially hostile general audience.


acts with the philosopher’s traditional *parrhēsia* in the face of a man of power. It seems, then, that Oribasius’ role in Julian’s retinue was surprisingly varied. He was a friend with whom the emperor could discuss his comportment as a ruler, an intellectual fit for debate on philosophical and medical matters, and a covert ally, with whom he could talk the business of administrative affairs. Later sources would suggest that the administrative part was made official with the title of *quaestor sacri palatii*, granted to Oribasius later in Constantinople: a new position created during Constantine’s reign, concerned with drafting laws and answering the emperor’s petitions. Because of the dubious nature of the evidence, however, most scholars are inclined to dismiss the position. But whether we associate Oribasius with a particular title in the imperial administration, it seems clear he was proficient in the skills required for the role, not only through his participation in the emperor’s local affairs, but his apparent advice on the emperor’s public persona, both philosophical and physiognomic. In this sense, what survives of Julian’s epistolary exchange with Oribasius offers us a glimpse into the versatile skillset of imperial physicians in late antiquity.

But Julian’s letter to Oribasius seems to plunge us deeper still into the relationship between the two. It had opened on an apparently established discussion on Julian’s usurpation of his cousin’s throne, thinly veiled beneath a dialogue on dreams. Oribasius, it seems, had reported a dream concerning Julian’s imperial ambitions, and Julian had eagerly replied after having a similar dream himself. The letter famously describes an ailing tree and a sapling growing in a spacious hall, where Julian imagined himself as the smaller tree, and Constantius, the larger. A stranger nearby encourages the future-emperor to take courage: the young tree will not be uprooted with the older, and will grow stronger than before. In the letter, Julian makes little attempt to hide the dream’s meaning, and scholars have been quick to link it with Julian’s early plans for imperial overthrow. Whether or not this was Julian’s intention, the reader is left with little doubt that the letter’s recipient must have been a trusted confidante, as both receiver, and apparent conspirer, in the dangerous game of imperial usurpation.

Some years afterwards, in the late 390s, Oribasius’ biographer Eunapius would suggest that the physician ‘actually made Julian Emperor’ (*βασιλέα τὸν Ἰουλιανὸν ἀπεδιέγε), but this rather startling declaration – and the tantalising suggestion that the reader consult Eunapius’ lost history for more information – is not corroborated by Ammianus and other contemporary

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sources. Others have suggested a more innocuous reading of the claim: that Oribasius merely fostered the intellectual climate of Julian’s rule. But even this sits uncomfortably with other descriptions of the emperor’s circle and its more notable characters, the philosophers Maximus and Priscus among them, who seem to carry more pervasive influence with Julian in contemporary accounts, and receive more prominent honours during his lifetime. Ammianus, for example, would place the pair at Julian’s deathbed in 363 – complete with a philosophical dialogue on the nobility of the soul – where the faithful Oribasius makes no appearance at all.

It is only in the Church historian Philostorgius, in his later Ecclesiastical History, that the physician accompanies Julian to Persia. In any case, whatever the shady dealings that occurred during Julian’s usurpation, and whatever the role the physician played throughout his reign, Oribasius was certainly exiled and deprived of his property following the emperor’s death, quite obviously implying a level of significant involvement.

There are several ways we might read such conflicting accounts. Some scholars have claimed that Oribasius must have been a minor figure in Julian’s reign – even a charlatan – capitalising on an imperial connection cooked up with his dubious biographer long after the emperor’s death. Oribasius’ acquaintance with Eunapius, rather than the classicising Ammianus or Libanius; with lowly medicine, rather than philosophy; with medical epitome, rather than medicine proper, seems to have predisposed some scholars to this conclusion. No doubt this is a prominent example of the way scholarly assumptions on the relative merit of sources and textual forms can colour our choice of historical narrative. But there might be more at play to this than meets the eye. Taking a different approach, some have suggested that Oribasius and Eunapius were intentionally misleading about the physician’s involvement with Julian. Many of Julian’s closest accomplices were, after all, imprisoned by his successors, and some – the philosopher Maximus among them – were put to death. Photius tells us that Eunapius was compelled to tone down his anti-Christian rhetoric, and it may be that this accounts for Oribasius’ rather tepid and evasive biography, and his partial eclipse as a political player until long after his death.

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64 Eunapius, VS 498 (LCL 134.532), trans. Wright (1921): 533.
65 See, for example, Wright (1921): 338. See also Baldwin (1975): 89-90.
66 Eunapius, VS 478.
67 Ammianus, 25.3.23.
68 Philostorgius, HE 7.77. Because Philostorgius’ text is problematic, reassembled itself from later epitomes and no longer surviving in its original form, it is unwise to take these offhand observations too seriously. See, also, John Lydus, Mens. 4.118.
69 Eunapius, VS 498.
70 Thompson (1947): 134.
72 Baldwin is a good example of this. Noting Eunapius’ inconsistency, he comments that this cannot come as a surprise, in an author of ‘Eunapius’ stamp’, (1975): 90.
73 Photius, Bibl. codex 77, in Baldwin (1975): 91.
Considering the veil of secrecy Julian himself cast around his doctor in the letter to the Athenians, and the seemingly covert role he played in Vienne in 358 and 359, it may be that concealment had always served some purpose in the relationship between emperor and physician, carrying a degree of obvious political advantage. Moreover, it was arguably Oribasius’ position as a doctor that allowed him to melt into the imperial background, and to transcend the boundary between the public and the private. Constantius, for one, seems to have overlooked Oribasius, a mere doctor and book-carrier, as he sent Julian north, huddled amongst Julian’s small group of household staff: the physician’s technē apparently blurring the line between the domestic and something altogether more threatening.\(^74\) Perhaps it was for similar reasons that Oribasius went unnoticed and unmentioned in the writings of Ammianus, Libanius and Gregory of Nazianzus. At any rate, Oribasius’ own version of events seems to have been sought only much later, when the discussion of these authors was already history.\(^75\)

But there is something else we must acknowledge. The argument that Oribasius grasped at a type of fame dependent upon his connection with Julian also implies that what made for medical success in this period had shifted, from practical virtuosity to something far more multifaceted (perhaps not even particularly medical).\(^76\) In turn, the argument we choose is intimately bound up with the relative merit we ascribe to medical epitome and compilation, and the social standing of medicine in late antique culture more generally. Within this view, Oribasius’ career can only be read as part of a much broader perspective: one this thesis aims to chart in more concrete terms than has previously been attempted. Our understanding of Oribasius’ political intrigues hinge around such contextualisation, since a more straightforward examination of the evidence of his career presents us with answers that remain frustratingly ambiguous.

In the meantime, the most balanced conclusion to be made on the relationship between the emperor and his physician in the late 350s is that it was reinforced by necessity, although clearly based on common intellectual ground. With his reduced personal entourage, advisors handpicked by Constantius, and limited access to many of his more obvious friends,\(^77\) it seems likely that Julian picked an ally from a circle of friends among whom Oribasius was not the first. But equally, it is probable that Julian knew the power of a friend who could pretend invisibility. To some extent, the truth of Oribasius’ individual career is less important for this

\(^74\) Bowersock notes that it is unsurprising that Oribasius, as a physician, was overlooked by Constantius, (1978): 53. On the intimacy between patient and physician in late antiquity, see Marx-Wolf (forthcoming).


\(^76\) This is an argument that is often made for late antiquity: that there was a growing divide between medical theory and practice in this period. See discussion in Nutton (2012): 302-5.

\(^77\) Part of Julian’s isolation during this time seems to have been self-imposed, and perhaps intended to blacken Constantius’ reputation: See, *ad Ath.* 277c.
thesis than contemporary opinions on his art more generally. I offer it as something of a scholarly morality tale. Is it possible that modern bias – concerning the value of genre, author, and ancient technē – even today makes us assume that a figure like Oribasius wielded such little genuine agency and social clout? The only way we can answer this question is by letting the physician speak for himself, for his interactions with the medical tradition, and for the world for which they were composed.

*The Medical Collections in context*

It seems likely that Oribasius began compiling his colossal *Medical Collections* not long after Julian settled in Constantinople in 361. The emperor’s instruction had been ‘to search for the most important writings of all the best physicians, and collect everything that is useful for the purpose of the art of medicine’ (πάντων τῶν ἀρίστων ιατρῶν ἄναξητήσαντά με τὰ καυρώτατα συναγαγεῖν καὶ πάντα ὅσα χρησιμεύει πρὸς αὐτὸ τὸ τέλος τῆς ἱατρικῆς), and such a task can only have been carried out in a place where older medical texts and synopses were readily available. In the mid-350s, Constantius had founded a public library and scriptorium in the city, and it is possible that copies of rarer medical texts could be found there. It is equally likely that the physician relied upon the personal libraries of the elite in the city. In any case, Constantinople was a more likely location for the task than the northern frontier in Gaul.

But it was in Gaul that the project had been conceived, if we are to believe Oribasius’ preface. In their studies together, Julian had requested an epitome of the writings of Galen, which Oribasius completed a short while later. This work Julian had evidently commended, before commissioning the more ambitious compilation that would become the *Medical Collections*. During his time in Gaul, Julian seems to have been remarkably scholarly. Just as Marcus Aurelius had written his *Meditations* whilst campaigning in the north, so Julian, too, must have delighted in casting himself in the philosopher-king’s image. Ammianus describes these late vigils, in which Julian would neglect his sleep for the classics of philosophy, rhetoric and history. That Oribasius was a constant companion during this time seems likely considering Julian’s request for two medical works, and the fact Oribasius was Julian’s book-bearer. Moreover, Oribasius’ preface may contain echoes of the discussion that fostered the

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80 This first epitome has not survived, but its preface was written down from memory in Photius’ *Bibl.* codex 216. The full text is translated by van der Eijk, along with all of Oribasius’ prefaces, (2010): 525-32.
81 Ammianus, 16.5.1-8 and 25.4.5. Ammianus describes how Julian would divide his nights into three sessions, one for sleep, one for business and one for study. In *Or.* 3.124b, Julian similarly tells us that he took his books with him to study on campaign, particularly accounts of military history.
82 Julian, *ad Ath.* 277bc.
conception of the work. It was not Julian alone, of course, who foresaw its utility, but the physician too, who admits himself ‘enthusiastic’ (πρόθυμος) to carry out his task. Indeed, he said, a ‘collection’ (συναγωγή) of this nature would be eminently ‘useful’ (χρήσιμος) for anyone who wished to consult such a work, allowing them to find whatever they wanted quickly and efficiently whenever they had need of a medical detail.

Oribasius’ purpose in compiling the Medical Collections has attracted much attention in recent scholarship. Once cast as the ‘medical refrigerators’ of antiquity, good only to be plundered by scholars of earlier periods, projects like Oribasius’ are now increasingly explored on their own terms. It is certainly clear that Oribasius and his compilations were viewed positively in their own day, that they met the demands of a very real audience, and were predicated upon no inconsiderable literary and organisational skill in a world which had long valued such authorial practices. Knowledge ordering projects like Oribasius’ had deep historical roots. Compilatory modes of authorship find resonances in the works of Aristotle, were fundamental in the scholarship of Hellenistic Alexandria, and run right through the Republican and Imperial periods. Of course, when we talk of ‘compilatory texts’, any number of forms are implied. Oribasius’ Medical Collections embody features of summary (σύνοψις), epitome (ἐπιτομή) and compilation (συναγωγή) and of the more modern category of ‘encyclopaedia’, many of which have been studied in modern scholarship to date.

Compilatory methods were present at every level of the medical art, from the informal recipes we find transcribed on papyri in the dumps of Oxyrhynchus, to the more publishable collections of pharmacology written by the likes of the first-century Dioscorides and the second-century Galen. Galen himself tells us he produced an epitome of the writings of his older contemporary the anatomist Lycus, the better to dismantle his theories and supplant them with his own: proof that even the relatively neutral genre of direct summary could be put to any number of cunning uses, both inventive and polemical. Oribasius, too, would use one

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83 Oribasius, Coll. Med. 1.2 (CMG VI.1.1, 4.9).
84 Oribasius, Coll. Med. 1.2 (CMG VI.1.1, 4.10). On the complex nature of reading the utility of classical texts, see Formisano and van der Eijk (2017).
85 Nutton (1984): 2. For new approaches to such texts, see, for example, the articles in Zipser (2013).
87 For example, on epitome, see MacLachlan (2007); on the encyclopaedia, see Murphy (2004); Doody (2009) and König and Woolf (2013). The question of genre in ancient scientific writing has also received recent attention. See, for example, Conte (1994); Depew and Obbink (2000); and Taub (2008) and (2017).
88 On Dioscorides, see the recent translation of Beck (2005), along with Riddle (1986). De materia medica would remain popular in late antiquity, as the survival of the beautiful, illustrated Vienna Dioscurides suggests. Produced around 512 A.D. in Constantinople for Juliana Anicia, it is further evidence for women’s relationship with medical knowledge. See Brubaker (2002).
89 For the writings of Lycus, see Boudon-Millot (2002).
90 Galen, Adv. Lyc. Galen was not alone in producing such works, and also epitomised the work of Plato and the anatomist Marinus.
of his shorter works to lambast the lack of genuine doctors in his own day, a complaint that was by no means unique to the late fourth-century, but which hints at a broader authorial purpose in the work of the epitome text.\textsuperscript{91} On other levels, compilatory methods informed almost every genre: from the technical and didactic, to the literary and doxographical. In late antiquity alone, for example, we might find methodological overlaps between Oribasius’ project and the writings of Christian biblical commentators and wisdom literature,\textsuperscript{92} the monolithic legal codes of Theodosius and Justinian, and the doxographical work of Nemesius, Bishop of Emesa in the 390s.\textsuperscript{93} Considering the sheer breadth of the context into which we might fit Oribasius’ work, it is perhaps best not to locate it too firmly in any genre.

In terms of Oribasius’ methodology, we likewise find many overlaps in the work of his predecessors. The physician had explicitly stated that he would follow in the methodological footsteps of Galen, who had positioned his own work within a framework Oribasius deemed to be commendably Hippocratic.\textsuperscript{94} Within this structure, Oribasius would aim for the highest levels of practicality through an insistence upon ‘accuracy’ (ἀκρίβεια), the use of the best and most ‘superior’ (ἄμείνων) authors on any given subject, and a general comprehensiveness of scope.\textsuperscript{95} Furthermore, in his lost work, he had supposedly lamented the tendency of the medical art to fall into ‘obscurity’ (ἀσαφής).\textsuperscript{96} This was something he perceived his own writings would prevent, by standing as barriers to the ever-present threat of textual disorder. But he did not intend his work to supplant or replace those he epitomised, envisioning them instead as complementary aids to serious (σπουδαῖος) medical study.\textsuperscript{97} In all these ambitions, Oribasius was in good medical company. Dioscorides had set out to impose textual order on the morass of natural pharmaceuticals that sprang from the earth, whilst Galen had later aimed to supplement, expand and emend the categories of his pharmacological predecessors.\textsuperscript{98} In both cases, the ability to order information in ever more useful and concise ways was clearly deemed a competitive skill. But most like Oribasius in objective and method was surely Galen’s

\textsuperscript{91} Oribasius, \textit{Eup.} preface 1.2 (\textit{CMG VI.1.3, 317}).

\textsuperscript{92} van der Eijk has noted that Oribasius’ method of using one author to supplement a lacuna in another is much like the Christian mode of biblical commentary, (2010): 528. Likewise, much wisdom literature is anthological in nature, as are many of the gnostic ‘gospels’ found in the Nag Hammadi Codex, suggesting anthology and compilatory methodology was integral at both the highly polished and more personal levels of textual production.

\textsuperscript{93} On Nemesius, see the translation and introduction of Sharples and van der Eijk (2008); along with the many articles in Boudon-Millot and Pouderon (2005).

\textsuperscript{94} Oribasius, \textit{Coll. Med.} 1.3 (\textit{CMG VI.1.1, 4.17-8}). As van der Eijk demonstrates, Oribasius’ comment that he will follow Galen’s own ‘methods’ (μεθόδοι) and ‘specifications’ (διόρισμοι) deploy terms which are strikingly Galenic from a methodological perspective, (2010): 527.

\textsuperscript{95} Oribasius, \textit{Coll. Med.} 1.3 (\textit{CMG VI.1.1, 4.14}).

\textsuperscript{96} As preserved in Photius, \textit{Bibl.} codex 216, ed. Henry III.174a.10.

\textsuperscript{97} Oribasius, \textit{Syn.} preface 1.2 (\textit{CMG VI.3, 5.14}).

\textsuperscript{98} MacLachlan has suggested that Oribasius’ methodology in his main preface is most reminiscent of Dioscorides’ own approach: (2004): 102-3. However, Oribasius is sometimes critical of his pharmacological predecessors. See, \textit{Eup.} preface 1.5 (\textit{CMG VI.3, 318.1-4}).
attempts to correct the ‘obscurity’ into which the Hippocratic Corpus was perceived to have fallen in his own day, with its uncertain authorship, lack of clarity and inconsistency. Oribasius, then, was doing for the entire medical art what Galen had done for Hippocrates.

In short, we can identify in Oribasius several overlapping motivations and influences, both past and present. But it should also be noted that, in spite of the compiler’s enthusiasm for all things Galenic, the sources he selected did not cease with Galen in the second-century. As Roberto de Lucia and Philip van der Eijk have shown, Oribasius gives a considerable amount of space to medical writers besides Galen, at least one of whom was likely a contemporary of Oribasius: an otherwise unknown medical writer called Posidonius of Byzantium.99 Moreover, despite Oribasius’ prefatory emphasis on Galen and Hippocrates in particular, his varied approach to the authorities of the past shows the extent to which any simple picture of ‘monolithic’ Galenism does not capture the full scope of Oribasius’ writings. We can only conclude that Oribasius’ project was sufficiently anchored in the classical past to carry recognisable authority, and original enough that it made a significant impact in the cultural and medical landscape of late antiquity. Indeed, it would be imitated both in genre and scope by Oribasius’ successors, Aetius of Amida and Paul of Aegina, centuries after his death.100

In the remainder of this chapter, I want to position Oribasius’ writings within a very different framework: one that is inherently bound up with the involvement of the emperor in Oribasius’ knowledge ordering project. This framework is prefigured by recent approaches to imperial literature, which have aimed to map the extent of compilatory genres in antiquity, and to trace the way that such projects were bound up with the ordering of the world, its social interactions and the imperial structures that surmounted the whole.101 The way the world of knowledge reflected the world proper might often be quite subtle. In some texts, the political and the social are merely echoed in the ordering frameworks that structure and inform the work in its entirety. As scholars like Rebecca Flemming and Maud Gleason have shown, for example, Galen’s vast oeuvre, along with his public demonstrations, just as readily reflected the world of empire and its social relations of power as they did the philosophical underpinnings of Platonism or Aristotelianism.102 But how is this picture complicated in the work of an author like Oribasius, who not only aims, in a single work, at a more totalising approach to knowledge than had been attempted before, but also positions the emperor at the head of his textual edifice, as an active participator in its inception and foundation? The answer to this question, I would

100 On this careful balance between conservatism and innovation, see König and Whitmarsh (2007): 9.
101 For example, König and Whitmarsh (2007).
102 Flemming (2007a) and (2009); Gleason (2007).
suggest, takes us to the heart not only of Oribasius’ project, but to the broader position of medicine in late antiquity.

The emperor and his world of knowledge

Before we begin, it helps to establish the extent to which Julian was invested in the production of the Medical Collections. What intentions might be implicit in his patronage, and how far can he be shown to imbue the art with social meaning? We have already explored the relationship between the physician and the emperor, and charted the probably genuine scholarly camaraderie behind the inception of the Collections. Indeed, although Julian may not have been as bookish an emperor as he might like us to believe, he certainly wanted to present himself in this way.¹⁰³ His mentions of reading, and his insistence on the physical presence of books wherever his travels took him, suggest that the commissioning of a medical book was something that would have interested him. Add to this the fact Julian had isolated himself from many of his other philosophical and university friends, and it seems all the more likely that the physician was, at the least, an amusing scholarly playmate to subsume into his world of bibliophilic collection. It should also be remembered that most of the elite had a basic medical knowledge, and many of them had studied it more intensively in their student days, making Julian’s request not all that unusual in the grander scheme of things.

For Julian, the possession, movement and exchange of books fulfilled all manner of functions, from personal to more extravagant gestures that touched upon his role and authority as emperor. On the more personal level, Oribasius’ Collections were by no means the only ones the emperor commissioned during his time in Gaul. Contemporary with the request to his physician, Julian wrote eagerly to his closest friends, asking them to make him philosophical compilations.¹⁰⁴ In a letter to Priscus written around 358, Julian mentions an Aristotelian συναγωγή compiled by his recipient, which Julian playfully claimed had made him ‘a complete initiate in the philosophy of Aristotle’ (ἐποίησας).¹⁰⁵ Julian enthused that it had taken six books compiled by Maximus of Tyre to convince him of Plato’s logic, compared to this single epitome of Priscus, which had done the job for Aristotle in half the time.¹⁰⁶ Now Julian asked Priscus to do a similar service for the

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¹⁰⁴ As Smith has suggested, much philosophical knowledge in late antiquity was based upon a close study of handbooks and collections. Although it seems likely that Julian would have read some texts directly and in full (Homer and perhaps some of the works of Plato), the work of Aristotle and the Stoics were approached through the medium of collection texts and compendia, Smith (1995): 34.
¹⁰⁶ Julian, ep. 2. In terms of philosophical handbooks or συναγωγή, Photius informs us that several were produced during the late antique period. A couple on Plato’s works survived down to his own day written by a certain
work of Iamblichus, so that he might approach it with as much efficiency: ‘research for me all of the writings of Iamblichus to his namesake’ (τὰ Ἴαμβλιχοῦ πάντα μοι τὰ εἰς τὸν ὀμώνυμον ζήτει), he requested. It seems probable that Priscus did go away and compile similar works. In his biography, Eunapius tells us that Priscus was particularly skilled at this kind of practice. Having ‘collected’ (συναρέω) the teachings of the ancients, he could cite them with confidence and without hesitation.

Julian’s patronage of Oribasius’ art, then, was not an isolated intellectual whim. Nor did his learning from summaries cease when he returned east as emperor. Julian mentions in his *Misopogon*, for example, that similar collections could be found in other genres. In terms of fable, there existed a common practice of compiling stories whilst culling the useless anecdotes: he had obtained one story he recounted in the *Misopogon* from the compilation of one Damophilus of Bithynia. But also notable in Julian’s use and possession of handbooks is his specific instruction for how such texts be produced. He had made his request of Priscus in much the same way he had addressed Oribasius: both were to make textual searches on behalf of the emperor. It is hard to ignore the obvious methodological overlap in these cases, or to forget that the commonality between them was the inquisitive emperor Julian. Indeed, based on this overlooked evidence it seems to me inevitable that we ascribe Julian real agency in the production of the *Medical Collections* in the mid-350s, as something naturally encompassed by his bookish ambitions and the literary norms of his world.

These instances seem to demonstrate only a level of personal interest in compilation. Yet his requests to Oribasius and Priscus were only the beginning. The patronage, transfer and bequeathing of books could carry more tangible power. Perhaps in 357, Constantius had opened a public library in Constantinople, along with an accompanying scriptorium. Public libraries in antiquity were not public in the sense we would imagine them today. They offered a concrete focus for the emperor’s intellectual euergetism in the city and on behalf of its literary elites, who might consult rare books within the library’s walls. Moreover, the founding of imperial libraries served to place the emperor at the helm of the empire’s knowledge ordering practices.

It is not irrelevant, then, that Oribasius might have carried out part of his medical project in an imperial library: his work for Julian perhaps subverting the name of the emperor who had

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Boethius (evidently not the famous sixth-century philosopher executed under Theodoric in 524 AD), which included excerpts from *Timaeus*, among others: Photius, *Bibl.* codex 154; 155.
108 Eunapius, *VS* 481 (LCL 134.460).
111 Themistius, *Or.* 4.59.
112 See König, Oikonomopoulou and Woolf (2013); and especially Johnson (2013).
founded it to begin with. In any case, it is clear that Julian understood the power that came with the movement and possession of books. In 362, he seized the extensive collection of George of Cappadocia, one he knew intimately from childhood, and rehoused it in a small temple in Antioch. He further expressed the wish that George’s Christian books be destroyed. From rival to rival, Christian house to pagan shrine, the removal of the dead bishop’s library represented a sobering exercise of imperial power, masked behind the innocent movement of books, and the claim to knowledge they contained.

But maybe Julian’s interest in medical books was neither as pragmatic as his need for sunogogai, nor as apparently political and religious as his final victory over George. His depiction of himself as an imperial reader was what mattered. It was because he was in ‘the habit of reading [unspecified] books’ (τὰς βιβλίους ἀνελίπτων ἐμελέτας) that he could achieve rhetorical victories over the cynics and Christians, and because he could assemble the best writers of these books that he thought himself a good emperor, the maker of a well-ordered empire that functioned accordingly. His concern for medical books was much the same: it was their scope and what they stood for that mattered more than the particulars of their content.

This is reflected in Julian’s other interactions with medicine, which almost always settle upon the person of the physician rather than his art per se. So, when Julian had sought ‘to associate and adorn himself’ (συνεῖναι καὶ καλλωπίζεσθαι) with the medical learning of Gregory of Nazianzus’ brother, the renowned physician Caesarius, he did this by summoning the doctor to court, granting him honorary titles, and attempting to engage him in public debate. The person of the physician was a shortcut to the knowledge he represented.

By the late fourth-century, what made an exemplary physician was readily agreed upon in the cultural imagination. In the writings of philosophers, bishops and ascetics the physician was an omnipresent standard by which social relations could be comprehended. Most commonly, this theme was explored through analogy. ‘Medicine’ in this sense was a language one could speak, just as readily as it was a practical technē one could master. For Julian, an interest in medical persons and books takes on its most fundamental character in this sense. In his oration To the Cynic Heracleios, for example, Julian drew upon the actions of the free-born and slave physician to explore the nature of free speech, truth and the way storytelling was

113 Julian’s request takes the form of a letter sent from Constantinople: ep. 23.378ad. In the end, he does not follow through his threat to destroy the Christian tomes, fearing that books on philosophy and rhetoric might become collateral damage in the process of their destruction.
inevitably bound up with social status. Likewise, in his Panegyric in Honour of Eusebia, he conjured up the universal image of the Good Physician to explore the need of a statesman (or in this case, stateswoman) to seek the wellbeing of everyone within the empire. And in a panegyric for Constantius, he analo

gised the actions of the Good Physician to explore the ways an emperor should love his country and obey the letter of the law. In each case, the image of the physician is formulaic, but that is exactly the point. Medicine and its representative, whether slave, free or exemplary provided (in these examples) a way to map discourses of truth, the unstable boundary between status and genuine nobility, and the nature of good leadership.

Before we place Oribasius in this context in the chapter that follows, let us consider a final example from the writings of Julian. In the spring of 363, Julian found himself in Antioch, where he quickly became unpopular with the local population. The people were overwhelmed by his religious zeal, irritated by his lack of enthusiasm for their games, and frustrated by his interference in the local council. In response, Julian chose to pen the Misopogon, a satire whose subject was himself. In one notable passage, he retold the story of Antiochus who had fallen in love with his step mother, only to be found out by the quick-witted physician, Erasistratus. In his version, Julian aligns himself with the physician, and the people of Antioch, with their historical namesake. To the physician he grants the wisdom of Homer – ‘what is the nature of “cares that devour the limbs”? (τίνες ποτέ εἰσιν αἱ γυμνώμοροι μελέδοναι) – whilst to Antiochus he gives the immoderate desires of youth, which manifest as ‘an infirmity of soul that causes a wasting of the body’ (ἀρρωστία ψυχῆς αἰτία γίγνεται τηκεδόνος τῷ σῶματι). But the physician quickly devises a plan to solve the case. By having the likely suspects of Antiochus’ infatuation line up and parade past him, one by one, the physician is able to identify the person causing the prince’s internal ‘disorder’ (ταραχή), so that he can return both external symptoms and dynastic chaos to rights.

The physician, then, and the stories one could tell of him, represented a sort of cultural capital in late antiquity. It was a cultural capital that was peculiarly ethical. Erasistratus the physician was a wiser man than Antiochus the prince, not to mention one who could sort truth from falsehood, diagnose pernicious ills that most could not even see, and restore order to a world made decidedly chaotic by the confusion of the human condition. It was for these

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117 Julian, Or. 7.207d. Here, Julian was alluding to Plato, who had drawn upon the status of the slave and free physician analogically: Lg. 720 A-E, 857 C-D; Rep. 405-9. In short, such rhetoric had a long, classical history.
118 Julian, Or. 3.129a.
119 Julian, Or. 2.89b.
120 Julian, Mis. 347ad (LCL 29.446-8), trans. Wright (1913): 447-9.
121 Julian, Mis. 348ab (LCL 29.448).
122 As Mattern says, telling stories about oneself or others is an inherently ‘social act’: (2008): 45.
123 From at least the time of the Hippocratic writers, the issue of a physician’s comportment, dress and self-presentation was often geared towards his ethical character. See, for example, King (1998): 41-5.
reasons that the physician and his art served such a potent metaphor for the way the world was ordered in late antiquity, not least because he was omnipresent in the social relations that constituted it. As Henry Sigerist noted, ‘every period has an ideal physician in mind, indeed must have one’.124

But we should not imagine that this was a matter of diffuse cultural imagery alone. The ideal of the exemplary physician was eagerly cultivated by physicians, especially through their claims to connections with philosophy. This was an intellectual convergence all the more central in late antiquity, where the iatrosophist – with his knowledge of rhetoric, oratory, poetry and, of course, philosophy – was celebrated above all others.125 Eunapius’ presentation of Oribasius as a philosopher in Julian’s reign, with the freedom to challenge the emperor with the philosopher’s traditional parrhēsia, only suggests how far there was truth to such polymathic claims. In a similar way, for Stephanus of Athens in the seventh-century, in a commentary on Galen’s Therapeutics to Glaucon, it was clear that the Good Physician must be able to talk philosophy, history and the deeds of virtuous men, but under no circumstances should he engage even an eager patient on the theatre (for that subject, the patient must be left to his own devices).126 Julian, no doubt, would have approved. But the crowning achievement of the Good Physician was the ever-improving social status he enjoyed in late antiquity, and the versatile roles he could claim in the imperial administration, not unlike those we saw in the cases of Oribasius and (briefly) Caesarius.127 In these, the doctor’s will to moral, physical and social order were put to work on world order, and in the late antique context this made every possible sense.

Conclusions

In the social and literary context outlined in this chapter, we find little scholarly ground to dismiss Oribasius as a second-rate medical writer or a parasitic hanger-on in Julian’s courtly circle. Arguments like this seem to have more to do with persistent scholarly bias on the status of medicine in late antiquity than they do with a careful consideration of the physician’s work and context. In any case, it is absurd to make value judgements on the Medical Collections without a more thorough consideration of their content, which few have attempted. This chapter seeks to make a different claim. Oribasius lived in a world which valued the educated physician

125 These are just some of the areas of expertise granted the iatrosophists in Eunapius: VS 497 (Zeno); 498 (Magnus); 498-9 (Oribasius); 499 (Ionicus).
127 Of course, these are not the only examples. For the career of Alexandros, see Marx-Wolf (forthcoming). On the social status of physicians, see Nutton (1977); Blockley (1980) and Jones (2009): 253-4.
and the genre of compendium very highly. The form of the Collections itself – which apparently required little justification or authorial posturing – spoke confidently to this effect. In part, this was because Galen had laid the ground-work for his own scholarly centrality, and for the importance of epitome as a medical genre. But Oribasius’ success, and his unique character as a writer of medicine, relied on far more than the fame of his celebrated predecessor or a growing tradition of Galenism. Instead, I would argue that the compiler’s writing owed as much to the immediate circumstances of Julian’s reign, the emperor’s willingness to explore his role through the medium of knowledge gathering and patronage, and the pervasive equation of medicine with something peculiarly ethical.

But of all the factors that contributed to the making of the Collections, it was medicine’s ability to achieve a level of cultural capital that would prove most enduring. Medicine and its physician had long offered analogical and rhetorical possibilities to the ancient philosopher, but in late antiquity, this potential coincided with the social rise of physicians into the imperial administration, at both local and central level, as diplomats and as keepers of prestigious titles, among other honours. This convergence not only allowed the physician far greater social standing, but also catapulted the status of the art to the forefront of the cultural imagination, where it was utilised by emperors, philosophers and bishops. Moreover, its widespread prestige encouraged the physician to internalise this status of ethical exemplarity in his writings, as we will see later in this thesis. In this sense, classical physicians become not only the most celebrated defenders of physical bodies, but also guardians of the social order and its continuity, as will be shown in the case of female health and generation.

Oribasius’ chosen genre also helps us to locate him in the late antique milieu in other ways. Although specific overlaps exist with Julian’s scholarly circle and the pre-existing compilatory fashion in the genre of ancient medicine, Oribasius lived in a world which utilised compilation, abridgement and anthology on almost every level: from private writings to the most publishable and prestigious. Christian writers would also make use of the form on matters of health and medicine as much as any subject. Nemesius’ Nature of Man, which drew upon classical medical literature, is one obvious contender, as are the various anthologies of miracles that will be touched upon as this thesis progresses. Oribasius, in short, wrote not only within various medical traditions, and within the parameters of Julian’s intellectual culture, but also within a much broader Hellenistic tradition shared widely across the late ancient elite. Just how widely will become clearer in the next chapter, where Oribasius will enter into dialogue with

128 For example, Nutton (2012): 303; MacLachlan (2004); Marx-Wolf (forthcoming).
Christian writers and the analogical potential medicine granted them in their explorations of a Christian world order.
One day around the year 470, in Seleucia, Southern Asia Minor, an anonymous compiler found himself falling asleep over his books and writing tablet. He was collecting miracle stories, and was just stifling a yawn when he noticed someone in the room with him: a young woman, who sat amongst his books. The woman took the notebook from the surprised scribe and scanned his tales, smiling slightly and seeming to enjoy them. She indicated that the compiler should persevere with his task and then promptly vanished. First fearful, and then in awe, the compiler realised that the young woman was none other than the virgin Thecla, the very miracle-worker he was in the process of memorialising. At once his scholarly boredom disappeared, and he wrote down his experience as another miracle performed by the virgin. This story, along with the collection as a whole, is extraordinary for a number of reasons. For one thing, it offers us a glimpse into the making of compilatory texts. The author tells us he had to hand a pile of books and a writing tablet on which the miracles were recorded; ones, we are to assume, he had collected himself. It was from the latter that he transcribed his polished compilation into the ‘notebook’ (τετράς) the martyr had consulted and approved.

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130 Likely the date of composition. On the text, see the introduction in Talbot and Johnson (2012): viii-xiv.
131 For the cult of Thecla, see Davis (2001); Johnson (2006) and Barrier (2009).
133 At several points, the author insists that his findings are either based on his own experiences, or on the experience of those he consulted directly (although some seem to be second-hand accounts). See, for example, v. mir. Thec. preface 9 (DOML 12.10).
The account also shows a great deal of concern for ‘accuracy’ (ἀκριβεία) and first-hand testimony.\textsuperscript{135} Although Thecla had encouraged the compiler to complete his task, he added that he would do so only if he could consult directly those people concerned, and ascertain the reliability of their stories. The work is remarkably self-conscious in this regard, and constantly refers back to the process of its making, as though revealing the bare bones of the text makes the tales it holds more trustworthy. Verifiable truth (ἀλήθεια) is at the heart of the compiler’s project, and it can only be gleaned by direct observation, made from the testimonies of people who can be trusted.\textsuperscript{136} But at the same time, the compiler perceives his own role to be little more than the bringing to light of past events. Some miracles, he says, have been all but forgotten. His job is to unearth them with a painstaking process of research (ζητέω), and to write down (συγγράφω) and assemble (συλλέγω) them for the first time, so their truth can speak for Thecla’s miraculous power, both during her extraordinary life, and now, in her equally extraordinary afterlife.\textsuperscript{137} In fact, the making of a compilation of healing miracles seems strikingly similar to the making of a medical compilation like Oribasius’. The methodological terms chosen to describe the projects are nearly identical, as, on a broader epistemological level, are their truth claims of reliability and factual accuracy.\textsuperscript{138}

We will return to such overlaps in the next chapter. For now, Thecla and her anonymous compiler offer an intriguing introduction for other reasons. For one thing, Thecla’s transcendence of normal womanhood, through her bodily virginity and her obvious sanctity, allows the compiler to explore a range of pressing Christian questions: not only about the power of the divine to heal, but also its ability to uphold the social order.\textsuperscript{139} Thecla is named not only the ‘mother’ of Seleucia and a number of other cities, but also its defender, protector and teacher.\textsuperscript{140} The virgin punishes thieves and protects the local livestock,\textsuperscript{141} she defends vulnerable young women when their families cannot,\textsuperscript{142} blesses those who respect and revere

\textsuperscript{135} v. mir. Thec. 31.1 (DOML 12.128).
\textsuperscript{136} v. mir. Thec. preface 1 (DOML 12.2).
\textsuperscript{137} v. mir. Thec. preface 1; 28.1; 44.2 (DOML 12.2; 112; 172). The compiler also admits wanting some renown to come to himself through the collection: v. mir. Thec. epilogue 2 (DOML 12.180).
\textsuperscript{138} The use of a methodology that mirrors that of the physician is even more intriguing because the text constantly contrasts the healing of physicians with the miraculous healing of the saint, usually (though not always) at the expense of the former. However, Thecla is also shown to work through physicians – for example, v. mir. Thec. 11.4 (DOML 12.42-3) – and the anonymous compiler of the work has nothing against them per se. Rather, he uses them as a rhetorical foil for the workings of the divine and its interlocutors on earth, as is common in such accounts.
\textsuperscript{139} On the institutionalisation of healing in the fourth-century, and its relationship with Christianity as a religion of empire, see Jones (1964): 961; Greer (1989) and Ferngren (2009): 76-84.
\textsuperscript{140} v. mir. Thec. 6.1 (DOML 12.22).
\textsuperscript{141} v. mir. Thec. 20.1-2; 21-22; 28.1-6; 43.1-2; 36.1-4 (DOML 12.70-2; 88-90; 112-6; 168-70; 146-50).
\textsuperscript{142} v. mir. Thec. 19.1-3 (DOML 12.82-4).
their family ties, and chastises husbands who stray from their wives. Indeed, these concerns for the status quo are also reflected in the organisational principles of the work. The compiler carefully arranges his miracles into a roughly thematic order, but is also sensitive to social hierarchies. Miracles concerning questionable sophists come after those about more respectable grammarians, whilst social status and personal affiliation dictate a more general ‘proper order’ (τάξις) when it comes to listing the benefactors of Thecla’s beneficence. Despite, then, Thecla’s somewhat radical disconnect from ordinary life, and the compiler’s spectacular subject matter, one of the central concerns of the text is its preoccupation with earthly social unity, and the broadly continuous values it shared with the classical past.

This chapter is about social order, and the way it might be woven into a variety of late antique texts. But it is also about the way social meaning is explored through the representation of women’s bodies. Beginning with the ordering priorities of Oribasius’ *Medical Collections*, it will go on to consider the cultural capital that Christian authors could make of medical references, and the detail they unwittingly offer about medicine in their own day. Such features help us to contextualise Oribasius’ choice of compendium, and the high cultural esteem in which both genre and art were held in the physician’s day. Both the medical and Christian text acknowledge the medical encounter to be one in which social norms are enacted and rehearsed. It is for this reason, I will argue, that the idea of medicine in late antiquity carried such potent social meaning, and could be used to explore a variety of complex norms and interactions, much as healing does in the miracle accounts of Saint Thecla.

These norms are not merely written into medical encounters. They are also theorised in the representation of bodies; often in more obvious ways. For our period, with its rise of the virginal ideal, the bodies of women had become sites of contested social meaning. The last section, then, will explore Oribasius’ gynaecology and the social assumptions implicit in his text. For the compiler, womanhood continues to be a state primarily defined in light of healthy generation, even in a world where the ascetic ideal was gaining ground.

### Social Order in the Collections

In a world of empire, where provinces, goods and people had to be ordered and contained, Oribasius’ totalising book of medicine could not help but recall that global superstructure.

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143 v. mir. Thec. 38.5 (DOML 12.156). Though she also defends those who want to take up the virginal life: v. mir. Thec. 44-6 (DOML 12.170-8).
144 This latter is a more Christian concern, of course: v. mir. Thec. 20.3 (DOML 12.84-6).
146 For the classical influences on the text, see Johnson (2006): ch. 4.
147 For this notion in Galen, see Flemming (2007a) and (2009).
Like the imperial machine, the *Collections* sought to pin down the medicinal products of the earth and properly order the bodies that lived upon it. In late antiquity, through the late third and early fourth-century, the world of empire had witnessed significant military, economic and administrative shifts.\(^{148}\) Diocletian had extensively remapped the way imperial administration was plotted on to the world. Provinces were made smaller, and provincial offices were reconfigured and expanded, so that chains of command were shorter, and better control could be kept of the whole. This was a society that understood the threat of disorder, and the role of the emperor as a force for preventing it. Indeed, there is an obvious parallel between Julian on the northern frontier, trying to defend the borders of the empire, and the physician in his employ, looking to strengthen the textual boundaries of the medical art.

Although the *Collections* might reflect the boundaries of empire, I am not suggesting they were compiled as an overtly political gesture. Interactions between text and society were subtler than this. Instead, I want to suggest that Oribasius’ *Medical Collections* were ‘traditionalist’ in scope, by which I mean that they represented a conformity to the social norms of late antique society.\(^{149}\) Through the evocation of the classical past, the *Collections* also create the illusion that medicine was unchanging and stable: a mirror-image of well-ordered society, that both drew upon, and helped to proliferate, the social relations it was founded upon. But despite this impression, we must not take ‘traditionalist’ as a byword for ‘static’. In Oribasius’ text, with its reconfigured scope and arrangement, the traditional is in fact constantly evolving, in spite of its claims to unchanging continuity. This tension between stasis and novelty was at the heart of many late antique projects, where it reflected shifting social trends. Like the legal codes of the period, for example, preferences for totality and accessibility seem to have reflected the vogue for bureaucratisation, particularly in the east, with its administrative streamlining and attempts to implement tighter social control.\(^{150}\) With these questions in mind, I want to explore how Oribasius structured his *Collections*, and how his choices spoke back to the social expectations placed upon medicine in his day.

For some centuries after they were completed, the *Collections* were transmitted in their entirety. This fact allows us to explore what might have been contained in the lost sections, so we have a better sense of the work as a whole. Photius says he had the complete work to hand when he described its contents. He found much in it to be admired, comparing it favourably

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\(^{148}\) On social, economic and administrative shifts in late antiquity, see, for example, Liebeschuetz (1990); Magdalino (1994); Banaji (2001); Garnsey and Humfress (2001); Mathisen (2001); Wickham (2005); Harries (2012); Kelly (2004) and (2013); Wienand (2015).

\(^{149}\) For a discussion of the terms ‘traditionalist’ and ‘separatist’, see the introduction: 5-6.

\(^{150}\) By the time of Justinian, this also had strong Christian element, where God himself is presented as taking an active interest in the order of the text and the world. See Humfress (2007) and (2016).
with the later compendia of Aetius and Paul. The 70 books of the *Medical Collections* were by far the most comprehensive, he claimed, and were to be particularly admired for discussions of a more philosophical nature.151 Perhaps by this Photius was referring to sections on the soul, which still come down to us in the fragmentary *libri incerti*. Oribasius also paid considerable attention to theoretical discussions, exactly the type that would be excised as superfluous by his successors. Despite the fact, then, that the surviving books of the *Medical Collections* seem highly practical in nature, Oribasius’ project was likely as comprehensive and ambitious as he claimed, and probably made various inroads into philosophical subjects. Something of this can be observed in the layout of the work in the table in the appendix, reconstructed from the physician’s surviving writings.

From this table, it is clear that Oribasius’ *Collections* followed the order he outlined in his preface, where he divides the work into five subcategories:

In this work, I will use the following arrangement. First, I will collect what pertains to the material part [of medicine]; then all that has been said about the nature and constitution of the human being; and after that, what belongs to the discussion of health and recovery; then all that pertains to the study of diagnosis and prognosis, and, in connection with this, what relates to diseases and symptoms and, more generally, to the curing of what is contrary to nature.

χρήσομαι δὲ κάνταξθα τοιαύτη τινι τάξει· και πρώτον μὲν οὖν συνάξω τά τοῦ ὑλικοῦ μέρους, εἰδ’ ὅσα περὶ φύσεως καὶ κατασκευῆς εὑρήται τάνθρωπου, μεθ’ ἂ τά τῆς ύγιεινῆς καὶ ἀνάληπτικῆς πραγματείας, καὶ μετὰ ταύτα ὅσα τῆς διαγνωστικῆς καὶ προγνωστικῆς ἔχεται θεωρίας, ἕφ’ οἷς τά περὶ τῆς τῶν νοσημάτων καὶ συμπτωμάτων καὶ ὅλως τῆς τῶν παρά φύσιν ἐπανορθώσεως· ἀρξομαι δ’ ἀπὸ τῶν περὶ τῶν ἐν ταῖς τροφαῖς δύναμεον.152

Of particular note is Oribasius’ disregard for the subject of medical sects. Where Galen had suggested a physician might do well to consider this subject first153 – a practice favoured in the late medical schools – Oribasius did not make nearly as much of epistemological differences.154 Instead, he freely excerpted across a number of schools, evidently showing particular regard for the writings of the Pneumatists.155 The effect of this was twofold: on the one hand, it allowed

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151 Aetius ‘passes over anatomical procedures, which the other work [Oribasius’ *Collections*] did not pass over, and likewise, it passes over the theoretical study of the usefulness of the parts, a topic that is of more philosophical concern than of therapeutics’ (Ἰςαὶ δὲ ἐλάττωθεν οἷς τε τὰ τῆς ἀνατομικῆς ἐγχειρίσεως μη παραδραμοιοσης ἐκείνης αὐτῇ παρατρέχει, καὶ τὴν θεωρίαν τῆς τῶν μορίων χρείας, φιλοσόφων μίλλων οὔσαν σπουδὴς ἢ θεραπείας ἔργων, ὡςαίτοσ τοιαύτης), Photius, *Bibl.* codex 221, ed. Henry III.181a; trans. van der Eijk (2010): 533-534.


154 In the school context of Alexandria, summaries were made of Galen’s *On Sects*, as we can see from their survival in Arabic. See Pormann (2004a): 11-33.

155 On this, see de Lucia (1999): 484-88.
him to create a work that appealed to every branch of the medical art; and on the other, it enabled him to substantiate his claim to a more radical totality. More than this, the absence of an agonistic rhetoric created a unique tone for medical writing, defined by its apparent impartiality and inclusivity.

Instead, Oribasius’ version of medicine began with the world: with the food, pharmaceuticals and tools it offered up for human use. The *Collections* describe the geographical and cosmological effects the universe could exert on the human body. This serves to place humankind within a natural framework, one that seems to function entirely with the purpose of sustaining human existence. The overlaps with empire are obvious: the totalising body of medical knowledge must contain the world in such a way that best supports the human cosmos that overlays it. In this sense, the medical text serves something of an imperial function, asserting a sense of overarching order over nature which, at any time, threatens disease, danger and disunity. Human beings, and the chaotic number of pathologies to which they are prone, are made sense of by a similar asserting of order. Perhaps the most common is the traditional ‘head to toe’ model, which dominated Oribasius’ therapeutic sections, as we can observe in the table. In fact, this arrangement was not merely practical: by placing the head at the beginning of such discussions, Oribasius engages in the philosophical commonplace of granting leadership to the higher faculties. Moreover, the physical order of body described in the *Collections* easily shades into the body politic, both imperial and/or Christian, where either emperor, bishop or God could be aligned with the head.

On the other hand, Oribasius imposes an order that reflects the human lifecycle. Both men and women must be codified by age, and follow those regimens appropriate to them. In this medical reconstruction of society, everyone has a place. For the health of his soul the teenage boy belongs in the schoolroom, where he should commit to his note-taking and study. The pursuit of subjects like maths and medicine will help him resist the pull of his lower nature. The young girl, by contrast, invariably bound by a sense of natural shame, will follow a more prohibitive regimen. She will abstain from wine and rich foods, and thereby avoid the sexual feelings they provoke. For the admirable matron, meanwhile, the tasks of household management, weaving and bed-making are healthiest, and serve to position the woman within the domestic sphere. Xenophon is excerpted to make this point all the clearer, granting an

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156 On this theme in earlier periods, see, for example, Murphy (2004). In relation to pharmacology, Totelin (2004) and (2016).
158 inc. 39.6-8 (*CMG* VI.2.2, 139.15-36).
159 inc. 18.16-8 (*CMG* VI.2.2, 108.7-14).
historical perspective which serves to perpetuate the woman’s appropriate, but noble, place in elite society.¹⁶⁰ And for old men, the wisest and most naturally philosophical of humankind, engagement in literary production and serious philosophical study are best.¹⁶¹ The medical, then, mirrors the world, and vice versa, enticing its audience with a reassuringly traditional picture of social stability.

But the Collections offer more than a static image of social harmony. Rather, written into all of Oribasius’ regimens, from which this picture is drawn, is a discourse of dialogic instruction. The Collections reconstruct not merely social roles, but the interactions that allow them to function. Chief among such dialogues is the constant one occurring between patient and physician; but we also find traces of more complex interactions like those between mothers and children, or between husbands, wives and doctors.¹⁶² Oribasius conjures morals from relations that exist between women and their slaves, particularly where these can be put in conversation with stereotypes of female immoderation.¹⁶³ In short, the Collections rehearse the behaviours that make a good physician, and chart the social relations of power upon which the medical art was founded.¹⁶⁴ That the Collections retain echoes of dialogue, case history, and an authorial persona all suggest it was not as disconnected from the world as has often been assumed.¹⁶⁵ Oribasius retained living features of the medical past the better to recast them for his own audience; but more on that in part two.

This section has argued that the medical compilation was much like its chronological counterpart, the better-studied legal codes of late antiquity. Like them, the Collections can be shown to theorise the relations, roles and subjectivities that defined the world in which they functioned.¹⁶⁶ For this reason alone, it is probably time the medical encyclopaedia were granted similar scholarly attention, and recognised for the significant symbolic function they exerted in the cultural landscape. When we consider the range of social roles and interactions the Collections encompass, with all their human complexity, it becomes clear why the physician, his art and his books offered the cultural imagination of late antiquity metaphorical potential

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¹⁶⁰ inc. 21.6-8 (CMG VI.2.2, 112.28-33).
¹⁶¹ inc. 39.20-1 (CMG VI.2.2, 140.36-141.9).
¹⁶² Most of Oribasius’ regimen for women seem to be addresed to a third person, most likely the woman’s guardian or husband, a point we shall explore in chapter 4. However, there are notable exceptions, which only show the extent to which gender roles were explored and redefined in each medical encounter.
¹⁶³ For example, inc. 20.13; 21 (CMG VI.2.2, 110.11-3; 32-4).
¹⁶⁴ Foucault famously suggested that discourses like medicine, and the institutions they represented, like the hospital, were instrumental in negotiating the categories of authority and truth in society, which played out in everyday life and social relations. Similarly, as König and Whitmarsh explain: ‘when people act out particular roles, as parents and children, teachers and students, doctors and patients, they are constantly negotiating “questions of power, authority, and the control of definitions of reality”’, (2007): 6-7.
¹⁶⁵ For example, Baldwin (1975); Nutton (1984); Grant (1997); De Lucia (1999); McLachlan (2004); van der Eijk (2010).
for describing their complicated world. This potential might take us to the heart of the reason Oribasius composed the text he did. In a context that offered the physician the potential for exemplarity, the medical art did not have the same need to stake its claim to excellence; or at least, not in such polemical terms. What was more useful were works of totalising knowledge, the better to celebrate the physicians that society expected. Similarly, it was preferable to compose those texts which granted medical accessibility to the elites, the better for them to recognise the exemplary physician when they saw him, and to entice them with a promise of inclusiveness in the excellence (technical, ethical and symbolic) that he offered.

*New world order: Christians and the symbolic capital of medicine*

Perhaps the clearest way to observe how medicine could be used to explore social norms, is to see how it was called upon by a ‘new’ society like the one the Christian church sought to build in the later fourth-century. To some extent, it is absurd to call this society ‘new’. The Christian elites of the eastern empire were as classical as their pagan contemporaries, but they faced a set of challenges specific to their identities as Christians. They tasked themselves with making their world a Christian one, and with this challenge came a wave of profound questions: from the nature of the human being and their place in the world, to the role of the Church and the divine over the whole. With these sometimes rather pragmatic questions came also weighty theological ones. What was the nature of correct belief, and how was the church to counter its opposite? Amidst these negotiations of social meaning, society itself could not remain untouched. The ecclesiastical hierarchy, with its own growing body of church law, began to offer the traditional elites new opportunities for advancement, whilst ascetic trends continued to tempt men and women away from even a Christian version of the material world.167

Whether we chose to see Christianisation in the late antique east as a process of reimagined traditionalism or radical separatism, every Christian writer of the period needed a language with which to communicate these changes and explore their implications. In her influential *Christianity and the Rhetoric of Empire*, Averil Cameron argued that ‘a large part of Christianity’s effectiveness in the Roman Empire lay in its capacity to create its own intellectual and imaginative universe, and to show how its own literary devices and techniques in turn related to changing contemporary circumstances’.168 In this section, I want to suggest that medicine and its practitioners provided one such mechanism. On the one hand, this was because

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167 For some scholars, perhaps most famously Peter Brown (2008), asceticism was the most prevalent and transformative factor in the creation of Christian society. Others, like Evans Grubbs (1995) and David Hunter (2008), have been quick to chart Christianity’s more traditionalist positions.
'Christ the Physician' had existed within Christian discourses from the start. But it was also because ancient society had long drawn upon the ethical potential of medicine for exploring questions of social order and morality, as we saw in the case of the Emperor Julian. This interest tended to take the form of medical analogy, which has long been familiar to modern scholars. The metaphorical mode was borrowed from the classics, and extends back to the writings of Plato. It was also shared with contemporary pagans, who used medical metaphors when describing their own philosophy.

But the well-known use that Christians made of medical analogy seems more pervasive than has been noted. Indeed, this is so much so that one could attempt to reconstruct the fourth-century sickroom from the analogies outlined in Christian writing alone. This section will attempt to do just that. It will explore a sample of Christian medical metaphors, and the uses to which they were put. It will also ask how far an interest in medical metaphor shaded into medicine proper: particularly its epistemic discourses, like the ones of accuracy and reliability that we saw in the case of Thecla’s compiler. But discussion here is primarily intended to serve both as an explanatory framework for Christian incursions into other medical questions, and to offer a cultural context for Oribasius’ writings. In fact, it is in Christian medical analogy that we often find contemporary commentary on the medical art, its telos and its historicity.

Of all the Christian writers of the eastern empire, John Chrysostom was particularly adept at medical metaphor. He occupied a dynamic locus between city and church, first as a preacher in Antioch from 386, and then as Bishop of Constantinople from 398, until his exile and death in the early 400s. Chrysostom’s approach to society was no simple matter: his world order attempted both to accommodate classical expectations and to redefine them. Moreover, his views were formulated in constant dialogue with society, especially in the context of his sermons. Straddling the old and the new, it is perhaps no wonder that the universality of medicine and healing carried such profound metaphorical meaning. In the nomadic existence he adopted after his exile, Chrysostom wrote nostalgically to his friend the Deaconess Olympias, urging her never to forsake doctors when she had need of them.

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170 For the importance of figurative language in Christian rhetoric in general, see Cameron (1991).
171 For some examples, see n. 117.
172 For a recent consideration of these issues, so thoroughly explored in scholarship to date, see Elm (2012): 166-176. For a classic study, see Arbesmann (1954), along with the more recent work of Dörnemann (2003) and (2013), and Vannier (2005).
173 In part, this seems to be because Christian writers were more interested in private life. See Cameron (1991): 149.
174 For the life and writings of John Chrysostom, see Baur (1959); Wilken (1983); Kelly (1995); Illert (2000); Mayer and Allen (2000); Hartney (2004); Brändle (2004); Sandwell (2004) and (2007); Maxwell (2006); Tiersch (2006); Liebeschuetz (2011) and Rylaarsdam (2014).
175 On Chrysostom’s relationship with classical culture, see Laistner (1967).
appreciation – largely taken for granted during his city-dwelling days – perhaps accounts for the convincing picture of the fourth-century sickroom that emerges from his earlier writings. It is a picture that comes with its own analytical limitations, but nevertheless goes some way in revealing a Christian knowledge of medical matters. Among other things, this knowledge included everything from an awareness of medical textuality, to detailed expectations of the physician’s character and therapeutic method.

Medical analogy in the Christian text often proceeds as follows. It begins with an example of a familiar medical detail, before evoking some theological meaning which this detail brings to mind. As for the former, a medical analogy might begin with any of the following details. In one homily, Chrysostom says that patients tend to visit physicians in their own surgery, and sometimes seek the opinion of more than one of them, perhaps because the cautious physician would not treat an illness that was beyond his skill to heal.\(^{177}\) For the richer among Chrysostom’s audience, physicians attend upon their patients in their own homes, and use a variety of means to secure their health, depending upon the disease in question, the temperament of the patient, and their ability to endure the trauma of sickness.\(^{178}\) For some, kindly deceptions might be required, especially if the patient did not know what was good for them. Chrysostom knew of just such a case, when a man had demanded wine against a physician’s express instruction. In response, the wily doctor had steeped a cup in hot wine, darkened the room, and filled the cup with water so his patient would not know the difference.\(^{179}\)

Sometimes the sick needed coaxing with treats, amusements and afternoon strolls, especially if their disease was of a melancholy nature.\(^{180}\) Others needed to be confined to dark rooms, isolated, and treated with bitter medicines.\(^{181}\) Some physicians would eventually resort to surgery or cautery, which was a favourite subject for medical analogy, and one readily adopted by Christian writers. When this happened, a crowd would gather around the unfortunate and his physician, especially if the operation required the removal of limbs. This crowd – Chrysostom happily including himself among their number – savoured the cutting of skin, the gore and the general discomfort produced by the ‘spectacle’ (\(\theta\varepsilon\omega\rho\iota\alpha\)). They felt the patient’s fear and were moved by his screams, but, Chrysostom concludes, ‘we endure all this because of our desire to witness the operation’ (\(\acute{\alpha}λλ’ \delta\omicron\omega\varsigma \delta\iota\alpha\ τ\ing\ έπιθυμ\ιαν τ\ing\ θ\varepsilon\omega\ri\alpha\ς \tau\alpha\τα π\acute{\alpha}ντα\)

\(^{177}\) Chrysostom, pecc. 3; Thdr. 1. 15.
\(^{178}\) sac. 6. 4; stat. 2. 8; 10. 4.
\(^{179}\) sac. 1. 8.
\(^{180}\) stat. 5. 19.
\(^{181}\) diab. 1. 5.
ὑπομένομεν). In a bizarre reversal of the ‘suffering self’ motif, the Christian finds perfectly acceptable meaning in a bloody spectacle inflicted upon someone else. It is a spectacle not dissimilar to the show enjoyed in the classical arena, with its heady mix of discomfort and excitement.

It goes without saying that these details, pilfered from their original context, were not intended as a record of the fourth-century sickroom. Their purpose rested in the latter function of the medical analogy: to illustrate the palliative actions of God, Christ or the bishop himself, who acted like a physician in their treatment of the soul. Pagans, too, made use of this trope. Themistius encouraged the public to submit philosophers to the same scrutiny they would a physician. They must ask what drugs he could produce (so to speak), his record of restoring his patients to health, and whether he was engaged in training a successor, before they let him anywhere near their women and children. In much the same way, Chrysostom’s sickroom could help him address complex theological and social questions. When he spoke of patients visiting their physicians in the city, his purpose was to explore his congregants’ fears of revealing their innermost lives to the ecclesiastical authorities. The physician’s surgery becomes a metaphor for the threat of private shame made public, which Chrysostom wants to reassure his congregants will not happen in the church. In explaining how the temperaments of different bodies required unique therapies, Chrysostom could explore gradations of sin and Church-given redemption, promising that Christ had something to offer everyone, regardless of their background. And his brutal depiction of surgery as an eagerly anticipated spectacle was used to contrast the human arts (ἄνθρωπινος τέχνη) with divine grace (θεῖος χάρις): Christ’s healing was painless, the better to entice the congregation with the promise of easy salvation.

In these examples, the Christian author was not interested in the medical art per se. It was the familiarity of medicine that mattered, serving as a type of universal referent. But leaving room for a little exaggeration, it seems likely that such analogy reflected something of the realities of healthcare in the fourth-century. Although we have no Galen in late antiquity, then, we do have ample evidence for an audience who clamoured for the spectacle he had offered, reporting actions and standards like his, performed by anonymous others who lacked

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183 Perkins (1995) and (2002). In fact, we are dealing with an audience reaction to violence inflicted upon bodies more like that described by Gleason in relation to Galen’s anatomical displays: (2009): 105-114.
184 Themistius, Or. 21.251-2. See also Or. 20.238.
185 paralyt. 4 (PG 51.55).
186 In this way, medicine as a literary icon functioned much like paideia did amongst the elite in antiquity: as ‘a shared system of reference and expectation’, Goldhill (2001): 13.
only his particular fame. Some Christian writings go further in their incidental descriptions of late antique medicine. We might equally have drawn a picture of more precise medical knowledge, of familiarity with humours, elements and temperaments, of bodily systems and organs, or of specific diseases. Christian writers sometimes provide a commentary on the state of the medical art in their day, and even offer us a picture of its historicity. These analogies are of particular interest in our attempts to contextualise Oribasius’ writings, but they also show how flexible a category of social analysis medical analogy could be.

Consider the statement offered by the Cappadocian Gregory of Nyssa, in perhaps his first work, *On Virginity*. ‘The medical art was once unknown’ (δὲ τὴν ἰατρικὴν πρότερον ἀγνοομένην), he began, when describing the importance of taking a good teacher for the virginal life. ‘It came into being by the experiments which men have made, and has greatly been revealed through their various observations’ (τῆς πείρας ἐξεύρον οἱ ἀνθρωποι παρατηρήμασι τις κατ’ ὅλην ἐκκαλυφθεῖσαν). It was for this reason that the current age was one of medical prosperity, where the observations of the past were sufficient for good practice. In just the same way, no one should stumble into the virginal life without an experienced teacher. In a homily *On the Beatitudes*, Gregory conjured up the image of knowledgeable medicine with its comprehensive ordering of rare and expensive drugs. Just as a person would find such pharmaka useless without medical knowledge, so Christians needed a comparable body of knowledge to interpret the divine Word. In this example, the textuality of the medical art becomes a meaningful referent for exploring the authority of Christian commentary, and the Church’s right to issue social instruction and reprimand. Medical analogy, then, is not merely about the role of the bishop as a ‘physician of the soul’. It is also a tool for theorising the communication of Christian teaching and asceticism.

In similar ways, detailed and surprisingly anatomical analogies of the body were given by Chrysostom in visualising the order and hierarchy of Christian society. In the latter half of

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187 See, for example, Ammianus Marcellinus, 22.16.18, who suggests that any physician trained at Alexandria was highly regarded. On this passage, see Scarborough (1969) and Nutton (1972).

188 For example, Chrysostom, *stat.* 10. 4; *hom. in Ac.* 16 (PG 60.134); Gregory of Nyssa, *hom. opif.* 12. 3-4; 30. For a thorough consideration of medical issues in patristic authors, see the articles in Boudon-Millot and Pouderon (2005).

189 On the life and work of Gregory of Nyssa, see Daniélou (1956); Balthasar (1995); Meredith (1995) and (1999) and Coakley (2003); Ludlow (2007). On various aspects of his theology and writing, see, for example, Cherniss (1930); Daniélou (1944); Harrison (1992); Behr (1999); Zachhuber (1999); Laird (2004); Radde-Gallwitz (2009); Boersma (2013). For his interest in medical issues: Young (1993); Lallemand (2005); Ludlow (2009) and Wessel (2009).


193 That physicians are readily associated not only with their books, but their careful ordering of the topics in such books, see another analogy in Chrysostom: *hom. in Ac.* 32 (PG 60.237).
402, in response to ecclesiastical bickering, the bishop encouraged his congregation at Constantinople to imagine their Christian family as a vast body. In this singular organism, the original apostles and contemporary bishops were the veins and arteries (φλεβῶν καὶ ἁρτηριῶν) who communicated the Word to the rest, whilst Christ was the brain (ἐγκέφαλος) who transmitted his love for humanity via the nervous system (τὸ διὰ τῶν νεύρων). Some of the vividness of this particular metaphor had to do with Chrysostom’s subject of Christian division. Imagining a body with a brain, blood and nervous system allowed his audience to understand graphically the dangers of the divided Christian body, by evoking the fragility of their own. Once more, the anatomical body stood for social and religious order, in a way that was accessible and universally comprehensible.

The role of the physician and his art were also illustrative of the bishop’s paradox in this period: that is, his desire to appear remote from society, at the same time as he was required to engage and shape it. It was somewhat formulaic for the Christian writer to have battled social expectation in his pursuit of the ascetic life, like Chrysostom had done when he succumbed to family pietas in not abandoning his mother for monastic seclusion while she lived. Later, Chrysostom’s disciple and biographer, Palladius – who renounced the secular life himself in the late 380s – would ponder the theme in his dialogue on The Life of John Chrysostom, drawing on the actions of the physician to explore such choices. For Palladius, the most effective Christian teachers spent time away from their flock in vigilant research. In this way, they were much ‘like learned physicians’ (ὁσπερ καὶ ἐπὶ τῶν ἑπιστημονίων ἱερῶν), who engaged in quiet retreat, ‘searching out’ (ἐξερευνάω) and ‘researching’ (ζητέω) the matters of their trade, which was described (incidentally) in terms that Oribasius used to outline his own project. Physicians of this calibre kept to their books so they could diagnose complex cases and prescribe remedies, much as the good Christian leader had to spend time away from the world in order to bring it benefit.

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194 Chrysostom, hom. in Eph. 11 (PG 62.84-5). On Chrysostom, the brain and metaphors for social order in late antiquity, see the unpublished dissertation of Wright (2016).
195 For the likely context of this homily, see the introduction to the text in Allen and Mayer (2000): 59-60.
196 On a bishop’s ‘ascetic’ authority, and its relation to ‘pragmatic’ and ‘spiritual’ authority, see Rapp (2005). See also Sterk (2004): ch. 6, on Chrysostom’s role as ‘bishop-monk’ more specifically.
197 Chrysostom, sac. 1.1-6.
198 Far less has been written on the life and works of Palladius, later Bishop of Helenopolis, than other eastern Christian authors; but this deficit has been righted somewhat in recent years with the full-length study of Katos (2011). See his first chapter for Palladius’ life; and his second for the Dialogue on the Life of John Chrysostom. For Palladius’ Lausiac History, see Clarke (1918). On the Dialogue and Chrysostom more specifically, see Baur (1949); Dumortier (1951); Devois (1989); Dagemark (2005); Katos (2007).
I would suggest that there are several things to be taken from this all too brief sketch of Christian medical analogy in late antiquity. Despite the undoubtedly problematic nature of analogical evidence, such incidental detail does offer the scholar of social history a wealth of potential material. The views of both Palladius and Gregory of Nyssa help us contextualise Oribasius’ own project, because they suggest that a great amount of medical authority came through writing, textual ordering and effective teaching. These authors also seem to share several common assumptions: not only that the medical art could be understood in historical and teleological terms, as a grand narrative of triumphal discovery; but that it was, in some sense, complete. In its current exemplary form, it was most accessible through teachers, whose highest purpose was to impart their knowledge to their successors. The art, then, was not so much in need of improvement as it was of effective modes of transference. This is all the more intriguing when we consider that, in terms of imperial legislation in this period, those physicians who taught their art were granted greater privileges. In short, medical analogy was more than empty rhetoric. It was rooted in genuine lived experience, without which it could not have functioned nearly so effectively.

Yet the reason that medicine came at such a ‘cultural premium’ in this period goes beyond hints of social realities or quirky elite tendencies to accrue technical knowledge. It was because medicine mapped so completely onto social ethics and interactions that it was instrumental in ordering new and pre-existing norms. In the examples given above, medicine and its physician offer mindboggling potential for thinking through such values, precisely because, as imaginative categories, they were so very familiar. In a sense, they become perfect analogies for far greater questions: how does one follow the Christian life, or lead a congregation to better values? How does the bishop balance philosophical isolation with a life among people and the world, or reassure a congregation that they act with integrity? How does one tell their flock that no matter what they are – no matter what their age, social status or gender – they have an answer for them? How does one conceptualise the organisation of the church and the position of everyone in it; or imagine the workings of the Trinity in the world, and the bishop’s role in making that power meaningful? One possible answer to all these questions is: you compare your subject with the medical art.

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201 Nutton (1977): 211. Constantine was the first emperor to allow additional legal exemptions for those physicians who taught their art (CT 13.3.1; 13.4.2.); whilst Julian also seems to have valued medical teaching as a part of medical practice: Julian, ep. 17.426b. We might also consider Themistius’ perhaps surprising insistence that contemporary physicians had to prove not only a record of success, but also that they were engaged in training a successor: Or. 21.251-2.

202 Various aspects of medical analogy have been explored in modern scholarship. Meridith, for example, sees a Christian focus on disease as ‘a primary metaphor for all forms of religious and social deviance and disruption’, (1999): 153, in Mayer (2015): 13. Much scholarship tends to focus on medical analogy as a primary mode by
In the final analysis, I would suggest that the ability of medicine to mirror society is largely why Christian writers found it so good to think with. In Christian literature, medicine often becomes a tool for understanding even complex social and pastoral problems. These are often problems that go beyond the eschatological category of the bishop, ascetic or God as physician of the soul. Moreover, this reading seems to take us beyond scholarly questions of whether Christians preferred ‘religious’ or ‘secular’ healing, or how far they approved of medicine at all, as many scholars have asked. In grappling with their reformulated inclusion in the social world, and not with their radical dissociation, Christians found this way of discussing society, its relations and its values more powerful than ever before. We must also move beyond any simplistic assumption that Christians either ‘liked’ or ‘disliked’ secular medicine. For the Christian writer, just like his pagan counterpart, medicine existed along an ideological scale, with the good physician at one end, and the bad at the other. Both poles had some essential analogical meaning to offer Christian society, but an exploration of bad practice – charlatanism, for example, or the common grievance of monetary gain – do not make for criticisms of secular medicine per se. Instead, they only nuance an analogical map of the world that was more powerful for its reflection of complex reality.

Of course, there is a world of difference between medicine as an analogical tool for understanding society, empire and church, and the late ancients taking a more active interest in healing and medicine. We know that many Christians certainly were interested in more concrete forms. Basil, Bishop of Caesarea from 370 until his death in 379, claimed that medicine was an art he earnestly wished to pursue more thoroughly – although, he said, no one had ample leisure ‘to take on this field of research’ (ἀπονείμων τὸ μέρει τούτῳ τῆς ἐξετάσεως) in all its great complexity. Part two will attempt to assess how an interest in a rhetoric of medicine shaded into more tangible forms: Christian adoptions of case history in chapter three, for example, and discourses of self-care in chapter four. But these further steps, I would suggest, cannot be understood apart from the importance ascribed to medicine as an analogical mode.

which authors explore the health and wellbeing of the soul. I want to highlight the inherently social function of such analogy. For this approach, see Wright (2016): esp. ch. 3.

203 This argument has often revolved around the idea that Christianity was, at heart, ‘a religion of healing’, offering an alternative to secular modes. For a classical take on this, see Harnack (1904). For an overview of the important scholarship, Ferngren (2009): 64-85. As Lindberg (1986): 10, has suggested, interactions between science and religion are far more complex than models of conflict or harmony.

204 For a classic study, see Amundsen (1982). See also Boudon-Millot and Pouderon (2005).

205 For scholars who continue to see a ‘tension’ between Christian society and medicine, see Nutton (1984). For Christian attitudes to physicians and their fees, see Montserrat (2005).


207 Basil of Caesarea, struct. hom 1.2 (SC 160, 168.10), trans. Harrison (2005): 32. For Basil’s attitude to scientific knowledge, see Amand de Mendieta (1976), and more recently, Karras (2011): 31-6.
This is almost always the foundation of Christian interests in medicine, and it goes back to questions of world order: the ordering of society, of the church and of the new Christian community within them.

*Ordering female bodies in the Collections*

This chapter has focused upon the ordering of medical knowledge on the macro scale. For Oribasius, the status quo was of primary importance, something that becomes especially clear from a sweeping perspective of the work as a whole. Every person (at least, every elite person) occupied an integral social position, which was invariably coupled with a particular understanding of their health. Much of this involved correct behaviours: a woman might improve her health by weaving and baking, whilst an old man could achieve the same goal by study and writing. Only men in their prime were thought to benefit from a well-rounded programme of self-care, which reflects, perhaps, the fewer boundaries that stood between them and a fuller experience of the world. But social order was also written into the very stuff bodies were made of. This section, then, will take us back to the beginning, so to speak. It will ask how Oribasius arranged his gynaecological material, how his approach differed to those of his predecessors, and how far female bodies might be imbued with social meaning. For the most part, the implications of this analysis are ones to which we shall return in part three.

Revealingly, women appear to be both everywhere and nowhere within the *Collections*. A TLG search shows that γυνή appears 124 times in the surviving fragments of the work, yet hardly a single section could rightly be labelled ‘gynaecological’. Of course, this rather perfunctory examination is somewhat skewed, representing as it does only those portions that come down to us – a mere 25% or so of the original whole. But even then, the result is telling. Oribasius does not exclusively order women according to narrowly gynaecological categories, as we can see in the table in the appendix. They are of interest to him within every medical topic, from pharmacology and physiology to therapy and regimen. Occasionally, the female body is taken to be normative, even over male equivalents. A female patient with a cancerous condition, for example, is used as an illustration of therapeutic purgation in book seven, and another with an abscess is of relevance in a chapter on hellebore. Even in cases where diseases are related to specifically female functions, these discussions often survive in more broadly therapeutic sections, rather than explicitly gynaecological ones. It is in a chapter on

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208 Of these occurrences of γυνή, nearly half (58) occur in the *libri incerti*. This is to say nothing of other terms by which women or girls might be referred, such as κόρη, παρθένος or νύμφη.


purification that Oribasius mentions the use of scarification for women beyond the age of menstruation, since an imitation of this flow relieved all manner of bodily discomforts.\textsuperscript{211} This point was one apparently best made on a general topic of therapy, rather than in a section on women’s diseases.\textsuperscript{212}

In much of this, Oribasius had taken his lead from Galen, for whom women were similarly scattered across many books on almost all medical topics.\textsuperscript{213} And just as in Galen, the reason was because men and women were taken to be essentially similar beings: both possessing the same basic physiology, where differences – aside from obvious anatomical ones – were a matter of degree rather than kind. In this sense, women could not be neatly separated from mainstream medical discussion, but were mentioned throughout, especially where an element of their nature was felt to merit specific attention. It is in this way we learn that women represent a variation on the male norm in terms of temperament (or ‘mixture’: κράσις). Just like the male, her body is composed of the elements, themselves arranged according to a unique balance of the qualities hot, cold, wet and dry.\textsuperscript{214} But the woman was almost always on the colder and wetter side of the human spectrum, because, in general, she led an ‘idle life’ (ἀργός βίος).\textsuperscript{215} By extension, in his physiological books, Oribasius explains that unique female functions were only the result of this difference of degree. A woman’s digestive process produced more blood than a man’s did,\textsuperscript{216} and it was this excess that had to be excreted every month in the form of menstruation.\textsuperscript{217}

This model of physiological sameness also holds true throughout Oribasius’ therapy and regimen, even where the passages he excerpts are from different sources. Take the following on bloodletting from the second-century physician, Antyllus.\textsuperscript{218} Since women were wetter than men, their muscles were steeped in excess moisture, and this explained why they bruised more easily when a ligature was bound to their upper arm – something to which the good physician

\textsuperscript{211} Coll. Med. 7.20.3.
\textsuperscript{212} Likewise, books seven, eight, ten and fourteen offer other places in which he discusses a range of specifically female treatments: emmenagogues (Coll. Med. 8.16; 14.65), suppositories (Coll. Med. 8.43), uterine fumigation (Coll. Med. 10.19), hair combing (Coll. Med. 10.16) and pessaries (Coll. Med. 10.25). Therapy for men and women could also be discussed together: declamation (Coll. Med. 6.8), walking (Coll. Med. 6.21), shadow boxing (Coll. Med. 6.29) and jumping (Coll. Med. 6.31); all activities in which women were expected to engage, though to a gentler degree than men.
\textsuperscript{213} On women in Galen, see Flemming (2000): ch. 6.
\textsuperscript{214} inc. 1-2.
\textsuperscript{215} inc. 6.8 (CMG VI.2.2, 80.20); See also inc. 20.1-2; 21.1.
\textsuperscript{216} inc. 8.7-15. In this chapter, Oribasius follows Galen in describing the physiology of digestion, and the processes of transformation and assimilation. Women are not mentioned directly, but it is clear that in such a physiological model, the womb would be seen to function as an organ of excretion, little different, for example, to the bladder.
\textsuperscript{217} inc. 20.56; Syn. 9.46.1.
\textsuperscript{218} For the life and work of Antyllus, see the entry in the Encyclopedia of Ancient Natural Scientists. Antyllus seems to have had both pneumatist and rationalist leanings, and is known only through the work of the late antique compilers, among them, Oribasius. For various aspects of his therapy and regimen for women, see the discussion in Flemming (2000): 216-7; 219-20; 224-5; 226.
must always be sensitive. In other cases, taken from the first-century physicians Rufus of Ephesus and Athenaeus of Attaleia, Oribasius assures us that women do not need to drink too much, and should not be allowed to bathe too frequently, presumably because of their wetter natures. Oribasius maintains, in short, a central kernel of homogeneity that transcends many of his neater medical categories, and upon which he is generally consistent. Within this totalising system, the compiler’s woman shares in a broader human universality yet appears infrequently enough to be marginal when compared with man, the human archetype. Similarly, much of what Oribasius’ takes to be true of the male body is also true of the female body. Women are ordered overwhelmingly by the same set of criteria as men, and are taken to be essentially the same type of creature. They suffer with many of the same diseases, with only a limited number of significant differences: those, by and large, relating to the womb and generation. This represents the basic position of womankind in the Collections, and it is not an unfamiliar picture in the world of ancient medical writing more broadly.

But as becomes clear in the table, Oribasius had also moved beyond Galen. The final books of the Synopsis had concluded with a fairly substantial section on gynaecological diseases: an order we would most likely have found reflected in the lengthier, lost portions of the original. These apparently unassuming chapters represent Oribasius’ most innovative take on the ordering of women’s medicine. In grouping a substantial portion of female ailments together, and expanding quite significantly on Galenic discussion, Oribasius had returned to more Hippocratic understandings of gynaecology, a category that had been of little interest to Galen in its own right. The compiler also drew upon a number of medical writers beyond Galen, including the Methodist physician, Soranus of Ephesus and the less well-known Philumenus. He gave lengthier and more sustained consideration to ailments that Galen –

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219 Coll. Med. 7.9.3.
220 For the life and work of Rufus, see Nutton (2012): 214-16; and for more in-depth considerations, Ilberg (1930); Abou Aly (1992); Sideras (1994); Thomassen and Probst (1994) and Pormann (2008).
221 Athenaeus was said by Galen to have founded the Pneumatist school, but there is some debate about when this was. For the debate, and his life and times, see the entry in the Encyclopedia of Ancient Natural Scientists, along with Nutton (2012): 207-8.
222 inc. 21.2; 20.13-15. When they do bathe, the water should be desiccated with salts: inc. 20.13-15.
223 In part, this is because many authorities agreed that women were wetter and colder: see inc. 20.1-2 (from Rufus), and 21.1 (from Athenaeus).
224 As in Galen, a woman’s medical marginality often goes hand in hand with her assumed inferiority. See chapter 5 for further discussion. For the Hippocratic context, see Hanson (1991): 82.
225 This is true of many schools of ancient medicine, not least in the Hippocratic Corpus and Galen. See, for example, King (1998); Flemming (2000)
226 Syn. 9.41-55.
228 Syn. 9.45. It is unclear when Philumenus practiced, but it could have been any time from Galen’s own up until the fourth-century AD. On Philumenus, see Touwaide (2006).
with his focus on fluids and fluid economies – had hardly addressed, including those that affected the anatomy and mechanical functioning of the womb: inflammation,230 pathological closure,231 abscesses,232 and causes of sterility,233 to name only a few. Although such diseases are somewhat generic, Oribasius’ insistence on a variety of uterine ills – from those concerning the ebb-and-flow of fluids, to those connected with the substance of the womb, and its role as an organ of generation – not only suggests the extent to which his approach was more holistic, but how far he was interested in ‘women’s diseases’ as a unique subject of enquiry, separate from other branches of medical classification. Even at a superficial level, then, Oribasius’ focus on multiplicity and stricter codification provided a space to create authorial emphasis and intention, allowing him to encompass preferences for both specialism and non-specialism in the same work.

By separating gynaecological subjects from other medical matters, Oribasius set in motion a methodology that was to be favoured by later encyclopaedic successors. In the sixth-century, the compiler Aetius of Amida would expand on Oribasius’ sources, adding topics like basic female anatomy, regimen and ever-more extensive considerations of female pathology.234 It may be that Aetius’ gynaecological book sixteen merely picked up where Oribasius’ efforts concluded. If this is the case, Oribasius had initiated a ‘compiler’s gynaecology’ that would persist well into the sixth- and seventh-century, where it was also adopted almost verbatim by the compiler Paul of Aegina.235 Such continuity in textual form must reveal hints of a medical world beyond the text. Oribasius’ arrangement and emphasis certainly suggest that, far from being an age of ‘monochrome’ Galenism,236 his medical milieu was steeped in authoritative multiplicity. Oribasius’ woman might have been broadly Galenic, but other systems of thought are also clearly apparent, bolstered by alternative names from the classical past like Soranus, Antyllus, Athenaeus, Rufus and Philumenus.

There also lurked more long-lived assumptions in the Collections: ones that defied the compiler’s louder claims to investigation and rationality. Take the example of the infamous wandering womb.237 Oribasius had denied the Platonic notion that the animalistic uterus could roam freely around the body, causing an array of problematic symptoms if denied the possibility

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230 Syn. 9.48.
231 Syn. 9.53.
232 Syn. 9.49.
233 Syn. 9.43.
234 For Aetius’ gynaecological book 16, we must rely on the dubious edition of Zervos (1901). For Aetius more generally, see Garzya (1984) and Calà (2012). For speculations on his writings and context, see Scarborough (2013).
235 For a brief introduction to Paul, see Pormann (2004b): 4-8.
of sex and procreation too long after puberty. Following Soranus (and others, less directly), Oribasius insisted upon the findings of Herophilus, the Hellenistic anatomist, who proved that ligaments anchored the womb firmly in place, thereby preventing radical displacement. But such aetiologies of female disease were not easily set aside, despite theories to the contrary. In book ten, the compiler excerpted a passage on the technique of fumigation, a process thought efficacious by its ability to tempt the womb back into place with sweet-smelling vapours. According to this particular chapter, taken from Antyllus, the practice relieved not only womb-specific ills like uterine suffocation, but also epilepsy, headaches and asthma. These were diseases that had nothing to do with the womb, which should have been fairly clear in a world where dissection had made bodies more knowable. Nevertheless, Oribasius continued to represent the female body by older, more traditional assumptions. Some of these seem to have involved upper and lower bodily sympathies in which the womb participated, and in the service of which it might be called upon to treat distant physiological complaints.

The tension between the availability of anatomical knowledge and an apparent disinclination to follow its conclusions through, is one that plays out prominently in the Collections as a whole. For example, Oribasius had several times declared his adherence to anatomical investigation, but he also makes a great deal of the unknowability of certain kinds of female body. The body of the parthenos was thought particularly mysterious. Even though regimens could be offered to control and soothe the onset of menarche, its beginnings could never be fully known or predicted. If the process was slow to happen in the first place, the practitioner would find it almost impossible to know why this might be. This was because the uterus was situated higher in the bodies of girls, enabling it to defy ordinary observation and

238 Tim. 91cd.
240 For Galen’s position, see MMG 1.15 (11.54 K), and Stephanus, In Gal. ad Glauc. 1.198, and Flemming (2000): 346-7. Soranus, and Oribasius, reject, but do not resist, the idea that the womb was inherently animalistic, with emotions and desires of its own: Soranus, Gyn. 1.8; Oribasius, Coll. Med. 24.31.6. Oribasius’ ‘animalistic’ womb can also be seen at inc. 14.1 (CMG VI.2.2, 102.15), where its ‘appetite’ or ‘eagerness’ (ὀργάω) for the seed is discussed.
241 Coll. Med. 10.19. Oribasius, Syn. 9.45. This treatment, along with traditional uterine fumigation, was classically Hippocratic, but remained popular both as a form of treatment and as a predictor of fertility in the late antique period. See, for example: Aetius, 16.7 (10.27-11.7 Z) and Stephanus, In Hipp. Aph. V.62 (CMG XI.1.3.3, 156.17-160.13).
242 In Hippocratic gynaecology, there was also a belief that women were connected from mouth to uterine mouth by a single long tube (hodos). See Manuli (1983): 157 and King (1998): 28. Even more than the workings of fumigation, this Hippocratic belief should surely have been disproved by dissection. However, there are hints of similar beliefs surviving in Oribasius: for example, Coll. Med. 24.30.8.
243 On the peculiar and powerful bodies of Egyptian women, see: inc. 12.1; 4; on the risk of divine diseases for nurses, see: inc. 32.3; on the appropriateness of ‘wild’ food for ‘wild’ female natures, see: e.g. inc. 20.22; 26. On the use of amulets for women, see: Eup. 4.115; and on excrement: Syn. 9.49; Coll. Med. 14.64, as well as von Staden (1992). These eclectic and varied aetiologies only illustrate the complex tradition of women’s medicine in Oribasius’ own day.
244 On Oribasius’ praise of anatomical knowledge, see, for example: Coll. Med. 25.28.11.
245 inc. 18.30.
practical investigation. In such circumstances, medical intervention, especially in the form of emmenagogues, was simply ‘dangerous’ (σφαλερός).246 Young female bodies were entirely at the command of Nature, regardless of what physicians thought they knew.

What general conclusions can we take from this? On one level, women were understood to be near-identical to men. They were made of the same essential stuff, just as Galen had argued, albeit with some crucial anatomical differences. It is interesting to note that scholars have tended to see social functions in medical conventions of sameness. Ann Ellis Hanson has suggested that men and women were thought essentially similar in the Roman world because women were less confined to the domestic sphere than their Hippocratic equivalents.247 In these theories, men ideally occupied the one side of a sliding scale of sex difference and women the other, but the scale was nevertheless the same. But this also meant that sex and gender were potentially shifting categories. A man might become like a woman, and a woman like a man.248 By late antiquity, some Christian authors would propose dietary theories which were apparently based on notions similar to these. Basil of Ancyra, a doctor and contemporary of Oribasius, would suggest that celibate women follow strict dietary regimens to keep their feminine natures in check.249 His physiological understandings of sex difference must have been broadly similar to Oribasius’ and those of his medical predecessors.

But the compiler’s presentation of women was also more complex than Galenic sexual sameness. Not only does Oribasius refer to several authors besides Galen, but he also incorporates more traditional assumptions, which presuppose more radical differences between men and women. His fumigation therapies are based upon the belief that a woman’s womb had almost a will of its own, and was singlehandedly capable of causing a plethora of pathologies. Bodily states, quite beyond a woman’s rational faculties, could be altogether stronger than she was. Likewise, Oribasius’ representation of young girls, with their essentially unknowable physiology, sets them apart from other patient types and belies their position of vulnerability in society. These themes are ones to which we shall return in part three. For now, it is clear that Oribasius could not avoid imbuing the bodies of women with social assumption and expectation. On the most over-arching level, this expectation was generative. But it was a generativity constructed in complex ways, which differed depending on the type of women

246 inc. 18.31 (CMG VI.2.2, 109.11). The adjective σφαλερός is used twice more to describe the bodily happenings at menarche: inc. 18.9; 30 (CMG VI.2.2, 107.25; 109.6-7).
248 This model of the sexed body was most famously described by Laqueur (1990). Of course, the slide between the male and female is usually conceived of in negative terms, as a cause of social anxiety.
under scrutiny. Indeed, Oribasius’ interest in the *parthenos* and the menopausal woman represents another way in which he diverged from Galen and any simple Galenism.

The compiler’s drive to present women in a particular social light is perhaps all the more relevant in the world in which he lived, where Christian authors were placing new emphasis on different states of bodily womanhood. This was a world in which asceticism, especially the asceticism of female bodies, could serve fundamentally to challenge the corporeal priorities of life on earth, and where female virginity carried theological and social, as well as figurative, power. Is it significant, then, that we find no mention of states like life-long virginity in Oribasius’ *Medical Collections*? We will return to the contested physiologies of women in chapter five, where it will be argued that ‘virginity’ was defined by the medical writer in different ways than it was represented in the prolific Christian treatises of the later fourth-century. This contrast will help us to contextualise Oribasius’ own writings on women, and the very different social priorities enshrined in his writings.

**Conclusions**

This chapter has continued our attempt to locate Oribasius’ writing in his fourth-century context, exploring what his contemporaries expected of the art, and what the compiler sought to offer them in return. The *Collections* set out to map the physical environment and the bodies within it, along with the role of the authoritative past in the medical present. But Oribasius’ medical encounter also served as a mirror that could be held up to late antique society, against which its norms and values could be tested and rehearsed. This feature makes Oribasius’ text one inherently bound up with the traditional social order, from the domesticity of its women and the vulnerability of its fertile girls, to the celebration of its philosophical old men. In short, the *Collections* not only uphold the health of individual bodies, but the order of the society in which they flourished. It is this that made medicine a useful analogical device, as we observe in the writings of Oribasius’ contemporaries. In Christian examples, authors draw upon the medical encounter as a universal language in which to theorise their world. Such analogy could be used to ask a comprehensive range of urgent social questions. Indeed, I have suggested that medical analogy served more complex social functions than has been acknowledged in scholarship to date, which is to say nothing of the Christian interest in medical matters that such examples indicate.

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250 On the metaphorical rhetoric of virginity in this period, see Cameron (1989); (1991): 171-88.
251 Although, as we will see, this does not mean that Christian authors were not interested in the medical definition.
But most revealing is the locus at which medical analogy meets Oribasius’ implicit claim to a defence of the social order. Oribasius’ text is, by nature, a confident one. It not only claims the right to order the environment and the bodies that inhabit it, but does so by virtue of the explicit request of the emperor himself. This imperial invitation allows Oribasius to explore his role in relation to the classical past, and to position himself and his medical contemporaries within its grand tradition. But it is in Christian medical analogy that we discover a way of putting these ambitious claims to the test. When we do so, we learn that amassing textual knowledge was a matter of medical triumph in this period. Medical theory and commentary were highly celebrated, whilst teaching and effective modes of transference were paramount to the status of the art. All of these features are foregrounded in the form of a text like Oribasius’. In prioritising them, Oribasius is shown to be as much a product of his fourth-century world as he is a product of his medical past. It is also pertinent to remember that Christianity had instituted something of a textual revolution, where truths about the world could be found in a singular body of written knowledge. Perhaps this, too, added to the appeal of the Collections and texts like it.

Oribasius’ choice of genre, then, suggests that something fundamental had shifted in medical writing. Medical analogy, meanwhile, helps us to substantiate what that might have been. When we place these assumptions in conversation with legal texts, it becomes all the more clear that Oribasius’ claims to social order were well-grounded, and thoroughly rooted in the general expectations placed upon his art. With this in mind, perhaps it is no wonder that, in a culture self-consciously proud of its medical traditions, and so rooted in the social order, our first glimpse of Oribasius’ woman reveals her to be generative. She is presented as the vessel by which social continuity and stability can be assured. A woman’s generativity marks her out for particular relations with her world and her physician, for particular regimen and therapy, and for stringent supervision (both medical and familial). But although traditional in scope, Oribasius’ approach is uniquely his own. His medical sources move him beyond any simple Galenism, whilst also unwittingly offering exceptions to the generative norm. Some women we have encountered, for example, were mentioned in relation to diseases that were non-gynaecological, suggesting that, despite overarching priorities of order, the reality of the medical encounter could be far more complicated. This more complicated reality is one to which we shall return in part two.

PART TWO
CHAPTER THREE
Case History, Experience and the Female Patient

Towards the end of the *libri incerti*, Oribasius recounted his treatment of a nervous orator, who was eager to be cured of a persistent stammer. To help the man, he had watched him speak publicly, noticing that he stuttered only at the beginning of his speeches. When his discourse was underway, the man spoke without difficulty, so Oribasius suggested that he tensed his chest as he began, to help him articulate his opening words. ‘The rhetorician replied that I had given him excellent advice’ (ὅ δὲ καὶ μάλα ἔφη καλῶς αὐτῷ τοῦτο συμβεβουλεύσατο), Oribasius continued, before confiding that it was only during public occasions that he struggled. The point of the case had been to illustrate that air flow and muscle tension in the throat did not always converge properly, especially when one was nervous. But the rhetorician’s example had also allowed Oribasius to demonstrate not only his anatomical theory, but how such knowledge was eminently useful for a late antique audience. In this rhetorical thrust, the case is rather ordinary; all but for one crucial detail. Despite Oribasius’ claim to first-hand experience, the orator in question cannot have been one he ever treated. Instead, the case was excerpted verbatim from Galen: its rhetorician a relic of the high empire, rather than a living man of Oribasius’ own time.

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253 *inc.* 62.34 (CMG VI.2.2, 169.38-9).
We begin with Oribasius’ curious case history for several reasons, not least because it has often been assumed that no such claims to experience are made in texts like his.⁵⁵⁴ Rather, it has been suggested that case histories were part of the unnecessary medical detail that was removed in the process of abridgement.⁵⁵⁵ Although there is plenty of truth in this, it is important to recognise that not all material of this type was cut in texts like Oribasius’, and to explore why examples were retained. But our rhetorician highlights another inevitable problem that arises in approaching the Medical Collections: how are we to distinguish between the ‘historical’ autopsy of the source text, and Oribasius’ ambiguous claims to have observed?⁵⁵⁶ Related to this question is the equally significant one of authorial voice: does Oribasius’ own emerge in the Collections primarily through structural and compilatory choices, as we saw in part one, or through the wording of individual passages as well?⁵⁵⁷ Before we can turn to the substance of Oribasius’ experience, and his interaction with the female patient, it is first necessary to examine this chimeric authorial persona who claims authority in the first-person (ἐγώ/ ἡμεῖς), and yet, by necessity of the form, witnesses the medical landscape through cumulative ‘experience’ of multiple physicians, and in the guise of different voices.

Numerous examples of this elusive persona, and its respective case history, might be given, across several medical topics. Take an instance in book six, where the author describes separate encounters with two impotent young men, recounting that he was ‘of the opinion’ (ἐδόκει δή μοι) that humoral imbalance was to blame for their troubles.⁵⁵⁸ A similar case is offered in the libri incerti, where the author recalls the treatment of a man plagued by urogenital ills, declaring that ‘it seemed to us’ (ἡμῖν ἐδοξεν) that the disease had arisen because the urethra had collapsed in upon itself.⁵⁵⁹ Meanwhile, regarding the length of pregnancy, the author declares that he ‘will now disclose’ (νῦν ἔρω, μηνύσας) the personal experience gained over the course of his lifetime (τὰ δὴ ὅλου τοῦ βίου μοι).⁵⁶⁰ This claim to experience is particularly intriguing, not least for its extolling of ‘exact observation’ (τὰς ἀκρως παραφυλαχθείσας), which belies the assumption that medical compendia were uninterested in ‘scientific’

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⁵⁵⁴ For example, Nutton (1984): 2.
⁵⁵⁵ See, for example, Baldwin (1975); Nutton (1984); Grant (1997); De Lucia (1999); McLachlan (2004); van der Eijk (2010).
⁵⁵⁶ Temkin asked a similar question of the case histories in the late antique commentaries, and pondered whether they might be fictional, but as far as I am aware, no one has yet given the matter much thought: Temkin (1991): 229. Of course, the case histories and the apparent transcripts of debate in the commentary tradition may very well be ‘fictional’ in the way that the encyclopaedic cases are not – the compilers clearly copied the case histories from their predecessors. On the other hand, Scarborough has read the cases in the commentaries as being factual: (2010).
⁵⁵⁷ For a recent consideration of authorial voice in scientific writing, see Doody and Taub (2009).
⁵⁵⁸ Coll. Med. 6.38.30 (CMG VI.1.1, 192.11).
⁵⁶⁰ inc. 10.27 (CMG VI.2.2, 98.29-30).
methodologies.261 In fact, the persona in book 25 went so far as to commend further investigation. According to this chapter, the nature of the eyelids had been discovered and artfully explained by the anatomists, but there remained a ‘need for further enquiry’ (διὰ τοῦτο μοι δοκῶ προσδείσθαι σκέψεως).262

These represent just a handful of examples in which Oribasius retains the personal pronoun in his compilation. On most occasions, the personal voice is used more simply, to express a partiality for one remedy over another, or to offer a particular therapeutic method. At least once, this voice is used to identify itself geographically: the declaration, ‘we in Pergamum’ (παρ’ ἡμῖν ἐν Περγάμῳ) groups the authorial voice within a larger community in book 9, in relation to the importance of understanding the seasons with regards to the movement of the stars and one’s position in the world.263 In all but the first example, taken from Rufus, concerning the young men from Corinth and Miletus, the claims to personal experience are all lifted directly from the writings of Galen, much like the stuttering rhetorician. But this should come as little surprise to us, considering Galen’s uniquely domineering authorial persona. It is clear, then, that a particular authorial voice moves through the Collections from beginning to end, made up of the compiled persona of at least nine different medical authorities.264 To what extent does Oribasius appropriate the voices and experiences of these predecessors, or is he content merely to be the orchestrating influence who brings them into dialogue through his encyclopaedia?

Although it is not immediately clear how far this voice is intended to be understood as Oribasius’ own, it must be stressed that at no point in the Collections does he make any explicit attempt to claim it as such. In the Collections, every chapter is diligently referenced with a clear heading, describing the subject matter at hand, and the author responsible for its original composition: ‘From the writings of Rufus’, for example, ‘On the names of the parts of man’ (Ἐκ τῶν Ῥοῦφου. Περὶ ὄνομασιῶν τῶν κατὰ τὸν ἄνθρωπον).265 The subject headings are not always consistent, and do not always name the authority in question. Others clearly refer to

261 inc. 10.27 (CMG VI.2.2, 98.31).
262 Coll. Med. 25.28.8 (CMG VI.2.1, 64.17).
263 Coll. Med. 9.8.7 (CMG VI.1.2, 11.8). It might even be suggested that the plural here represents Galen and Oribasius, since both were from Pergamum. It seems likely that Oribasius would have emphasised the connection in his own practice. On the community of shared technē in antiquity, see von Staden (1995).
264 That is, in terms of the use of the nominative, first-person pronoun ἐγώ: these are Galen, Rufus, Soranus; Galen’s contemporary, the anatomist, Lycus; the so-called Pneumatist physicians, Archigenes and Herodotus; the surgical writer, Heliodorus; the otherwise unknown Apollonius of Pergamon; and the probably third-century, Philagrius. In fact, there are over 400 pronouns (in addition to the nominative) in the Collections, compiled from more authors than those listed above.
265 Coll. Med. 25.1 (CMG VI.2.1, 48.3-4). There is no way of knowing whether these headings were original to Oribasius, but it seems highly likely that they were. As de Lucia has suggested, without the headings, the individual chapters would have been undifferentiated and extremely difficult to navigate, (1999): 483 n.20. See, also, MacLachlan (2004): 109.
chapters that have preceded them, forging connections between passages that were ostensibly meant to be read together: ‘On vocal exercises. Of the same, from the fourth book’ (Περὶ ἀναφωνήσεως, τοῦ αὐτοῦ, ἐκ τοῦ δ λόγου): this one, referring to the physician, Antyllus. But even where original authors are not immediately clear, the passage has almost always been formed from the wording of an older account: a feature no doubt understood by the fourth-century reader who was aware of Oribasius’ preface, and his stated methodological intention ‘to write down’ (ἐγγράφειν) and ‘collect’ (συνάξω), rather than to compose.

But what would have been far less clear to the late antique reader was the way the passages within these chapters were compiled, how accurately they reflected the original in question, and how far they were, in some sense, a whole new text altogether, formed from Oribasius’ words but utilising the material of previous authorities. Indeed, the exact method Oribasius used to compile individual chapters varies greatly within the Collections, a factor which adds to the sense of his authorial intentions and persona in the text as a whole. In places, it is possible to observe Oribasius taking more interest in some texts rather than others: a type of textual footprint that allows us to trace those issues that were of greater interest to himself. Take, for example, those passages excerpted from Galen and Soranus on the uterus in book 24. In both, the compiler seems simply to have copied out the opening chapters of On the Dissection of the Uterus and the Gynaecology with hardly a cut or emendation. Yet in the physiological chapters that survive in the libri incerti, Oribasius’ methodology is considerably more deliberate. Across chapters from Galen on subjects like bodily mixtures, the natural faculties, and the physiology of the seed, Oribasius not only lifts small fragments from across the original work in question, but also sentences from other works entirely. Often these external fragments come repeatedly from the same dependable sources: Galen’s On the Usefulness of the Parts and his Hippocratic commentaries. Such material was clearly taken to merit particular care and attention, which adds to the sense of Oribasius’ own methodology at work behind the ostensibly simple summary text.

It is at this level that the first-person pronoun might become ambiguous, for it would not have been immediately clear to the ancient reader how far Oribasius might have added

266 Coll. Med. 6.8 (CMG VI.1.1, 159.3). Daremburg and Bussemaker (1851-1876) suggested that it should be assumed that unnamed chapters were most likely ascribed to the preceding named authority. See, also, de Lucia (1999): 483-4, who considers the work of Schröder (1940) in relation to the headings of otherwise lost authors.

267 Coll. Med. 1.3 (CMG VI.1.1, 4.12-14).

268 Of course, it could be argued that such differences arise because Oribasius himself was, on occasion, working directly from existing compilations, rather than from the originals. If this were the case, then such differences would have arisen at a level of summarising beyond Oribasius’ own control.

269 Coll. Med. 24.29; 31 (CMG VI.2.1, 40; 41.29-46.17). He does, however, add a subtitle and divide the passages up by subject so they are easier to follow.

270 inc. 2-9; 61; 63 (CMG VI.2.2, 76.28-95.8; 161.33-165.5; 171.33-180.23).
emendations, case histories, or ideas of his own. Of course, with the help of modern critical editions, this potential point of confusion presents no problem for scholars. Where the original texts survive, it is clear to see on a line-by-line basis which words were excerpted from which authorities. But without such editions, the composition of individual passages would have been far more obscure. Even where medical compilers such as Aetius and Paul were perfectly familiar with the epitomising form, they still ascribed secondary material from the *Medical Collections* to Oribasius himself.\(^{271}\) In fact, what this suggests, much as Michel Foucault has argued, is that ‘author function’ and notions of textual ownership are liable to variation in any historical period, and we should not expect them to be the same as our own.\(^{272}\)

What might this mean for the authorial persona of Oribasius in the *Collections*, and his relationship to the first-person voice that pervades the work as a whole? For a start, it is important to remember that Oribasius could have removed the first-person pronoun had he wanted to. In excerpting passages from medical predecessors, he made frequent, small emendations to the text to maintain the grammatical sense after cuts had been made.\(^{273}\) As we have seen, scholars have assumed that this compilation process involved a general purging of all unnecessary material: case histories, anecdotes, as well as all debates between competing schools or sects. The compiler does, of course, need to cut back on material of this nature to achieve the required level of conciseness, but this did not mean avoiding specific cases or anecdotes that took his fancy, nor purging the rhetorical flourishes or personal voices of the authorities he compiled. It seems important, then, to keep in mind that Oribasius’ reaffirmation of the bygone ‘I’ was an intentional one, which became a central element of his self-presentation and something of a rhetorical device in itself.\(^{274}\)

Indeed, that this ‘I’ could carry the weight of observed experience even where none was directly merited, can perhaps be understood from the appropriation of the personal pronoun in the later medical compilers, since these authors were not always as upfront about their borrowings as Oribasius had been.\(^{275}\) One excerpted case history that has received scholarly attention is that compiled by Aetius in book 16 of his own medical compendium.\(^{276}\) The case in question described the treatment of a widow with uterine suffocation, who was healed only after the much-discussed ‘midwifely rub’, which caused the expulsion of a large amount of fetid

\(^{271}\) In Aetius, see, for example: 9.28; 15.40; 16.121. See also Paul, *Epit. Med.* preface (CMG IX.1, 4.2-12), for a discussion on Oribasius as an influence for his work; and the undoubtedly incorrect heading of chapter of *inc.* 30, from Galen’s *Hygiene* but ascribed by a later copyist to Oribasius himself (CMG VI.2.2, 121.9).

\(^{272}\) König and Whitmarsh (2007): 27.

\(^{273}\) For a more detailed look at this process, see de Lucia (1999): 478-80. On examples of other types of minor alterations made by the compiler to the original, see de Lacy (1992): 43-5.

\(^{274}\) For the appropriation of the first-person pronoun in Galen, see Totelin (2012).

\(^{275}\) For a general discussion of this in Galen, see Mattern (2008): 37-38.

seed.\textsuperscript{277} Originally lifted from Galen by Aetius, the case history was already somewhat obscure in the Galenic original, which seems to have been only known to, rather than actually attended upon, by Galen himself. Yet, although the medical encounter between the widow and the practitioner was several steps removed by the time it was excerpted by Aetius, the compiler alters the tale in his retelling to make it appear as though he had witnessed the case first-hand.\textsuperscript{278} In short, as scholars like Armelle Debru, Helen King and Susan Mattern have suggested, a claim to experience was no less valid simply because it had not been \textit{personally} observed.\textsuperscript{279} Rather, some cases seem to have merited a certain universalism, allowing them to be transposed into the sphere of a generalised personal experience.\textsuperscript{280}

Such conclusions are undoubtedly important to bear in mind when considering Oribasius’ personal voice in the \textit{Collections}. Even where no intentional obfuscation was meant on the part of the compiler, this does not mean that histories, anecdotes and personal musings were not meaningfully lifted from the original and into the realm of the compiler’s experience in the process of being selected by him, as tales of particular interest to context in which he moved. It is, therefore, important to recognise that even borrowed pronouns in the \textit{Collections} were literary devices that ensured a sense of immediacy in the text, and helped Oribasius to formulate a persona of his own within the work as a whole. Above all, retaining a first-person voice helped to justify the authority of the past in the medical present, if not by direct usurpation, then by offering its voice a new platform from which to proclaim its appropriated truths. In this sense, as we saw in part one, the \textit{Medical Collections} were not much different to any number of ancient genres or forms, from the compilations of law codes, to the use of formulaic ‘set-piece narratives’ in historical writing.\textsuperscript{281} There are even similarities with the Christian poetic genre of the cento,\textsuperscript{282} only showing how inextricably a part of the fourth-century world the \textit{Collections} should be taken.

Let us return, then, to the stuttering rhetorician with whom this chapter opened, and Oribasius’ ambiguous personal claims to have observed. With case histories like these in their

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\textsuperscript{277} Flemming (2000): 334-5. For a detailed analysis of this case and its use in both Galen and Aetius, see Debru (1992) and King (2011).
\textsuperscript{278} This is not the only example of cases that appear rather openly to have multiple meanings. Galen’s famous case history of the woman with lovesickness in the \textit{Praen.} 6.2-10 (\textit{CMG} V.8.1, 100.15-102.27), of course, closely mirrored the case of the lovesick Antiochus. Although we can be fairly sure the case was genuine, it may very well have been ‘[remembered] and [interpreted] … in light of literary tradition’, as Mattern has suggested, just as the historians Livy and Tacitus might interpret historical events in relation to tradition or myth: Mattern (2008): 38-39.
\textsuperscript{279} Debru (1992): 85-9; King (2011). Susan Mattern has explored the interplay between case history, memory and personal experience in Galen, and notes that first-person claims to experience were far more complex in Galen’s day than they would be today: (2008): 37-47. See, also, van der Eijk (1999): 411.
\textsuperscript{280} King (2011): 222.
\textsuperscript{281} Croke (2012): 407.
\textsuperscript{282} For a famous example, see the cento of Proba, translated in Clark and Hatch (1981).
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reformulated contexts, it seems important to allow for an intentional blurring of past and present on the part of the compiler. In the account of the orator described above, the distant, flesh-and-blood human being of the second-century, becomes, in the *Medical Collections*, a universal, textual exemplar who transcends any particular historical moment. Whereas Galen ‘knew’ because he had seen, Oribasius ‘knows’ because the authority and weight of the past constitutes its own type of seeing. With this in mind, rather unlike the scholar who approaches Oribasius as a route to the authors he compiles, I will assume Oribasius’ unique authorial ‘I’ in what follows. This is because, through the self-conscious blurring and appropriation of the personal voice of his predecessors, and the selecting, altering and arranging of the material of the past, Oribasius exerts his own type of authorial presence within his text. Even where this voice is unoriginal, we should not be quick to assume his contemporaries would have defined ‘authorship’ in quite the same way as we do. Instead, Oribasius was considered an authority in his own right, precisely because of his deep roots in the traditions of the classical past. This reading will allow us to establish a methodological approach to Oribasius’ woman in the medical encounter, to which we shall return in the final part of this chapter.

*Case history and the female patient beyond the medical text*

Although the terms ‘medical encounter’ and ‘case history’ seem distinctly technical – things, for example, that we might look for in authors like Galen – such assumptions are predicated upon the idea that medicine must objectively be at some remove from the world around it. This, of course, is not the case in any historical period, as medical anthropologists have long recognised. Rather, the medical encounter was a space in which the physician and their patient met to negotiate a preconceived cultural understanding of body, health and sickness. The physician’s writing about this moment later becomes ‘case history’, a more polished narrative where patient experience and medical exchange is transformed into a tale of particular diseased states: ones that conform to a body of knowledge the physician has at their disposal. But the entirety of this ‘illness experience’, as Arthur Kleinman calls it, is ‘always culturally shaped’, and is heavily dependent upon the shared language of ‘illness idiom’ that patient and physician bring to the encounter.⁴⁸³ That this was the case in late antiquity was amply demonstrated in part one, where emperors and bishops both found the medical encounter not merely familiar, but an experience so universally recognisable that it could be used to theorise other social interactions. In some sense, this is remarkable, especially in a world in which the medical marketplace was inherently

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diverse: where a sick person could also approach a healing shrine or temple, an astrologer or fortune-teller, an athletic trainer or herbalist, among others.284 For the elite, then, the ‘rational’ physician seems to have been the default choice in cases of sickness,285 even where the services of various healing modes were sought alongside them.

In fact, this section will argue that the physician’s case history represents a more inclusive genre in late antiquity,286 precisely because the medical encounter between patient and physician was so familiar. The narrative of healing in Christian texts seems intentionally in dialogue with medical modes, and to share a certain sameness, even where the cure itself might be granted by supernatural means. For our purposes, this is particularly significant, not least because the rhetoric of case history becomes far rarer in medical discourse during exactly this period. There are only two mentions of female patients in Oribasius,287 for example, compared with around twenty-five in the writings of Galen – already a small number relative to his other patient types.288 Could it be, then, that the case history does less work for the medical art than it had, precisely because its familiarity had made it lose some of its technical specificity? If this is the case, what has traditionally been taken as evidence of decline is indicative of a more inclusive medical art, where the layman is more enthusiastic about medicine than ever before, and drew more fully upon the physician’s sickness narratives in describing his own.

This section, then, will explore the medical encounter as depicted in a variety of late antique texts, but especially those of Christian writers, for whom the medical encounter held particular rhetorical potential. Numerous patient types are found throughout such works, not least in compilations of miracle stories and writings that concern the acts of holy men and women.289 But a dialogue with classical modes does not necessarily mean a blanket acceptance of what they represent. This section will also ask how far the healing of bodies was at stake in Christian representations, or whether familiar genres were drawn upon precisely to underwrite their common sense meaning. After all, the case history itself may have been based on shared

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285 The athletic trainer also appears in medical analogy, although not as frequently as the physician.
286 There are different types of case history in antiquity. Galen’s extensive narratives were much different to the more concise, technical texts of the Hippocratic Corpus. Of course, much of the difference was to do with Galen’s expectation that his writing was intended for a broader audience. When we talk of case history, here, the Galenic type (adopted by Oribasius in some cases, as we have seen) is implied.
287 That is, two specific (although unnamed) women. In other cases, he mentions the experiences of female patients in plural, or speaks generally of them.
288 Mattern (2008): 112. It is informative to compare the number of case histories found in Oribasius with those found in earlier medical writers: in Galen, for example, there are some 358 case histories. See Mattern for full details (2008): 173-202. 21 case histories survive in Arabic for Rufus. On these, see Ullmann (1978): 17-18.
289 For Greek miracle accounts, see those of Thecla: Talbot and Johnson (2012); Cosmas and Damian and Sophronius’ Cyrus and John: Festugière (1971); and Artemius: Crisafulli and Nesbitt (1997). Van Dam has compiled and translated several Latin miracle accounts from late antique Gaul: (1993). For a discussion of the social function of institutionalised healing, see Greer (1989) and Ferngren (2009): 76-84. On the holy man and healing, see Brown (1981) and (1989).
‘illness idioms’, but it was nevertheless the physician’s account of that exchange. What rhetorical possibility was granted in overturning the power structures inherent in the medical encounter and its case history? In the final analysis, it will be suggested that traditional medical genres allowed Christian writers both to reaffirm their ties with the classical past, and reshape them to their own specifically Christian ends. But this section will also show that the Christian account offers us a more nuanced representation of the medical encounter in the fourth-century, by presenting details about the female patient that Oribasius simply does not.290

We begin with an encounter in the spring of 379, which takes place in a monastic household founded and administered by a woman named Macrina: a life-long ascetic, and sister to the Cappadocian fathers, Basil of Caesarea and Gregory of Nyssa.291 Gregory, the youngest of the three, had described in his Life of Macrina his arrival at his sister’s bedside a few days before she died.292 The setting he evokes is exactly what we might expect in a context marked by renunciation: Macrina slept upon a wooden board and sackcloth, and offered her body little relief from her pain and disease. But despite this severity, a physician was in constant attendance upon her, checking her pulse, and monitoring the changes in her complexion, demeanour and breathing.293 His medical presence was quite contrary to Macrina’s previous sickbed arrangements. In one famous case, she had refused to have a doctor examine a breast abscess, for the sake of her modesty:294 a faithful determination to conform to an ascetic ideal that had ultimately healed her. But both encounters reveal something crucial about Macrina’s approach to medicine. Contrary to medical texts, the authority of the doctor disappears into the background, whilst patient choice and strength in the face of suffering is foregrounded. More rarely still, the tale is told from a female vantage point.295

The scene of Macrina’s death was to have a profound impact on Gregory, who would use the setting as a basis for his Platonic dialogue, On the Soul and Resurrection. It was in this text that Gregory had his sister refer to her physician, whose knowledge and method, she said, was a way of knowing the divine soul that acted through the senses of the body.296 To this end, Macrina gestured to her mute physician and began to analyse his observations:

290 For recent approaches to the patient’s experience of illness, see the essays in, and introduction to, Petridou and Thumiger (2016). For a classic approach to lay attitudes towards medicine, see Nutton (1985).
291 On Macrina, see Williams (1993); Clark (1998b); Burrus (2003) and (2004); Rousseau (2005); and Silvas (2008)
292 v. Macr. 15-17 (SC 178, 190.1-198.30).
293 anim. et res. 2.6 (PG 46.29-32).
294 v. Macr. 31.4-6 (SC 178, 242.1-246.37). Gregory of Nazianzus depicts his sister, Gorgonia, as showing a similar concern for her modesty in the face of the physician: Or. 8.15-16; 8.16-18.
295 Similar cases survive in other fourth- and fifth-century narratives. See, for example, Syncletica, who followed the advice of her doctors only for the sake of those around her: v. Syncl. 111, in Castelli (1990): 309-10; and Paula, who managed to persuade a bishop to give up wine, even as her doctors tried to persuade the bishop to encourage her to take it: Jerome, ep. 108.21 (CSEL 55.336-8).
296 anim. et res 2 (PG 46.32).
In this passage, medical details emerge somewhat clinically from the mouth of the patient, whilst the physician watches quietly on: a silent non-participant in a dialogue between brother and sister on the nature of the soul. Prognostication is made to serve Christian ends, because it unconsciously, although graphically, documents suffering well-borne. Illness is not so much an evil to be overcome, but a contest to be endured. In fact, so completely is Macrina’s medical narrative turned back on her physician that her point is ultimately one about *his* body. He may think that his method exists primarily to describe physical illness, but it is also evidence of God acting in nature through the divine soul and bodily senses. Medical knowledge is both subverted and celebrated, reclaimed and reoriented towards a Christian worldview. Of course, none of this is to imply that Macrina’s lived experience as a female patient emerges unmediated from Gregory’s text, written as it was by a male author, with his own very specific authorial

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297 *anim. et res* 2.6-9 (PG 46.29-32), translation adapted from Roth (1992): 38. On the senses in medical diagnosis, particularly touch, see Kosak (2016).
agenda. But even Macrina’s fictionalised medical knowledge – no less, indeed, than Oribasius’ fictionalised ‘case histories’ – reveals something about the role of women as medical consumers in the fourth-century, even if only through the authority they claimed over physicians in their employ.

If women could be ‘consumers’ of masculine medicine, we must also consider the possibility that they knew the basics, beyond narrowly gynaecological matters. This reading certainly conforms to contemporary descriptions. Take Jerome’s reference to Galen’s *On Hygiene* in his letter to the widow Furia in 394, written after he had left Rome and settled down to an ascetic existence in Bethlehem. It did not strike Jerome as inappropriate to cite either the knowledge of physicians, or a specific medical book, to one of his female correspondents. Instead, it was assumed that Furia was aware of the work in question, and would find its argument familiar. At the very least, she would take the name as an authoritative one, finding new confidence in Jerome’s advice because of its mention. Some women’s knowledge of medicine was even more practical than this. Chrysostom, for one, mentions receiving the gift of an expensive drug prepared by a friend called Carteria. Yet others among his female circle reserved the right to dismiss physicians altogether, preferring to keep to their own illness narratives, as the deaconess Olympias did in the case of her melancholy sickness, much to Chrysostom’s obvious displeasure.

To a certain extent, a woman’s freedom to gather medical knowledge and choose her physician depended on her social standing and personal circumstances. In the textual tradition of *Life of Saint Matrona*, an exceptionally wealthy character called Antiochiane, friend of the imperial family, is shown to demonstrate an impressive freedom of choice in her medical care. Antiochiane and her female friends discuss her illness and find fault with her physicians.

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298 On establishing narratives of meaning through sickness, see Aelius Aristides’ *Sacred Tales* and the secondary discussion in Perkins (1992) and (2002). For Gregory’s construction of Macrina in this text, see Clark (1998b) and Burrus (2005). For a more positive take on Macrina’s knowledge and influence on Gregory, see Boersma (2013): 109-110.

299 Jerome, *ep.* 54.9 (LCL 262.244). On Jerome’s life and times, see, for example, Rousseau (1978); Rebenich (2002); Williams (2006).

300 Chrysostom, *ep.* 34 (PG 52.629).

301 For example, *ep.* Olymp. 17.4cd (SC 13.213-4). Upon his exile from Constantinople, Olympias was struck by a melancholy sickness, which Chrysostom says she pondered in her letters excessively, mulling over its causes and the pain it brought her. See, also, *ep.* Olymp. 9, especially 9.4b (SC 13.148-9).

302 For the Latin tradition, see the edition of Featherstone and Mango in Talbot (1996): 13-64. For the Greek of Symeon Metaphrastes, *v.* Mat. 29-31 (PG 116.946-50). The earliest part of the tradition was purportedly made from the notes of a contemporary ascetic of Matrona’s, named Eulogia. See Featherstone and Mango, in Talbot (1996): 14.

303 One of the characters, Euphemia, was perhaps the daughter of the Emperor Marcian, and wife of the consul Sporacus. See Featherstone and Mango, in Talbot (1996): 49 n.89.

304 This is elaborated in most detail in the Latin, where the author comments that it was common for those who were ill to discuss their physician and his suggested treatment in some depth with their friends: *v.* Mat. 33, in Featherstone and Mango, in Talbot (1996): 49.
before ultimately deciding to abandon them completely and seek out the power of Saint Matrona instead. Indeed, it was only upon approaching the holy woman that Antiochiane was finally delivered from her disease, following the donation of a substantial portion of her property to the saint and her community. It is perhaps because of this considerable wealth – which she wields quite independently of her living husband – that Antiochiane claims the freedom to pay for and choose her own practitioners. More than this, the account reveals a world in which elite women were keen to share knowledge, to offer each other advice on healthcare matters, and to explore alternative means of treatment when the situation called for it – a phenomenon taken for granted in the tradition as a whole.

In a world of hagiography and miracle collection, this sort of female autonomy is commonplace, even where the woman in question is otherwise of dubious character, or where her suffering seems to prove a fundamental lack of social power. Of the latter patient type, the character of Melania is a telling example. In the fifth-century Life of Eugenia, about an ascetic who masquerades as a holy man called Eugenius,305 the anti-heroine, a wealthy estate owner, is struck by a fever and summons the saint to heal her. Such is Melania’s freedom that after the cure is granted she finds many a pretext to summon ‘Eugenius’ back again, and eventually uses her wealth as an incitement to marriage, despite the fact she is already married to a wealthy senator. Naturally, Melania’s extravagance and immodesty serve a grander rhetorical purpose, and she ultimately comes to an apparently well-deserved sticky end. Yet her freedom to dictate her own care is never once taken to be problematic. In Christian accounts, it is not only powerful women who are granted this level of agency in their care. There is also rhetorical potential to be found in granting the powerless the choice of Christian healing. In the miracle accounts of Thecla, a vulnerable Kalliste, for example, is disfigured by her husband’s jealous mistress. She has little choice but to throw herself on the mercy of the saint, finding healing that both offsets the injustice of her treatment and is a reward for her faith.306

This tension between social powerlessness and Christian freedom is perhaps nowhere more apparent than in the miracles worked by the aristocratic Melania, who abandoned her wealth and founded several monastic institutions in the Holy Land. In her Life, written by her protégé and friend Gerontius, the healing of a woman in childbirth is particularly illustrative of this theme. It is the patient’s suffering that makes her vulnerable: she is left barely-conscious following a three-day labour, and cannot expel the dead child in her womb. Her women and midwives confer only with each other, and it is only upon the arrival of Melania that the labouring woman finds strength enough to ask for her prayers. Despite her powerlessness, the

306 v. mir. Thec. 42.2 (DOML 12.168). See also, 18.3 (DOML 12.80).
woman’s request for prayer marks the turning point of the narrative, inspiring the saint to act on her behalf.\textsuperscript{307} In part, of course, the patient’s will to be healed by religious means is, at one and the same time, a conscious acceptance of Christ and his power to heal, and of the uniquely personal relationship of care between God and the individual.\textsuperscript{308} Such ‘choice’ is entirely necessary in this type of narrative, for the healing longed for on any specific occasion becomes symbolic of the search and reception of Christ more generally. It must involve a certain celebration of ‘self’ and a level of conscious agency, which helps to explain the ‘independence’ of female patients in certain varieties of Christian healing.

But there are exceptions. For as much as Christian narratives sought to perpetuate the free will of female patients (as much as anyone else), in some examples involving young women, accounts of miraculous healing are often equally keen to express more traditional social mores. In some of these, even relatively mature young women are represented as being completely under the authority of their guardians: usually their mothers.\textsuperscript{309} Often, this submission is necessitated by the diseases they face, as in cases when they are unable to speak.\textsuperscript{310} Others require stricter surveillance simply because of a generalised feminine vulnerability, often associated with pregnancy. Take a case mentioned in the miracle accounts of Saint Thecla concerning Bassiane, a young, pregnant woman suffering with severe heatstroke.\textsuperscript{311} The girl is serving the local community as a hostage,\textsuperscript{312} and this enforced ‘independence’ makes her particularly vulnerable. In her distress, and in the absence of attendants, she almost throws herself into a cistern for relief from the heat. But just as she does so, the saint appears miraculously and holds her back, summoning an assistant to treat her heatstroke. She provides, in short, everything a guardian would have had they been present.\textsuperscript{313} Here, the saint is both healer and carer, and her miracle is as much a celebration of the social order as it is of Christian healing.

In many cases, these encounters seem to find parallels in the deeply entrenched social expectations depicted in fictions and romances. In novelistic representations, for example, we regularly find the paradigm of the beautiful, young heroine made helpless in the face of illness. In such narratives, she is always submissive to her relatives or guardians and the practitioners


\textsuperscript{308} For this relationship as something central to Christian healing, see Amundsen (1982).

\textsuperscript{309} But see also examples in chapter 4, concerning the involvement of the \textit{paterfamilias}.

\textsuperscript{310} For example, \textit{v. mir. Thec.} epilogue 8-9 (DOML 12.192-6); Gerontius, \textit{Vit. Melan.} 60 (SC 90.246-48).

\textsuperscript{311} \textit{v. mir. Thec.} 19.1-3 (DOML 12.82-4).

\textsuperscript{312} It is not clear how the girl is also pregnant. According to the account, the woman is from Ketis, and prays daily at the shrine to be delivered of her present circumstances: 19.1 (DOML 12.82). She is being held in Seleucia as a guarantee against brigandage: a problem that must have been rife in the fifth-century, because it is mentioned several times: 5; 13.1-2; 16.2 (DOML 12.20-22; 56; 72).

\textsuperscript{313} \textit{v. mir. Thec.}, 19.3 (DOML 12.84).
they employ. More than this, her illness often threatens not only her modesty but her very personhood, necessitating her submissiveness to the guardians who seek to protect her. Take the illness suffered by Leucippe in Achilles Tatius’ romance, which remained popular in the fourth-century. The heroine is attacked with ‘mental derangement’ (μανία) at the time of her period, a madness so severe that she assaults her lover Clitophon and has to be forcibly restrained. The on-hand army physician is called forth and promptly administers a soothing drug and purgative, whilst another character, the army general himself, explains to a stricken Clitophon that the ailment is merely due to ‘youthful exuberance’ (ἡλικίας ζεούσης), and a bubbling over of ‘young blood’ (αἷμα … νεάζον). In this tale, the heroine is helpless in the face of her own body and its specifically female processes. Furthermore, several males in attendance lay claim to the decipherment of her symptoms, and it is only in submitting to their explanations that Leucippe can hope to be healed.

Much the same pattern occurs in other literature of this type, but often to even more spectacular extremes. In one of the later romances, Apollonius King of Tyre, perhaps dating to around the sixth-century, the wife of Apollonius is struck down with a type of uterine suffocation following the birth of her daughter, and lapses into a state of apparent death. The protagonists are aboard a ship when the tragic events ensue, and the girl is buried at sea. But when the casket is later washed up upon the shore, a medical teacher and his students stumble upon the body, and one among them recognises that the girl is not dead at all. Her treatment at the hands of this student – one who identifies her illness, and cures her with massages to the upper body, which he administers to the prostrate girl alone in his private room – only serve to exemplify idealised, even sexualised, female subservience in the face of medical authority: a subservience which is carried to the extreme of total unconsciousness in this particular tale.

In short, it seems there are broadly two different types of female patient that emerge from late antique literature. There is the one who claims authority over the medical encounter, reserving the right to grant or deny the physician access to her body, and to accept or dismiss the narratives of meaning he will afterwards ascribe to it. This type of patient is often socially

314 See the discussion in Reardon (2008): 170-171 on the dating and circulation of this romance. Several fragments of papyri containing the text have been found in Egypt dating to the fourth-century, suggesting its continued popularity in our period.

315 Achilles Tatius., Leu. Clit. 4.9 (LCL 45.208).

316 Leu. Clit. 4.10 (LCL 45.210). Incidentally, Jerome offered the same explanation based on Galen’s On Hygiene to the widow Furia in 394, as part of his advice on foods to avoid for sexual abstinence.

317 Apollonius King of Tyre 25-27. Interestingly, in both the Hippocratic Corpus and in Galen, the birth of female children was thought to be more damaging to the mother’s body. On this, see Hanson (1989): 48; Demand (1994): 49, and Flemming (2002): 107-112.

318 Even in some Christian tales, where virginal heroines usually had more control over their bodies, subservience in the face of medical authority remains common. Think of Mary, silently submitting to the investigation of the midwife, Salome: Prot. Iac.19-20, ed. Ehrman and Pleše (2011): 60-5.
well-positioned: independent either because of widowhood or the renunciation of traditional marriage, or because of her status or wealth. Such women are rarely the makers of medical discourse, but they are represented as knowledgeable consumers of masculine medicine, on matters that go beyond the purely gynaecological. The second patient type conforms to a wider social expectation for submission in the face of medical authority. She appears in hagiography and miracle accounts, as well as in classical novels, to be treated at the behest of a parent or guardian. Intriguingly, the illnesses described in such accounts are often gynaecological in nature. Submission to guardians and practitioners in these cases often becomes a matter of course, and prominently emphasise the reproductive expectations of society more generally. This apparent dichotomy between non-gynaecological diseases and patient choice, and gynaecological diseases and patient submission, will be explored in greater detail in chapter five.

Oribasius’ Woman as Patient

We finish this chapter where we began: with Oribasius and his collection of borrowed case histories. By now, we have established a broader context against which to explore Oribasius’ patient, and her interaction with the physician in her own day. Did the fourth-century medical encounter offer the female patient the choice that Christian accounts could offer, or is Oribasius committed to a very different type of representation? To some extent, this depends on the reason Oribasius included them. Some are mentioned by the physician as a source of information on female processes, while others are introduced because their detail justifies some element of his medical polemic. Yet others are given because they offer an example of female pathology that exemplifies the physician’s methodology. In only very few cases do we catch a glimpse of the autonomy that a Macrina or an Antiochiane could bring to the medical encounter. Just like the fourth-century patient beyond the medical text, the Collections epitomise a medical marketplace of multiplicity: one where some patients were largely in control of their healthcare provision, and others found themselves more traditionally submissive. Indeed, this diversity of patient type hints that even borrowed case histories could reflect the real-world complexity of the medical encounter beyond the text.

For our purposes, it is best to divide Oribasius’ case histories and personal accounts into two categories: those in which his authorial persona draws from the authority of others, and

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319 For Galen’s representation of the female patient, and her autonomy (or lack of it) in the medical encounter, see Flemming (2000): 359-61 and 373-4; Mattern (2008): 90-1. On the difficulty of seeing beyond the rhetoric of the physician in the medical text, and for a call for scholars to take such approaches more seriously, see Porter (1985a), a follow-up article by Condrau (2007), and the edited volume by Petridou and Thumiger (2016).
those that derive from his ‘own’ experience. Several examples of both survive in the Collections, and each give an impression of the type of authority a fourth-century woman might have had in the event of her own treatment. We begin with those cases in which Oribasius draws upon personal practice. Such examples are usually the most detailed and self-celebrating, primarily because they are drawn, for the most part, from the works of Galen. On the surface, this says rather more about Galen than it does about Oribasius. Since only Galen’s cases insist upon the unchallengeable superiority of his experience, where others are often happy to view experience as a cumulative product of physician and patient, it leaves us to wonder how far Galen’s extravagant self-presentation was the exception, rather than the norm. 

With this in mind, we come to the first of Oribasius’ women, and what her example indicates for the authority of the fourth-century female patient. As we shall see, in many of these cases, potential authority appears to be rather limited. For the most part, the female patient makes for a rather silent entity, an object of medical knowledge, rather than a participator in it. Take the following, from book seven of the Medical Collections:

There was a woman whose menstruation was suppressed for eight months, and who was very thin, whom I returned to her usual state in a very small amount of time, by removing no inconsiderable amount of blood. On the first day [of the treatment], I took from her about a pound and a half [of blood]; on the second day, a pound; and on the third, a little over half a pound. I arrived at this treatment because I observed that her veins were bloated, and showed themselves full of livid blood. 

καὶ τὴν γε ἐπεσχημένην ὅκτῳ μηνῶν τὰ καταμήνια λεπτοτάτην οὖσαν ὄφελών αὖματος οὐκ ὁλίγον εἰς τὴν οἰκείαν ἔξιν ἐπανήγαγον ἐν ἐλαχίστῳ χρόνῳ, τῇ μὲν πρώτῃ τῶν ἡμερῶν ὄφελῶν ὡς λίτραν μίαν ἰμισος, τῇ δευτέρᾳ δὲ μίαν, καὶ τῇ τρίτῃ πάλιν οὐ πολλῷ πλέον ἰμίσος λίτρας· ἦλθον δ’ ἐπὶ τότε θεασάμενος ὡς εξείχον αἱ φλέβες αὐτῆς, αὖματος μεσταὶ φαινόμεναι πελώδον. 

Oribasius had made a special effort when it came to excerpting this particular case. Although taken from one of Galen’s commentaries on the Hippocratic Epidemics, the main body of his discussion was from another text entirely: Galen’s On Treatment by Venesection. By inserting this example where his predecessor had not thought to introduce it, Oribasius had made a clear authorial intervention in the process of abridgement. The difference from the original is subtle, but nonetheless of some interest: where Galen had sought to problematise the use of bloodletting particularly in women according to their relative complexions (where paler women requiring the gentler method of scarification), Oribasius complicated the discussion further by introducing this case, as an instance where even a thinner woman often benefited from the

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320 On the interaction between patient and physician in Rufus of Ephesus, for example, see Letts (2014) and (2016).  
321 Coll. Med. 7.2.28 (CMG VI.1.1, 199.23-8).
restorative effects of harsher therapy.\textsuperscript{322} The overall effect seems to be that Oribasius encourages bloodletting in most cases, even where the temperament of the woman in question should be taken into account.\textsuperscript{323} In any case, he continues, ‘you must not dismiss phlebotomy as a revulsive remedy, since you have often see me… making use of the practice’ (ο\� χρή δ’ ύμᾶς καταφρονεῖν φλεβοτομίας ώς ούκ ἀντισπαστικόν βοηθήματος, ἑωρακότας ἐμὲ πολλάκις… χρώμενόν τε τῷ βοηθήματι).\textsuperscript{324} The case shows just one of many ways Oribasius exerted his own influence on the text, and how this may have introduced subtle differences in therapeutic practice.

But what of the female patient herself, who helps the compiler to make the point more evident? Unsurprisingly, as in the original text of Galen, we can glean almost nothing about her from the case, aside from the fact that she is thin and has ceased to menstruate. Her example is not introduced in its own right, but in order to elaborate upon a therapeutic point Oribasius wished to emphasise: namely, that phlebotomy is not a ‘revulsive remedy’, and that it is good even for those who are thin. To this end, the details are brief. She is a body (textual or otherwise) that is easily knowable to the physician, who takes quick note of her pathologically bloated veins. Indeed, so complicit is her body in this process that it offers up (φαίνω) its own ills to the medical gaze, without the slightest need of conscious mediation on her part, not unlike the women we encountered in late antique romances.\textsuperscript{325} From there, she is a body to be bled over the course of several days, before finding her reproductive health restored. We do not know if she approved, although we can assume that after eight months of failing to menstruate, she or her family were eager to have the matter resolved. Enter the physician, a swift cure, and end of story. This picture of female involvement in their own treatment is quite common in medical literature. Several other cases in Oribasius seem to run along similar lines: that is, of an easily knowable and accessible female body, no evident choice or autonomy in treatment, and an outcome to celebrate the unmistakable brilliance of the physician and his method. Without doubt, this is Oribasius at his most ‘Galenic’.

Let us take another example. In a different chapter in book seven, this time on purgative substances, Oribasius introduces a description of another woman he had treated.\textsuperscript{326} This patient

\textsuperscript{322} Just before inserting the case, he introduces it with: ‘Many women have considerable plethora, although they are extremely thin; likewise, some are fat, although they have little blood’ (πολλαὶ δὲ πλήθος μὲν ἀμήτας οὐκ ὄλγουν ἔγονον, ἕσχατος δ’ εἰσὶ λεπταί, καθαρέα ἄλλα παχέα): Coll. Med. 7.2.27 (CMG VI.1.1, 199.21-3)

\textsuperscript{323} A point on which he certainly agrees, as he excerpts it too: Coll. Med. 7.2.26 (CMG VI.1.1, 199.12-21).

\textsuperscript{324} Coll. Med. 7.2.29 (CMG VI.1.1, 199.28-30), translation adapted from Brain (1986): 84.

\textsuperscript{325} Coll. Med. 7.2.29 (CMG VI.1.1, 199.28). Participles denoting performativity on the part of the body, and the physician, occur several times in this case: for example, Coll. Med. 7.2.28 (CMG VI.1.1, 199.27).

\textsuperscript{326} This case was taken from Galen’s In Hipp. Aph., 2.37 (17.2, 536-537 K). Galen’s commentaries on the Hippocratic Corpus were an important source for Oribasius in the Collections, suggesting that his own medical training was deeply rooted in the commentary genre; a form we know would be of importance in the school context of the sixth and seventh-centuries in Constantinople and Alexandria.
was suffering from an intensely painful cancerous condition, which appears to have been incurable. Despite the difficulty of treatment, however, the physician achieved a level of success by purging black humours with drugs at the same time every year: always in the spring, which helped to relieve the woman’s pain. But as with our previous case, this patient is introduced into the discussion purely because she exemplifies a therapeutic method, this time on the efficacy of purging at a particular time of year. An element of her experience does seem to seep into the text, since her ‘deep’ physical pain is noted and commented upon by the physician (ὀδύνη διὰ βάθους αὐτῆς γίνεται). Aside from that, her body is assessed and treated in much the same submissive way as the plethoric woman in the previous example. Like her, and those we encountered in non-medical literature, the woman with a cancerous condition is far more an object of medical knowledge than she is a participator in it. This makes every sense in the late antique context, where a male guardian, like a husband or a father, was most likely paying for the physician’s services.

We find similar examples throughout the Collections, though not all appear in the form of case histories. At several points, Oribasius reduces his cumulative ‘experience’ of female patients down to basic therapeutic truisms. In book seven, for example, it is advised that all women, quite regardless of age or specific illness, are to be treated with scarification, since this process mirrors healthy menstruation: and all women, even those in whom it has naturally ceased, require such evacuations. Likewise, at libri incerti 10.27, Oribasius draws upon a ‘lifetime’ (τὸ ὑπὸ μοι) of experience in justifying his calculations on the healthy length of pregnancy. In each example, both the body and experience of any one female patient is lost in the physician’s cumulative empeiria, which in turn becomes the basis of his own claims to authority over subsequent female bodies. On both the healthy length of pregnancy, then, and on the universal good of scarification (and by extension, menstruation), female patients had to confront a weight of medical expectation about their own bodies, which undoubtedly limited their room for manoeuvre in describing or participating in their own treatment. Furthermore, the form of the text itself, in which authority is gathered from an array of different physicians, puts the fourth-century female patient in an even tighter bind. She contends not only with the experience of one physician, but with the experience of the classical past as a singular entity.

327 Coll. Med. 7.23.7 (CMG VI.1.1, 221.30-222.1).
328 On this theme in Galen, see Flemming (2000): 287; and Mattern (2008): 90-1. Of course, a part of this sense of patient passivity has to do with the way a physician constructs the case history. Many a male patient is also made passive in the sickbed scene.
330 inc. 10.27 (CMG VI.2.2, 98.30).
This surely made the medical tradition harder to challenge, presumably for patients and physicians alike.

But is this Oribasius’ only offering on the distribution of authority in the medical encounter, or do female patients sometimes take a more active role? In fact, in some cases, they could have rather more autonomy than we have so far seen, in much the same way that we witnessed early Christian women engaging with their medical care. Such examples are harder to find and less explicit in medical texts than those offered above, but they appear in the Collections nonetheless. Take an offhand remark we find in the libri incerti, for example, on healthy regimens for pregnant women. Here, a range of advice is offered on maintaining health during pregnancy, including recommendations for diet and exercise. In terms of exercise, the account suggests a middle way, but Oribasius notes, towards the end, that he had known several women who could stomach long journeys, despite their condition. In this case, the information he offered must have clearly come directly from the experiences of women he knew. More than this, since we might be inclined to classify ‘long journeys’ as strenuous activity, the impression given here is that many women found themselves ignoring or challenging the medical advice offered to them by physicians, sometimes with the result that their personal experience was adopted by those with whom they shared their stories. Conversely, in this view, the making of women’s medicine must be read as a cumulative process, in which the patient could freely experiment with those instructions that appealed to her, whilst ignoring the rest.

Even more tellingly, this chapter notes that the physician will not accrue any ‘blame’ (μέμψις) if harm befalls a woman during pregnancy. Rather, it seems commonly taken for granted that the patient was under no obligation whatsoever to commit herself to the medical programme, and the physician could not be held accountable if this occurred. To the same affect, earlier in the chapter, it is made clear that the success of the regimen – and the consequent avoidance of misfortunes – rest upon the woman’s ‘willingness’ (προθυμέομαι) to participate: something it was evidently not easy to make her do. If nothing else, then, mentions of accountability serve to show just how far the medical marketplace was one in which physicians had to compete for patients, and often had to adapt their advice accordingly, even if that meant deferring to a patient’s preferences. This question of medical accountability, particularly as it concerned the valuable pregnant body, is one to which we shall return.

331 inc. 22.33 (CMG VI.2.2, 115.14-7).
332 inc. 22.36 (CMG VI.2.2, 115.20-1).
333 inc. 22.11 (CMG VI.2.2, 113.26-7).
334 Caldwell recently made this point in her discussion on the regimens of Soranus and Rufus, suggesting that their differences had to do with attracting elite clientele, (2015): 86-7.
In fact, the advice offered in regimens for women is sometimes presented with a similar tone of ‘compromise’: with the feel of having been the product of long interaction with a world of women and women’s authority. A similar picture emerges in other parts of the *Collections*, particularly regarding knowledge about conception. Following Galen, Oribasius repeats the well-known assumption about midwives’ observations forming an important part of what can be known on the beginnings of pregnancy. Indeed, he says, by examining the mouth of the womb, a midwife can tell if the seed has been safely taken up and enclosed. In the same way, Oribasius notes that women themselves are often the best judges of this moment, since the experienced woman is often able to feel the uterine mouthing closing. \(^{335}\) In this view, the physician cannot begin to claim medical knowledge about female processes unless the patient (or her attendant) identifies them first. We see here, then, a continuation of the much-discussed medical preference and respect for the ‘woman of experience’. \(^{336}\)

In other cases, women are presented with the authority to report on non-reproductive diseases, so long as they had some experience of them. On one occasion, Oribasius suggests a remedy of his had been inspired by the recommendation of a female acquaintance: ‘I knew a woman who was delivered from an ulcer after being purged by a physician of Cos, who was not very famous, but was well experienced with draughts of hellebore’ (ἐγὼ οἶδα γυναῖκα τοιούτου ἐλκους ἀπαλλαγέσιαν, καθάραντός τινος τῶν ἐν Κῷ ἱατρῶν, τὰ μὲν ἄλλα ὁὐκ εὐδοκίμου, περὶ δὲ τὴν πόσιν τοῦ ἐλλεβόρου καλῶς γεγυμνασμένου). \(^{337}\) In this case, neither the drug-specialist’s lack of fame, nor the woman’s sex, marks their experience out as being suspect, further suggesting the extent to which the medical marketplace was one of diversity and multiplicity: a kaleidoscopic image of variety that Oribasius’ *Collections* succeeds in reproducing. More than this, the encounter seems to confirm what the experience of our Christian women implies, hinting at a world in which bodily knowledge was shared between families and across communities, by men and women alike.

**Conclusions**

Even in the writing of a compendium, claims to personal experience and case history remained central to medical discourse. That Oribasius’ claims were borrowed from his predecessors seems not to have invalidated them. This suggests that authorship and authority were

\(^{335}\) inc. 10.2; 7 (CMG VI.2.2, 95.20-2; 95.44-96.6).


\(^{337}\) Coll. Med. 7.26.181 (CMG VI.1.1, 243.22-4). This chapter, and its accompanying case, is taken from Rufus of Ephesus, from a section of a work for which Oribasius is our only source. See Daremburg (1879): 299. The chapter is interspersed with passages from Galen’s Hippocratic commentaries.
constructed in more complex ways, ones rooted in a continual dialogue with the classical past, and the universally transferable meaning it offered the contemporary present. At the same time, certain patient types and medical encounters were familiar enough to be freely transposed into a fourth-century context, and can be read by modern scholars as a feature of Oribasius’ medical landscape. But I want to suggest that such experience claims are best read in relation to other fourth-century texts, particularly those in obvious dialogue with the medical world around them. Reading Oribasius this way allows us to see when his compilatory choices spoke to the world in which he practiced.

Broader considerations of the fourth-century case history also open up a world of Christian medical encounters, in which the female patient is granted more agency than in previous centuries. This is a freedom we seem to find echoed in some of Oribasius’ own depictions of medical interaction. This is not to say, of course, that a more subservient patient type did not persist in many literary representations, but the autonomous patient does offer new perspectives on the medical encounter in general. Her example suggests that women might have had their own medical knowledge, and been consumers in a primarily masculine medical marketplace. It hints that late antique women often shared knowledge between themselves, mixed their own medicines, and were quick to discuss their symptoms and healthcare. Such autonomy seems often to have been granted by their unique, social circumstances, especially in the case of female independence associated with asceticism, widowhood or the owning of substantial property.

At the same time, Oribasius’ Collections and the broader cultural milieu continued to idealise the submissive patient type: the young woman who obediently followed the advice of her guardians and the physicians they employed. It was suggested here that this was particularly favourable in narratives involving the process of generation. After all, such processes safeguarded family lines and the transmission of property, and were of great concern to families and any physician they employed. But in Oribasius’ text, the generative woman is also offered a degree of autonomy: it is she who is presented with the ability – albeit grudgingly – to decide the finer details of the regimen the physician offered. Yet it is, perhaps, the concern for absolving himself of responsibility that should interest us most. In doing so, he continued to reaffirm the strong social expectation that she should obey, reinforcing the extent to which her body, and its generative ability, belonged to a community of people who were bigger than herself. In any case, such women are the exception to the norm, and are present in Oribasius’ text somewhat incidentally, perhaps as an element of a more complex reality the physician could not deny, even if he had wanted to.
But overlaps between Oribasius’ *Collections* and the world are far more complex than this. On one hand, a sense of dialogue and sameness helps us to locate both the medical and the Christian text firmly in the classical context of late antiquity. The Christian text eagerly cultivated its Hellenistic foundations, not least because they allowed it to meet the world around it on familiar grounds, creating a sense of continuity with a shared classical past. From this place of shared heritage, the Christian text could play with, and challenge, its audience’s expectations. It could take the fragile bodies of women and make them powerful, by allowing a sick woman like Macrina to prognosticate like her physician, or a vulnerable labouring woman to find relief through her faith. Female choice becomes a meaningful category in such reconfigured medical encounters, even if such agency is, in part, serving rhetorical ends.\(^{338}\)

Agency functions to direct attention to the power of Christ or the saint to heal, or to privilege the spiritual authority of the ascetic over the corporeal authority of the physician. In the next chapter, we shall return to the question of female choice, and how far the inherent performativity of self-care allowed women greater agency.

For now, Christian authors who drew upon the medical encounter seem not to have been interested in healing for healing’s sake, nor were they interested in the agency of women *per se*. They were, however, concerned with the case history as a feature of their contemporary landscape, and the norms and expectations it brought with it, complete with its imaginative and analogical possibilities. Moreover, it should not be forgotten that Christian narratives of healing often share the social priorities of contemporary medical texts. The healing accounts of Thecla, for example, show the saint to be as interested in social order as any earthly physician: she heals legitimate wives wronged by their husbands, and protects vulnerable pregnant women who do not have families to do it for them. In such texts, there is a continuous narrative occurring between classical modes and Christian norms. Indeed, this complexity emphasises the extent to which Christian authors were as classical as their contemporaries, and how far they were interested in traditional, as well as separatist, issues. As the last chapter demonstrated, such challenges were best met on grounds that were both universal and exemplary, and the medical encounter, with its complex social interactions, was an ideal category for such ends.

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338 Much as Clark understood the ‘woman-function’ in patristic literature, (1998).
In the early June of 387, Chrysostom began a series of homilies on the biblical Anna in celebration of the Ascension.\textsuperscript{339} The setting was likely the Old Church at Antioch, where women were segregated by a wooden partition for the duration of services, to discourage the men from casting admiring glances in their direction.\textsuperscript{340} But on this particular week, the female members of Chrysostom’s audience were addressed as fervently as the rest. This was because the model he summoned forth from biblical history was herself a woman, married and as familiar with the hardships of maternity and the household as many of them were. Indeed, Chrysostom explained, Anna had endured long and prayerful years of barrenness, made all the more unbearable by the fertility of her rival, until God had opened her womb with the prophet Samuel, whom she had promised to the consecrated life.\textsuperscript{341} Chrysostom had much to say on the relevance of Anna’s struggle to those in his congregation, both male and female. But in the third of his homilies, he chose to focus explicitly on the issue of sterility. In his own day, he said, women beset by incurable illnesses would go to every physician in the city, spending all the money they possessed to find a cure. They would travel across the sea to meet with physicians of exemplary reputation, and would seek out anyone who had been cured from the

\textsuperscript{340} Chrysostom himself mentions the partitioning of the Church in a homily: \textit{hom. in Mt.} 73/4, (PG 58.677), in Mayer (1999b): 144. On Antioch in the fourth-century, see Maxwell (2006); Cribiore (2007); Sandwell (2007) and Shepardson (2014).
\textsuperscript{341} Chrysostom, \textit{Anna} 3 (PG 54.656-8).
illness with which they suffered. But in Anna, he said, women had an advocate for a divine physician, one they could consult at their own leisure, in their own bedrooms and without the need of any intermediary. Why did his congregation hesitate, he insisted, when the power of prayer to this healer was evidently so great? 342

There are numerous striking details in Chrysostom’s homilies on Anna, but we begin with this one for several reasons. For one thing, the homily offers us another glimpse into an analogical sickroom, and presents us with yet another example, as we saw in the previous chapter, of female agency in the medical encounter. In the sweep of Chrysostom’s generalisation, women are shown to take primary responsibility for their care, spending their own money, and calling upon other women who had been similarly afflicted. Some of them, he claims, could even endure long sojourns abroad. In the early fifth-century, Augustine, bishop of Hippo Regius from 395, 343 would offer a similar picture of the lengths to which the provincial elites would go for their health, describing in his City of God how many of them would seek out even the famous doctors of Alexandria, especially when their ills were particularly distressing and difficult to cure. 344 But crucially, Chrysostom also shows us the limits of such agency. Although Christ could call upon sick women in the privacy of their bedrooms, without the need of any ‘intermediaries’ (μεσίτης), such meetings between female patient and physician in the earthly medical encounter would have been nothing short of scandalous. 345

Throughout Oribasius’ Medical Collections, there are repeated allusions to these intermediaries, particularly in those encounters that involved women, youths and children. These are often the people being addressed in Oribasius’ regimen for vulnerable patient types, and should presumably be identified with paterfamilias, household attendants or other practitioners. 346 In mentioning, then, that in Christ, the women of his congregation had a physician they could consult without shame or boundary, he was undoubtedly alluding to the realities of the medical encounter with which he was familiar. But it is the very presence of these intermediaries that is significant for this chapter, as we try to approach the question of female agency in self-care. How far were women in ultimate control of their health and regimen, if their only dialogue with the requisite knowledge was through the mediation of a third person? Conversely, if Chrysostom drew upon such realities in order radically to overturn them in the

342 Chrysostom, Anna 3.1 (PG 54.653-4).
343 On Augustine, see both the foundational, and more recent, biographies of Brown (1967); Chadwick (1986); Bonner (1986); Kirwan (1989); Clark (1994); Hollingworth (2013) and Lane Fox (2015).
344 Augustine, Civ. 22.8.
345 Chrysostom, Anna 3.1 (PG 54.653-4). On the female patient, her guardian and the physician, see King (1998): 22-3; and Kosak (2016).
346 As Mattern has argued, women never have a circle of ‘friends’ or ‘companions’ in the medical encounter, only attendants, midwives and servants: (2008): 90-1. On the role of ‘friends’, who serve as judges and witnesses to the medical competition, see Mattern (2008): ch. 3.
person of Christ, did Christian discourses claim to offer women (and, by extension, everyone) more self-determination? It is with these questions that the current chapter is concerned.

Classical modes of self-care and what became of them were central to Michel Foucault’s influential *History of Sexuality*. For Foucault, dietetics allowed the elite male a means of self-mastery, one by which he could order and overcome the chaos of bodily processes, to make himself an ‘ethical subject’: that is, one in full command of his being. In such processes, the physician acted merely as a facilitator. He might direct the elite male to the appropriate texts, or offer suggestions on exercise and diet; but all was in vain if the elite subject failed to take ultimate responsibility. For our purposes, there are two elements of Foucault’s argument that are significant. Firstly, he imagined that these modes of self-care were only open to classical men. Women were, by nature, excluded from the necessary apparatus, and could never achieve the status of selfhood to which male contemporaries aspired, an argument that certainly speaks to the presence of intermediaries in Oribasius’ regimen for women. Perhaps more crucially, by the time Christianity arrived on the scene and transformed such modes, the potential for engendering respective selfhood (male or female) was lost in the authoritarianism of Christian ethical instruction, with its telling, absolute command. Christians, in short, dictated selfhood, where classical modes were inherently dialogic.

But recent scholarship has noted not only the broad continuities between classical and Christian discourse, but also more specific points of overlap between the medical regimen and the Christian sermon. For Wendy Mayer, the homily was not merely a form replete with medical metaphor, but was itself intended as an equivalent therapy for the soul, which should, on this account, be ‘reframed … as a Christianised form of … medical treatise’. Indeed, Chrysostom’s homily on Anna certainly seems to be engaged with medical detail, and well-acquainted with dialogic modes of instruction. Although this chapter is not primarily concerned with the sermon as ‘medical treatise’, it will ask how far classical and medical modes were in direct dialogue. It aims to question whether their respective discourses of self-care were open to women (contrary to Foucault), whether Christian modes were more inclusive than their classical counterparts, and what was at stake in medical and Christian incursions into the private realm of the late antique household. More than this, it will establish how far the medical regimen and the Christian sermon offer us glimpses of women’s lives beyond the pervasiveness

348 Self-care were arts intended for ‘the few’, Foucault (1997): 253
351 Mayer (2015): 12 and (2016). In this context, see also Crislip (2013).
352 On Christianity’s more inclusive discursive forms, see Cameron (1991).
of masculine representation. Where the enactment of even patriarchal discourses required performance, do we find in them the potential for female agency?  

As far as inclusiveness is concerned, Chrysostom’s Anna is again informative. The meaning of her struggle is depicted as a universal one, and she is summoned forth as a model for men and women alike, comparable to Abraham, who was similarly willing to sacrifice his son for God. The point is hammered home with rhetorical questions: ‘Do you see the woman rivalling the man? Do you see there was no obstacle on the part of nature to her emulating the patriarch?’ (Εἴδες γυναίκα πρὸς ἀνδρα ἁμιλλομένην; εἴδες οὐδὲν παρὰ τῆς φύσεως ἐμποδίσθεισαν ξηλόσαι τὸν πατριάρχην;)  

In examples like these, Anna does not have to become like a man to teach them, but instead achieves a level of exemplarity that is inseparable from her femininity, perhaps because her virtue is largely maternal. Moreover, Chrysostom’s instruction is little as Foucault envisioned. There is hardly a sign of the instructive absolute, but a great deal of focus on ‘choice’ (προαίρεσις). Indeed, Chrysostom usually prioritises engaging story-telling to inspire conscious enactment, over a dictating tone of uncompromising command: a kinder approach that Christian ecclesiastical manuals of the period, like the Apostolic Constitutions, explicitly favoured and encouraged. This, at any rate, was Chrysostom’s view of his role as a preacher:

We don’t exercise control over your faith, nor are we issuing these instructions in a despotic way. It’s to the teachings of the Word that we have been appointed, not to leadership or authority. We hold the position of a person offering advice, giving encouragement.

Οὐ κυριεύομεν ὑμῶν τῆς πίστεως, ἀγαπητοί, οὐδὲ δεσποτικῶς ταῦτα ἐπιτάττομεν· εἰς διδασκαλίαν λόγου προεχειρίσθημεν, οὐκ εἰς ἄρχην οὐδὲ εἰς αὐθεντικὴν συμβούλων τάξιν ἐπέχομεν παραινοῦντων.  

This chapter, then, will put Oribasius in dialogue with the sermons of John Chrysostom, especially where they concerned instruction for women. It will trace overlaps of content and form, and will suggest that such comparisons hint that their objectives were not so very

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353 Wilkinson has recently argued that the enactment of instruction creates a space for female agency, even by way of performances that mapped onto strict patriarchal expectations, (2015): ch. 1.
355 Scholars often note that Christian writers were only interested in female virtue that transcended sex; that is, in those women who become ‘like men’. See, Cloke (1995) and Castelli (1991). Anna offers us a different example, where a woman is commendable without having to become like a man first.
356 Chrysostom, Anna 4 (PG 54.663).
357 Const. apost. 2. 20.6, in Rapp (2008): 125.
358 Chrysostom, hom. in Eph. 11 (PG 62.87). I maintain Mayer and Allen’s grammatical contractions (e.g. ‘don’t’; ‘it’s’), for the same reason they do: to express Chrysostom’s conversational and familiar tone, (2000): 57-8.
359 The literature on the sermon is extensive. For classic approaches, see MacMullen (1989) and Rousseau (1998); and the many articles of Mayer, for example (1997) and (1998). More recently, see Sandwell (2014). On rhetoric and Christianisation, Patlagean (1977); Cameron (1991); (2014); Brown (1992) and Rylaarsdam (2014).
different. At stake in both sets of instruction was a will to reproduce an idealised vision of society, complete with the relations that defined and helped sustain it. Moreover, both discourses had to deal with the issues of choice and obedience. For Oribasius, as we saw in the last chapter, there was no way to guarantee the compliance of the female patient, no matter what assumptions about female obedience might be written into the text, a tension most prominently revealed in concerns for blame. This chapter, then, will continue to explore the balance between agency and responsibility, questioning how Christian authors confronted the issue. But ultimately, as the example of Chrysostom’s Anna suggests, it was the Christian strain of instruction that tapped into a more revolutionary promise of female selfhood. This phenomenon, I would suggest, helps us to contextualise debates about free will and individuality in the later fourth-century, and their implications for women’s lives and the contested female bodies they inhabited.

Household order in the Medical Collections

When he came to the imperial throne in 361, one of the first things Julian set about doing was reordering his palatial household. Ammianus describes how the new emperor cut back on all positions of extravagance, dismissing barbers and cooks, and any other member that lent the imperial palace a reputation for excess and luxury. This gesture was not merely a reflection of Julian’s fastidious character and ascetic bent. As Kristina Sessa has shown, his assertion of authority over his household was an inherently political statement: one that declared loudly and clearly that the new emperor would be as wise a governor of the empire as he was of his immediate household. Although few elite men in this period were the heads of households quite as grand as Julian’s, the principle remained the same. A household in which each member had their place – and conformed to the moral expectations demanded of them – reflected well on the paterfamilias, showcasing his right to claim authority in civic, as well as domestic, spaces. In the shame-honour society in which he moved, the householder’s women were just as critical as any member. By enacting a careful drama of ostentatious modesty and subtly visible ‘absences’, the classical wife and daughter augmented the moral rectitude of their households. It was this performance, I want to suggest, that the elite physician was eager to facilitate in his instruction for late antique women.

360 Ammianus, 22.4.
362 For women as the adornments of men’s reputations, see Cooper (1996): ch. 1. And for ways in which women could use such performance for their own ends, see Wilkinson (2015). For the same practices in modern day shame-honour cultures, see Mahmood (2005).
As far as medicine was concerned, this involved the tacit agreement that the *paterfamilias* controlled access in and out of his household.\(^{363}\) Any person who entered on medical business did so with his permission, and treated his women at his request. An analogy of Themistius perfectly captures this balance: no one would let a physician treat his wife and children unless he had first interrogated him, demanding to know what drugs he could produce, and how efficacious his cures were.\(^{364}\) Galen had sailed very close to the wind when he had provocatively asked Boethus to ‘let me take whatever action I see fit in the case of your wife’ (ός βούλομαι πρᾶξαι περὶ τὴν γυναῖκα σου).\(^{365}\) It was an appeal that only emphasised the improper conduct of such a blunt flouting of propriety, which only Galen – with his exemplary reputation – could countermand. In late antiquity, this ideal of patriarchal control was as central as ever. The Emperor Valentinian’s permission was expressly requested when his daughter was sick with a fever, and his household staff wanted to bring in an old woman to treat her.\(^{366}\) Augustine tells us that the archiatros Dioscurus took complete responsibility for the health of his daughter, even promising to convert to Christianity if she was healed.\(^{367}\) But the reality was far more complicated. We have seen that it was usually women who took responsibility not only for their own medical care, but for their children’s.\(^{368}\) Oribasius, as will become clear, was more interested in the ideal than in this more complex reality.

This chapter is about the way Oribasius recreated the hierarchy of the household in his *Collections*, and what contemporary Christians would try to achieve by evoking the same discourses and assumptions of power. In large part, our focus will be the language used in expressing medico-philosophical instruction, for implicit in this language is the position occupied by the ‘instructee’ in the household more broadly. Also implicit is the position of the physician himself: an alien that has been granted access to the elite household, who finds himself in a position of superiority with regards his knowledge, but likely in very little else. We must remember that these competing power-plays are constantly in the background of what looks like an otherwise very dry work of compilation. It should also be remembered that most of the detail in Oribasius’ regimen for women is physiological, and can be neatly summed up by Oribasius’ oft repeated insistence that women’s cold and wet bodies be counteracted with

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\(^{363}\) For the powers of the *paterfamilias* in the early fourth-century, see Humfress (2006): 212-18.  
\(^{364}\) Themistius, *Or.* 21.251-2. As we saw in the last chapter, the *paterfamilias* would also demand to know if the physician was training a successor, since this, too, was evidence of experience and skill. The point of his analogy was to encourage the elite to submit philosophers to the same practical scrutiny they would a physician.  
\(^{366}\) This old woman would later be executed as a sorceress: Ammianus, 29.2.26.  
\(^{367}\) Augustine, *ep.* 227. In fact, he only converted after being struck blind for dismissing his initial vow.  
\(^{368}\) This is to say nothing of the fact that women were themselves sometimes the ‘paterfamilias’ (that is, the estate owner). On this, see Saller (1999).
regimens that are drier and cooler.\textsuperscript{369} The point, of course, was to ensure that the menses kept following, and that generative health was maintained.\textsuperscript{370} But it is with the medical encounter itself, and its discourses of self-care, that this chapter is primarily concerned. Attention will be granted to physiology in the next chapter.

For the philosophically-minded physician, all good instruction began with the subject of ‘habituation’ (συνήθεια).\textsuperscript{371} Habits were notoriously difficult to break when established, and it was for this reason that, from their earliest years, all members of the elite were to encourage the intractable grip of only good ones. For Oribasius, it was this acquired ‘habit’ (ἔθος) that was central to the achievement of bodily health.\textsuperscript{372} Such assumption came with a good deal of ethical pressure: habituation was a state of soul, as well as of body, and had clear implications for a person’s morality and self-control. Indeed, to be healthy in the ancient world was often to be a fully-fledged member of society, capable of performing a particular function.\textsuperscript{373} A barren woman was not merely physiologically unfit, in this sense, but was also socially obsolete. But, at the same time, there was a certain universality to the subject of habituation that acknowledged the moral compatibility of the elite as a social class, seeming to transcend assumptions of gender. It was only the vulgar and the uninitiated who did not understand their lives were chaotic because they knew no better how to set them in good order.\textsuperscript{374}

For both men and women, then, good habits were to be encouraged from the earliest years. Children were to be taught with ‘persuasion, consolation … [and] praise’ (πειθοὶ καὶ παρακλήσει … ἐπαινοῦντες), and were never to suffer physical chastisement, since this would make them ‘servile, fearful and hostile to education’ (δουλοπρεπεῖς … καταφόβους ποιοῦσι καὶ ἀλλότριους πρὸς τὰς μαθήσεις).\textsuperscript{375} These were qualities that should never enter the characters of the elite, quite regardless of their gender. From puberty, the regimen of girls parted ways from those of boys, and became more prohibitive. Mentions of book learning disappeared, even where it most certainly continued in the background. For Christians, the classical education of girls involved Homer, Greek tragedy and poetry, whilst a Christian curriculum was spent in pursuance of the Psalms, the proverbs of Solomon and the Gospels.\textsuperscript{376} But for Oribasius, the

\textsuperscript{369} inc. 20.1; 21.1 (CMG VI.2.2, 109.26-7; 112.14-5).
\textsuperscript{370} inc. 20.6; 56 (CMG VI.2.2, 109.33-5; 112.10-2).
\textsuperscript{371} inc. 17.6 (CMG VI.2.2, 106.8-29). This chapter, along with several others preserved in Oribasius, has been translated by Sean Coughlin as part of a currently unpublished edition of the fragments of Athenaeus of Attalia, undertaken at the Excellence Cluster Topoi at Humboldt-Universität in Berlin. On habituation, see Aristotle, \textit{EN} 1103 a23-26. Musonius Rufus, \textit{Diss.} 5; 6; and Epictetus, \textit{Diss.} I.27; II.18; III.16.
\textsuperscript{372} inc. 17.6 (CMG VI.2.2, 106.8-29).
\textsuperscript{373} On health and its relationship with social issues, see King (2004): 1-11.
\textsuperscript{374} This becomes clearer when Oribasius compares negatively impacting habituation to enslavement (δέσμῳ κατεχομένου): inc. 17.6 (CMG VI.2.2, 106.22-3).
\textsuperscript{375} inc. 39.3 (CMG VI.2.2, 138.30-35), trans. Sean Coughlin.
\textsuperscript{376} Gregory of Nyssa, v. \textit{Macr.} 3; Jerome, \textit{ep.} 107.12.
young girl was to follow a wholly corporeal regimen, which limited the consumption of certain foods like rich meats and wine, because these encouraged dangerous sexual habits. On this, Jerome was in full agreement: ‘Once when I was a boy at school I read this line: “Things which have become habit, you will find hard to blame”. Let her learn even now not to drink wine, “wherein is excess”’ (Legi quondam in scholis puer: ‘Aegre reprehendas, quod sinas consuescere. ’Discat iam tunc et vinum non bibere, ‘in quo est luxuria.’).

When she reached maturity, the grown woman was to become newly ensconced in the household of a husband. It is in the particulars of her role as a matron that Oribasius’ instruction is at its most classical. The advice of Xenophon’s Ischomachus is evoked in one example, where instruction touches only in the vaguest of senses upon the body at all. The soul, Oribasius said, should be exercised ‘by means of the studies proper for women, and thoughts about the household’ (ψυχῆς μὲν τὰ διὰ τῶν οἰκείων αὐταῖς μαθημάτων καὶ τῶν κατὰ τὴν οἰκίαν φροντίδων), whilst the body was to be trained by spinning wool, making bread and tending to bed linen. ‘It is useful to inspect the baker, to supply and distribute with the housekeeper’ (χρήσιμον οὖν ἐπισκέψασθαι σιτοποιόν, παραστῆσαι δὲ καὶ ἀπομετρῆσαι ταμιεῖα), Oribasius continued, and to keep the estate in good order, since these tasks required not only exertion and concentration, but also represented the most classical of virtues. The wife was to be ‘encouraged’ (ἐπιτρεπτέον) to take up these activities by some third party: undoubtedly her husband, much as Ischomachus had taught his wife when they were first married.

The hierarchy of the ideal household, then, is closely weaved into medical instruction. The matron is to be a formidable domestic authority, but Oribasius’ use of the third-person reflects a broader hierarchy, where a woman’s role is unquestionably secondary.

A rhetoric of ‘hierarchy’ did not always work in a woman’s favour. Take Oribasius’ conjecture that the matron should turn to her domestic servants for models, especially should she fail to take up the physician’s advice. ‘Let the mistress observe the women they govern’ (ἐπιθεωρεῖτοσαν γὰρ αἱ μὲν δεσπόζουσαι τὰς δεσποζομένας), Oribasius says, so she can see how they enjoy the most sought-after benefits: healthy pregnancies and easy labours, ‘because

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377 inc. 18.10; 16 (CMG VI.2.2, 107.29-33; 108.7-11). That lists of dietary prohibitions were common for girls beyond the text is also suggested by Jerome: ‘I do not want to give a long list of dietary rules – I have discussed these matters at length elsewhere – but she should eat in such a way that she is always hungry, so that as soon as she has eaten, she is able to read, pray and sing the Psalms’ (Et ne gulae praecepta longius traham, de quibus in alio loco plenius sum locutus, sic comedat, ut semper esuriat, ut statim post cibum possit legere, orare, psallere), ep. 107.10 (LCL 262.360).


379 inc. 21.6-8 (CMG VI.2.2, 112.28-33); Xenophon, Oec. 10.10-11 (LCL 168.478). It is likely that passages from Xenophon were already incorporated in Oribasius’ source text, Athenaeus; but Oribasius’ retention of it implies that he too found just as much meaning in its presence in regimens for women. On this text, see Pomeroy (1994).


381 inc. 21.4-8 (CMG VI.2.2, 112.19-33), trans. Sean Coughlin.

382 inc. 21.4 (CMG VI.2.2, 112.20).
of the simplicity of their food and the exercise of their body’ (διά τε τὴν λιτότητα τῆς τροφῆς καὶ τὴν γυμνασίαν τοῦ σώματος). He makes the point a second time in his advice for pregnancy, lambasting, once more, the decadence to which wealthy women inclined. A working woman ‘can easily bring her pregnancy to term, and gives birth with ease, bearing large and healthy children, because neither was she softened in respect to regimen… nor was she overburdened with food, since she was lacking a sufficient supply anyway’ (ῥᾴδίως μὲν δύνεγκε τὴν γαστέρα, ῥᾴδιως δὲ ἔτεκε, μέγα δὲ καὶ τρόφιμον παῖδα ἐποίησατο, ὅτι οὔτε ἐμαλακίσθη ἐν τῇ διαίτῃ… οὔτε στίων ὑπερεπλήσθη· ἀγαπητῶς γὰρ τὰ δέοντα εἰσπορίζοι ἂν). As far as bodies were concerned, slaves had a distinct natural advantage over their mistresses. But Oribasius’ casual disregard of elite superiority is really levelled only at their women: a warning that female health should be closely supervised lest it be forfeited altogether.

Female supervision in the medical encounter can be observed only indirectly, particularly from the use of language the physician deploys. A comparison with male regimen is informative. In regimens for men, the tone is always dialogic: a conversational approach suggested with verbal adjectives, indicating what the patient should do rather than what he must do. In fact, so absent is a tone of command in regimens for men that the modern translator must often supply it. This inclusive voice was not wholly absent in regimens for female health. On food, for example, the physician offered a range of prospective dishes on a scale of appropriateness: wild poultry was better to eat than tame, whilst quail and crested lark were worst of all. So long as women obeyed the general guidelines, they were granted freedom of preference. The difference from men tended to rest in the strictness of the general rule, and in the suspicion of women’s overindulgence. In his advice for women’s diet in chapter twenty, for example, Oribasius makes several statements of absolute requirement: ‘we must avoid anything that cools or moistens’ (τὰ οὖν ψύχοντα καὶ υγραίνοντα φυλάσσεσθαι χρή), whilst, in terms of quantity, a woman ‘must always stop eating before she is full’ (χρὴ δ’ ἄει

383 inc. 21.5 (CMG VI.2.2, 112.24-8), trans. Sean Coughlin.
384 Where regimen for men is about establishing control and order over one’s life and body, regimen for women, in this passage, seems to be a byword for living luxuriously and for facilitating extravagance and physical delicacy. Elite luxury, over-reliance on physicians, and comparisons with the life of the poor were common tropes in late antiquity. See, for example, Chrysostom, Anna 5 (PG 54.674-5); and Augustine, Op. Imp. 6.29.1. Galen had a great deal to say on the luxuries of wealthy women. See Flemming (2000): 270.
385 inc. 22.13 (CMG VI.2.2, 113.33-6).
386 For a recent approach to medical regimen in Galen, and the male patient’s agency in pursuing it, see Wilkins (2016).
388 On women having a close connection with nature, see, for example, Carson (1990).
389 inc. 20.22-7 (CMG VI.2.2, 110.34-111.6).
390 The same goes for the types of exercise a woman could pursue: e.g. inc. 20.6 (CMG VI.2.2, 109.33-5) on vocal exercises.
391 inc. 20.17 (CMG VI.2.2, 110.18-9).
προαποπαύεσθαι τῆς ὀρέξεως). In both cases, χρή denotes necessity, and represents a far stronger command than is commonly used for men.

It is easy to see how a language of absolute command bolstered the authority of the paterfamilias over the members of his house. Women required additional care because of their physiological deficiencies, which also served to necessitate their stricter supervision. As far as the physician was concerned, this meant always referring tacitly back to the head of the house, even where, in the real world, such permission likely went unrequested or quite unspoken, especially where he was dealing with women who were legally or nominally independent. Elite men and women both likely respected the physician’s careful propriety in this regard, for it would undoubtedly have reassured them of his reputation and professionalism, and his correct outlook regarding the calibre of their own households. It was flattering, because it assumed their conformity to a much sought-after ideal, where each household member kept their place and fulfilled it in an exemplary fashion, for the general approval of society at large. The social function served by the physician’s approach, then, was no less central to his social contract with the elite than the far less useful principle of depicting reality exactly as it was.

Focusing on the types of command employed by the physician also helps us to pick out broader hierarchies of power in the elite household. Even in the middle-passive voice of the regimen, men are generally addressed directly, giving the impression that involvement in their own care is active, much as Foucault argued. In contrast, adolescent boys had to endure more direct commands in line with women. They must be encouraged to exercise so they are ‘prevented’ (κωλύωνται) from forming bad sexual habits, whilst, in the regimen for the parthenos, young girls were to be ‘ordered’ (κελεύειν) to drink water and avoid wine. Most prohibitively of all, the reader is told: ‘you must absolutely forbid the woman who nurses a child from engaging in sexual intercourse’ (ἀφροδισίων δὲ παντάπασι κελεύω ἀπέχεσθαι τὰς θηλαζούσας παιδία γυναῖκας) because of the risk of resultant pregnancy, which would deprive the elite child of essential sustenance. In each of these cases, the strength of command becomes ever more pressing, mirroring the social position of the person in question. Preventing bad habits in young men occurs in the subjunctive voice, giving the sense that their cessation will arise naturally from the imperative to exercise, whereas both girls and wet nurses are to be ordered more firmly, with verbs suggesting absolute necessity. Freedom of choice clearly

392 inc. 20.53 (CMG VI.2.2, 112.3-4).
393 For male dietary requirement, see, for example, inc. 40.25-34 (CMG VI.2.2, 143.25-144.15).
395 inc. 39.8 (CMG VI.2.2, 139.34).
396 inc. 18.16 (CMG VI.2.2, 108.9).
397 inc. 30.3 (CMG VI.2.2, 121.17-8).
becomes more problematic the further down the social ladder one goes, emphasising the collective good of household over that of the individual.

But curiously enough, it is where women are concerned that this almost too-tidy hierarchy of address becomes tenuous. Nowhere is this clearer than in regimens for pregnancy. Pregnant women were required to follow stricter rules in any case, not unlike the culture of prohibition that surrounds pregnancy even in the modern day. This stricter regimen was to begin from the moment of assumed conception, when the woman was expected after intercourse to lie down ‘immediately’ (αὐτίκα) and sleep, to prevent the seed from escaping; and must, upon waking, ‘abstain’ (ἀπέχω) from most vegetables, including garlic, mint and rue, for these were considered deadly to the full-grown foetus, let alone one weakly implanted.398 Moreover, women were told they must avoid strong emotions, and ‘abstain’ (ἀπέχω) completely from bathing.399 Verbal adjectives implying a sense of dialogue between patient and physician are nowhere to be found here, replaced instead with verbs denoting necessity. Moreover, medical supervision becomes more explicit. Unspecified attendants are warned to keep firmly in mind the instruction given, and to follow it without variation. ‘You must persuade women with an aversion to food to eat’ (τὰς δ’ ἀποσεῖτος προτρέποι ἃν ἐσθίειν τά τε ποικίλα στήτα), Oribasius says on the morbid appetites that afflict some women during pregnancy.400 More generally, he encourages carers to ‘monitor’ (φυλάσσω) the woman’s regimen and food consumption.401 As in chapters on therapy, pregnancy blurs into the pathological, and it is for this reason, perhaps, that regimens associated with it appear far less dialogic.402

A change in tone surrounding pregnancy makes every sense, even from a woman’s perspective. Bearing a healthy child was the most crucial function a matron could perform for her household, and it stands to reason that she would have welcomed the assurance that a strict regimen brought. But as we saw in the last chapter on the subject of strenuous exercise during pregnancy, some women inevitably kept their own counsel.403 It was for this reason that the compiler felt it necessary to address them, warning them that a ‘woman will less likely fall into misfortune if she is willing to follow from the beginning the regimen prescribed’ (τὰ ὑπαλλάττα προθύμοι τάς ἀπ’ ἀρχῆς).404 This clearly indicates

398 inc. 22.4; 6 (CMG VI.2.2, 113.4; 10).
399 inc. 22.5; 7 (CMG VI.2.2, 113.6-9; 16).
400 inc. 22.30 (CMG VI.2.2, 115.8-9).
401 inc. 22.9 (CMG VI.2.2, 113.17).
402 For the Hippocratic context, see King (2004). However, this phenomenon goes far beyond the ancient world, and even finds equivalents in more recent history. See, for example, Morgan (1998) on women’s agency and autonomy in the twentieth-century medical encounter, and how women’s bodies are represented as tending more towards pathology.
403 inc. 22.33 (CMG VI.2.2, 115.14-7)
404 inc. 22.11 (CMG VI.2.2, 113.26-7).
both a medical paranoia for falling afoul of ‘blame’ (μέμψις),\footnote{inc. 22.36 (CMG VI.2.2, 115.20-1).} and the extent to which women’s agency in their care could hardly be downplayed. There may have been an ideal of female subservience, but the Collections also contain this messier subscript, where the physician worries about female willingness, and about being blamed for the dangers associated with non-compliance. It is also an acknowledgement that some women approached the physician independent of the traditional household and her paterfamilias, more closely reflecting the particulars Chrysostom outlined at the start of this chapter.

Oribasius’ regimens for women seem to straddle two very different realities. On the one hand, the compiler is eager to offer a framework that mirrors the traditional order of the elite household, where the address levelled at any member within it is conducive to their position beyond the text. But on the other, the Collections acknowledge a world of more chaotic realities, where social status, and the inevitable differences of person and circumstance, inexorably break down the idealised vision of the medical encounter Oribasius celebrates on the broadest level of the text. His instruction hints, in short, that despite the assumption of intermediaries, whose presence served to safeguard female modesty and the reputation of the household, women ultimately had the final say in their enactment of medical imperatives. This is a point acknowledged by the physician even as he levelled at them instruction that assumed their strict compliance. This unofficial subscript is one punctuated with concerns about blame and responsibility: a subject to which we shall return in the next chapter. But what is ultimately suggested is that elite women clearly had a significant degree of agency over their own medical care, despite the elaborate rhetoric of physician and household that accompanied it. Their response to medical advice could never be guaranteed, and an easy step between patriarchal instruction and female enactment could not be taken for granted.

Transformations of the household in the Christian Sermon

Towards the end of his time in Antioch, Chrysostom preached to his congregation on vainglory, a theme that concerned the way parents should raise their children. He had his audience imagine that the souls of their offspring were cities, over which they must establish themselves as lawmakers and guardians. The child’s body was the city walls, and its senses, the gates; parents had to ensure that each was well-defended.\footnote{educ. lib. 23-7 (SC 188, 108.325-114.365).} If not, chaos would reign, citizens would abandon their household and meddle in the affairs of others, and the body politic would collapse.\footnote{educ. lib. 24 (SC 188, 110.339-112.346).} In drawing upon an imagery of the city, Chrysostom evoked a theme that was central to the
classical values of raising children. Children were citizens in training, and just as Oribasius’ *Collections* recognised that their education must prepare them for their position in later life, so too the Christian bishop wanted them to learn only the most exemplary of habits. For Chrysostom, this did not mean raising them to be Christian ascetics (although such a course was admirable),\(^{408}\) but to be faithful husbands and wise rulers of their property.\(^{409}\) The household and the city, in short, were as central an imaginative framework as they were for the physician, and the classical audience he sought to represent.\(^ {410}\)

At several points in his address, Chrysostom made explicit allusions to medico-philosophical knowledge. In chapter sixty-five, he mentioned the tripartite soul and its implications for the formation of character; and at chapter seventy-six, he referred to the knowledge of doctors on the development of sexual desire.\(^ {411}\) In fact, according to recent scholarship, Christian moral instruction, especially as it was disseminated in the public sermon, was not dissimilar to classical regimens for health, particularly in the preacher’s positioning of himself as the physician of his audience’s souls.\(^ {412}\) Indeed, casual references to medicine are nothing compared with the overall framework Chrysostom shared with classical discourses of self-care, from an acknowledgement of the processes of habituation,\(^ {413}\) to the mode of address the *paterfamilias* was to adopt for instructing the members of his household. This section is about these overlaps, about how the sermon spoke back to classical expectations, and about how, in the final analysis, it offered a discourse of the elite household that nuanced and expanded upon classical conceptions. This is particularly striking in the case of women, for whom access to discourses of self-care were traditionally limited, as Foucault has argued.\(^ {414}\)

There are countless Christian writings that are relevant to women’s lives, from treatises on virginity and lifelong widowhood, to ascetic rules and ecclesiastical manuals like the *Apostolic Constitutions*. Any of these might stake as good a claim to comparison with medical instruction as the Christian sermon, but there are several reasons I think the latter provides potentially more promising comparative possibilities. For a start, the sermon represents what survives of the sometimes messy and spontaneous encounter between Christian doctrine and

\(^{408}\) [*educ. lib.* 19 (SC 188, 102.275-104.287)].

\(^{409}\) [*educ. lib.* 61 (SC 188, 158.757-160.764)].

\(^{410}\) For the household in the classical period, see the foundational work of Saller, especially (1994) and (1999). Christian responses and adoptions of the institution of the household has been of increasing interest to scholars in recent decades. See the work of Cooper: (2005a), (2005b), (2007a), (2007b), (2014), (2016) and Sessa: (2012). Others have also begun to acknowledge that the household played an important metaphorical and literal role in Christian asceticism. On this, see Jacobs (2003); Krawiec (2003); Rousseau (2005) and Synek (2005). For social hierarchies in Christian thinking, see Lunn-Rockliffe (2007).

\(^{411}\) [*educ. lib.* 65; 76 (SC 188, 162.788-164.797)].

\(^{412}\) On overlaps like these in the Christian sermon, see Mayer (2015) and (2016).

\(^{413}\) On habituation in Christian formation, see Maxwell (2006): ch. 6.

\(^{414}\) Foucault (1990).
the people. \(^{415}\) Not a decade after the *Apostolic Constitutions* had been compiled in Antioch in the late 370s, complete with its teachings on Church order and moral conduct, John Chrysostom was preaching upon hundreds of the same themes to rowdy congregations in the city, whose agreement or dissent is often visible in his sermons. In this sense, the sermon might reveal something of the roles that ordinary people played in the transmission and crystallisation of Christian doctrine. It certainly represents the primary locus at which Deaconesses, female catechumens and other Christian women assembled to learn and participate in Christian ritual, so any possibility of female agency in instruction might be clearest here.

For Chrysostom, there were two levels to Christian instruction. There were those imperatives that needed more forceful ‘command’ (*ἐπιταγή*), and those of more spectacular, but less essential, character, which required the preacher ‘to encourage’ (*προτρέπω*), ‘to persuade’ (*ἐπάγω*) and ‘to teach’ (*διδάσκω*).\(^{416}\) Of course, it was necessary to command people not to kill. But when it came to encouraging them to part with possessions, give generously to the poor, take up lives of asceticism, or reject remarriage, these were things that no one could demand. Indeed, he argued, those who attempted to command where they should merely teach ‘would look ridiculous’ (*καταγέλαστος ἔσῃ*).\(^{417}\) Much like the ethical instruction of antiquity, the exception to this rule was age. Children and young adults had formative characters, and required more forceful commands in keeping with their ethical potential. In this sense, it was perfectly acceptable ‘to warn’ (*φοβέω*) and even ‘to threaten’ (*ἀπειλέω*) the young, to ensure that ‘good habits formed will be to them as law’ (*ἡ συνήθεια νόμος αὐτοῖς ἔσται λοιπόν*) in later life.\(^{418}\) This was especially true of excessive sexual impulses, which parents were expected to keep in check, particularly in the case of sons.\(^{419}\) But as with classical modes, maturity was thought to come with the moral control of selfhood, and this was true whether one was male or female.

Despite this, there has been much debate on whether women were even present at churches to hear homilies preached. Earlier scholarship tended to suggest that only elite males attended weekend services, whilst women, with the obvious exception of their consecrated sisters, participated only on feast days.\(^{420}\) Some scholars have even denied the presence of women in settings where Chrysostom mentions them directly.\(^{421}\) But more recent approaches

\(^{415}\) For scholarship on the sermon, see n. 359.

\(^{416}\) For example, Chrysostom, *hom. in I Tim.* 13 (PG 62.563); *Hom. in I Cor.* 19 (PG 61.159). On penance and the Christian control of ‘systems of benevolence’, see Patlagean (1977) and Brown (1992).

\(^{417}\) Chrysostom, *hom. in I Tim.* 13 (PG 62.563).


\(^{419}\) Chrysostom, *hom. in I Tim.* 9 (PG 62.546).


Women are addressed repeatedly and directly in many sermons, whilst in others, Chrysostom insists that his advice is general, even where he speaks primarily in terms of masculine humanity. More than this, evidence both internal and external to the sermon places women firmly in church. The *Apostolic Constitutions* commanded that suitable places be made for them in ecclesiastical buildings, tasked Deaconesses with their supervision, and advised that they entered through separate doors, although we should assume that this advice was sometimes impractical. In short, there seems little reason to deny that women regularly attended church, and were often addressed directly.

This suggests there was something quite unique about Christian instruction for ordinary women. Where classical modes tended to address wives through their husbands – or, more usually still, assume a universally male audience – Chrysostom challenges these tendencies in ancient culture. Women were among his audience because ‘the army of Christ knows no distinction of sex’ (τοῦτο γὰρ τὸ τοῦ Χριστοῦ στρατόπεδον οὐκ οἶδε φύσεως διαφοράν). But little in Chrysostom was consistent, and ways of addressing female listeners were no exception.

For her part, obedience and endurance in the face of marital strife are non-negotiable. Elsewhere, Chrysostom affirms the Pauline adage that women keep silence in church, and address their queries to their husbands at home, as was respectable and appropriate. In much the same way, women were permitted to teach, but only at home: to do otherwise would be to ‘usurp authority over the man’ (ἀὑθεντεύω ἀνδρός). The sole exception is granted to women married to non-Christians, but even this was to take place behind closed doors.

In short, although women were to be taught with much the same mode of instruction as men, this was often pursued within a decidedly classical framework. This is not dissimilar to advice we find in Oribasius, and in much older household manuals like that of Xenophon. In

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425 *Catech.* 1.40 (SC 50.129, 5-6), trans. Harkins (1963): 39; *Anna* 3 (PG 54.659). Women are also said to possess a certain ‘equality’ (ισοτιμία) of chastity and virtue, even where, for the sake of social order, inequality must be maintained elsewhere: *Propt. forn.* 4 (PG 51.214).
426 For example, *hom. in Eph.* 20 (PG 62.140-9). There were exceptions. For example, in *hom. in i Cor.* 19 (PG 61.152), both men and women were called to share their common wealth. Women were also encouraged to resist divorce: *hom. in i Cor.* 19 (PG 62.155). And mothers and fathers were both addressed in relation to their daughter’s marriage: *hom. in Col.* 12 (PG 62.390).
427 *hom. in Gen.* 38.1 (PG 53.350); *hom. in i Cor.* 26.2 (PG 62.215).
428 *hom. in i Cor.* 37 (PG 62.305-321); *hom. in i Tim.* 9 (PG 62.543-5); *hom. in Eph.* 20.7 (PG 62.143).
430 *hom. in Tit.* 4 (PG 62.684); *Anna* 1; 3 (PG 54.638; 659). In another instance, Chrysostom says that ‘no teacher is as effective as a persuasive wife’ (οὐδεὶς γὰρ οὖτω διδάσκαλος ἵσχυσαι δυνάμει, ὡς γυνῆ): *hom. in i Cor.* 19 (PG 62.155), trans. Anderson and Roth (1986): 33. See also, *hom. in Jo.* 61.3 (PG 59.340).
Chrysostom’s sermons on marriage, much of his instruction is, in fact, addressed to husbands, albeit in a reimagined Christian context. In one well-known passage, Chrysostom outlines the complementarity of the marital roles, where the duties of the wife are to ‘preserve what we have gathered, to protect our income, and to take care of our household’ (τὰ συλλεγόμενα διαφυλάττειν, τὰς προσόδους διατηρεῖν, τῆς οἰκίας ἐπιμελεῖσθαι). It was for this purpose that she was given to man by God, who intended there to exist two separate spheres: the domestic, presided over by women, and the public, ruled by men. Women may have little to do with the marketplace, courtrooms, council chambers and the army, he says, but she can raise children well, weave and spin, keep control of the storerooms, and oversee the household staff. These are duties that Chrysostom could not praise highly enough, for without them, the male world itself would have ceased to function. In fact, the preacher reserved his instructive energy for everyday life that must be Christianised: women should be taught to pray and study scripture with their husbands, to despise extravagances of dress, household adornment and social status, to be prouder of raising children well than merely birthing them, and to give charitably to those in need.

As in the classical context, the wife was said to ‘have much authority and equality of honour’ (ἀρχὴν ἔχουσα καὶ πολλὴν τὴν ὁμοτιμίαν), but of a secondary nature. Indeed, this subservience was crucial to the Christian reconfiguration of classical marriage in this period. Although Chrysostom was concerned not to upset the status quo, he was also eager to ensure that marriage itself was transformed, by reinterpreting the social order associated with it. In classical law, the wife remained a member of her father’s house, maintaining a modicum of independence through her family identity and personal wealth. It was this legal flexibility surrounding the marriage bond that Chrysostom sought to Christianise: a lasting social shift that would challenge the classical freedom to divorce, and the sexual double standard. Much of this began with the question of money. A man, he said, should never take a wife who was

432 On domestic spheres in antiquity, see Cooper (2007b).
433 dux. ux. 4 (PG 51.230).
434 hom. in Eph. 20.9 (PG 62.147).
435 For example, hom. in Eph. 20.7 (PG 62.145); hom. in Col. 12 (PG 62.390-1).
436 Anna 1 (PG 54.636; 637).
437 hom. in i Tim. 14 (PG 62.572-80).
438 hom. in Eph. 20.7 (PG 62.142). ‘The wife is a second authority’ (Ἀρχὴ δευτέρα ἐστὶν ἢ γονὴ); and ‘the house cannot be a democracy’ (οὐδὲ δημοκρατομένης οἰκίας): hom. in Eph. 20.4 (PG 62.140-1), trans. Anderson and Roth (1986): 53.
439 On the legal status of women in late antiquity, see the foundational studies of Beaucamp (1990-2); Evans Grubbs (1995); Arjava (1996), to whom we shall return in the next chapter.
440 In the opening of his famous sermon on choosing wives, Chrysostom explicitly sets Christian marriage apart from legal definitions, by caricaturing the husband who seeks legal advice before contracting a marriage: dux. ux. 2 (PG 51.226-7). For a recent take on the Christianisation of marriage, see Harper (2013):158-171, along with Ritzer (1962) and Hunter (2007). In addition, see Kuefler (2007).
wealthier than he was, because she would have a will of her own (ἐπίβουλος), and would threaten the peace of the household.\textsuperscript{441} And a wife must never spend her inheritance as though it belonged only to her, for it was now her husband’s also.\textsuperscript{442} If they could not learn to be a single body, united together above classical family ties, the domestic world, and society along with it, would fall into chaos, precisely because the household was the foundational space of Christian society.\textsuperscript{443} Chrysostom, in short, used classical modes, and a classical topos of social order, to challenge the very nature of marriage and the household.

But key to such transformations were classical modes of address, where women were taught the Christian life by way of their husband. In these instances, wives seem oddly absent from the Christian sermon, even where it is their lives that are under scrutiny. In all likelihood, this was precisely the point. Chrysostom adopts classical modes and imagery for the purposes of enticing men, ones which placed their women a step removed from the preacher himself, and did not intrude unduly into the traditional instructive sphere of her husband, not unlike the stance adopted by the physician. Chrysostom’s domestic sphere was, perhaps, the preacher’s way of selling Christianised marriage and a new world order to the classical elite, for it was familiar enough to reassure them, and distinct enough to evoke their curiosity. Thus, domestic spaces were one aspect of social life that Chrysostom approached ambivalently, keen to maintain a classical façade. But to some extent, such modes of address are idealisations, belied by other forms of negotiation taking place with female congregants elsewhere, where spontaneity and circumstance seem to have more power to capture the bishop’s attention. And as in the medical text, these points of less ‘premeditated’ interaction are perhaps truer to reality.\textsuperscript{444}

Indeed, even the domestic sphere – so traditionally reconstructed by Chrysostom in those sermons that concerned it directly – is depicted in a very different light when the subject is addressed out of context. Preaching on the Gospel of John in Antioch around 390, for example, Chrysostom spent much of his sixty-first sermon speaking of Christ’s gentleness in the face of his impending trial and crucifixion, before turning to the subject of retreat from the world, and the tranquillity of soul that granted true virtue.\textsuperscript{445} The combination of these themes

\textsuperscript{441} hom. in Ac. 49.4 (PG 60.344). See also du.x. ux. 4 (PG 51.230) and hom. in i Cor. 19 (PG 62.155).
\textsuperscript{442} hom. in Eph. 20.9 (PG 62.147-8). In this example, Chrysostom has the hypothetical wife say to her husband: ‘Don’t complain about my clothes! I haven’t spent anything of yours; I am still wearing my own clothes bought with the inheritance my parents gave me’ (Οὐδέστω τὸν σῶν ἀνάλοσα οὐδέν, ἐτι τὰ ἐμὰ περίκειμα, ἐξ ὧν οἱ γονεῖς μοι δεδόργηται. PG 62.147), trans. Anderson and Roth (1986): 62.
\textsuperscript{443} For example, hom. in Eph. 20.1 (PG 62.135-6).
\textsuperscript{444} Of course, all writing is, in some sense, rhetorical, and Chrysostom’s examples of spontaneous discussion are themselves likely premeditated, to give a sense of spectacle. There are examples, however, that seem truly spontaneous, as when Chrysostom interrupts or prefaces his prepared sermon with observations that have struck him in the moment, as, for example, in Anna 4.1 (PG 54.660-62).
\textsuperscript{445} hom. in Jo. 61.1-3 (PG 59.335-40).
evoked for Chrysostom the world of women and the household, which he took up for the final part of his discussion, as he brought the biblical to bear on contemporary life. It was women, he said, who should be capable of truly Christian lives, ‘since they remain, for the most part, closely secluded at home… as if in some school of philosophy’ (οἰκουρίᾳ προσηλωμένας τά πλείονα… καθάπερ ἐν τινι διδασκαλείῳ φιλοσοφίᾳ).446 Here, they enjoyed remarkable calm, in which to practice prayer and religious study, alongside their regular domestic duties. From this commendable spiritual vantage point, they were encouraged to ‘instruct’ (συμβουλεύω) their husbands, who were denied the same scope for virtue out in the world.447 Here, the ascetic realm is brought to bear on private spaces, where even married couples are shown capable of living lives of Christian perfection.448

In this sermon, Chrysostom’s approach to the domestic is different in almost every sense to the advice he proposed on more ‘official’ occasions. Women are addressed directly, and their own queries are voiced: “But how shall we teach them by our example?” (Πῶς δὲ αὐτὸν παιδεύσομεν διὰ τῶν πραγμάτων;) he has them ask.449 This direct form of address is also accompanied by a more revolutionary depiction of the domestic sphere itself. Here, the world of women is not secondary in authority but parallels the ascetic: that unique social space reserved for the divine. In turn, Chrysostom allows that wives might be the gatekeepers to a similar world of spiritual exemplarity, one her husband must work far harder to reach, because of the very different milieu he usually inhabits. Likewise, the teaching role is here reversed. Gone are commands directed at husbands concerning silent and absent wives, and in their place are commands for wives themselves, extolling them to become virtuous teachers of husbands. Moreover, women are expected to learn this new spirituality in their regular visits to ‘this place’ (τῆς ἐνταθᾶ παρουσίας: that is, the church),450 where Chrysostom positions himself as their spiritual teacher, from whom they can learn directly and with need of no intermediary.

In a sense, topics that allowed the preacher to wander between themes are also those which permit a level of dialogue with women and the spiritual subjects that concerned them; where women, in short, seem to break through. In some cases, such dialogue is made explicit and integral to the rhetoric of the homily.451 Although somewhat artificial, dialogue like this allowed Chrysostom to voice the generalised concerns of his congregation, and must have

447 hom. in Jo. 61.4 (PG 59.341).
448 Perhaps because of his homiletic experience, Chrysostom seems to have taken a more realistic attitude to asceticism in his later years, envisioning it less as a drastic remove from society and more as an ideal that could be inclusive of the ordinary Christian. See, for example, Liebeschuetz (2011): ch. 12.
450 hom. in Jo. 61.3 (PG 59.340).
451 For other examples of this direct ‘dialogue’ with women, see: hom. in i Tim. 8.2 (PG 62.541) and hom. in Heb. 28.5 (PG 63.200).
represented some level of real interaction between himself and female congregants. Other objections were shouted aloud during the sermon itself. There are numerous examples of Chrysostom mentioning such exclamations, and addressing them in later meetings. Moreover, Chrysostom complains that his flock could freely move between churches if they chose, as happened with a group of women in Constantinople in the early fifth-century. It was for this reason that he gave an impassioned sermon on the dangers of dividing the body of the church, by attending those of competing preachers. In this instance, he insisted, it was female members who were most to blame: ‘All of you women who are present’, he commanded, ‘convey this exemplum to those women who are not here, instil them with fear’ (Εἴπατε, ὃσα πάρεστε… ταῖς ἄποισαίς διηγήσασθε τούτῳ τὸ ὑπόδειγμα, φοβήσατε).

It is intriguing that Chrysostom presents women as having the freedom to choose their own preachers, regardless of his insistence that they show loyalty to himself. However absolute Christian instruction might be thought, people’s choices were something the bishop could not afford to ignore. We have already seen that female will was a subject Chrysostom took up with potential husbands, urging them to marry wives that suited them, because female stubbornness could upset the internal order of the household and cause all manner of misfortunes. But for the most part, Chrysostom embraced the notion of his congregants’ free will, both male and female, making it essential to the modes of instruction he adopted. Some Christian imperatives were essential and non-negotiable, as we have seen, but others depended upon individual choice – indeed, would make little sense without it. Lifelong virginity, that most celebrated of Christian pursuits, was one such example. ‘We do not forbid those who wish to marry’: ‘It is one thing to forbid,’ Chrysostom said, ‘and another to leave one to his own free choice’ (Οὐ κωλύομεν, μὴ γένοιτο… ἔτερον ἔστι κωλῆσαι καὶ ἔτερον κύριον ἀφεῖναι τῆς προαιρέσεως).

Likewise, he insisted, he would never dream of commanding widows not to take second husbands, although he would certainly try and persuade them not to do so.

Moreover, the choice to pursue a life that challenged traditional norms also came with the promise of freedom beyond the domestic sphere. The widow, for one, would find herself able to exercise her virtues for more spectacular Christian ends, particularly when it came to

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452 A good example occurs in Anna 1 (PG 54.635-6), where Chrysostom reflects on a past sermon, and an objection that was put to him, which he proceeds to answer. Earlier he had noted that his congregation were far from silent during sermons, crying aloud at things that impressed them, a response he seems happy to encourage: Anna 1 (54.634). On the context of public speaking in late antiquity, see Lim (1991).

453 This seeking out of other preachers, he said, was peculiar to the women: (ὡς γὰρ ἐξί τοῦ πολύ γνωαικῶν τοῦτο τὸ ἐλάττωμα): hom. in Eph. 11 (PG 62.87), trans. Mayer and Allen (2000): 70-1. For background, Mayer and Allen (2000): 59-60.

454 hom. in Ac. 49.4 (PG 60.344).


456 hom. in ii Tim. 7.4 (PG 62.641).
the care of strangers and the sick.\footnote{hom. in \textit{i Tim.} 14 (PG 62.573).} In fact, it was by a rhetoric of free will that Chrysostom attempted to redefine Christian motherhood, around their role as teachers of their children. In his homilies on Anna, with which this chapter opened, female choice in raising children well is set against the merely natural act of conceiving them. The former was a type of motherhood that deserved high praise, while the latter commendation was due only to nature. In fact, ‘free will’, he said, ‘is more influential than nature’ (προαίρεσις φύσεως δυνατωτέρα), and was the virtue that would make children into good Christian subjects.\footnote{\textit{Anna} 1 (PG 54.636), trans. Hill (2003): 71.} It was for this reason that mothers should take responsibility of boys as well as girls, raising them to be self-controlled, generous, neighbourly, and unattached to money. In this, women would be mothers proper, in a way that merely birthing children could never make them. Chrysostom’s intention, perhaps, was to place new emphasis on the married family unit: that foundational entity, which so defined the social landscape he envisioned for an empire newly made Christian.\footnote{In one interesting example, Chrysostom imagines the child of a married couple as a physiological bridge that binds them together in perpetuity; the three of this nuclear family unit as ‘one flesh’ (σάρκα μίαν): hom. in \textit{Col.} 12 (PG 62.388).}

In any case, with his shifting of an age-old definition of motherhood, Chrysostom’s instruction for women could not have diverged more from contemporary medical texts, where corporeal generativity was the apogee of the physician’s advice. Chrysostom’s rhetoric no doubt derived much of its prescriptive potency from its explicit overturning of traditional procreative narratives, a point to which we shall return in chapter six. But more than this, where the medical text wrestled with the problem of female will and conformity, the Christian text opted to make female choice the starting assumption of its exemplary lifestyles for women. It was the defining feature of a Christian mode of instruction, one not so different from classical ‘arts of care’. Indeed, Christian instruction in the fourth-century claims to offer women exactly what classical regimen had granted men: freedom of dialogue with experts, the possibility of knowing themselves as they truly were, and the potential to have social and spiritual meaning beyond their corporality. Exploring late antique instruction seems a fruitful undertaking for exactly this reason: it offers us glimpses into the debate surrounding female choice, and on the boundaries of such choice, perhaps, echoes of female agency.

\textit{Conclusions}

When it came to offering instruction for the lives of women, the instructor had to be acutely sensitive to the reputation of his female listeners, and that of her \textit{paterfamilias}, whose own good
name also hung in the balance in the behaviour of his women.\footnote{Evans Grubbs (1995): 321-330; Cooper (1996): ch. 1.} It was for this reason that texts as apparently disparate as the medical regimen and the Christian sermon drew upon essentially the same reserves of classical wisdom, as a means of enticing male audiences. Neither the physician moving within a competitive \textit{technē}, nor the more radical preacher with his challenge to traditional priorities, could afford to disregard these tectonic social norms, and nor did either wish fundamentally to destabilise them. This is why traditionalism makes for the bedrock of both discourses, even where the reality lurking behind such instructive models is considerably more complicated. It is a shared system of values that serves to remind us that both types of text were deeply entrenched in the same cultural milieu, and both were ultimately invested in the continuance and stability of the patriarchal edifice.

For the medical text, such rhetoric was based upon the evocation of classical values and authorities, and familiar philosophical discourses. Features like these lent authoritative weight to medical instruction, and helped the compiler locate his professional conduct in relation to his patient. When it came to women, this involved the occasional indirect address, and the assumption of a male presence or intermediary, and the downplaying, as far as that was possible, of the complications of female autonomy. That this was a rhetorical front is clear in the subscript of much of Oribasius’ medical regimen. Out in the world, it tended to be women who supervised their children’s healthcare, and women themselves who took charge of the household’s medical store cupboards and routines. Depending on individual circumstances, the respected elite matron probably took pride in maintaining her generative health as part of the cultivation of her social image. Others still, as we saw in the previous chapter, had to claim power in the sickroom through the inevitable necessities and independence of widowhood. But even then, the physician had more to gain by offering a reassuringly simple representation of complex medical realities, even where he could not deny that his relations with the female patient could also tend towards the dialogic and direct.

For Chrysostom, meanwhile, the familiar discourse of self-care implicit in the medical text was equally useful. Like the physician, Chrysostom could claim that his goal was the realisation of his listeners’ true selves: a medico-philosophical mode he consciously adopted in constructing his own authority, as scholars like Wendy Mayer have shown. Of corresponding importance was his classical discourse of traditional feminine comportment, upon which the Christian preacher discoursed with the same classical aplomb as Oribasius himself. But by its very nature, the Christian sermon had to acknowledge greater social complexities than the medical text, and respond to them in more compromising ways. For one thing, the powerful
Christian preacher could afford to do so, backed by the authority of a more independent institution, and less directly reliant on the support of the traditional elite. Moreover, the fact that Christian discourse was, in many ways, inherently absolute made its foregrounding of free will more critical. Freedom of choice, granted to any listener regardless of gender and social status, seems to have been a sort of payoff in a discursive space that demanded more dogmatic conformity. It was for very pragmatic ends, then, that Christians granted their female listeners a genuine scope for performative and spiritual action, because such radical choice and inclusiveness was at the heart of what made Christian instruction unique.

In any case, if there are places where glimpses of fourth-century women and their experience might be visible beyond patriarchal rhetoric, it is surely at the juncture of the sermon, where discourse comes closest to reality. It is certainly at this level that female performativity in action cannot be denied, and is often even celebrated. It is also time, I would suggest, that we take these more optimistic expressions of female choice and potential for virtue on their own terms, as Kate Wilkinson has argued. All too often scholars are quick to take the ‘misogyny’ of patristic writers at face value, whilst maintaining that more inclusive attitudes to women were telling of more complicated rhetorical posturing. Of course, either approach to women and their virtue (or lack of it) was an articulation of some grander theological purpose, but this does not mean that the experiences of real women were exhaustively excluded. Rather, when we take the sermon as a mode that offered women real performative potential, a variety of female freedoms become visible beyond the text. The Christian sermon is more open, in short, about those realities of women that classical modes tended to obscure. Indeed, the final part of this thesis will trace the ways in which these rhetorical priorities were written into the physical bodies of women, and the expectations placed upon them.

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462 Although I think this tendency is certainly true of many classic feminist approaches to early Christian writing, see the comments of Ludlow (2007): 207, who points out that idealisations of female behaviour are often more telling of ideological underpinnings than more obvious ‘misogyny’.
PART THREE
CHAPTER FIVE
The Collections, the Paterfamilias
and the ‘Social Contract’

In preaching on Women Who Should be Taken as Wives one day in the late fourth-century, John Chrysostom asked his audience to picture the biblical Rebecca. Among the litany of virtues he attributed to her, robustness of body received perhaps disproportionate praise. At one point in his sermon, Chrysostom asked his audience to imagine Rebecca leaping nimbly from her camel to greet her new husband, Isaac, upon arrival in the country of Abraham. ‘Do you see her strength?’ (Εἶδες ἰσχύν;) Chrysostom demanded; ‘Do you see her vigour?’ (εἶδες ἐγεξίαν;)463 Girls in the distant past were not merely capable and energetic, but were also brimming with natural good health. But Chrysostom’s audience stood much less chance of finding wives like Rebecca in their own day. Mothers bore most of the responsibility for having ruined the empire’s daughters, corrupting them with ‘frequent baths, perfumed ointments, [and] cosmetics… making them weaker than they should be’ (βαλανείοις πυκνοῖς, μύρων ἄλοιφαῖς, ἐπιτρήμμασι σκιαγραφίας… τόδε δέοντος μαλακωτέρας ποιοῦσαι).464 Unlike Old Testament times, girls were no longer made to toil over more rigorous tasks beyond the household estate. Instead, daughters were kept under close guard in their parents’ house and were rarely allowed to venture into the marketplace without a gaggle of attendants – although, Chrysostom said, their morals were none the better for it. With such shifts of cultural priority, girls lost not merely

potential for virtue, but also plain ‘good health’ (ὑγίεια).\textsuperscript{465} Mothers, in short, had to raise their girls as Rebecca was raised.

There is nothing new about Chrysostom’s claims, nor indeed, is there anything especially Christian about them. The luxury of women, especially elite ones, was a staple of Roman moralising discourse, as was the attendant claim that contemporary women ruined their health by luxury, suffering illnesses easily avoided in a more temperate age.\textsuperscript{466} But for our purposes, Chrysostom’s conjuring of the biblical Rebecca is intriguing for other reasons, not least because his concerns are closely paralleled in Oribasius’ \textit{Collections}. For the physician, too, the modern age had much to answer for regarding the condition of girls, whose bodies were poorly synchronised with the demands of elite living, especially when it came to the timing of marriage. In an extended introduction to his regimen for girls, Oribasius made his position clear, drawing upon the classical past in his attempt to make his point more authoritative:

Hesiod has laid down for women, “Let a woman be mature four years, and let her be married on the fifth”, and for a man, “Neither much short of, nor much over, thirty, this is the time for marriage”. Hesiod is especially eager that a girl marry around eighteen, but if it occurs to a person that this is too late, one could reasonably respond: yes, in the current state of affairs. But if that person reflects on the old way of life, and how it used to be the case that females toiled equally with males, they would no longer think that a girl of this age was marrying late.

Oribasius was clearly fighting a longstanding battle on the marriageable age of girls, and one he knew would prove unpopular.\textsuperscript{468} Proponents of marriage for girls as young as twelve could easily find justification in the Hippocratics,\textsuperscript{469} whilst ample fourth-century evidence suggests that elite daughters continued to be married young.\textsuperscript{470} But Oribasius’ insistence only suggests

\textsuperscript{465} \textit{Iat.} \textit{Max.} 9 (PG 51.240). See also Gregory of Nazianzus, \textit{carm.} 1.2.8, 116-154 (PG 37.657-660).
\textsuperscript{466} For example, Seneca, \textit{Ep.} 95. 20-1, in Flemming (2000): 368-9.
\textsuperscript{467} Oribasius, \textit{Coll. Med. inc.} 18.3-5 (CMG VI.2.2, 107.4-13), translation adapted from Caldwell (2014): 97-98; Hesiod, \textit{Op.} 695-699. It is not clear in Hesiod if all women were expected to work, though he certainly advised that unmarried women, and those without children, be obtained to work in the fields during certain seasons in the agricultural calendar. See, for example, \textit{Op.} 405-6; 602-3.
\textsuperscript{468} On competing regimens for young girls in the Roman period, see Caldwell (2014): ch. 3.
\textsuperscript{469} For example, \textit{Mul.} 1.2 (8.14-22 L); \textit{Virg.} (8.467-70 L), where sex and childbearing is thought conducive to female health. On these texts, see Hanson (1975); Flemming and Hanson (1998); King (1998).
\textsuperscript{470} Gregory’s sister, Macrina, was betrothed at twelve. For evidence on the age of marriage for girls, see Evans-Grubbs (2007): 54-63, esp. 56. According to Arjava (1996): 33, there is epigraphical evidence to suggest that Early
how far the matter was of relevance to his fourth-century audience, and the bodies of young girls imbued with contested cultural value. For one thing, their bodies were clearly more unstable than those of other women. As Chrysostom’s homily hinted, part of the danger had to do with latent sexuality: marrying a girl younger reduced the risk of sexual deviance before marriage, a concern that was real enough in the fourth-century that Constantine had issued new legislation on so-called ‘abduction marriage’. But medical concerns on marriageable age were also about the instability of the change from parthenia to full reproductive womanhood, a change beset by great physiological risks, which bordered on pathology and demanded close medical supervision. Indeed, the bodies of girls were imbued with ‘danger’ (σφαλερός) by which not only they were threatened, but society too.

The answer to these moral and physiological conundrums was far from simple. Legislation of the period aimed to ensure that the paterfamilias had the unchallengeable right to decide on his daughter’s marriage, whilst cultural depictions like Chrysostom’s insisted upon a good Christian education and plentiful activity enforced by mothers, to tackle the problem of worrisome daughters at the root. But Oribasius’ regimen for young girls suggests that these dangers were not so easily offset. Early marriage may have had the positive effect of purging the fullness of puberty through menstruation and sexual intercourse, but it had more dire effects in the long run. Young girls were too physically and emotionally immature to bear children. By the same token, excessive exercise in place of marriage would make girls masculine. Trying to bring on faster menarche by drugs or therapy would present the greatest danger of all, and should be avoided entirely, even if the physician was pressured by family members who were eager to guarantee the fertility of their daughters. Only one option was fitting: a strict regimen to allow the body of the parthenos to develop at its own pace, whilst also respecting the cultural necessity of supervision and relative seclusion.

As eternal as anxieties about unmarried girls were, therefore, Oribasius’ answer was clearly specific to the expectations of his fourth-century audience. This chapter is about those expectations: about the physician’s professional need to meet them on their own terms, but also about his need to develop careful discourses of medical accountability. If the bodies of young girls – and women more generally – presented unique dangers and demanded unique supervision, how was the physician to construct his reputation and distance his art from ‘blame’

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472 For example, inc. 18.9; 30; 31 (CMG VI.2.2, 107.25; 109.6-7; 109.11).
473 inc. 18.1; 7 (CMG VI.2.2, 106.30-35; 107.17-20).
474 inc. 18.15 (CMG VI.2.2, 108.3-7).
475 inc. 18.29-31 (CMG VI.2.2, 109.4-15).
(μέμψις) should things occasionally and inevitably go wrong? How far, moreover, did the cultural capital of the art, and the social standing of physicians in the fourth-century, have an impact on his relationship with the elite *paterfamilias*? The answer to these questions will help us contextualise the findings of earlier chapters: why women who were neither pubertal nor pregnant had more choice in the medical encounter, and how they managed to exercise more agency in the proceedings of their self-care. But it will also hint that significant shifts were underway in the writing and representation of the medical encounter in this period, particularly when it came to the elusive subject of accountability.

Like most of his gynaecological predecessors, Oribasius’ writing on female generativity was patriarchal. Its chief concern was to protect the integrity of the *paterfamilias’* women and the health of his hoped-for heir, not least because procreation ensured that property could pass smoothly from one generation to the next, whilst also safeguarding the continuance and exclusivity of social classes. Both concerns were the focus of renewed legal attention in the fourth-century, and it should come as little surprise that a wealthy physician like Oribasius would empathise with them. In fact, since the formalisation of medical writing and practice was one of Oribasius’ priorities in the *Collections*, this chapter will ask how far the art was attempting to institutionalise its longstanding social ‘contract’ (συνάλλαγμα) with elite families and their women, and negotiate more fully the limits of the physician’s medical accountability in their care. This more formal attempt to address the social anxieties of the medical encounter is particularly relevant given the symbolic status of the physician as a defender of the social order. In fact, when we place these strands in conversation, it becomes clear that Oribasius’ writing on women may have been remarkably true to the classical past and its customs, but only in so far as it was meaningful for a contemporary audience, and its shifting values.

*Protecting the parthenos*

Offering health advice for elite daughters in the fourth-century was no easy task. Medical opinion had long moved on from the Hippocratic assumption that sex and childbearing could cure every problem, combating all manner of female illnesses that had ostensibly little to do

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476 *inc.* 22.36 (CMG VI.2.2, 115.20-1).

477 In legal texts, this concern is particularly clear. See, for example, *Dig.* 25.4.1, and Hanson (1994).

478 For example, Beaucamp (1990–2); Bagnall (1995); Evans Grubbs (1995); Arjava (1996); Nathan (2000).

479 The first hint of the notion of a ‘contract’ between the sick person and his healer is articulated in the Hippocratic *Physician: Med.* 1 (9, 206.5–9 L). Here, women and girls are aligned with ‘possessions of great value’ (τοῖς ἄξιοις πλείστου κτήμασιν), both of which place especial strain on such ‘contracts’.
with generative function.\footnote{This is not to say that Oribasius did not fall back upon the assumption: e.g. \textit{inc.} 18.6 (CMG VI.2.2, 109.33-5). However, where the Hippocratics tended to take this as an answer to a variety of ills without complication, Oribasius is usually more nuanced: i.e. sex can be beneficial because it aids menstruation, but sex also leads to childbearing, which can be damaging in the very young: \textit{inc.} 18.1-7 (CMG VI.2.2, 109.26-36). On the issue for Rufus of Ephesus, whom Oribasius follows, see Caldwell (2014): 85.}

Rather, Oribasius emphasised that no two girls were the same: what was right for the hot-blooded youth was not necessarily good for the cold and petite one. Each would come to reproductive womanhood at their own unpredictable pace, some at fourteen, and some as late as seventeen.\footnote{\textit{inc.} 21.3 (CMG VI.2.2, 112.19). For women as smaller: \textit{inc.} 62.42 (CMG VI.2.2, 170.33-171.1); lazier: \textit{inc.} 6.8 (CMG VI.2.2, 80.18-21); more fearful: \textit{Coll. Med.} 7.26.10-11 (CMG VI.1.1, 228.17-8); more delicate: \textit{Coll. Med.} 7.9.4 (CMG VI.1.1, 210.27-31); 49.1 (CMG VI.2.2, 4.4-17); and more vain: \textit{Coll. Med.} 10.16 (CMG VI.1.2, 59.15-9). On general comparatives with men, see: \textit{inc.} 9.28 (CMG VI.2.2, 93.30-94.5).}

As we have already observed, this meant marriage before eighteen was highly unadvisable, even though the girl herself might be eager to wed much earlier.\footnote{\textit{CTh} 1.22.1 (11 Jan. 316); 3.17.4 (21 Jan. 390). See also the sources offered in Evans Grubbs (2002): 48-55. How far this impacted on female behaviour is unclear; and late antique literature often shows women acting with more freedom than the laws imply. See, for example, Gregory, \textit{v. Macr.} 7.4 (SC 178, 157.15-160.50).}

The physician, then, had to balance a number of pressures that went quite beyond the physiological. On the one hand, he had to cater to the relentless social requirement for marriageable daughters, and on the other, to defuse (or at least regulate) the autonomous impulses of the girl herself, which might run contrary to familial and medical expectation. Moreover, he had to keep an eye on his personal interests, by striking a balance between the natural law dictated by his art, and the social norms dictated by his clientele.

It was a balance that had to be maintained in all medical dealings with elite women. The physician’s authority in this respect was bolstered by the unquestioned assumption that women were the ‘weak’ (ἀσθενεία) sex – vainer, more fearful and, in general, more open to manipulation than men – a discourse of vulnerability that helped to justify their medical supervision.\footnote{On woman as the weaker sex in legal discourse see Dixon (1984); Crook (1986); Marshall (1989), and Clark (1993): 56-62. For a challenge to the assumption that women are more vulnerable, see, for example, discussion in Arjava (1996): 112-23. A language of female weakness is less pronounced in the legislation of Justinian. See Bagnall (1995): 66.}

Much the same discourse predominated in legal texts,\footnote{Beaucamp (1990-2), in Bagnall (1995): 76.} where it served to normalise female protection and limitation: a phenomenon represented most famously by the \textit{tutela mulierum} in the Roman period. This was legislation that widows were only beginning to circumvent in the middle of the fourth-century.\footnote{\textit{CTh} 1.22.1 (11 Jan. 316); 3.17.4 (21 Jan. 390). See also the sources offered in Evans Grubbs (2002): 48-55. How far this impacted on female behaviour is unclear; and late antique literature often shows women acting with more freedom than the laws imply. See, for example, Gregory, \textit{v. Macr.} 7.4 (SC 178, 157.15-160.50).} Expectations of female weakness and modesty continued to justify legal restrictions in this period,\footnote{\textit{Beaucamp} (1990-2), in \textit{Bagnall} (1995): 76.} even in a world ever-more eager to acknowledge the legal validity of the maternal role, and allow mothers to pass their property...
onto their children for the general wellbeing of elite families. In short, assumptions of female inferiority tell us less about gender in this period than they do about the social utility of assumed inferiority. In law, these assumptions were further supported by the expectation of female generativity. That women existed to reproduce was so self-evident in legal and medical discourse that it hardly needed stating, based, as it was, upon the *ius naturale* rather than the *ius gentium*.

That legal and medical pragmatism aligned so neatly on such matters cannot have been incidental. Nor is it irrelevant that these traditions participated in a common textuality in the late antique period. Oribasius and his successors shared with the legal codes a penchant for the systematic and the compilatory, features which encouraged both discourses to offer a picture of the social order as uncluttered by nuance as possible. More than this, both sought to pin their authority to a framework of imperial support, with prefaces outlining the ways in which the art in question was at one with the orderliness of society. Oribasius’ appeal to the emperor’s patronage, and Julian’s own willingness to align the medical art with social order, went hand-in-hand with the rise in status of the most successful physicians in this period, as we have seen. Indeed, it hardly needs stating that the more invested a physician was in the social system, the more wedded he was likely to be to its values. With this in mind, it is unsurprising that Oribasius takes on the patriarchal perspective of his medical predecessors, particularly on the subjects of women and childbearing. The rest of this chapter will be concerned with the physician’s exploration of medical responsibility in such delicate matters, and the way he met the conditions of fourth-century expectation on terms that were uniquely his own.

When it came to women, a large part of the challenge of medical accountability had to do with the inherent ‘dangers’ of female physiology. *Parthenia* is particularly telling in this sense, because the transformation from childhood to reproductive womanhood was fraught with bodily instability. The process by which the constricted (πυκνός) and compact (κατάσκληρος) body of the *korē* became ‘opened’ (ἀναστομόω) was an inherently violent one, which involved the ‘cutting out’ (τέμνω) of passages through the body and uterus by the ‘boiling’ (ζέω) blood of menarche. The associated discomfort was also accompanied by a number of other

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487 For example, Bagnall (1995): 84; Arjava (1996): 263.
488 On the procreative purpose of marriage in legal texts, see *Dig.* 1.1.1.3; *Dig.* 50.16.220.3, in Evans Grubbs (2002): 81. Some medical authors like Stephanus were also more explicit the link between gynaecological texts and the preservation of the species: *In Hipp. Aph.* V.30 (*CMG* XI, 1.3.3, 102-3, 32-3); a concern we also see in imperial legislation in late antiquity: e.g. *Nov.* 6 (Majorian, 26 Oct. 458).
489 In the seventh-century, Paul compared his own medical work to the reference manuals of legal experts: *preface* (*CMG* IX.1, 3.8-14). See Temkin (1991): 230-1.
491 For the virginal body as constricted and compact: Aetius, *Tet.* 16.7 (10.20-7 Z). For menarche as a period of opening: *inc.* 18.25-6 (*CMG* VI, 1.2.2, 108.31-5); and for blood that boils: *inc.* 18.16 (*CMG* VI, 1.2.2, 108.10).
complaints, from lower back pain and headaches, to dizziness and fever.⁴⁹² According to Oribasius, such pain was inevitable because the first menstruation occurred ‘in girls unaccustomed to it, in whom the veins are not yet gaping’ (πολλῇ δ’ ἀνάγκη τὰς πρώτας καθάρσεις ἑπιπόνους γίνεσθαι· καὶ γὰρ ἁμηθείς, καὶ οὗτος τῶν φλεβῶν ἀνεστομομένων).⁴⁹³ It was exactly this process of holistic opening that made the transformation uncomfortable, and the girl herself more liable than most to medical intervention. Only with the physician’s help could the evacuations be made bearable, whether by ‘simple recipes’ (ἀπλουστέρων ἀποζεμάτων), as Aetius of Amida advised,⁴⁹⁴ or by rest and a special diet, as Oribasius recommended.⁴⁹⁵ In any case, the process could not be allowed to occur faster than the girl was fit to marry and bear children, and it was for this reason that Oribasius offered his regimen for girls in the first place: as a way of staving off the inevitable, until the body of the parthenos was full-grown.⁴⁹⁶ Avoiding wine and rich food, singing and dancing in choirs, playing ball games and the Hippocratic ‘rolling in the dust’ (ἄλιννησις) were all recommended for the purpose of such delay.⁴⁹⁷ They were to put fire into the body of girls, without allowing them to boil over completely.

Even if the transformation of parthenia was a smooth one, the process was accompanied by additional dangers. Oribasius was quick to warn that those who failed to follow the requisite regimen became vulnerable to disease.⁴⁹⁸ That the physician began his regimen with this caution only emphasises how far the parthenos was to inhabit a precarious boundary bordering on pathology for the duration of the ‘perilous time’ (ὁ σφαλερὸς χρόνος) of puberty.⁴⁹⁹ As we have seen, it was the first menstruation that brought with it the predominant risks. A body ready for menarche became fuller (πλησμονή), and if such fullness was not granted a natural outlet, it could cause pain and inflammation in the neighbouring parts.⁵⁰⁰ In the worst cases, blood unable to forge a path through the body was ‘riled up’ (ταράσσω) and became the cause of ‘many evils’ (πολλὰ κακὰ).⁵⁰¹ Oribasius does not tell us what these ‘evils’ were, but it seems probable

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Footnotes:

⁴⁹² inc. 18.26-7 (CMG VI.2.2, 108.33-7). That the process of menarche was a holistic phenomenon is clear from many recipes offered in late antiquity for restoring various ‘features’ of virginity. For virginal breasts, Oribasius and Paul both offer remedies involving the filings of Naxian whetstone: Eup. 4.82.6 (CMG VI.3, 469.16-7); Syn. 9.9.6 (CMG VI.3, 278.21-3); Paul, Epit. Med. 3.35 (CMG IX.1, 222.19-22).

⁴⁹³ inc. 18.25 (CMG VI.2.2, 108.31-3).

⁴⁹⁴ Aetius, Tet. 16.5 (9.9 Z).

⁴⁹⁵ inc. 18.28 (CMG VI.2.2, 108.7-109.4).

⁴⁹⁶ inc. 18.18 (CMG VI.2.2, 108.12-4).

⁴⁹⁷ inc. 18.10-18 (CMG VI.2.2, 107.29-108.14). The traditional nature of these exercises, which somewhat contradict the picture of domesticity and seclusion we saw derided by Chrysostom above, only suggests the extent to which Oribasius aimed to celebrate an idealised past in his work.

⁴⁹⁸ inc. 18.1 (CMG VI.2.2, 106.31-4).

⁴⁹⁹ inc. 18.9; 30; 31 (CMG VI.2.2, 107.25; 109.6-7; 109.11).

⁵⁰⁰ inc. 18.28 (CMG VI.2.2, 108.7-109.4).

⁵⁰¹ inc. 18.19 (CMG VI.2.2, 108.14-7).
that those symptoms broadly labelled as ‘uterine suffocation’ (ὑστέρα πνίξ) were intended.\(^{502}\) Both Metrodora and Aetius associated the disease not only with widows (as was customary), but with young girls too.\(^{503}\) Although Oribasius never mentions the *parthenos* in connection with suffocation, he clearly assumed the illness was caused by factors like trapped menses. Moreover, where Galen favoured a seed-centred model of disease in women, Oribasius seems eager to return to a more Hippocratic, blood-centred understanding of female pathology in most of his discussions on the disease.\(^{504}\)

Oribasius also emphasised that some dangers could be augmented by the physician himself, especially if family pressure made him to resort to harsh therapies. Some, for example, were inclined to use emmenagogues for girls with delayed menstruation, as they would with adult women.\(^{505}\) But for those just short of menarche, the use of such techniques was not only ‘exceedingly bad’ (ἐσχατον κακὸν), but downright ‘dangerous’ (σφαλερός), since only damage could result from the forced evacuation of blood from an organ not ready to give it up naturally.\(^{506}\) Much the same warning was given on observable signs that might pertain to delay. As Oribasius explained, ‘the uterus and uterine mouth are drawn up higher than in other women’, making it difficult to see if either were twisted or damaged, and causing a hindrance to menstruation on that account (τῶ καὶ τὰς ὑστέρας καὶ τοὺς αὐχένας ἀνακεχωρηκέναι πλέον ἢ ταῖς γνιαζένι. οὐκον εὐπετὲς εἰδέναι, οὔτε έι διέστραπται τὸ στόμιον, οὔτε έι ἄλλο τι πέπονθεν δι κολλᾶε τὴν κάθασιν).\(^{507}\) The physician, then, could only encourage reference to more reliable indications. Body shape and skin tone offered generalised proofs: broad-veined and warm-complexioned girls tended to become marriageable (ἡβάσκο) sooner, whilst thin and flatter-hipped girls lagged behind their more voluptuous contemporaries.\(^{508}\) These, at any rate, were the clearest signs the physician could offer, without stumbling into the realm of uncertainty.

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\(^{502}\) As described, for example, at *Syn.* 9.45 (CMG VI.3, 305.10-28).


\(^{504}\) For Galen, seed was primarily responsible for suffocation: *Loc. Aff.* 6. 5 (8.420 K). For Oribasius’ use of this passage: *Coll. Med.* 6.37.6-7 (CMG VI.1.1, 13-27), which does not mention women at all. See also Flemming (2000): 333-6. For Oribasius on suffocation, see: *Syn.* 9.45 (CMG VI.3, 305.10-28); but also *Syn.* 9.41; 44 (CMG VI.3, 301.8-17; 305.1-9); *inc.* 61.4-5 (CMG VI.2.2, 162.8-11); *Coll. Med.* 10.19 (CMG VI.1.2, 61.18-62.28). On this disease, see Debru (1992); King (1993) and Mattern (2014).

\(^{505}\) Oribasius often encouraged these types of therapy for adult women: see, for example, *Coll. Med.* 7.2.24-30 (CMG VI.1.1, 199.4-34) on bloodletting; *Coll. Med.* 7.20.1-4 (CMG VI.1.1, 218.29-219.6) on scarification and *Coll. Med.* 8.16 (CMG VI.1.1, 264.17-27) and 14.65 (CMG VI.1.2, 235.12-236.17) on emmenagogues.

\(^{506}\) *inc.* 18.31 (CMG VI.1.2, 210.9-14).

\(^{507}\) *inc.* 18.30-1 (CMG VI.2.2, 109.6-14).

\(^{508}\) *inc.* 18.21-4 (CMG VI.2.2, 108.19-31).
Medical accountability and the ‘social contract’ in context

This brings us to the issue of medical responsibility. It is all very well for Oribasius to show an awareness of uncertainty and danger, but how far did he have a professional stance on medical accountability? To all intents and purposes, the category is a modern one. But although we must be careful in our use of it, it does represent a useful category of analysis. Hippocrates, after all, has long been synonymous with medical ethics, epitomised most prominently in his Oath. Although it is near impossible to identify the context from which the Oath emerged, by the fourth-century AD, ‘it had come to stand for the medical profession’ as a whole. It is found inscribed on the tombstones of doctors, and discarded in the dumps of Oxyrhynchus. Indeed, so familiar was it that Gregory of Nazianzus found potent polemic in denying that his Christian brother, Caesarius, had ever sworn it. The Oath famously promised, by ‘all the gods and goddesses’ (θεοὺς πάντας τε καὶ πάσας), to help the sick without doing them injury (ἀδίκια), to provide no poison or abortion, to avoid the use of the knife, and not to abuse the authority granted them by molesting vulnerable women and boys. Moreover, the initiate took accountability not only for his patients, but also the art itself, promising to honour his teachers and take students of his own.

A discourse of accountability runs through other Hippocratic texts, too, particularly those which had to do with medical practice. Prognosis famously declared that a physician must choose his patients carefully, avoiding any who were sure to succumb to their illnesses, so inevitable failure did not reflect badly on his practice. He must also impress those he did treat with his ability to predict not only the course their symptoms would take, but also the actions that brought them to ill-health in the first place. Later commentators would expand endlessly on the relatively brief preface to the Hippocratic text, intensifying the focus on the category of ‘blame’ (μέμψις) and offering up cases of their own to prove the basic premise. For the commentator Stephanus, lecturing to students at Alexandria in the early seventh-century, the Hippocratic text became densely layered with exegetical discussion. One of his predecessors, Stephanus said, knew of an unlucky amateur physician who had failed to identify a case of

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509 For a definition of medical accountability in the modern world, see Emanuel and Emanuel (1996).
510 For a non-Classical take on the Oath and medical accountability, see Miles (2004): 161-170. For classic approaches, see Edelstein (1943); Nutton (1993); von Staden (1996); (2007).
512 See Temkin (1991). As Nutton stresses, however, the Oath by no means represents the only (or even most readily attested) ethical standard. Physicians like Galen tended not to start out from the religious stance offered by the Oath, but from simple effective practice: (2012): 69.
513 Gregory, Or. 7.10.
514 Hippocratic Jusj. (4.628.2; 630.7 L).
515 Hippocratic Prog. 1 (2.110-112 L).
516 For example, In Hipp. Prog. II.1.1 (CMG XI.1.2, 36.18).
syncope, and had fallen accountable when the patient died.\textsuperscript{517} The moral of the story, Stephanus said, was that the amateur should have prognosticated with skill upon the case. While he was not responsible for the death, he was accountable for having not predicted it.

More philosophical speculations also run through the Hippocratic commentary on the issue of blame. ‘We must understand’, Stephanus stressed, ‘that medicine considered in itself is an infallible science. But since matter is fluid, changeable and unpredictable – Plato rightly compared bodies to a flowing river –, the art does not possess certainty’ (διὰ δὲ τὸ ῥευστὸν τῆς ὑλῆς καὶ εὐμετάβλητον καὶ ἀλλὸτε ἄλλως ἔχων—καλὸς γὰρ ὁ Πλάτων ποταμὸ ῥέοντι ἀπείκασε τὰ ἥμετρα σῶματα—, καὶ διὰ τοῦτο οὐκ ἔχει τὸ βέβαιον ἡ τέχνη.).\textsuperscript{518} It was the nature of bodies that made the practitioner vulnerable to responsibility (ἐγκλημα), rather than any failing in the art itself.\textsuperscript{519} In defending this position, Stephanus seems to associate model practice with the ideals outlined in the Oath more broadly. Physicians, on this reading, were accountable not merely to the patient, but to each other, and to the name of medicine: a position we might expect to find in a pedagogical context. Prognosis was to be at the forefront of such defence. But what is most striking is the increasing standardisation of the matter of accountability, in both the practical and the pedagogic context. Indeed, it may be that Oribasius’ own Collections represent an earlier attempt at institutionalising this standard.\textsuperscript{520}

A civil awareness of medical accountability is observable in the fourth and fifth-centuries. In the Theodosian Code, for example, a law issued in 368 declared that town physicians, ‘knowing their salaries are paid from the taxes of the people, should prefer to minister honestly to the poor, rather than shamefully serve the rich’ (qui scientes annonaria sibi commoda a populi commodis ministrari honeste obsequi tenuioribus malint quam turpiter servire divitibus).\textsuperscript{521} Statements about the miserliness of physicians were formulaic, but the position of the archiatros in law clearly suggests that expectations of medical accountability were increasingly institutionalised. Certainly, the widespread social standing of the medical practitioner could grant their professional opinion real legal clout. In some legal proceedings, midwives were called upon to confirm the fact of pregnancy where it was disputed, or where

\textsuperscript{517} In Hipp. Prog. III.1.14 (CMG XI.1.2, 52.8-20). Although Stephanus does not directly acknowledge it, the story comes from Galen’s own commentary: In Hipp. Prog. I.4 (CMG V.9.2, 200.9-13). The rest of the interpretation comes from a third person, whose views are merely reported on by Stephanus (or the student who subsequently wrote up his lectures). Naturally enough, the text seems to represent a long history of medical exegesis. On the late antique medical school context and commentary, see Temkin (1962), (1977); Westerink (1964); Nutton (1984); Iskandar (1976); Roueché (1999); Watts (2006), (2009); Pormann (2010) and Scarborough (2010).

\textsuperscript{518} III.I.12 (CMG XI.1.2, 48.29-31), trans. Duffy (1983): 49. This discussion is again taken from another commentator, and is repeated at III.I.13 (CMG XI.1.2, 50.4-16).

\textsuperscript{519} For a theoretical approach to ‘institutions’ and ‘institutionalisation’, see Scott (2008), and Humfress (2014): 22-7. For the Roman period, and the limitations of these concepts: Humfress (2014): 27-8.

\textsuperscript{520} CTh 13.3.8 (MM I 742.3-4), translation adapted from Pharr (1952): 388. See also Dig. 50.9.1. There is a lot of debate on where, and how far, these laws were enacted. See Nutton (1977).
paternity was uncertain. In cases involving fears for suppositious children, for example, medical knowledge was put towards questions of ‘public interest’, for the sake of preserving the ‘dignity of social classes and families’ (publice enim interest partus... ut ordinum dignitas familiarumque salva sit). Interactions like these, between physicians and society, hint at a certain formal standard of accountability for practitioners. They also emphasise the extent to which gynaecological concerns were tangibly patriarchal, because female bodies and processes could present a palpable threat to society as a whole.

It was precisely because generativity was bound up with inheritance that it was beset with assumptions of danger. This was why the bodies of young girls were both valuable and vulnerable, and why physicians had to be particularly careful in their care. Oribasius lived in a world where family morality had recently received a great deal of imperial attention, and where the state was ever more eager to interfere in the private lives of its citizens. A good example is the Constantinian crack down on ‘abduction’ marriage, which decreed harsh penalties not only for men who married girls without the consent of their parents, but for any parents who later came to terms with the match. The legislation of 326 was infamously harsh, and proved quite out of kilter with contemporary social norms. The church’s own stance on such matters was generally one of compromise, where parents were expected to support any consummated marriage of this nature. But decrees on abduction marriage, as scholars have shown, were part of a broader trend in late antique legislation, aiming to strengthen the institution of marriage and the binding contract of betrothal, protect the patriarchy of property, and safeguard the right of the paterfamilias to decide the future of his heirs.

Oribasius’ concerns for accountability and the danger of female bodies speak as much to this context, I would suggest, as it does to the values of the medical past. Indeed, the form of his text, so intent on standardisation, seems intended to address such diffuse concerns more directly. His treatment for conditions like ‘love sickness’ (ἔραω), for example, certainly seems to position him within this framework: if a youth developed an attachment to an undesirable, Oribasius advised distractions, and also listed the most telling symptoms, serving to pathologise

522 Dig. 25.4.1; Dig. 37.10.3.5. The first of these Hanson discusses in its Roman context: (1994): 175-6.
524 For example, Evans-Grubbs (1995).
525 See, for example, Nathan (2000): 61.
526 For what an abduction marriage might have looked like in practice, see Evans Grubbs (1989): 61-4.
relationships that had the potential to run contrary to family expectation. When it came to the *parthenos*, such was the danger of latent sexuality that Oribasius devotes a great deal of attention simply to combatting it: girls must, above all things, avoid wine, since consumption of it makes them ‘intemperate’ (ἀκόλουστος). We might imagine that such moralising went beyond the medical remit, being, above all, a family concern. That it was not shows how far the physician was aware he risked accountability himself, and was sensitive to the dangers of exposing vulnerable young bodies to the outsider’s gaze. For all these reasons, medical discourse demanded that daughters be ‘watched closely’ (παραφυλάσσω), and have their movements and diet ‘regulated’ (διαιτάω), the better to safeguard the interests of the household at large.

But social expectation had to be weighed against the self-determination of the medical art. It will be remembered, for example, that a tension is evident in Oribasius’ regimen for girls between society’s desire for proofs of fertile development, and the physician’s inability to offer them. To still such demands, Oribasius made diplomatic excuses. He claimed that pathological signs were difficult to observe when the uterus was situated higher in the body, as it was in girls. Instead, he could provide only generalisations, much as he would do with many generational process. A demand for proof is met with a medical unwillingness to provide it, no doubt because offering incorrect estimates was too much for the physician to risk. Perhaps, then, part of what Oribasius sought to achieve in the *Collections* was a working through – a formulisation, even – of the limits of medical accountability. His aim was to settle on a boundary line between elite demand and the social uses of medical knowledge and authority, a process we witness more formally in the later medical commentaries.

A good example of this unwritten ‘social contract’ between medicine and society is observable in Oribasius’ discussion on the virginal hymen in book twenty-four. His understanding of the structure followed precisely in the footsteps of his predecessor Soranus,

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529 *Syn.* 8.8 (*CMG* VI.3, 249.31-250.9). His advice here is clearly for young men as much as for women. That physicians were notoriously unsentimental is also clear in more folkloric traditions. Here, there is a drive to limit female sexuality. So, Metrodora offers a chapter on ensuring a woman never commits adultery: 34 (50.25-52.2 G); and another on how to learn about her lovers: 35 (52.3-10 G), not unlike the material we might find in the magical papyri. On this, see Dieter Betz (1992) and Faraone (2009).

530 *inc.* 18.18 (*CMG* VI.2.2, 108.12-4).


532 For this concern in earlier Roman medicine, see Flemming (2000): 368-9.

533 *inc.* 18.18 (*CMG* VI.2.2, 108.12-4).

534 *inc.* 18.30-1 (*CMG* VI.2.2, 109.6-14).

535 As we have seen, virginal bodies were associated with constriction and smallness, of the genitals and of the flesh more generally: e.g. *Coll. Med.* 24.29.3; 24.30.2 (*CMG* VI.2.1, 40.12-7; 42.3-14). As far as sexual integrity was concerned, Aetius offered recipes for restoring this constriction: for example, *Tet.* 16.66 (95.13-22 Z). Similar virginal fixes and tests are found in Metrodora: 32 (50.15-8 G); 33 (50.19-24 G).
whose social priorities were no doubt similar to Oribasius’ in the fourth-century. But Oribasius compiled his *Collections* at a time when proofs of virginal integrity were being debated more visibly than ever before, particularly in Christian circles. In the writings of Chrysostom, for example, the testing of virgins by midwives emerged as a deeply contentious issue: no less, indeed, than the cohabitation of male and female ascetics, which had supposedly made the practice necessary in the first place. Examinations like these not only called into question the whole institution of ascetic consecration, but also disgraced the authority of the respectable midwife, whose rightful place was at the side of labouring women, rather than at the hearth of Christian virgins.537 Much the same point was made by Ambrose, bishop of Milan from 374, in response to the examination of a certain virgin called Indicia.538 Inspections of this nature were something Ambrose associated with proving virginity on the slave trade, not with demonstrating the virtues of consecrated Christian women.539 Besides, Ambrose said, the physical signs of virginity were notoriously ambiguous, so that even amongst themselves, practitioners could agree on nothing definitive.540

Oribasius would have broadly agreed with Ambrose. It was because of the ambiguity of virginal signs that he followed Soranus in the medical denial of the hymen, declaring that ‘it was a mistake to assume that a thin membrane grows across the vagina’ (τὸ γάρ οἴσθαι διαπεφυκέναι λεπτὸν ύμένα διαφράσσοντα τὸν κόλπον), for no such structure could be observed in dissection (ἀνατομή), and probes were found to penetrate to the deepest part without hindrance.541 In fact, Oribasius said, it was not the rupturing of a membrane that resulted in the bleeding of first intercourse, but the more generalised spreading of furrow-like

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537 This assumption is found both in Chrysostom, *fem. reg.* 2, ed. Dumortier (1955): 100; and Ambrose, *ep.* 56.10 (CSEL 82.2, 89.118-90.133).
540 Ambrose, *ep.* 56.8 (CSEL 82.2, 88.88-89.101).
541 *Coll. Med.* 24.31.37-40 (CMG VI.2.1, 45.26-7; 30); Soranus, *Gyn.* 1.3.17 (CMG IV, 11.29-12.14). It is only in the early seventh-century that the hymen is affirmed by several authors for the first time in medical discourse: Stephanus, *In Hipp. Aph.* V.63 (CMG XI.1.3.3, 162.30-164.11); John, *In Hipp. Epid.* VI, fr. 41 (CMG II.1.4, 96.25-27); *In Hipp. Nat. Puer.* V.22 (CMG II.1.4, 150.18.28). However, the medical commentators are not interested in the hymen as a type of observable proof, but rather in its comparative possibilities for the maternal body. See Musgrove (forthcoming, 2017). For the hymen in antiquity more generally, see: Sissa (1990a): 105-123; 172-175; (1990b); (2013) and Hanson (1990): 324-30.
Examinations like these were deeply misguided, he suggested, much like the demand for signs of fertile potential. But Christian and medical agreement on the subject is intriguing for other reasons. For Oribasius, and for the Christian bishop, too, there was something deeply distasteful about the invasion of virginal bodies for base proofs. In refusing to provide or condone them, physician and bishop both show themselves to partake of similar traditionalist concerns, eager to ensure that female bodies could only speak well of the institutions they personified, whether family or church.

For Oribasius, then, the denial of the hymen was to do with medical propriety, and the physician’s pursuit of an unwritten ‘social contract’. In the fourth-century, there was a clear line between acceptable and unacceptable practice, and Oribasius was eager to remain on the correct side, firmly in the camp of a traditionalist rhetoric, which sought to protect the corporeal interests of the paterfamilias, and vowed never to offer proofs that would bring his household into public disrepute. But it is also significant that Oribasius retained the subject in the historical context in which he wrote: a context where the visibility of virginal bodies in public spaces, under scrutiny as the personification of the Church’s own purity, had made the subject newly contentious. It is likely that patristic denial of physical proof was also, in part, a recognition of much older classical assumptions, which baulked at the thought of private shame made public. Oribasius’ denial was certainly of this nature: a simple part of the bargain between physician and family, which served to guarantee medical discretion, and with it, the legitimacy of the elite household. The Collections, then, confront a contemporary urgency with a staunchly traditional reply, showing how far the exemplifying of even traditionalist discourse in late antiquity represented an authorial choice as active as any other.

Of seeds, wombs and inheritances

There is one longstanding discourse on medical accountability that we have yet to consider, but which becomes evident in Oribasius’ discussion on the generativity of male bodies: that is, one of patient accountability. It is a topic we touched upon in the previous chapter, where a medical discourse of self-care granted men the agency to pursue their own physical wellbeing, and held them responsible should things go wrong. If they were neglectful of their health, the physician did not adopt a tone of cautious warning upon danger, but took it upon himself to correct elite male for falling short of the ideal. Of course, this rather different approach to the

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543 See, for example, Carrick (2001): 39-40, on the question in Aristotle.
‘social contract’ nevertheless reflected the same patriarchal and civic interests that we see in the case of women, especially when it came to generativity. But it is clear the physician adopted different strategies of accountability according to gendered assumptions.

Oribasius’ discussion of seeds, for example, was broadly patriarchal, as ancient ‘seed theories’ tended to be.\(^{544}\) This is not to say that Oribasius denied the existence of a female seed in the process of generation: on the contrary, following Galen, he stressed that there was one.\(^{545}\) But he did deny the female seed several of the more formative roles that Galen had allowed, giving an overall impression of a desire to separate out the generational contributions of men and women.\(^{546}\) The result is that Oribasius’ female seed becomes just another material element, ‘more suitable than all else for nourishment’ (οἰκειότερον δ’ ἄλλου παντός εἰς θρέψιν) to fuel the male seed as it went about its own formative role.\(^{547}\) Indeed, the only place Oribasius allowed the female seed a more equal contribution to generation was when things went wrong: in cases of uterine moles (μύλη) and wind-eggs (ὑμηνέμοιον), for example, where an improper mixing of either parental seed at conception was thought responsible for the condition.\(^{548}\) That Oribasius stresses this equivalence in formative potential only in a pathological context cannot be incidental, and reflects two assumptions: both that male seed played the key formative role in the generation of offspring, and that men, as a result, were under pressure to keep their bodies generatively fit, no less than women. It is this often overlooked imperative to male generative health that is of interest to us here.

Medical encouragements for men to keep in good generative health are widespread in the Collections. There was a strong ethical impetus in ancient culture for men to be sexually moderate, and imperatives of a non-generative variety are highlighted throughout Oribasius’ physiology of the seed.\(^{549}\) As the compiler stressed, the emission of seed was accompanied by

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\(^{545}\) inc. 9.27 (CMG VI.2.2, 93.23-30); inc. 15.7 (CMG VI.2.2, 103.15-27). In fact, Oribasius also adopts Soranus’ (and more indirectly, Herophilus’) conflicting viewpoint, which suggested that female seed was excreted externally via the urinary channel and never entered the cavity of the uterus to contribute to the offspring: Coll. Med. 24.31.15-20 (CMG VI.2.1, 43.27-44.5). However, elsewhere, Oribasius excerpts only those passages from Aristotle and Athenaeus that conformed to, or at least did not contradict, a two-seed model: for example: inc. 13.3 (CMG VI.2.2, 100.22-101.3); inc. 16 (CMG VI.2.2, 105.26-107.7); inc. 23 (CMG VI.2.2, 115.33-116.20). Possibly Oribasius aimed to streamline different opinions on the seed into a singular, coherently Galenic tradition, but kept the Soranic passage for its anatomical thoroughness.

\(^{546}\) In Galen, the female seed was given several important functions, which included the formative role of constructing the allantoic membrane, the structure which kept the embryo isolated from its waste matter: Sem. II.4 (CMG V.3.1, 174.15-19). Oribasius notes only that a more ‘serous semen’ (ἐξ ὀροσιστέρου γεγονός σπέρματος) constructs these membranes, the single hint – intelligible only with reference to Galen – that the female seed also exerted an active principle: inc. 15.11 (CMG VI.2.2, 104.26).

\(^{547}\) inc. 15.7 (CMG VI.2.2, 103.15-27, cit. 22-3). At inc. 15. 17-19 (CMG VI.2.2, 105.14-25), Oribasius explains that both menses and seed possess formative and material principles. However, nothing else about Oribasius’ description proves this to be the case.

\(^{548}\) inc. 13.3-4 (CMG VI.2.2, 100.22-101.5). Even Plutarch took this condition to be evidence that a female must also produce some formative principle: Conjug. 145 D-E.

\(^{549}\) Foucault (1990); (1992); Rousselle (1993): 5-23.
the loss of vital \textit{pneuma}. Over time, overindulgence could lead to a dangerous deficit.\footnote{Having sex at the wrong time or in the wrong bodily condition can also be ‘dangerous’ (σφαλερός): \textit{inc.} 24.10 (\textit{CMG VI.2.2, 117.21-5}). See also, \textit{inc.} 25; 26.1 (\textit{CMG VI.2.2, 117.26-34; 118.3-12}). Of course, seed has beneficial effects: its production and excretion at puberty make men masculine. Before puberty, boys were small, hairless and womanly; and after it, they become hairy, large and masculine: \textit{inc.} 24.3 (\textit{CMG VI.2.2, 117.29-33}). However, youthful enthusiasm for sex can be overindulged, \textit{inc.} 24.6; 39.8-9 (\textit{CMG VI.2.2, 117.8-11; 139.29-37}). Seed is also responsible for femininity in women: \textit{inc.} 9.14-5; 18 (\textit{CMG VI.2.2, 92.1-8; 92.25-6}).} More than this, vital \textit{pneuma} was the basic building block of psychic \textit{pneuma}, which was ‘the primary instrument of the soul’ (δραγαν ς \textit{πρότων αὑρής}).\footnote{\textit{inc.} 59.3 (\textit{CMG VI.2.2, 160.2-3}).} A loss of \textit{pneuma} through sex, then, deprived a man of more than just his strength, but also of some crucial element that made him a rational animal. It is fairly obvious where the philosophical and the medical overlap in such discourse: a point of correspondence that helps us contextualise Oribasius’ subsequent turn to moralising.

After a rare digression into a case history, for example, Oribasius suggested that a man in whom urination was hindered on account of sexual overindulgence had only himself to blame, and ‘would be cured if ordered to live temperately’ (ἰάσσασθαι κελεύσαντες ἐγκρατῶς διαγαγεῖν).\footnote{\textit{inc.} 9.34 (\textit{CMG VI.2.2, 94.30}).} It was because of sexual immoderation that such men tended to be weaker (ἀσθενής), ‘so that some have even died from excessive pleasure’ (ἀσθενής ἔρημθεν τε ἀπέθανον).\footnote{\textit{inc.} 9.21-2 (\textit{CMG VI.2.2, 93.1-10}).} For those who risked such an outcome, Oribasius could only advise rest and domestic confinement, ‘until the tension in which they put their body has loosened, and they have overcome their weakness’ (ἕως ἂν ἐκ μὲν τῆς συντονίας ἄνεσιν λάβῃ τὸ σῶμα, ἐκ δὲ τῆς ἀτονίας ἀνακτήσωσιν ἑαυτούς).\footnote{\textit{Syn.} 5.35 (\textit{CMG VI.3, 168.13-4}).} The threat of danger, then, stalked the male body just as readily as the female body, but where women were treated with a significant degree of professional caution, men who had passed over their opportunity for autonomous care were regarded with no small amount of medical disdain.\footnote{Oribasius offered many regimens for controlling sexual impulses, but seems to reserve the right to look down on those who fail to follow them. For such regimens, see: \textit{inc.} 24; 25; \textit{Coll. Med. 6.36; 37}.} We saw in the previous chapter that instruction levelled at men tended to be dialogic in nature. But here, Oribasius falls back on a discourse of imperative command (κελεύω), even restricting the most morally lax cases to the domestic sphere, and shaming them for ‘weakness’ (ἀσθενής).\footnote{\textit{inc.} 9.21; 34 (\textit{CMG VI.2.2, 93.5; 94.30}).}

There is perhaps something more than philosophical anxieties at stake here. For one thing, a discourse of dangers on seed continues in those chapters that concern generation. In a discussion on the necessary preparations for procreation, for example, Oribasius’ primary focus is not upon the female body at all, but upon the male one.\footnote{Women feature at the end, in comparison to insentient plants: \textit{inc.} 23.3-5 (\textit{CMG VI.2.2, 116.12-20}).} It is particularly important, the
compiler notes, that a man hoping to conceive abstains for several days, ‘so that the semen that is collected is sufficient and concocted’ (ὁπως ἵκανόν τε καὶ πεπεμμένον ὑπάρχῃ τὸ συνηγμένον σπέρμα). \(^{558}\) “For those who constantly have sexual intercourse gather seeds that are raw and unripe” (οἱ γὰρ συνεχῶς πλησιάζοντες ὀμὰ καὶ ἄωρα τρυγόσι τὰ σπέρματα) he states, citing a physician named Andreas.\(^ {559}\) Moreover, in a chapter on sterility, Oribasius notes that a man must stay physically fit for the sake of his offspring, for those who are overweight ‘excrete little seed’ (ὀλίγον σπέρμα ἀφεῖναι).\(^ {560}\) Only healthy parents could hope to produce healthy heirs. It was surely this belief, as much as an ethical one, that lurked beneath a discourse of patient accountability when it came to male failures of sexual moderation.

Of course, ancient men had a great deal to lose. It hardly needs stating that their generational contribution corresponded with lines of patrimony. Even where medical authors rarely made the social point explicit, non-medical ones did. Augustine, for example, several years into his conflict with Julian of Eclanum, demanded to know who had ever associated offspring with the maternal line, or a child’s begetting (as opposed to conceiving) with two parents rather than one. ‘Everyone, after all, who hears this thinks only of the father’ (Cum omnis, qui hoc audit, non cogitet nisi patrem).\(^ {561}\) The same assumption predominates in legal texts. In a law of the 9\(^ {th} \) August 393, the emperors Theodosius, Arcadius and Honorius declared that ‘no one shall be bound [to curial service] by the bonds of maternal blood alone’ (Nullus sane solis materni sanguinis vinculis illigetur), a belief that is also pervasive in the Digest.\(^ {562}\) Just as the maternal seed was physically weaker, so too generalised female weakness (mulierum infirmitas) invalidated legal imperatives in the female line.\(^ {563}\) Assumptions on matrilineality, much like the female contribution to offspring, upheld the values of patria potestas. But it was not only upon women that the pressure of such values fell. Rather, where women bore the burden of medical supervision, the contract between physician and paterfamilias resembled a relationship of parrhēsia, where the former acted like a philosopher in relation to a man of power.

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\(^{558}\) inc. 23.2 (CMG VI.2.2, 116.10), trans. Sean Coughlin.  
\(^{559}\) inc. 23.2 (CMG VI.2.2, 116.11-2), trans. Sean Coughlin.  
\(^{560}\) Syn. 9.43.3 (CMG VI.3, 302.14).  
\(^{562}\) CTh 12.1.137.1 (MM I 696.6-7), trans. Evans Grubbs (2002): 52. The Carbonian Edict, for example, which protected children by ensuring they were supported by their father, only applied to the paternal line: Dig. 37.10.1.2. The same goes for the fact that children generally passed into the guardianship of their father’s family if he died and had not specified a tutor. Of course, this did not always work out in practice, but the assumption presupposes the superior importance of the male line: see Evans Grubbs (2002): 236.  
\(^{563}\) CTh 12.1.137.1 (MM I 696.8-9): ‘the weakness of women never renders them liable for discharging these sort of duties’ (quia mulierum infirmitas numquam huiusmodi functionibus reddit obnoxios), trans. Evans Grubbs (2002): 52. Coll. Med. inc. 9.27 (CMG VI.2.2, 93.23-30); inc. 15.7 (CMG VI.2.2, 103.15-27).
And so, back to the female body. We left it in the marginal phase of *parthenia*, beset by dangers. The physician’s ruminations on such risk all pointed in a singular direction, towards the inevitable coming of mature womanhood, epitomised by a body that was perfectly fit to bear children. This mature body was itself to become the subject of speculation on medical accountability, particularly when it came to the marginal phase of pregnancy. As we have seen, such pinnacles in the female lifecycle had also provoked comment and discussion in the legal texts of late antiquity. The ways in which the physician offered a complementary commentary on the bodies of women, pointing out various dangers in the making of healthy heirs, will be explored in what follows, in part through a focus on the physician’s fixation on ‘danger’ (κίνδυνος) and ‘blame’ (μέμψις).

But for now, we turn to medical advice on preparations for pregnancy. The process of *parthenia* had led to a twofold development in the bodies of women. On the one hand, this involved the establishment of a regular cycle of menstruation, and on the other, a body that was open enough to excrete it and receive the passage of male seed. Both states would continue to represent the most reliable signs of generative potential in the *Collections*, and were the focus of attempts to improve or correct female fertility.

In general, female regimens aimed at maintaining these states of generative potential. It was all very well, Oribasius said, that a woman should exercise, but she should always be wary of over-exertion. Exercise for women came with the ‘danger’ (κίνδυνος) of hindering menstruation, as we saw in chapter four. Hence, female regimen was about generativity, even in those discussions that had ostensibly little to do with it. This should come as little surprise. Menstruation in the *Collections* was not merely an attribute of generative health, but of women’s health more broadly. Even a woman past childbearing age was expected to benefit from scarification, precisely because it mimicked the menstrual flow they had lost. Naturally, menstruation was also central to discussions on sterility. For a woman struggling to conceive because of scanty menses, a rich diet was prescribed in the days leading to her period, while for those with an overly heavy flow, the opposite was advised. But, in general, the surviving

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564 For example, inc. 12.6 (CMG VI.2.2, 100.9) on danger; and inc. 22.36 (CMG VI.2.2, 115.20-1) on blame.
565 One fertility test that continued in popularity into late antiquity examined exactly this physiological openness, by fumigating at the genitals and waiting to see if the scent rose to the mouth: Aetius, *Tet.* 16.7 (10.27-11.7 Z). The same chapter also suggests that the smell of a garlic pessary will pass to the mouth in much the same way. See also a test in Metrodora, 30 (50.1-6 G). On Hippocratic fumigation more generally, see Stephanus, *In Hipp. Aph.* V.30 (CMG XI.1.3.3, 104.28-107.14).
566 inc. 20.6 (CMG VI.1.2.113.9-14).
567 Coll. Med. 7.20.3 (CMG VI.1.1, 219.1-5).
568 Syn. 9.43.10 (CMG VI.3, 302.22-7). Oribasius discusses numerous causes of sterility in his *Synopsis*. No doubt there would have been a longer chapter in the *Collections*, but this no longer survives. Wine, for example, might be used if infertility resulted from a cold temperament: Syn. 9.43.9; 22-3 (CMG VI.1.3, 302.19-22; 303.24-7). If bad humours were the issue, they were to be purged, and a good diet was to accompany the treatment: Syn. 9.43.11 (CMG VI.1.3, 302.27-303.2). Similar remedies were to be sought on account of the womb being too hot, too moist,
chapter on sterility does not partake of a rhetoric of danger or dwell much upon risk, probably because sterile states were generally understood to be reversible with the proper therapy.\textsuperscript{569}

But quite the opposite is true in Oribasius’ instructions for correctly identifying conception. There is no focus upon corporeal danger as such in these discussions, but the physician nevertheless betrays a wariness of social expectation: hardly a surprise in a world where the moment of conception was paramount in establishing legitimacy, particularly in cases of children born to widows or divorced women.\textsuperscript{570} In responding to such concerns, Oribasius adopted a twofold approach: firstly, by highlighting the importance of personal experience; and secondly, by warning against misdiagnosis. In both instances, the physician’s objective was to emphasise the authority of his instruction, for in doing so, he limits the threat of medical accountability should calculations prove misguided.\textsuperscript{571} Oribasius’ first concern was to ascertain the presence of conception, since many pathological conditions imitated the closure of the uterine mouth around the seed. Establishing that closure was not caused by inflammation, hardness or any other unwanted condition was crucial.\textsuperscript{572} Next, he had to confirm that other symptoms were similarly indicative of pregnancy. Nausea was ordinarily a ‘plausible’ (εἰκότως) indication, but it, too, could be misleading: women affected by bad humours might display similar.\textsuperscript{573}

Central to the interpretation of reliable signs was learned experience, and that of the mother and her attendants was essential. Women often reported feeling the womb closing and ‘withdrawing gradually upon itself’ (οἷον … κατὰ βραχὺ συνιούσης εἰς ἑαυτήν), and men also described feeling a sensation akin to the pull of a suction cup.\textsuperscript{574} A midwife’s testimony was similarly paramount in recognising the more subtle indications of pregnancy, which could be judged by examining the mouth of the womb.\textsuperscript{575} Talk of personal experience is relatively rare in the Collections, so it is significant that Oribasius retains it here, offering his calculations on the timing of pregnancy, which he claims were gleaned from long years of ‘experience’. Moreover, it is here that he pushes the importance of ‘exact observation’ (τὰς ἀκρωσ παραφυλαχθείσας) to the fullest extent, stating that ‘mistaken’ interpretation meant it was ‘not possible to discover the duration of pregnancy’ (ὅν ἄγνοομένων οὐδὲ ὁ τῆς κυήσεως χρόνος too gassy, too open, obstructed or misaligned: Syn. 9.43.23-36 (CMG 303.24-304.34). The sheer number of potential problems suggests infertility was a pervasive issue in the ancient world.

\textsuperscript{569} For example, Dig. 25.4.1.

\textsuperscript{570} Much as prognostic methodologies were thought essential in protecting the reputation of the physician and his art. See, Stephanus, In Hipp. Prog. II.1.1 (CMG XI.1.2, 36.16-19); III.1.14 (CMG XI.1.2, 52.8-20).

\textsuperscript{571} inc. 10.9-13 (CMG VI.1.2, 96.10-37).

\textsuperscript{572} inc. 10.5 (CMG VI.1.2, 95.28-32).

\textsuperscript{573} inc. 10.2-3 (CMG VI.1.2, 95.20-4).

\textsuperscript{574} inc. 10.7 (CMG VI.1.2, 95.34-95.6).
εὑρεθῆναι δόνταί), as generative and social etiquette required.\textsuperscript{576} Amongst these concerns that pregnancy be properly estimated is clearly a desire to medicalise what was ordinarily individual experience.\textsuperscript{577} Although women’s knowledge evidently matters, Oribasius’ insistence upon danger suggests he is eager to appropriate such knowledge for a more reliable framework, not only for the good of the art, but for society more generally. So even though pregnancy continued to be thought of as ‘women’s business’ in late antiquity,\textsuperscript{578} the physician’s insistence on his own experience only demonstrates how far formal medical knowledge was intended to supersede anything so parochial.

Unsurprisingly, pregnancy proper received a more sustained consideration of dangers than any other topic in the \textit{Collections}.\textsuperscript{579} As we saw in the previous chapter, Oribasius was explicit about the fears of such accountability: ‘you do not accrue any blame’, he had reassured his practitioner-reader, ‘either in relation to food or any other concern, if harm befalls women during pregnancy’ (καὶ οὐκ ἄν εἰς οὐδὲν μέμψαι οὐτε σιτία ὀδοὺς οὔτε εἰς ἄλλο τι τῶν ἐπι τάς κυήσει συμπιπτόντων).\textsuperscript{580} A physician could only prognosticate upon the dangers of the state, and leave it to families to take care of the rest. To this end, the account is full of a rhetoric of caution: ‘pernicious’ (πολέμιος) foods were to be avoided, the ‘dangerousness’ (ἐπισφαλής) of the eighth month was to be anticipated, the woman was to ‘fear’ (δείδω) any action that might bring about termination.\textsuperscript{581} This was further emphasised by a language of ‘violence’ (βία).\textsuperscript{582} So, for example, a woman must be particularly careful in the early months, because a recently formed embryo could easily be ‘plucked’ (ἀπορρέω) from the uterine wall.\textsuperscript{583} It was for all these reasons that her family should have her regimen closely ‘monitored’ (φυλάσσω), to prevent the

\textsuperscript{576} inc. 10.27 (CMG VI.2.2, 98.32-3).
\textsuperscript{577} On the medicalisation of women’s knowledge in a later period, see Green (2008).
\textsuperscript{578} For example, Augustine, \textit{Ser.} 215.4 (PL 38.1074); where Augustine supposes that Mary would have learned about childbearing and conception from other women, as women tended to do: \textit{sed ex aliis feminis natura frequentante didicerat}.
\textsuperscript{579} There is also a focus upon ‘responsibility’ (ἐγκλήμα) in chapters concerning broken bones and fractures. In one, for example, Oribasius discusses where blame should fall if an instrument should rust: \textit{Coll. Med.} 49.3.9 (CMG VI.2.2, 5.29-33); and in another, referring to treatment by ‘ladder’, who should be blamed if the extension is done from too great a height: \textit{Coll. Med.} 49.9.41 (CMG VI.2.2, 18.38-19.5).
\textsuperscript{580} inc. 22.36 (CMG VI.2.2, 115.20-1).
\textsuperscript{581} On ‘pernicious’ foods, see inc. 22.6 (CMG VI.2.2, 113.9-14); on the things to be feared, including jumping, sneezing and strenuous movement, thunder and loud noises, see inc. 22.15-6; 19-25 (CMG VI.2.2, 113.37-114.5; 114.11-28). On the dangers of the fourth and eighth month, see inc. 22.17 (CMG VI.2.2, 114.5-9). However, in chapter 12, following Aristotle, Oribasius stresses that some eighth month children did survive, contrary to popular misconception: inc. 12.1 (CMG VI.2.2, 99.16-21). On the doomed eighth month child as a social mechanism for coping with high infant mortality, see Hanson (1987).
\textsuperscript{582} inc. 22.21 (CMG VI.2.2, 114.16-7).
\textsuperscript{583} inc. 10.26 (CMG VI.2.2, 98.23-4).
various ‘misfortunes’ (κακός) and ‘sufferings’ (ταλαιπωρέω) that commonly befell women during pregnancy.\textsuperscript{584}

What of the steps a physician took to limit his own accountability? One central aspect of this undertaking was ‘prognostic’, as we saw in the teaching context of late antiquity, where an ability to predict the future wellbeing of bodies was thought to counter the threat of medical liability.\textsuperscript{585} This was particularly true of Oribasius’ discussion on the impending signs of miscarriage. For the physician, it was not enough merely to specify that a woman must avoid states like drunkenness, extremes of temperature, fatigue and overindulgence. It was also important to outline exactly which corporal signs portended danger.\textsuperscript{586} In one instance, Oribasius offered the classic Hippocratic advice on impending miscarriage: to be wary of the shrinking of the breasts during pregnancy.\textsuperscript{587} Oribasius had noted in other parts of the Collections that there was a notable sympathy between breasts and womb, which made them good indicators of the progress not only of pregnancy, but of parthenia too.\textsuperscript{588} But sometimes, such signs could be deceptive. It may very well be, the physician explained, that ‘women who abort noted that the breasts were withered’ (τῶν γε φθείρειν μελλουσῶν ἵσχυοι μὲν ἄει προηγοῦνται τιθοί), but this was also a condition of women who were generally less plethoric.\textsuperscript{589} The first signs of milk portended more immediate danger, for any flow towards the breasts meant a diversion of essential blood from the uterus. It was essential, then, that the physician prognose correctly the signs presented by the pregnant body, for his own sake, and for the sake of families whose future hung on the meaning of such corporeal evidence.

The wellbeing of the embryo, however, was not always of utmost importance. This, of course, depended on whether the child in question was the one protected by paternal interest.\textsuperscript{590} For the elite child under the care of a nurse, ‘there is nothing more harmful’ (οὐ βλαβερότερον οὖδὲν) than another child in the womb, which could only necessitate the immediate dismissal

\textsuperscript{584} On the misfortunes of pregnancy, see inc. 19 (CMG VI.2.2, 109.16-24); Syn 5.1 (CMG VI.3, 153.3-26); inc. 22.25 (CMG VI.2.2, 114.24-8). On bleeding during pregnancy, see: inc. 10.24 (CMG VI.2.2, 98.16-9), and on signs of abortion, see: inc. 10.16 (CMG VI.2.2, 97.14-20).

\textsuperscript{585} Stephanus, In Hipp. Prog. II.1.1 (CMG XI.1.2, 36.16-19); III.1.14 (CMG XI.1.2, 52.8-20).

\textsuperscript{586} inc. 22.19-25 (CMG VI.2.2, 114.11-28).

\textsuperscript{587} He also discusses bleeding during pregnancy, stressing the importance of identifying when bleeding was dangerous and when not: inc. 10.24 (CMG VI.2.2, 98.16-9). Interestingly, the concern is again Hippocratic, suggesting how far Oribasius’ gynaecology was more Hippocratic than it was Galenic.

\textsuperscript{588} Coll. Med. 24.31.29-31 (CMG VI.2.1, 44.30-45.3).

\textsuperscript{589} inc. 10.15-17 (CMG VI.2.2, 97.11-23).

\textsuperscript{590} How far the unborn child was protected by law seems to have depended on individual cases, as in medical texts. At Dig. 9.2.9, the harm an abortion might do a woman is of greater concern. But at Dig. 47.11.4 (KM I 836.784.18-9) the text states: ‘a woman who procured an abortion for herself should be sent into temporary exile by the governor; for it would appear shameful that she could, with impunity, deprive her husband of children’ (quaedam opera abegit, a praeside in temporale exilium dandam: indignum enim videre potest impune eam maritum liberis fraudasse), particularly if this was without a husband’s knowledge: trans. Watson (1998): 298. On abortion in antiquity and beyond, see Kapparis (2002) and Mistry (2015).
of the nurse in question. In such cases, Oribasius’ advice on miscarriage is reversed, only showing the extent to which medical fact was malleable to social circumstance. That the physician felt the need to bend to social pressure is also evident in his discussion on predicting the sex of the child, a concern that was very real in a world anxious not to dissipate family wealth by sharing it among too many children (especially females). On this subject, Oribasius is openly cautious, only offering up the most general of proofs to satisfy a demand that seems external to the discussion itself. For example, he suggested that males were generally formed on the right side of the womb: an indication that might be observable at the uterine mouth should one want to know the sex before the birth. But Oribasius is also eager to stress that these signs cannot be relied upon. A pregnant woman generally has a healthy complexion with a boy, and a worse one with a girl, ‘but this is not a reliable sign’ (συμβαίνει δὲ τοῦτο οὐ δημιουργέω). And, as though pressured yet further, Oribasius concedes: ‘if you want me to mention things that are clear to everyone, strong movements are signs that the foetus in the womb is male’ (ὡς δὲλα φάναι τοις πάσι, γνωρίσματα τοῦ κώνων ἀφρέν καὶ τὸ πλήθος καὶ ἡ ἵσχυς ἐστὶ τῶν κυνήγεων), though ‘neither are constant signs’ (οὔδὲ αὐτὰ τῶν δημιουργῶν ὄντα σημείων).

Oribasius somewhat guardedly engages with cultural anxieties about foetal sex, whilst trying to protect the reputation of the art by being clear about what cannot be known beyond certainty. In fact, his caution here mirrors that shown in the case of virginal bodies, on signs of sexual integrity and fertile potential.

Where does the woman herself stand within this discourse of medical accountability? I have already suggested that accountability for men and women was crucially different in the medical text, as was their degree of agency in the medical encounter and in modes of self-care. The unwritten ‘social contract’ between physician and family assumed a more direct, even philosophical, relationship between paterfamilias and practitioner, whilst treating women more as a type of property requiring of special care. But as we saw in part two, much of this representation of gender roles in medical spaces was oversimplified and rhetorical. In reality, the physician must have interacted with all sorts of women, some more independent than others. Certainly, some could exercise considerable freedom during pregnancy, and not always to their

591 inc. 30.3 (CMG VI.2.2, 121.20-1).
592 See the discussion in Arjava (1996): 81-84. This is not to mention concerns that existed below the elite, where a female child might only represent another mouth to feed. See the well-known letter, in which a husband, Hilarion, writes home to his pregnant wife, Alis, commanding that she expose the child in the womb if it is female: POxy. IV 744, in Rowlandson (1998): 295.
593 That similar concerns can be found across medical texts seems clear from the discussion in Metrodora. Here, the author gives not only a fertility test to see if women could bear a child: 30 (50.1-6 G), but also ways by which the birth of a male or female child could be guaranteed: 31 (50.7-14 G).
594 inc. 10.18-9 (CMG VI.2.2, 97.23-8).
595 inc. 10.20 (CMG VI.2.2, 97.29).
596 inc. 10.21 (CMG VI.2.2, 97.33-98.5).
detriment. Indeed, Oribasius was quite clear in his regimen that a woman ‘willing’ (προθυμέομαι) to follow his advice from the beginning would less readily fall into ‘misfortune’ (κακός),\(^{597}\) suggesting that the enactment of such medical instruction ultimately rested with the woman herself.\(^{598}\) Although this is certainly the case, the medical text nevertheless relies upon a rhetoric of general female helplessness in the construction of its own authority. Far easier was it to ensure patient compliance and elevate medical liability, if all parties started out from the assumption of female weakness.

It is for this reason, then, that most discussion on pregnant women makes her a passive subject to dangerous bodily states: in one instance, a body deceived by her own condition with morbid appetites and mood swings; in another, a subject incapable of reading the signs of her condition.\(^{599}\) Even on the level of physiology, the picture is similar. The pregnant body is a battleground of potent forces, quite beyond her immediate control: of ‘retentive’ (καθεκτικός δόναμις) and ‘expulsive’ powers (ἀποκριτικός δόναμις); of a womb that seemed to maintain its own independent sensations; even a prisoner of the whims of foetal will.\(^{600}\) In perhaps the most telling example, the pregnant body is compared to an insentient plant that overbears. Women who are constantly pregnant, Oribasius stated, are ‘malnourished’ (ἀτροφος) and ‘ill’ (κακοφυής), and give birth to offspring in ‘much the same state’ (αὐτὰ παραπλήσια), just like overburdened fruit trees.\(^{601}\) But this metaphor of passivity also offers ample justification for female submission to medical control. For the paterfamilias, medical agreement on the inherent danger of female generativity carried no inconsiderable social utility. It justified greater medical vigilance, protected the vulnerable from all manner of social and sexual injury, and placed women’s bodies within a reassuringly regulated and supervisory framework. In all these ways, the Collections of Oribasius complement those concerns we see in other social discourses in late antiquity, particularly those that had to do with inheritance, legitimacy and the movement of property.

\(^{597}\) inc. 22.11; 24 (CMG VI.2.2, 113.26-7; 114.22-3).

\(^{598}\) On this, we might also consider a remark from Chrysostom: that women are held ‘accountable’ (ὑπεύθυνος) for bearing children born female or deformed: virg. 57.4 (SC 125, 312.74); in general a very different view to the ideal held in the medical text.

\(^{599}\) On the inherent instability of a woman’s moods during pregnancy, see inc. 22.29-37 (CMG VI.2.2, 115.6-25). Here, Oribasius discusses ‘pica’ and offers advice on how family members and practitioners can tempt the woman into eating the proper foods: inc. 22.30-2 (CMG VI.2.2, 115.8-14). Family and practitioner must be wary of pregnant mood swings: inc. 22.29 (CMG VI.2.2, 115.6-8). On women as unreliable witnesses to their state, see inc. 19.2 (CMG VI.2.2, 109.21-4); inc.12.7 (CMG VI.2.2, 100.9-14). On deceptive female bodies in the Hippocratic Corpus, see King (1998): 44-53.

\(^{600}\) On the retentive and expulsive powers of pregnancy and childbirth, see inc. 10.14 (CMG VI.2.2, 96.37-97.11). Both faculties are Galenic: Nat. Fac. III 3 (2.148-150 K). On the womb as an organ that maintains a level of ‘sensation’ (αἴσθημα), despite claims that ‘it is not autonomous creature’ (ζῷον μὲν οὐκ οἰσία): Coll. Med. 24.31.6 (CMG VI.2.1, 42.27). On the vegetative powers of foetal will: inc. 22.9 (CMG VI.2.2, 113.20). Here, it is suggested that the foetus ‘exerts itself’ towards the nourishment it requires (πὸνων ἐκεῖ διὲ πλειόνον).

\(^{601}\) inc. 23.3-5 (CMG VI.2.2, 116.12-20).
Conclusions

Female bodies had always been sites of contested social meaning in antiquity, but this was particularly true of those that were pubertal or pregnant. Both stages of the female lifecycle were intensely scrutinised in the late antique period, particularly in the legislation that aimed to protect patrilineal values and to safeguard the passing of property from one generation to the next. Female bodies were the vessels upon which social continuity and stability relied, and one way of ensuring their generational exclusivity and proficiency was by stringent medical supervision. The medical text was no different in its aims when it came to women’s bodies. Indeed, much as medical texts had always done, Oribasius actively upheld the social assumptions of the world in which he moved, offering medical evidence for female vulnerability and weakness, the better to defend careful patriarchal control. These norms filtered into the cultural consciousness of the medical encounter beyond the specialised medical text. It is for this reason that the numerous cultural depictions explored in chapter three tended to feature the sequestered care of vulnerable young girls and pregnant women, even where other women tended to move more freely, and have more say in their health. Much the same, as we saw, was the case when it came to modes of instruction and self-care.

In a similar way, it was of considerable social utility to invest the bodies of women with unique physiological dangers and uncertainties, ones to which elite male bodies were simply not subject. But it was at this juncture that the terms of the ‘social contract’ between physician and society became more complex. Danger and uncertainty not only necessitated particular care, but it also made the subjects of blame and accountability all the more pressing, as we saw throughout part two. Discourses of medical accountability were largely unwritten in antiquity: one of the reasons that good medical reputations were so hard to build and sustain, in a world which offered so little by way of formal qualification. It was for this reason, no doubt, that gynaecological discussion in Oribasius so persistently fell back on careful delineations of responsibility and blame. Indeed, the unwritten contract between family and physician was fulfilled in completely different ways when it came to men and women. As part of its terms, physicians could approach the powerful paterfamilias in much the same way a philosopher might do an emperor, with the traditional candidness that came with parrhēsia. Women, on the other hand, were to be approached like precious property, and much of the social contract was to do with ensuring their inherent value in a market which understood generativity to be as such. It was for this reason that a physician would not meddle in matters of dubious virginal proofs, since, even with the best of intentions, these could all too easily bring families into disrepute.
But Oribasius was equally eager to uphold the authority of his art, in line with the social standing it enjoyed in late antiquity. Medical tradition had long insisted that physicians take accountability of the art by demonstrating a concern for its reputation, and engaging with its proliferation through effective teaching. It was likely this aim that was behind the growing standardisation of medical practice at the close of antiquity, but it may also have been a chief concern of Oribasius in the fourth-century. After all, his text aimed at new heights of completeness and accessibility, and sought to create an account of contemporary medicine as uncluttered by nuance as possible. Where this may have obscured the complexities of reality beyond the text, it is in this aspect, perhaps, that Oribasius’ unique approach to the subject of women and generativity might be located. Indeed, I would suggest that his careful outlining of responsibility and blame when it came to the bodies of women was an attempt to formalise a more singular and reliable standard of medical accountability, made more relevant in gynaecological matters, where bodies were extraordinarily beset by dangers and uncertainty. His advice was little different to that of his predecessors. But in his choice of form, Oribasius sought to address old questions with new answers, in response to a world in which even the traditional was constantly evolving. It seems likely that his contribution to this unwritten ‘social contract’ marks an early form of institutionalisation, which would continue more concretely in the schools of late antique Alexandria.

Formalisation like this required generalisation. But as this thesis has suggested, the reality for women and their interactions with medicine was far more complex. What did Oribasius make of these ‘other’ women, made even more visible in a Christian world that had begun to make a point of their will, agency and freedom? These questions are the ones with which we will be concerned in the final chapter.
In a series of homilies, possibly composed shortly before his death in 379, Basil of Caesarea turned to the account of Creation in Genesis. Having already discussed the rest of Creation in his *Hexameron*, his subject was now the making of human beings. For investigations of this nature, Basil began, the natural starting point was the human body and even the medical art by which it was known. Physicians had discovered the most intricate parts of the human form through their various observations, from the number of blood vessels it contained, to the nature and flow of *pneuma* around the heart. Indeed, medical knowledge was one way Christians could truly know themselves: a remarkable claim, and one of Basil’s several expressions of interest in medicine. But as he turned to the nature of women, Basil strayed rather considerably from traditional medical norms. In chapter eighteen, he had Woman speak for herself. Genesis mentioned only masculine humankind (ὁ ἄνθρωπος), she insisted, rather than the feminine (ἡ ἄνθρωπος), so ‘what does that have to do with me?’ (τί πρὸς ἐμὲ;) Everything, Basil replied. Women are as implicated in likeness to God as men, their natures being ‘of equal

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602 For background, and a discussion of the contested authorship of this text, see the introduction to the text and tradition in Smets and Von Esbroeck (1970): 13-26.
604 *struct. hom.* 1.2, 257b-260a (SC 160.168-170). The belief that the created world was one way of knowing the divine was shared with Chrysostom, e.g.: *Anna*, 1 (PG 58,636).
honour’ (ὁμοίως ὁμότιμοι): ‘The virtues are equal, the struggles are equal, the judgement alike’ (ἰσαι αἱ ἀρεταὶ, ἄθλα ἱσα, ἡ καταδίκη ὁμοία).606

For the medical writer, these claims would perhaps have been unsurprising. Women were, after all, the same essential type of creature as men, just as Oribasius acknowledged through his largely Galenic approach to sex. What was different from the medical perspective was the rhetorical emphasis of Basil’s statement. It was the consciousness of a female voice, albeit a hypothetical one, and the framing of the question in explicit terms, ones the physician would have felt little need to articulate. For Christians in the late fourth-century, particularly the Cappadocians, this challenge to a fundamental understanding of human nature was at the heart of their celebration of lifelong virginity. According to Gregory of Nyssa, there was no gender in ‘original’ human nature, which was made essential only because of the Fall.607 When people chose to prioritise these virginal natures, they could quite overlook the bodily differences that had been imposed upon them subsequently, much as the Cappadocian brothers did with their exemplary sister, Macrina. In this world of Christian virginity, traditional gender became blurred and confused.608 Macrina herself transcended the feminine, according to Gregory,609 whilst male ascetics were encouraged to pursue traditionally female virtues, like chastity, obedience and humility.610 By all these standards, virginity represented a world turned upside-down, where social priorities were subverted to the detriment of family and state.

But, of course, this is too simplistic and dichotomous a reading.611 Basil’s use of medicine as an explanatory mode, compatible with divine knowledge, is surely evidence of that. So, too, was his claim that sometimes the best example of Christian virtue was domestic and maternal: What man, he asked, could rival a woman in patience, in the vigour of fasting, in devout prayer, or in the continual good she does for a husband and children?612 So far, virginity has been on the periphery of this thesis. We have encountered it as a monolith in late antique

606 struct. hom. 1.18, 276a (SC 160.212, 8-9), trans. Harrison (2005): 45. As Harrison has shown, Basil gives a similar depiction of women’s potential in his other writings: (1996): 446-52.

607 On female nature: Gregory, opif. hom. 16-7 (PG 44.177-92); on medicine: 30 (PG 44.240-56). For a discussion of women’s nature in Greek Christian literature, see Harrison (1990); (1996); (2001); (2002); and Ludlow (2007): chs. 11 and 12. However, it is important to note that such notions of gender were not shared by all Eastern Christians. The Antiochenes, as Harrison has demonstrated, were the exception: (2001). For Gregory’s take on universal human nature and women, see Ruether (1974) and Børresen (1991).

608 For example, Harrison (1989); (1990); (1996); and Coakley (2002).


611 Peter Brown famously argued for virginity as a social category, where the body is made radically to renounce worldly priorities: (2008). Others, however, have argued that asceticism was also potentially inclusive of the married state. See, for example, Harrison (1990); Hart (1992) and discussion in Ludlow (2007): 184-200. Some scholars have also suggested that ascetic and secular authority were not radically opposed in this period, but were, instead, mutually inclusive. See Rapp’s discussion of different types of Christian authority, (2005): 23-152; and also Rousseau (1971); Chadwick (1993) and Sterk (2004).

612 struct. hom. 1.18, 276b (SC 160.214).
scholarship, exerting a pressing expectation among scholars that it must have left some record in the medical texts of the period. We have chanced upon it in the setting of pastoral leadership, particularly in the case of Ambrose, for whom the physicality of the state was the least of what defined it.\footnote{Ambrose, ep. 56.1-24 (CSEL 82.2, 84.1-97.290).} And we have encountered parthenia in the medical sense, as a transient state between childhood and mature womanhood, beset by dangers and social expectation.

In this chapter, we turn to virginity in its Christian sense: as a state interwoven in gesture, body and soul, or as a condition of will, representing freedom from the ordinary determinisms of everyday life, located in the monastery and desert, but also in the household and the city.

Limited as it is by the scope of Oribasius’ text, this chapter can only go so far in exploring the nuances of these questions. My aim, instead, is to challenge the traditional boundaries and dichotomies so often erected around the virginity question in late antique scholarship: between asceticism and motherhood, church and state, ‘scientific’ and ‘religious’ knowledge. Indeed, in a world where bishops were constantly involved in the realities of ordinary people through their episcopalis audientia,\footnote{A great deal has been written on ecclesiastical courts, and a full bibliography can be found in Humfress (2011): n. 5. Apart from Humfress (2010) and (2011), see: van den Brink (1956); Boy (1985); Lamoreaux (1995); Vismara (1987); Lenski (2001) and Uhalde (2007). For the social context of such disputes, see Harries (1994) and (1999): 191-211.} and where the household itself was a chief way of conceptualising the order of a world newly made Christian,\footnote{For example, Cooper (2007b); (2014); (2016); and Sessa (2012).} it makes every sense that these categories were blurred. Furthermore, we must also allow that a Christian rhetoric of reimagined female nature had the potential to exert real change in the social landscape of late antiquity, since neither theology nor metaphorical expression were completely divorced from society.\footnote{For example, Harrison has argued that Cappadocian approaches to gender did influence their practical ethics. See her discussion in (1990): 456-8.} In the final analysis, these categories increasingly overlapped because of the involvement of the Christian church with the household and empire, necessitating their constant engagement with the classical and traditional values they espoused.

Female nature in Oribasius

In the last couple of decades, modern scholarship has encouraged a more nuanced understanding of the interrelationship between body and soul: one which moves beyond any simplistic notion of duality.\footnote{For an overview, see Martin (1995), particularly 6-15.} Along with attempts to make the ensouled ancient person stranger to modern sensibilities than they might otherwise have been, such arguments have also
entailed a shift in perspective on the authoritative discourses by which body and soul could be known: philosophers and physicians, for example, readily claimed the authority to treat both.\footnote{618} Likewise, gendered states of body in medical theory were essentially fluid: men and women existed on the same, sliding physiological scale, and might, during a lifetime, find themselves expressing characteristics that tended towards either. This image of universal humanity is also one we find in lay literature. When, on her deathbed, Macrina motioned to her physician in Gregory’s \textit{On the Soul and Resurrection}, describing the way her disease presented itself to his senses, neither she, nor her contemporaries, would have expected her illness was a particularly female one.\footnote{619}

This section, then, is concerned with exactly those points of overlap in Oribasius’ rather fragmentary incursions into the topic of female nature: overlaps between body and soul, but also between epistemic discourses in medical and non-medical literature. We will return shortly to the questions of asceticism and lifelong virginity, but first it is necessary to consider Oribasius’ take on the soul and how it impacted upon his female ontology. Intriguingly, Oribasius’ own understanding of the psychic faculty in human beings was not greatly different to that of Gregory of Nyssa, encountered at Macrina’s bedside in chapter three. According to Oribasius, the ‘primary instrument’ (ὁργανον πρότερον) of the soul was the psychic pneuma (ψυχικόν πνεύμα), which was itself concocted from the vital (ζωτικόν) pneuma present in the arteries and heart.\footnote{620} The vital pneuma had, in turn, been refined in these organs from inhaled hot air, and from the vapour that arose from the humours. The more refined psychic pneuma in the nerves, meanwhile, was responsible for perception and motion, and seems to have acted as a crucial locus between body and soul. Indeed, so important was this perfected pneuma that Nature provided an organ close to the brain called the ‘retiform web’ (δικτυοειδής πλέγμα) for its storage and refinement.\footnote{621}

Oribasius excerpted piecemeal from a number of fragments of Galen’s \textit{On the Opinions of Hippocrates and Plato}. But when it came to the crucial issue of the soul’s substance, Oribasius admitted that ‘no one has been able to provide me with a clear demonstration’ (παρ’ ὑδεὶς ἀπόδειξιν ἐναργὴ μεμαθηκώς): ‘for I confess that this substance remains unknown to me’ (ἀγνοεῖν μὲν γάρ αὐτὴν ὁμολογῶ).\footnote{622} This admission of uncertainty seems to have been taken from another of Galen’s books, \textit{On My Own Opinions}.\footnote{623} In any case, Oribasius’ careful

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\begin{itemize}
\item\footnote{618}{van der Eijk (2005). For early Christian approaches, see Mayer (2015); Marx-Wolf (2015).}
\item\footnote{619}{Gregory of Nyssa, \textit{anim. et res} 2.6-9 (PG 46.29-32).}
\item\footnote{620}{\textit{inc.} 59.3 (CMG VI.2.2, 159.32-160.6).}
\item\footnote{621}{\textit{inc.} 59.4 (CMG VI.2.2, 160.12).}
\item\footnote{622}{\textit{inc.} 59.3 (CMG VI.2.2, 160.4-5). Galen, \textit{PHP} 7.3.19-23 (CMG V.4.1.2, 442.36-444.11). For Galen on the soul, see Hankinson (1991).}
\end{itemize}
selection of passages from two separate sources suggests that the question remained a disputed and significant one in his own day. In place of clear proof on the soul’s nature, Oribasius contended that his own sphere of authority would concern only the ‘temperament of the brain’ (τὴν κρᾶσιν τοῦ ἑγκεφάλου), but such modest claims are belied by the decidedly philosophical speculations that would follow: from the workings of the tripartite soul and the passions, to questions of virtue. More than this, Oribasius’ confession that the substance of the soul eluded medical description leaves open the possibility that even the ‘medical’ soul was not so very different to Christian understandings.

But most importantly, Oribasius’ psychē was clearly a human universal. It was through it that the gendered body was to be ‘administered’ (διοικέω), quite regardless of whether that body was male or female. The ‘faculty to reason’ (λογίζομαι), located in the head, was to order and dominate the rest: the anger that might be stirred up in the heart, for example, or the unruly appetites and passions that were located in the liver. And even where women were not directly mentioned in the description of this tripartite soul, their humanity was also surely implicated. They, too, we must infer, had the potential to live according to the higher faculties, whether separate from their traditional generative identities, or in accordance with them. Furthermore, in culture where asceticism increasingly blurred gendered boundaries and behaviour, and where an emphasis on freedom of choice served to offer men and women equal opportunities for virtue, Oribasius’ acknowledgement of a universal psychic faculty may speak fruitfully to cultural assumptions beyond the text.

But as previous chapters in this thesis have demonstrated, Oribasius would find little reason to grant these theoretical possibilities any practical effect, quite contrary to the approach we find among his Christian contemporaries. Instead, throughout the Collections, women are repeatedly presented as vain, weak, fearful, licentious and lazy: popular feminine paradigms which suggest some indelible part of their nature made far greater impact on their character than their psychē ever could. Although this appears rather illogical to modern sensibilities, not only did the assumption help to describe hierarchical differences between the sexes, but it also carried a great deal of social utility, helping to justify greater medical supervision in the case of vulnerable women. As a result – and clearly in keeping with this priority – the female

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624 inc. 59.3 (CMG VI.2.2, 160.5).
625 Among the sources for Gregory’s psychology, Barnes (1994) indicates that Galen may well have been one. For other suggestions, see Cherniss (1930); Daniélou (1944) and Peroli (1997). For the brain and soul in the medical and Christian traditions, see Wright (2016).
626 inc. 59.1 (CMG VI.2.2, 159.8).
627 inc. 59.1 (CMG VI.2.2, 159.8-19).
628 Such characterisations of women in scientific discourse dates back at least to the Hippocratic writers and Aristotle. For example, on Aristotle, see Mayhew (2004): ch. 6; and Connell (2016). On the Hippocratic writers, King (1998): ch. 1.
soul is often nothing but a burden in the therapeutic context. In pregnancy, for example, Oribasius insisted that the embryo must be protected from the whims of the fickle female soul. The mother must be prevented from becoming angry or startled, and her guardians must do everything in their power to keep her cheerful, and free of the precipitous mood swings that often made the state unstable.\textsuperscript{629} Only men, it seems, had the potential to train their soul for procreation, even though theirs were not the bodies in which the embryo would develop.\textsuperscript{630}

Yet the corporeal underpinnings of female inferiority are never defined precisely by Oribasius. Unlike his predecessors, the compiler did not justify female imperfection by presenting women as ‘deformed’ (ἀνατηρία) or ‘less complete’ (ἀτελέστερον) men, warped for the sake of procreation, despite the fact he was well-acquainted with the relevant discussion, like Galen’s \textit{On the Usefulness of the Parts}.\textsuperscript{631} Nor did he suggest, as Galen had, that differences of body reflected minor differences in character between the male and female soul.\textsuperscript{632} Instead, female inferiority emerges from the text only impressionistically. It is possible to trace in Oribasius some elementary assumptions: that greater moistness makes a woman a creature of fluid excess,\textsuperscript{633} which seem invariably to anchor her to the material, to an earthier life dictated by the body, and to a generative \textit{raison d’être}.\textsuperscript{634} It is for this reason, too, perhaps, that women are encouraged to eat wild vegetables and game rather than farmed ones, presumably because wilder, uncultivated substances were closer to her own nature.\textsuperscript{635} Equally, fluid excess and wildness are unquestioningly associated with a lack of balance, control and moderation. Female coldness predetermines similarly inferior states. Those who are cold tend to be overweight and have narrower veins, and the seemingly innocuous quality of narrow veins is, in turn, associated with an inability to withstand abstinence (ἀπτήμαζε): a quality invariably linked to self-control.\textsuperscript{636}

\textsuperscript{629} For example, \textit{inc.} 22.5; 29-37 (\textit{CMG} VI.2.2, 113.6-9; 115.6-25). Much the same goes for wet nurses, whose potentially detrimental mental states must be monitored: \textit{Coll. Med. inc.} 31.5; 32.3 (\textit{CMG} VI.2.2, 122.14-6; 127.1-3).

\textsuperscript{630} \textit{inc.} 23.1. Oribasius’ insistence that the female soul plays little role in procreation is intriguing, because the compiler lived in a world in which Neoplatonists were beginning to ascribe the female soul an essential role. On this, see Wilberding (2015) and (2017). Moreover, echoes of such developments can be seen in the late antique medical commentators, who ascribe perhaps the foremost power in generation to a force acting in and through the body, and to a generative \textit{raison d’être}. For example, Aristotle, \textit{GA} 775a 15 (LCL 366 460.2); ‘Less complete’: Galen, \textit{UP} 14.5-6 (4.161-2 K). Of course, the absence of these concepts in Oribasius may be down to the fragmentary nature of the work, even though Oribasius’ anatomical sections – where such statements would have been most fitting – come down to us in full. Galen’s view was alive and well in the fourth-century: e.g. Nemesius, \textit{nat. hom.} 25.86. On the notion of deformity and gender in this context, see Flemming (2000): 119; and King (2013): 40-3.

\textsuperscript{631} ‘Deformed’: Aristotle, \textit{GA} 775a 15 (LCL 366 460.2); ‘Less complete’: Galen, \textit{UP} 14.5-6 (4.161-2 K). Of course, the absence of these concepts in Oribasius may be down to the fragmentary nature of the work, even though Oribasius’ anatomical sections – where such statements would have been most fitting – come down to us in full. Galen’s view was alive and well in the fourth-century: e.g. Nemesius, \textit{nat. hom.} 25.86. On the notion of deformity and gender in this context, see Flemming (2000): 119; and King (2013): 40-3.


\textsuperscript{633} For example, \textit{inc.} 20.1-2; 21.1 (\textit{CMG} VI.2.2, 109.26-8; 112.14-5); \textit{Syn.} 9.46.1 (\textit{CMG} VI.3, 306.2-6).

\textsuperscript{634} A good example of this might be the philosopher Damascius’ assumptions on the particular corporeality of female bodies. He declared that generation was the lowest form of material existence; so much so that the voice of a menstruating women gave wise men headaches: \textit{Isid.} 76e, ed. Athanassiadi (1999): 196.

\textsuperscript{635} \textit{inc.} 20.22; 26 (\textit{CMG} VI.2.2, 110.34-7; 111.4-6). Although, as Laurence Totelin has pointed out to me in personal communication, this also had to do with the fact that uncultivated products were drier, and helped to correct wetter, female physiologies.

\textsuperscript{636} \textit{inc.} 6.6 (\textit{CMG} VI.2.2, 80.16).
Men, in comparison, with their warmer physiologies, have an unrivalled capacity for bearing dietary continence.\footnote[637]{inc. 6.3-6 (CMG VI.1.2.2, 80.3-16.)}

Elsewhere, Oribasius suggests that female seed plays a role in corporeal expressions of femininity. And where he does not explicitly state that the ‘masculinity’ (ἀνδρεία) that follows from male seed is ‘better’, it is correlated with the positive characteristics of strength and virility, where ‘femininity’ (θηλύτης) appears enough of an explanation in itself: an absence of all those features that make masculinity noble.\footnote[638]{inc. 9.14-5; 18 (CMG VI.1.2.2, 92.1-8; 92.25-6.)} In a chapter on the best temperaments, meanwhile, Oribasius explained that human perfection was about medians. The ideal body was midway between extremes of cold and hot, wet and dry; between thinness and fatness, hardness and softness. But these corporal qualities also mapped on to more abstract ones. Those who had perfectly moderate temperaments were also physically more beautiful (κάλλιστος), as well as temperate (σώμετρος), intelligent (συνετός), affectionate (φιλόστοργος) and humane (φιλάνθρωπος),\footnote[639]{inc. 5.2-4 (CMG VI.1.2.2, 79.9-19.)} only reflecting the extent to which soul, mind and body seem to have been indistinguishable entities. In just this way, women, who tended to linger on the outskirts of bodily extreme were bound to suffer in character as well, showing signs of greed, naïveté, and unkindness, some of which, we saw, were ubiquitous when describing women throughout the Collections. But more precise aetiologies of female inferiority are never offered. Instead, female imperfection coexists somewhat diffusely in body and soul, quite regardless of Oribasius’ simultaneous reaffirmation of a genderless psychē.

But the medical text is bound to talk in generalities. This, after all, is its great utility: that it can extrapolate from commonalities to the benefit of the greatest number. The question, then, becomes: does Oribasius allow for exceptions to the norm, and does he offer women medical advice on living according to higher reason, perhaps by improving their imperfect physiologies? In answering this question, we will consider the issue of sexual continence, not only because continence runs against the ideal of normative generativity that Oribasius expounds elsewhere, but also because it had to do with the soul. Indeed, in discussing the division of the soul into three parts – the one, located in the head, which had to do with thought, reason and voluntary movement; the second, in the heart, which provided the passionate conviction to carry out what reason dictated; and the third, located in the liver, which had to do with basic functions and pleasures – the latter part was also associated with the lack or attainment of self-control. This was the lowest part of the human soul: the part associated with
the production of blood, the control of appetites and generation. If the individual could shackle this appetitive soul to the will of the rational faculty, they could control bodily passions.

Women were already at a disadvantage. Their natural imbalance made the regulation of blood, and the consumption of food commensurate with it, very unstable indeed; to say nothing of their natural weakness of character. But at the same time, women were in possession of the same psychic apparatus as men, even if it was physiologically determined that they would struggle to achieve the same level of mastery over it. To aid in their development, Oribasius had offered exercises for the soul that would help them attain some level of virtue. In one chapter, this was to be done by thinking of household tasks and dwelling on those (unspecified) ‘studies’ (μάθημα) appropriate for women; elsewhere, by reading and reciting lyric poetry.

The anxious soul would similarly benefit from walks in the great outdoors, particularly if their paths meandered through fragrant groves. Indeed, exercises for the souls of women – intended, as they were, to instil self-control – were mirrored by exercises suitable for men. But men, of course, underwent a more thorough curriculum in soul-training, starting from their adolescent years, when teaching in philosophy and medicine would commence in earnest. And in later life, it was the business of old men to go deeper into philosophical study, producing their own works and dedicating their final years entirely to the rational faculty and its control over their bodies. This was a challenge to which the physiologies of old men were naturally disposed.

In much the same way, Oribasius offered ‘exercises’ of the soul for women in response to certain diseases. For those morbid appetites that beset women during pregnancy, for example, breathing exercises and oral recitation of the classics were appropriate. This was partly because such exercises soothed diseases that were related to the mind or head, but also because (presumably) the irrational could be countered by participating in the rational. But in other cases, Oribasius was less open to therapies that targeted the female rational faculty. Take his brief discussion on uterine suffocation, in which he opted for the harsher treatments of shouting loudly in the woman’s ear and binding her limbs. In addition to this method, Oribasius’ successor, Aetius, would also advise that women indulge in more learned pursuits, which

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640 inc. 59.6-7 (CMG VI.2.2, 160.18-35).
641 inc. 39.8-11; 20-1 (CMG VI.2.2, 139.29-140.5; 140.36-141.9).
642 This is never said explicitly in the case of women, but is said in the case of boys of educational age, where páideia is a way of regulating the soul: inc. 39.8 (CMG VI.2.2, 139.29-36). Hence, women’s studies must play a similar role in setting the souls of women in good order.
643 inc. 39.8-11; 20-1 (CMG VI.2.2, 139.29-140.5; 140.36-141.9).
644 inc. 39.8-11; 20-1 (CMG VI.2.2, 139.29-140.5; 140.36-141.9).
645 In addition to this method, Oribasius’ successor, Aetius, would also advise that women indulge in more learned pursuits, which

646 Syn. 9.45.1; 3 (CMG VI.3, 305.11-14; 19-21). This approach had been explicitly condemned in Soranus as overly harsh: Gyn. 3.4.29 (CMG IV, 112.4-113.27).
included journeying by land and sea, reading, reciting aloud and singing: a therapy he also offered in the cases of uterine fury and gonorrhoea. In instances of uterine fury, he went so far as to outline the physiological connections between head and womb, going some way, perhaps, in demystifying the ‘feminine’ weaknesses of sexual overindulgence and mental instability, by offering cures that included strengthening the rational faculty.

Indeed, concerns such as these can also be observed beyond the text, where women who overcome ‘feminine’ ills by pure reason alone are thought particularly deserving of admiration. Take Macrina, whom Gregory tells us has trained herself to be completely immune to vagaries of feminine grief. On her deathbed, she counsels her brother not to fall into despair because their brother, Basil, had passed away: advice he barely succeeds in upholding after Macrina’s death, when he is as ostentatiously feminised by grief as her virginal charges. During her younger years, Macrina was said to have attempted to teach her mother how to bear grief, when a younger sibling, Naucratios, had died suddenly in the wilderness near the family estate. Her mother was insensible to such reasoning, and her grief was manifested in symptoms much like those of uterine suffocation: ‘her soul staggered, she became breathless and speechless, [and] reason yielded to passion’ (ὅκλάσασα γὰρ τὴν ψυχὴν ἄπνους τε καὶ ἀφθονγγος παραχρήμα ἐγένετο, τοῦ λογισμοῦ τῷ πάθει παραχωρήσαντο). Macrina, on the other hand, uses ‘her reason to withstand her passion’ (τῷ πάθει τὸν λογισμὸν ἀντιστῆσασα ἑαυτήν), and gradually helps her mother come to terms with the loss, becoming like a mother herself to the family at large. It is certainly intriguing that such advice is reflected in some of the medical texts of late antiquity, particularly in Oribasius’ successors. Moreover, such evidence indicates that physicians offered some scope for women to attain higher virtue, and live not entirely according to determining physiologies.

But there is a difference between acting with occasional virtue and dedicating a lifetime to it, something even men, in the practical world of the medical text, can do only intermittently. How far does Oribasius allow medical scope for the lifestyle of a woman like Macrina, who had committed herself to a life of virginity, with its notable attributes of fasting and sexual abstinence? The answer is, quite simply: hardly at all. Only once does Oribasius

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652 Old age for men was most physiologically suited to the philosophical life: *inc.* 39.20 (*CMG* VI.2.2, 140.36-141.5).
make the offhand comment that women are amenable to lives of marital continence. But for the most part, the medical view remained that sex was integral to female health. Where Oribasius did discuss sexual continence, women are not mentioned at all. In one instance in book six, taken from Galen’s *On the Affected Parts* – where women, sex and continence had been the original question under scrutiny – Oribasius removes them from the chapter altogether, making it one primarily about sex and continence in men. This active removal of women from the subject speaks volumes, but whether it was done with organisational principles in mind, or with the express intention of commenting on women’s propensity for continence is hard to say. In any case, much of what is said about male bodies could easily have been viewed as general for both sexes.

Oribasius’ attitude to sexual continence for men was decidedly mixed. Sexual immoderation could have devastating consequences for male health, and could affect his ability to father healthy offspring. Moreover, it was an ethically-charged subject, as we saw in the previous chapter, and a man might face moral condemnation if he failed to display the proper restraint. But for women in the *Collections*, matters of sex carried no such moral connotations – unless such women were virginal and unmarried. Yet even this kind of condemnation is explicitly distanced from medical questions. Instead, sex was simply taken as part of the generative landscape. Physiologically speaking, it helped to keep the female body in good working order, ensuring that the necessary conduits of menstruation were open and clear, and that blood always maintained its downward flow towards the womb. In moderation, it was also good for pregnant women, and might help them to have an easier labour. It was said to help those brimming with excess humours, and anyone whose everyday life was sedentary or ‘idle’ (ἀργός). The only danger was a sudden change in sexual habits: a point as true for men as it was for women. Widows who had once been sexually active were particularly at risk, especially of diseases like uterine suffocation.

In short, the notion of permanent virginity did not exist for Oribasius, despite the potential the *psychē* seemed to offer. Broadly speaking, the same was true of men, but Oribasius’ advice to them, as we saw in the last chapter, was more nuanced. Much the same is

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653 *Coll. Med.* 45.29.79 (CMG VI.2.1, 190.33-6).
655 This was Rousselle’s approach to this material: (1993): 74-5.
656 *inc.* 9.34 (CMG VI.2.2, 94.24-30); 23.2 (CMG VI.2.2, 116.8-12).
657 See, for example, the discussion on the hymen in the previous chapter.
658 *inc.* 30.3 (CMG VI.2.2, 121.17-24); 31.19 (CMG VI.2.2, 123.18-20).
659 *inc.* 22.16 (CMG VI.2.2, 114.1-5)
660 *inc.* 6.37.7 (CMG VI.1.1, 188.22); as in, *inc.* 6.8 (CMG VI.2.2, 80.20) on women more specifically.
661 *inc.* 61.4-5 (CMG VI.2.2, 162.8-11).
true of fasting. Women were advised to exercise moderation in the use of bathing, wine, and rich foods, but strict abstinence was not recommended, since female physiology could not cope with its effects.662 This stands in contrast to contemporary Christian writings of the period, which drew upon much the same medical assumptions for very different ends. When commenting on diet for the virginal life, Basil of Ancyra had no such concerns.663 His namesake, Basil of Caesarea, challenged his reader to ask even a doctor if in doubt about the healthfulness of abstinence: he would find that fasting was universally beneficial, even from a medical perspective.664 Moreover, many Christian writers based their ascetic regimens on a dietary theory that was heavily dependent upon contemporary medicine. For Basil of Ancyra, these regimens were intended to transform the unsuitable bodies of women into ones fit for Christian renunciation, quite contrary to the direction of medical advice.665

Certain strains of Christian discourse on women’s nature and asceticism pushed to the logical endpoint what medical writers acknowledged, but overlooked: the possibility of similar lifestyles and virtues for men and women, to match their likeness in essential humanity. For the medical text, such capacities remained mere potentialities. They were descriptions clearly intended more for men than they were for women. This stands in rather stark contrast to the writings of the Cappadocian Fathers, with their prioritising of a transcendent and universal human nature. Predictably, authors like Oribasius had very little reason to go so far. A woman’s imperfections were entirely necessary for the role she needed to play in procreation, whilst her natural failings of character helped to justify greater medical scrutiny. This is not to say, of course, that Oribasius disregarded female virtue completely, only that such virtue had limited social utility, and was required only in doses: to make for respectable matrons, for example, or to correct female irrationality when disease had carried it too far. There was certainly no interest in ascetic women or an attempt to address the question of their health, an attitude that would change only in the writings of Oribasius’ successor, Aetius.666 Indeed, it is to the sixth-century

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662 inc. 20 (CMG VI.2.2, 109.25-112.12); 6.3-6 (CMG VI.2.2, 80.20).
664 Basil of Caesarea, jej. 2.7 (PG 31.193). A similar thing is seen elsewhere in Basil: struct. hom. 2.7, 284d-85b (SC 160.242-47).
665 Shaw has written extensively on this subject: (1997) and (1998).
666 For example, Aetius, Tet. 16.51 (72.9-15 Z); vaguely following Soranus, Gyn. 1.6-7; 11 (CMG IV, 17.17-22.5; 29.16-30.8). It is unclear whether Oribasius wrote on the healthfulness of virginity, because it survives in the Latin tradition, but not the Greek. As Buzzi and Messina (2014) suggest, the Latin tradition is older than the Greek transmission, and potentially truer to the original. However, considering the centrality of the Soranic tradition in the west, and the similarity of this passage to examples in Caelius Aurelianus and Muscio, I would suggest the subject was an interpolation unique to the Latin tradition. That it does not survive in Paul of Aegina is telling, since Paul based his work on Oribasius’ Synopsis. For a general discussion of the passage in the Latin tradition, see Buzzi and Messina (2014): 295-9.
that we must turn for glimpses of the ascetic woman and her virginal lifestyle entering into medical books. But such discussions are beyond the scope of the present thesis.

Reimagining female nature and generativity in Christian texts

For the Cappadocian Fathers, reimagining female nature came with many theological possibilities. Basil’s focus on the sameness (homoousia) of men and women in terms explicitly of ‘sameness’ clearly served Trinitarian purposes. By the same token, glorifying certain spectacular women allowed Christian writers to explore the consequences of such religiosity enacted in the world, galvanising men to match the women who had achieved it. There was, then, a tangible link between reconfigured discourses of human nature, and Christian behaviour in the world at large. But despite their challenge to traditional social priorities, Christian writers were also remarkably interested in those things they seemed to reject: generativity, maternity and domesticity. As aspects of the familiar, motherhood and generativity allowed the Christian text to meet the world around it on mutual grounds, from which it could challenge its audience’s expectations. Sometimes the details they used to do so were even medical ones, drawn upon to add validity and to undermine the secular in ever-more nuanced ways. But ultimately, details that evoked the secular were also an acceptance of it. They were an attempt to make such details strange, only to reincorporate them once more into a Christian world order.

This section, then, is about the ways that Christian discourses drew upon maternal and generative experience – and the discourse by which they could be known – to articulate their expectations of Christian domesticity and the household. We begin with those texts that seem to celebrate the virginal ideal as a drastic break from the social order as it stood. These tend to be ‘separatist’ narratives that derive much of their rhetorical force from their ability to challenge the world and its ideals, and offer a spectacular alternative. Indeed, when authors like Gregory of Nyssa, Chrysostom and Basil of Ancyra wanted to sing the praises of virginity, one of the most formulaic ways of doing so was to lament the various tragedies of married life, particularly as they afflicted women. For Gregory, the ills of marriage roll out in his On Virginity with the poetic force of a Greek novel. He asks his reader to imagine the happiest of possible

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667 Coakley (1990). As Clark has argued, female bodies and traits are ‘used to legitimize the male philosophic enterprise’, (1998a): 425.
668 There were many ‘functions’ to spectacular women in Christian discourse, one of which, as Clark famously argued, was to shame men into confirming to Christian behaviour, (1992).
669 This is a standard trope of many fourth-century Christian writers, both in the east and west. For example, Chrysostom, virg. 57-8 (SC 125, 306.1-318.34). For an overview of these trends, see Castelli (1986): 68-71; Clark (1986): 229-64.
670 Gregory of Nyssa, virg. 3.1-10 (SC 119, 272.1-300.35). There has been much debate on the tone of Gregory’s third chapter. Hart (1990); (1992) argues that the text was intended as an untraditional reading of the virtues of the married life. But see Burrus (2000): 84-97; and Karras (2005). Barnes (2001): 13, suggests the chapter is based on
circumstances for his hypothetical couple: illustrious birth, wealth, youth and genuine affection. But the fortunate pair are to endure hardships from the beginning, particularly in their ever-present fear of their beloved’s death. When the husband looks upon his wife’s beautiful face – Chloe or Leucippe-esque in appearance – he is struck by the fact that she will one day pass from him. At no time is this fear greater than with the arrival of pregnancy, since the birth chamber too often portends only death. And even if mother and child survive the traumas of labour, the parents’ worries are far from over, since the mother divides her soul between as many children as she bears. With all this in mind, Gregory concludes, what woman would not choose virginity?

Just as the Greek novel sought to reproduce the social order it reflected, so Gregory’s scrutiny of its ideal produces the opposite effect. Christian discussions of marriage are certainly more intriguing for their intense focus on generativity, and their overturning of the discourses by which it could be known. Much as physicians, for example, often had recourse to the experience of women when it came to conception, Gregory demands that his audience ‘listen to what women have to say about their experiences of married life’ (ἀκουσον οία λέγουσιν αἱ τῇ πείρᾳ τὸν βίον γνωρίσασαι). Generative bodies, then – and even gynaecological norms – are often represented to be subverted in Christian ascetic literature. But as scholars have noted, such subversion was no simple matter. Rhetorical challenges to the married life were often intended to redefine its essential priorities, not to serve as a criticism of the state as a whole. At any rate, by the later fourth-century, Christian bishops constructed their authority not only through their ‘spiritual’ and ‘ascetic’ virtues, but also through their ‘pragmatic’ ones. Moreover, by the reign of Justinian the church was integral to the empire’s civic fabric. Inevitably, then, Christian writers were increasingly sensitive to matters of family, marriage and childbearing, and we must ask how far inherently metaphorical and theological dialogues that concerned women’s bodies were intended to carry social, as well as spiritual, meaning.

In fact, in Basil’s homilies on the making of humanity, with which this chapter opened, human generativity is itself reimagined and reconfigured, with Christian society very much in mind. The command that humankind ‘multiply and fill the earth’ (πληθύνεσθε, καὶ πληρώσατε τὴν γῆν) is taken as a metaphor for the building of the Christian community in the world. Gregory’s marital experiences. See also the foundational introduction in Aubineau (1966); and Daniélou (1956); Gribomont (1967); Brown (2008): 293-304 and Radde-Gallwitz (2009): 190-1.

671 Gregory, virg. 3.8 (SC 119.294, 19-20).
672 As Hart (1992) and Karras (2005) argue, Gregory was just as interested in virtuous marriage.
673 Clark (2008) reads the famous ‘bride of Christ’ imagery in a similar vein: as a way both to celebrate the marital state, and to praise the particular virtues of virginity.
674 I adopt the terms introduced by Rapp (2005): 16-18; 23-152.
676 Clark (2008); struct. hom. 1.14, 272a; 2.5, 281b (SC 160.200, 1-3; 234, 1-2). In the first homily, Basil is interested less in generation, and more in human beings establishing authority over the world.
was the Gospel of Christ that was to multiply in the minds of the devout, and become ‘engendered’ (γεννάω) in the souls of new converts. This was a propagation that was to take place through personal growth towards Christian virtue and good deeds. Much the same was true of a very different kind of text we encountered earlier in this thesis: the miracle accounts of Saint Thecla. Thecla was, of course, renowned for her exemplary virginity and her casting aside of a life of marriage and domesticity to follow Saint Paul out into the world. Yet in the miracle accounts that followed her death, Thecla appears oddly domesticated. She is a figure that transcends the ordinary bounds of femininity, but is clearly devoted to society, its morality and its essential order. Both the apparently traditional, then, and the more radically ascetic, were often granted meaning in the Christian imagination by overturning their common-sense associations. The virgin martyr becomes a guardian of social order, whilst the generative process is utterly dissociated from physical bodies. Yet both are used to explore the world made anew in a Christian image.

As Averil Cameron has shown, metaphor and paradox were central to Christian language, not least because the essence of divine truth was otherwise incomprehensible. The Cappadocians were particularly conscious of the limitations of ordinary language to capture such truths, which is part of the reason they drew upon the familiar as a way of articulating it. Medical analogy was one of their many recourses to the familiar, as were the more technical discourses of case history and self-care. These modes were only more specialised branches of what was, in fact, a much broader symbolism of body and corporeality. As perhaps the most familiar thing of all, the human body was an apt metaphor for all manner of otherwise complex and incomprehensible divine truths. But it was the maternal body (in various manifestations) that was granted considerable symbolic potential in early Christian discourse. Much of this potential was highly paradoxical. In some cases, maternity and marriage were turned into spiritual or virginal processes, as we shall see. The point of this section is to ask what Christian writings had to gain by adopting those functions of generativity so integral to ordinary society, and what such attention meant for the bodies under scrutiny.

For the Cappadocians, reconfigured narratives of generation were at the heart of explaining the incarnation. Mary’s human womb was the site at which Christ entered the world, the place where ‘God was mingled with things human (μίγη Θεός ἰνδρομέοις)’. Although

678 struct. hom. 2.5, 281d (SC 160.238, 28)
this divine generation quite surpassed the impermanence of the human kind, it is a language of ordinary generativity that helps make the process intelligible. Indeed, the word μίγνυμι could also carry the meaning of ‘sexual intercourse’, although we are surely to assume that this heavenly instance of it was as far from the corruptibility of human generativity as it was possible to be. Even so, the phrase seems intentionally paradoxical. Part of the function of such paradox was to displace in the minds of Gregory’s audience the common-sense notions of the human act. Later in the same poem, Gregory would insist that no pride should exist in the act of siring children, since fathers were the cause only of flesh and of blood, and not of the human soul.681 Once more, classical paradigms seem just below the surface. In medical literature, as we have seen, fathers were thought to contribute the essential formative principle to the generative process, where, in this case, they are cast in the traditionally feminine role.

The radical generativity represented by the incarnation was to inspire a plethora of extended metaphors, intended not only to demystify the divine, but also to encourage social transformation. By the logic of Mary’s example, even men and ascetic women were called to become ‘mothers’ of Christ, by conceiving of God in their souls.682 Gregory of Nyssa was to reimagine his entire family by such rationality, casting his sister Macrina as mother, and his brother Basil as father.683 As Gregory of Nazianzus explained, ‘in my view, all those are my parents who have taught me well, and those are my children, whom I have taught’ (αὐτὰρ ἐμοὶ τοκέες μὲν, ὅσοι καλὸν ἔξεδίδαξαν, παῖδες δ’, οὐς ἐδίδαξα).684 With such rhetoric, the definition of family was expanded, shifted and reformulated, with the express intention of destabilising the bonds of loyalty that usually tied men and women to the world.685 But what is particularly intriguing is the role that minute medical and physiological detail plays in such discourses. Mundane aspects like ‘seed theory’, the processes of generation and the epistemic discourses by which they are known seem to provide validation and realism, but only so that their most fundamental priorities can be overwritten and overturned.

681 Gregory of Nazianzus, carm 1.2.1, 388-95 (PG 37.551-2).
682 For example, Gregory of Nyssa, virg. 13.1-3 (SC 119, 422.1-430.20). On this inherently feminine way of describing the attainment of virtue, see Harrison (1989). Harrison suggests that the soul for Gregory is like a receptacle in which God is conceived. In ancient gynaecology, the womb itself was often described as a vessel or upturned jug, so it seems likely that Gregory was aware of conceptualising the soul not only as a receptacle, but also more specifically as a womb. On the imagery of the womb as an upturned vessel in ancient gynaecology, see Hanson (1990): 317.
683 On Basil as father: virg. preface 2 (SC 119.250, 18); on Macrina as mother: v. Macr. 14.2 (SC 178, 181.1-184.34). Such imagery had much older roots, and was a feature of pagan literary circles. Hypatia, the legendary Alexandrian philosopher, was also called ‘mother’ by her students. See Watts (2017): 69.
In one particularly striking passage in his *Life of Moses*, for example, Gregory of Nyssa suggests that the way to follow the spectacular example of his subject was to become one’s own parents. By this he meant that a person could be reborn multiple times in life ‘by our own free choice’ (ἀπὸ τῆς ἴδιας προαιρέσεως), becoming male or female, virtuous or corrupt, by the power of little more than their will to decide.\(^{686}\) Going further even than this, Gregory declared that the rational faculties were the parents in such cases, whilst the will served as midwife, ‘delivering the child amid great pain’ (ἡ προαιρέσις τὴν ὠδὴν ματιοφάνες).\(^{687}\) Free choice would also act as wet nurse to such intellectual children, ensuring their growth into virtuous Christian subjects. Heretical teachings or classical philosophy, on the other hand, were inevitably ‘miscarried’ (ἀπελεσφόρητος) before coming to term: no more than hopeless wind eggs from a barren womb.\(^{688}\) Such education is depicted as being always in labour, but never giving birth,\(^{689}\) whilst the work of Eunomius, Gregory’s Anomoean opponent, is derided as an ‘abortion, quite prematurely born’ (ἀμβλωθρίδιον τι καὶ ἀπελεσφόρητον γέννημα).\(^{690}\) In such cases, generativity becomes both powerful rhetoric, and a reimagined means by which the Christian individual could shed their old lives to be reborn into completely new ones.

Like many of his powerful, Christian contemporaries, Gregory had little need to recreate himself through a birth separate to his family background, since his was one of the older Christian families in the Greek east.\(^{691}\) But at the same time, as Kate Cooper has suggested, Christian rhetoric in the fourth-century came with the promise of the ‘moral independence of youth’, favouring, for the first time in the history of ideas, ‘the aspirations of sons’ over the ‘wisdom of their fathers’.\(^{692}\) Radical discourses of disembodied generation clearly seem to play into such trends, reflecting a world in which elite sons could now abandon the lucrative careers of their families for new ones in the Church hierarchy.\(^{693}\) Indeed, even tales of spectacular renunciation often seem to tend as much to a new Christian world order, as they do towards radical asceticism. A woman like Macrina was not merely an exemplary virgin, but was also ‘mother’ to a whole flock of virginal daughters in her community beside the Black Sea. Figures such as this rarely abandoned the world completely, as Edwards Watts has emphasised in the

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\(^{691}\) On the importance of familial relations for Gregory, see Brown (2008): 285; Meredith (1995): 52, and Burris (2000): 82-3. An ever-present duty to parents is also clear from other Christian authors. Chrysostom, for example, manages to avoid the pressure his peers put upon him to become a monk by citing his mother’s wish that he do right by her whilst she lived: Chrysostom, *sac.* 1.3-5.

\(^{692}\) Cooper (2007): 27-9. Although, as Arjava points out, far more work remains to be done on this phenomenon, (2009): 388.

\(^{693}\) For an overview of this process, see Watts (2015): 149-50; 164.
case of Antony; returning to it transformed, with new Christian messages to share with those
who would hear them.694 Even Macrina, in her splendid social isolation, was not to be eternally
separated from the public eye. Immortalised and reintroduced to society in her biography after
her death, Gregory admitted it would have been a crime for her example of Christian virtue to
have remained hidden behind her monastic walls.695

But discourses of generativity were not only about maternal virgins and Platonising
bishops. In chapter four, we were introduced to Chrysostom’s Anna, who had prayed fervently
for the birth of a child through long years of sterility. This child would become the Prophet
Samuel, whom Anna would dedicate to the consecrated life in exchange for her pregnancy.696
Chrysostom had set aside five days to extol her life and virtues, encouraging his audience to
adopt Anna’s model of motherhood, by making themselves exemplary teachers of their
children. It was only Nature who deserved praise for bringing children to birth, whereas it was
freedom of will that made for true parenthood.697 In discussing this theme in his third homily,
Chrysostom explored the role that divine will could play in the conception of children. Because
Anna’s pregnancy had come about by prayer, her firstborn was ‘the woman’s doing’ (Καὶ ἡ ὑ
μὲν πρωτότοκος κατόρθωμα τῆς γυναικὸς): a process in which the father, Elkanah, played no
significant role at all.698 Even more uncomfortably for ancient sensibilities, Chrysostom
suggested that Anna’s subsequent children were due to Anna herself and a priest who had
blessed her faith in conceiving Samuel. ‘As rich and fertile soil on receiving the seed yields us
luxuriant crops’ (καθάπερ γῆ λιπαρὰ καὶ πίων, δεξαμένη τὰ σπέρματα, κομόντα δείκνυσιν ἡμῖ
τά λήϊα), Chrysostom explained, ‘so too the woman on receiving the priest’s words in faith
produced for us other flourishing offspring’ (οὕτω καὶ ἡ γυνη, μετὰ πίστεως τὰ ρήματα
dεξαμένη τοῦ ιερέως, κομόντας ἡμῖν στάχυας ἐτέρους ἤνεγκε).699

In the example of Anna, a foundational narrative of social reproduction is reoriented
towards the maternal, where God and his representative in the world act in the place of the
ordinarily all-important patriarch. The divine does not replace Anna’s husband, we are left to
suppose, but the power of God’s intervention and Anna’s virtuous free will are shown to topple
the more familiar narrative of male and female material contribution to generation, in much the
same way that Chrysostom had earlier dismissed such corporeal processes as being merely the
stuff of Nature. But Anna’s miraculous pregnancies are nonetheless intended to be models for

695 Gregory of Nyssa, v. Macr. 1.5 (SC 178, 140.24-142.31).
697 Chrysostom, Anna 1 (PG 54.637-8).
mothers and families. Subverting generativity in this example is still geared towards the household, rather than more radical ascetic narratives, just as we would expect in a homily aimed at a diverse audience. Indeed, in disembodied and re-establishing a framework of a generativity centred on willingness, Chrysostom can redefine the moral basis of the Christian family, reorienting motherhood towards the Christian knowledge she might engender, rather than the bodies she might produce for the world. In part, Chrysostom’s emphasis reflected his personal development as an ascetic, and later, as a preacher. His more dogmatic writings on virginity date from his earlier career, before he had much experience of pastoral care. By the time he found himself preaching on Anna, his views seem to have changed: now, asceticism was potentially for everyone.700

Chrysostom’s challenge to what we might call classical ‘seed theory’ is also a feature we observe in the Cappadocian Fathers. When singing the praises of his recently departed sister, Gorgonia, Gregory noted that both of her admirable parents were ‘the source of the seeds of her piety’ (ἐντεύθεν αὐτῇ τὰ τῆς εὐσεβείας σπέρματα) and of her ‘noble life’ (τὸ ζήσαι καλὸς), as well as of her physical being.701 Gregory’s mentioning of ‘seed’ (σπέρμα) in the context of virtues has a similar effect to that of Chrysostom’s rhetoric: dissociating the primary good of parenthood from matters of body to ones of Christian upbringing and virtue.702 Moreover, Gregory is intent on using his sister’s life to explore the consequences of his human ontology. Like his contemporaries Basil and Gregory of Nyssa, Nazianzus stresses that Gorgonia spent her life in pursuance of the ‘divine image’ (εἰκόνας) in which both men and women were made, and was able to do so regardless of her marriage and motherhood.703 This was possible, Gregory said, because it was the ‘mind’ (νοῦς) that presided over marriage and virginity regardless of their corporeal differences: yet another example of the privileging of will over body in the pursuit of the Christian life.704 Indeed, Gregory’s mother and sister were both proof that Christian virtue could exist in the household as readily as in the desert.705

So, Christian authors themselves rarely presented singular paradigms for female lives. When they discussed the virginal bodies or actions of women, they were often just as interested in exploring ways of ordering Church and society,706 and just as intent on encouraging ascetic

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701 Gregory of Nazianzus, Or. 8.6 (PG 35.796), trans. McCauley (2004): 104.
702 Gregory, Or. 8.6 (PG 35.796).
703 Gregory, Or. 8.6-8 (PG 35.796-7).
704 Gregory, Or. 8.8 (PG 35.797).
705 For Gregory’s mother, Nonna, see his oration for his father, in which his mother is also set up as an exemplary Christian wife and mother: Or. 18.7-12 (PG 35.993-1000).
706 Ambrose’s discussion of virginal bodies is often taken in this sense, where the intact virginal body mirrors the hoped for integrity of the church as a whole. See Colish (2005).
virtues beyond monastic settings, as scholars are increasingly coming to recognise.\textsuperscript{707} Like their classical counterparts, Christian authors also appreciated that the procreating household was the smallest unit of stable society, upon which the Church, too, relied for its foundational morality and cohesion.\textsuperscript{708} And by the close of the fourth-century, through the ever-increasing role they played in civic and local affairs,\textsuperscript{709} and the pervasive interest they paid to the private lives of their flock, bishops themselves were adopting some of the traditional power of the \textit{paterfamilias}.\textsuperscript{710} As several scholars have noted of the western empire, Christian writers targeted classical economics as a focus for the Christianisation of the household.\textsuperscript{711} It seems clear that similar trends were underway in the eastern empire, as we have seen here and in chapter four. It is little wonder, then, that such writers found the generative body – and the medical details by which it might be known – so potent for conceptualising their authority in the households of ordinary Christians, and for subverting the common-sense priorities that had traditionally gone with it. Indeed, through their reimagining of female nature, and their insistence on the ways reimagined nature should change people and society, they attempted to define motherhood as a spiritual vocation: one which not only produced bodies for empire, but Christians for the church.

\textit{Conclusions}

For the medical writer in late antiquity, female nature was something constantly on the periphery of mainstream discussion: sometimes just within view, but never fully articulated on its own terms, or of interest for its own sake. It becomes fleetingly visible when it has a bearing on practical questions, as when it helps to justify stricter supervision and control for female patients. But it is otherwise marginal and fragmentary. The subject of female nature, in fact, strikes the modern reader as strangely lacking in consistency. The physician’s failure to allow the female sex full participation in the rational faculty she shares with men fundamentally undermines it, and the ethical imperative that accompanied its pursuit. Even so, this discrepancy is crucial. In a system in which women’s bodies were only notable for reasons of generativity – and that same generativity made them both valuable and vulnerable – rational inferiority and corporeal materiality carried a great deal of social utility, and described the hierarchical place women occupied in society. Oribasius’ cultural blindness to female rationality, then, is not so

\textsuperscript{707} For an example of this, see Liebeschuetz (2011).
\textsuperscript{708} Chrysostom makes this point repeatedly. For example: \textit{hom. in Eph.} 20.1 (PG 62.135-6).
\textsuperscript{709} Rapp (2004): ch. 8-9; Humfress (2010), (2011); and n. 614.
\textsuperscript{710} Cooper (2007): 29.
\textsuperscript{711} See Cooper’s discussion of the household manual \textit{Ad Gregoriam in palatio}, (2007a); along with her recent articles on the household and religious change: (2007b); (2014); (2016). In addition, see the full-length study of Sessa (2012).
much inconsistent as it is pragmatic. There was no conceivable reason for granting women a full participation in her universal humanity, just as there was little reason to identify as female any of those body parts that were not generatively unique to her. It was for the same reason, too, that a category of virginity in the philosophical sense is absurd within the medical context, and goes completely unnoticed in the Collections.

Christian human ontology, on the other hand, consciously elaborates what was underutilised in the logic of the medical text. Christian writers wholeheartedly accept a woman’s bodily inferiority, but find crucial meaning in allowing her to transcend it: a gesture that is possible precisely because of the shared humanity of soul that the medical text acknowledged but overlooked. Of course, Christian writers were not unique in allowing this. We need only think of Plutarch’s declaration that ‘man’s virtues and women’s virtues are one and the same’ (τὴν αὐτὴν ἄνδρα καὶ γυναικὸς ἀρετὴν προσανέγραψο). What was unique was the scale of the Christian pronouncement. Where ascetic virtue was to be key in transforming the household and the state, women’s shared humanity mattered, and could be used as the basis for the transformation of private morality. How far it did so in practice is beyond the scope of the present thesis, but certainly offers fruitful ground for more sustained consideration. In any case, Christian explorations of female nature achieved some of their rhetorical potency by reacting against the common-sense morality of classical discourses like medicine. With its associations of patriarchy, property and materiality, the familiar discourse of social regeneration allowed Christian writers to position themselves ideologically on a ground that was readily knowable to their audience. This mode of paradox from familiarity was common in theological discourse, and allowed Christians not only to challenge their listener’s expectations, but also fundamentally to affirm – albeit it in a reconfigured sense – traditional social priorities.

It should come as little surprise, then, that motherhood and generativity were central to such discourses. Christian writers repeatedly call into question the good of patrimony and patriarchy, sometimes quite brutally dissociating the good of producing offspring from normative narratives of fatherhood. Women’s generativity was a particularly potent symbol in such instances, precisely because classical discourses like medicine tended to make her contribution secondary and inferior. Medical norms and female experience, then, provide discursive foils for Christian rhetoric, but their potency only attests to their significance within Christian circles. Moreover, these intricate discourses of maternity, generativity and domesticity indicate that Christian writers were intent on including the traditional within their

new world order: a point that should not surprise us in a context where bishops increasingly
found themselves attending on secular matters in ecclesiastical courts, and increasingly
discoursed on the internal workings of the household and the family, particularly in their
sermons levelled at ordinary men and women. Indeed, the rhetorical emphasis on motherhood
and generativity should perhaps give us pause on the subject of Christian virginity. Virginal
discourses were only one way of galvanising ‘Woman’ for the church and Christian society,
and it would perhaps be more accurate to see virginity as a single part of a much more nuanced
picture.

What is perhaps most striking is how far Christian and medical ontologies were
essentially compatible, even if the consequences of them were radically different. This suggests
that the medical and the classical were normative perspectives in the Christian imagination,
complementing the picture that has emerged in this thesis of a world in which medicine and its
physician were ubiquitous. Medicine and its epistemic discourses – not merely case history and
models of self-care, but also its priorities, and its mundane detail – were part of a background
that was familiar, and which could be drawn upon to lend validity, justification and a certain
sense of discursive realism. More fundamentally, these details were part of the world that God
had created, and therefore part of the evidence humanity could use to understand him. The
rhetorical games that Christians played with medical norms did not constitute a rejection of
them, but offered ample grounds to use their familiarity as a springboard into the less familiar,
so that the common sense could be rewritten towards more Christian ends. Medical detail
allowed Christians, in short, to reaffirm their ties to the classical past, even if they did so largely
naturally and unconsciously.

This should also help make clear why Christians would have had little need of a ‘new’
medicine, and why we should not expect to see Christianity etched over the classical fabric of
medical discourse.713 Its priorities remained as normative as ever in a world that was newly
awakening to more omnipresent Christianity, despite the pervasiveness of virginal discourses
and ascetic trends. But as with law, it is further afield – to the sixth-century and to the world of
Justinian and beyond714 – that we must turn to find some small impact of Christian discourse in
the medical landscape. In Aetius of Amida, there are hints of a more nuanced approach to
female lifestyles and her essential nature: an apparent return to more Soranic conceptions,
where generation is even said to have a negative impact upon female health.715 There are some
small hints that Christian insistence on life-long marriage had made an impression on the

713 Evans Grubbs has made this case in relation to Constantine’s roughly contemporary legislation, (1995): 318;
as has Arjava (1996): 257.
715 For example, Aetius, Tet. 16.51 (72.9-15 Z).
medical writer and his discourse of fertility.\textsuperscript{716} And it is to the medical school of Alexandria that we must turn to find the occasional mention of the consecrated woman,\textsuperscript{717} and even a renewed interest in provable virginity and the virginal hymen.\textsuperscript{718} Of course, how far all this was really inspired by Christianity remains to be seen. In many ways, examples like these promise answers that are all the more intriguing.

\textsuperscript{716} Aetius, Tet. 16.29 (38.14-5 Z). This is one point in the text, however, where our lack of a critical edition hinders our reading. In his translation, Ricci suggests Aetius had insisted that men who are unfaithful to their wives will beget when they dismiss their mistresses: (1950): 37; but the original Greek seems to carry much older assumptions: that ‘those who are ill-matched with their own wives will beget offspring when they take another woman’ (καὶ οἱ ἀσυμφώνοις πρὸς τὰς ἑαυτῶν γυναῖκας διακείμενοι μεταλαβόντες ἄλλας, παιδοποιήσονται). See, for example, Aristotle, HA 9.6, 583b, 9-10. Without a critical edition, it is difficult to assess whether Aetius was conforming to newer idealisations of monogamy in marriage, or much older medical discourses that upheld quite the opposite.

\textsuperscript{717} Stephanus, In Hipp. Prog., I.20 (CMG XI.1.2, 68.24-6).

\textsuperscript{718} Stephanus, In Hipp Prog., V.63 (CMG XI.1.3.3, 162.30-164.11); John of Alexandria, In Hipp. Ep. VI, fr. 41 (CMG II.1.4, 96.25-27); In Hipp. Nat. Puer., V.22 (CMG II.1.4, 150.18.28).
Towards the end of his life, it was customary for the philosopher Chrysanthius to undergo regular bloodletting. This was supervised by several doctors and occasionally by Eunapius of Sardis, to whom Chrysanthius was related by marriage. Chrysanthius had exerted a great intellectual influence upon Eunapius in his youth. He provided him with much of the information he would draw upon in his *Lives of the Philosophers*, and had encouraged the writing of the work in the first place.\(^{719}\) As Chrysanthius approached his eighties, Eunapius became increasingly involved with his medical care. On one day, as the doctors went about their bloodletting, Eunapius feared Chrysanthius had been bled too much, and forced the attendant doctors to put a stop to the treatment. Although Chrysanthius came to no immediate harm, Eunapius resolved to supervise from then on. But around a year later, the doctors opened a vein in Eunapius’ absence, letting so much blood that Chrysanthius lost the control of his arms and legs and was beset by intense pain in his joints. Oribasius was called to the scene, applied hot fomentations to the limbs, and almost succeeded in restoring the old man’s strength. But Chrysanthius died four days later, at last succumbing to the old age he had so long escaped.\(^{720}\)

\(^{719}\) On the relationship between Eunapius and Chrysanthius, see Penella (1990).
\(^{720}\) Eunapius, *VS* 504-5.
In many ways, the narrative of Chrysanthius’ last illness is paradigmatic of medicine in late antiquity. It contains something of Galen’s self-aggrandising rhetoric in its retelling; the only difference being that the treatment ends rather anticlimactically in death. Eunapius offers us a picture of a crowded sickroom full of doctors fighting their corner, each advocating the treatments to which they were accustomed. Eunapius uses the account to assert that he had ‘considerable knowledge of medicine’ (οὐδὲ γάρ ἀπείρος ἦν ἱεροκής ὁ ταῖτα γράφων), and in fighting the ignorance of the other physicians present, he even evokes something of Galen’s sickroom confidence and spectacle. But Eunapius was not the greatest doctor in attendance. This honour was readily granted to Oribasius, who had been summoned to the bedside when all else had failed. Nor, indeed, did Oribasius ever find it necessary to recount the tale in his own extensive writings. The spectacle portrayed may have offered a competitive and rhetorical edge, but the medical writer seems to have had little interest in claiming it. Instead, it was embraced by the self-taught layman in the room, who was eager to showcase his skill. Something, in short, had profoundly shifted around the writing and rhetoric of medicine by the fourth-century, even though the nature and contest of the medical encounter seems familiar and unchanged.

Having placed Oribasius and his work in their historical context, this thesis is by now able to explore some of the implications of this shift. Perhaps the most pressing of these questions is: what was the nature of medical change between the worlds of Galen and Oribasius, and should we be so eager to give it the qualitative label of ‘decline’, as many, even now, seem unable entirely to avoid? The persistence of the label is even stranger when we remind ourselves that the great epoch of ‘science and rationality’ it is meant to have superseded has itself long been decentred and nuanced in modern scholarship. The demonstration, debate and dialectic of the fourth- and fifth-centuries B.C had grown out of the sophistic and agonistic norms of the classical Greek world, particularly as they developed in the context of public assemblies and law courts. Galen’s world, meanwhile, speaks to the revival of such conditions with the cultural phenomenon of the Second Sophistic. Medical debate and innovation, in short, emerges because it was a means to an end: usually the end of convincing an audience and establishing a clientele, in a world that offered no medical qualification and was replete with competing practitioners, healing modes and

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721 Eunapius, IV 505 (LCL 134.560), trans. Wright (1921): 561.

722 Of course, it is problematic in any case to see medical history in terms of a record of its ‘achievements’, especially after the pioneering work of Kuhn (1962). For further alternative histories, see, for example, Porter (1985a) and Condrau (2007).

beliefs. The only way, then, that the world of medicine in the late antique period could possibly merit a label of decline is if it had somehow stopped attempting to convince an audience; had stopped, in short, being a means to a culturally-defined end.

The fact that Oribasius’ text did none of these things has long been accepted in modern scholarship. What historians of medicine seem less confident about, however, is how far the authorial choices that led to compendia and commentary could really measure up to the choices of an earlier age. There may have been a logic to Oribasius’ compilations, as Vivian Nutton has suggested, but there was no denying that it had ‘lost’ something ‘in the process of redaction’. This enduring tension is revealing, and hints that we have yet to answer the ‘medicine question’ in late antiquity. Although this thesis can only address a small part of the overall picture, I want to argue that Oribasius’ writings did not, in fact, lack anything, but succeeded in meeting the demands of their day. Medicine was highly regarded in the fourth-century, to the extent that it was granted a figurative potential in the rhetorical language of the period. An emperor like Julian could draw upon the familiar actions of the exemplary physician to articulate his role as emperor, or to work through responses he might adopt to popular unrest. The Christian preacher might also evoke the medical encounter in his sermons to explore his place, and that of the church, in late antique society. In the writings of contemporaries like Eunapius, meanwhile, the general familiarity of the medical art shaded into more concrete forms, ones we see echoed in the writings of authors like Basil of Caesarea, not to mention those numerous others who also claimed to have benefited from a medical education.

If the status of medicine in any historical period, then, relies upon its general standing in the eyes of its contemporaries, Oribasius lived in a world that valued the physician and his medical encounter very highly indeed. That such encounters exerted a common-sense, figurative value in everyday language only suggests how far it had become deeply entrenched in late antique cultural imagination. In this context, it makes every sense that Oribasius would have less need of the spectacle and innovation of his predecessors. Why fight for the approval of a technical form on which a culture was in broad agreement? This did not mean these features ceased to exist. On the contrary, the laymen’s borrowing of

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724 For example, van der Eijk (2010).
726 Julian, Mis. 347a-348c.
727 As Temkin (1991): 145, has suggested, this analogical potential can only have done the medical art good: 'the bond with the divine healer added to the dignity of the secular healer; it added to the respect that the profession of healing bestowed upon him as upon the Christian minister'.
728 For medically educated Christians, see Nutton (2013): 310-11.
sickbed spectacle hints that competitive modes had merely shifted to other parts of the medical milieu, where they could be reformulated for more pressing ends. Rather, when they discussed the medical art in their own day, and their expectations of physicians of high calibre, Oribasius’ contemporaries were most impressed by effective teaching, totalising bodies of written knowledge, and deep roots in the classical past. Oribasius’ Collections, then, were clearly in keeping with external pressures, suggesting he moved within the boundaries of a changing definition of good practice, no less than any of his medical predecessors.

In part, shifts of this nature find explanation in the social and administrative changes of the late third- and early fourth-centuries. With the military reorganisations of the late third-century, the emperor had extensively remapped the provincial structures and bureaucracy upon which it would depend. New men on imperial salaries were drafted in to fill such posts: an influx which continued into the reign of Constantine in the 320s and 330s. Within this reconfigured system, classical paideia was one of the more potent forces that linked the old and the new, and a period of literary revival commenced in earnest. But those educational ideals that had been held somewhat diffusely in the minds and writings of an earlier cultural elite were more strictly demarcated by its newly-formed successors, who had a penchant for totalising discourse and exegesis. Meanwhile, systems of elite education were formulised and expanded to cater for the ever-growing bureaucracy, partly as a strategy to maintain social and cultural cohesion. At every level, medicine was implicated. Physicians like Oribasius were swept into the imperial bureaucracy, whilst the most prominent of their kind could also aspire to grand senatorial titles. Perhaps in this period, medical education would begin its journey to standardisation, which would come to fuller fruition in the fifth- and sixth-centuries in centres like Alexandria, and later, Ravenna. That Oribasius was interested in his classical roots, in totalising forms of discourse, and in didacticism and accessibility makes every sense in this context.

To make this claim is nothing new. What I want to suggest is that a shift in literary representation need not entail a shift in the fundamental nature of the art. It has often been claimed that the late antique period witnessed a growing divide between medical theory and practice. What else could explain the textual priorities of the age, or the scholastic developments of its educational context? But medicine is an inherently practical art, and

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729 For classic overviews, see Brown (1971); Cameron (1993). For various other approaches to these themes, see, Liebeschuetz (1990); Magdalino (1994); Banaji (2001); Mathisen (2001); Wickham (2005); Harries (2012); Kelly (2004) and (2013); Wienand (2015).
hints of its practicality and continued interaction with the world are everywhere in Oribasius’ *Collections*. It is surely the ideals of lived practice that Oribasius had in mind when he retained a first-person voice, made repeated claims to personal experience, and excerpted several case histories. It was for this reason, too, that he made mention of anatomical investigations, and even commended that more work be done. This was also why his biographer Eunapius was quick to celebrate his practical skill, whether at the court of the barbarians during his exile, or at the bedside of the dying Chrysanthius. Elsewhere in Eunapius, we also witness the continued praise of physicians with technical talents. Oribasius was said to have particularly admired Ionicus, who could mix any drug, tie every form of bandage, and perform impressive surgical feats.\(^{730}\) In comparison, he seems far less impressed with silver-tongued Magnus of Nisbis, whose greatest talent was his sophistic ability to convince healthy patients they were sick. In any case, Eunapius says, Oribasius fast outstripped him.\(^{731}\)

Oribasius’ textual form, then, does not entail a fall in late antique standards of medicine, nor need it imply that medical theory and practice suffered a damning split. Rather, as much as good practice remained of key importance, it was the institutionalisation of that practice, and its accompanying ethical standard, that was of most pressing concern. On the one hand, a drive to institutionalisation happened at the level of law. Physicians’ legal exemptions were confirmed by fourth-century emperors, and an increasing amount of focus was also placed on a practitioner’s accountability to the community they served, and on the centrality of their teaching. In a world that placed a high premium on these features, medical commentary and compendia make most sense, since these are texts that represent standardisation and codification at the level of written knowledge. In some ways, these forms also represent ones that are both more critical and more open than texts of more agonistic character. Oribasius’ compendium excerpts freely across sects and schools, whilst a shift in author function in texts like the *Collections* allows for a more neutral and inclusive tone. Moreover, a textual focus on substance over showy rhetoric hints at more long-lived concerns. In his *Gorgias*, for example, Plato had famously suggested that a clever sophist was more likely to be elected town physician than a genuine one, simply because rhetorical skill could outshine even concrete knowledge.\(^{732}\) Concerns like these must have haunted a society that offered no medical qualification, could guarantee very little professional

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\(^{730}\) Eunapius, *VS* 499.

\(^{731}\) Eunapius, *VS* 497-8.

accountability, and which continued to attract students like the sophistic Magnus. Although less innovative, textual priorities like Oribasius’ aimed at the heart of genuine contemporary urgencies much as sister disciplines like law did in this period.

But it is high time historians look beyond the form of Oribasius’ *Collections* and consider the material it contains. When we do, concerns for social stability, traditional values and the clearer articulation of medical accountability become more apparent. Oribasius’ contemporaries had long recognised that there was something potently ethical about a physician’s practice. He was present through much of life’s inherent messiness and complexity; was there when pain and death threatened to unmake even the most immutable of classical values. But his *technē* also offered respite from the destructive realities of the human condition, in a way that translated easily from individual bodies to the larger communities of which they were a part. The physician could be at the heart of practices of moderation and self-control, but he could also be trusted to hold his own when passions and irrationalities threatened to overwhelm. Little wonder, then, that the doctor was also a potent symbol of social order in this period. Although compilatory, we have seen that the *Collections* dedicated a fair amount of space to the medical encounter, and the interactions between physician and patient that defined it. In retaining such elements of the lived classical past, Oribasius could formalise the role of the exemplary physician, and confirm his ‘social contract’ with his elite clientele, by upholding the priorities of social order they espoused.

Nowhere is this ‘social contract’ clearer than where it concerns the bodies of women. The *Collections* are replete with claims of female weakness and irrationality, which help to justify the physician’s approach to their care. Indeed, in making such claims, the *Collections* demonstrate a similar outlook to legal texts, where foundational assumptions about women’s nature helped standardise the interactions of the discipline with women and their families. Also written into the *Collections* are persistent beliefs about the inherent dangers of female bodily states. *Parthenia* comes in for special consideration, as does pregnancy. By paying such attention to the corporeal dangers and uncertainty of the female lifecycle, Oribasius could articulate both the broader social anxieties surrounding them, and the limits of his own accountability in alleviating them. But the medical compendium was also a place where the physician could explore the limits of his corporeal knowledge. The doctor could not be called upon to predict with complete certainty pressing social questions like the sex of a child in the womb, nor the fertile potential of an elite daughter. But nor would he offer bodily signs that might bring the respectable family and its women into disrepute. He would not, for example, condone the seeking out of virginal proofs, however much society might press him
to do so. In all these ways, I would suggest, the physician set out to formalise the perimeters and commitments of his art: a loosely-defined and unwritten ‘social contract’ that helped him maintain a level of professionalism in a world that did not formally offer it.

Oribasius was also committed to his project of classical revival. This went beyond his obvious indebtedness to his medical predecessors, but is also visible in his attempts to uphold the social order. His regimens for health were invariably classical, not only in origin but in the idealised advice they offered. A woman’s health would most benefit from prim standards of household management and solid domestic order. In parts of the *Collections*, Hesiod and Xenophon were excerpted to make the point more authoritative. Oribasius, then, aimed to make his discourse a reassuringly traditional one, at exactly a time when the traditional was being drawn upon to cement the ties of a newly reconfigured elite. In short, both in its classicism and through its drive to institutionalise a discourse of medical accountability on which the elite could rely, Oribasius spoke to contemporary concerns that predominated in his own day. These were concerns well met by his form. His neutrality of tone, and the relative disinterestedness of compendium as a genre, made the text conversely competitive in the stakes of establishing professional exemplarity and accountability. And although it could not be claimed that these things were innovative in any modern sense, they furthered the ambitions of an earlier age by institutionalising their ideal and standard, but did so in response to circumstances that were uniquely their own.

*Christianity and medicine*

In the popular imagination, there is a tendency to assume that ‘Christian’ thought is inimical to ‘scientific’ discourse, that the morality tale of Galileo and the Inquisition in the early seventeenth-century is somehow representative of hundreds of years of Christian history. Upon even the most cursory examination, everything about this assumption is proven to be flawed. What we deem scientific in our own culture does not map easily onto historical conceptions of science, nor did ‘science’ in the ancient sense exclude the ‘religious’ in the way that twenty-first century norms might assume or even insist upon. And yet, something is happening in scientific discourse around the time Christianity becomes a religion of empire that does make it stand out. There does appear to be less of a focus upon those things we might call scientific: less emphasis on practicality in medical writing; more focus on genres like compilation, question-and-answer-text and commentary, as we have seen. With

733 These claims, of course, have their origins in the Enlightenment, and in positivist conceptions of scientific progress. For an overview of the questions and scholarship, see Ferngren (2009): ch. 1.
too superficial or unexamined a response, it is all too easy to slip back into terms that are natural to our own culture, and to think of Christian society as one hostile to, and neglectful of, scientific inquiry.\textsuperscript{734}

The interrelationship between medicine and early Christian thought has been extensively explored in modern scholarship,\textsuperscript{735} but the jury is still out on the more value-laden issue of whether such interaction was continuous with pre-Christian attitudes or fundamentally antagonistic to them. Did Christianity offer a religion of healing that actively resisted classical approaches?\textsuperscript{736} Did Christians teach their followers to delight in suffering and forgo physicians, especially within monastic circles? In fact, as David Lindberg has argued, interaction between science and religion in any society is defined by a complex dialogue, one that goes well beyond issues of straightforward harmony or conflict.\textsuperscript{737} In its own way, this thesis has been an exploration of exactly this more subtle and intricate exchange. It is has aimed to trace such interaction at a very specific moment in Christian history: a relatively late one, when an already established religion becomes the official religion of empire. Indeed, because the medical text so often recreated and reflected the norms and order of the society in which it functioned, I have argued that the ‘idea’ of medicine was a crucial rhetorical tool for Christians in the fourth-century, because it helped them to explore and substantiate the order of an empire newly made Christian and their own places within it.

To draw upon medicine analogically was nothing new. Not only was such language pervasive in classical culture, but Christian thought itself was uniquely receptive to – indeed, depended upon – metaphorical modes of expression. The Cappadocian fathers and their contemporaries pondered endlessly the inexpressibility of the Christian mysteries, and the necessity of using symbol as way to describe the indescribable.\textsuperscript{738} Medical metaphor provided a readily comprehensible referent for such purposes, which could be used to articulate more practical questions, precisely because medicine was defined by its hierarchical relationships and social interactions. In effect, this went beyond the oft-noted

\textsuperscript{734} As Ferngren (2009): 3-4 describes, this is called the ‘conflict thesis’ which was famously advocated by Draper (1874) and White (1896).

\textsuperscript{735} For a classic approach, see Harnack (1892); and more recently Amundsen (1982); Temkin (1991); Boudon-Millot and Pouderon (2005) and Ferngren (2009). For the more unusual approach of Christian attitudes to disease causation through the eyes of ancient physicians, see van der Eijk (2014). See also the work of ReMeDHe. For broader considerations of science and religion, see Dixon (2008) and Buxhoeveden and Woloschak (2011).

\textsuperscript{736} For a negative answer to this question, see Ferngren (2009): ch. 4.


\textsuperscript{738} Cameron (1991): 58-60.
imagery of God or the bishop as a physician of Christian souls, a notion which often serves to over-emphasise Christian interests in eschatology and renunciation at the expense of more institutional issues. At any rate, it was the metaphorical potential it carried that was often the foundational purpose of Christian interests in medicine. But the metaphorical often blurred into more concrete speculations: sometimes offhand borrowings of medical details, sometimes the adoption of more sustained medical modes or discourses.

Take the narrative case history, or the methodological approach to the compilation of miracle stories. When the compiler of Thecla’s miracle collections spoke of researching (ζητέω), writing down (συγγράφω) and assembling (συλλέγω) his cases – observing, above all, the categories of verifiable truth (ἀλήθεια) and accuracy (ἀκριβεία) – he did so in a way that would not have been out of place in one of Oribasius’ own summaries.739 Likewise, when Gregory of Nyssa had his sister, Macrina, dissect her physician’s method, transforming it into a documentation of ascetic suffering well-borne and a way of knowing divine truth,740 her narrative can only have made sense in a world where the case history was both familiar and accessible. These examples imply a more pervasive knowledge of medicine than the occasional interest in offhand ‘facts’. They are indicative of a more omnipresent culture of medical knowledge, where its epistemic discourses have ceased to be limited to technical circles and are shared by the literary elite more broadly. What it suggests, I would argue, is that when we look for interactions between medicine and early Christian culture we must also look beyond familiar, scholarly narratives – beyond things like isolated examples of medical reception, or the new establishment of social care in the form of the hospital741 – to this broader culture of medical representation.

Christian approaches to self-care offer a good example in this regard. In antiquity, ‘self-care’ was a notion shared between several disciplines, most notably medicine and philosophy. When Christians adopted something of this approach in their sermons, they drew upon classical medicine in its more diffuse and culturally pervasive manifestations: its internalised social hierarchies and its instructive modes, its discourses of habituation and household management that were shared between medicine and classical culture more broadly. Christian incursions into medical modes, then, were not just about adopting a model

739 v mir. Thec. preface 1 (DOML 12.2); v. mir. Thec. preface 1; 28.1; 44.2 (DOML 12.2; 112; 172).
740 Gregory of Nyssa, anim. et res 2 (PG 46.29-32).
741 As some scholars have argued, the hospital marks a Christian innovation in medicine in this period. See, most recently, the overview of Marx-Wolf and Upson Saia (2015); along with the work of Crislip (2005) and discussion in Ferngren (2009): 124-136. On the hospital more generally, see Horden (1985); (2004); (2005); (2006) and (2008).
of therapy or regimen for the soul, as Wendy Mayer has argued, but were about engaging with and reformulating social norms. We are speaking more in terms of Arthur Kleinman’s ‘illness idioms’, in this sense, although perhaps in reverse. The layman’s awareness of shared medical narratives, sometimes quite technical ones, becomes familiar enough to be drawn upon not only in articulating bodily sickness, but also for literary or rhetorical purposes. This represents a genuine and meaningful interest in classical medical norms, but it is also much more than that.

Of course, what mattered, as this thesis has attempted to make clear, was that medicine and its physician acted as a stepping-stone from the familiar into something more radical in the Christian imagination. When Christians used metaphors of generation and seed theory, what they were commenting upon was their culture’s obsessive investment in property and their eternal struggle to preserve it through the inheritance of their children. In cases like these, Christian writers like Gregory of Nazianzus and Chrysostom did not intend to overturn the world as they knew it, but they did seek to interrogate its basic values. Evoking seed theory was a concrete way of problematising patriarchy, as was describing motherhood as a spiritual rather than physical process. In much the same way, the institutionalised miracle account, compiled and packaged as Thecla’s seems to have been as a statement of what the church could do for society, served more to bolster classical values and the traditional order than it did to offer a counter-cultural mode of healing that rejected more ‘rationalist’ modes.

But it was in the form of the sermon that medical norms were put to their most pervasive social uses. With its familiar, medico-philosophical mode of address and its approach to the ‘care of the self’, the sermon aimed to target a private sphere that had been traditionally accessible to only a limited number of ‘outsiders’ (of whom the physician was one). Medical modes of self-care gave Christians a language with which to approach the household, and the various members within it. At the same time, it granted the preacher privileges like those of a physician: his ability to transcend the boundary between the public and the private, and to gain access to persons that shame-honour cultures traditionally limited. Indeed, the church entered the private sphere by extending its imaginative domain

742 Mayer (2015) and (2016).
744 Greer (1989) has argued that the institutionalisation of Christian healing also tended towards this more social role. See also discussion in Ferngren (2009): 76-84.
745 I am not suggesting that there was any simplistic divide between the public and the private in classical society. On this, see Cooper (2007b).
into ecclesiastical spaces. In such spaces, where once-private shame was offered for redemption and healing, women were as encouraged to attend as men. From this vantage point, the preacher could target private values and behaviours: everything from the practice of worship, prayer and fasting, to issues of marriage and sexual morality.

On the interrelation of church, medical discourse and the household much work remains to be done. As Kristina Sessa has shown, by the end of antiquity so complete was Christian borrowing of the social mechanics of the oikonomia that household management would itself be reconfigured ‘as a discourse of Roman episcopal authority’.\(^ {746} \) It is a subject, in short, at the very centre of the church’s interaction with the world of empire. For now, what it is hoped this thesis has demonstrated is that Christian writers did not merely welcome the medicine of their predecessors, but found countless new and multifaceted uses for it. In some sense, the sheer variety of these uses should make us question what counted as ‘medical’ in late antiquity. For medicine in Christian texts cannot simply be defined as an awareness of, or an interest in, technical detail. Instead, medicine is inseparable from numerous other discourses and literary modes: inseparable from philosophy, from discourses like estate management, from the literary expressions of the experience of sickness. Christian texts, moreover, allow us some insight into lay experiences of the medical encounter. This is a subject of growing interest in recent scholarship, but relatively unexplored in the late antique period.\(^ {747} \) In short, although the questions with which this section opened are in some senses answered, they are simultaneously shown to be far more complex.

\textit{Oribasius’ Woman}

There is an event recounted by Basil of Caesarea in his letter collection that speaks rather poignantly to the shifts happening around women’s bodies in the late fourth-century. The event dates to Basil’s episcopacy in the 370s, pivoting around an encounter he had with a consecrated woman who had approached him in his capacity as an ecclesiastical arbiter.\(^ {748} \) The woman claimed to have been harassed by a member of the community, and now demanded the justice she felt was owed to a Christian virgin, whose person and reputation she understood to be synonymous with that of the church. Basil was divided. He had already passed sentence on the man responsible, but the accused had returned to his old ways, and the matter had to be revisited. In his uncertainty about the case, Basil turned to the local

\(^ {746} \text{Sessa (2012): 274-5.} \)

\(^ {747} \text{See, for example, Petridou and Thumiger (2016).} \)

\(^ {748} \text{Basil of Caesarea, \textit{Ep.} 289 (LCL 270.180-6). For a brief discussion, see Rousseau (1994): 148.} \)
magistrate, stressing his desire not to punish the man too harshly. It would help no one to inflict too extreme a punishment, although the man’s actions could clearly not go unpunished.

The letter describes a world poised between two sets of values. The one is traditional, and involves marriage, children and property, which the woman stresses she has forsaken. The other is conceived of in direct opposition to it, where family is reworked into an image of the universal church, the protection of which the woman seeks.749 In this new world, the bodies of women – particularly the bodies of consecrated women – stand for the purity and security of the church as a whole. Insults to them are tantamount to an attack on the body of the church itself. But familiar as these themes may be, Basil’s recollection of them is anything but; in his retelling, these are themes levelled against him by a Christian virgin, who perceives that the Church has let her down. More than this, her words – allowed to speak directly in the letter – are scathing.750 What did the bishop have to gain by citing the woman directly: a woman who had internalised patristic rhetoric about virginity, made it her own, and now deployed it so confidently in her own defence?

Perhaps in our capacity as readers, we are not meant to sympathise with the woman. Perhaps Basil’s rhetoric is intended to enshrine the virtues of clemency, granted to a man who, by ancient and contemporary standards of decency, did not deserve it. If so, like all women in early Christian rhetoric, this one is used for the literary ends of the author who allows her to ’speak’. Again, perhaps we read the text incorrectly if we take it to be a rare example of female agency. Is it not, rather, an example of the vulnerability women faced – even if they took up the consecrated life under the protection of the church – if they had little defence in lieu of male relatives or a husband? However we read the letter, it is an intriguing one to ponder at the close of this thesis, where the themes with which it has dealt converge; for it helps to demonstrate why women have been foregrounded here. Their bodies, their place in the social order, and the lifestyles they adopted became potent symbols in this period, crucial for working through the details of an empire being remade in a new religious image. More than this, their traditional purpose and position within society had been challenged – but to what end, and to what degree, was anything but straightforward.

If we are to take the words of the consecrated woman seriously, it must be asked what had shifted in late antique culture that allowed vulnerable women to find new meaning in the institution and structures of the church. Was it, as has been asked by scholars on late

749 Ep. 289 (LCL 270.182).
750 Ep. 289 (LCL 270.182-4).
antique women more generally, the force of character of the women involved, or the power that came from their pre-existing wealth and status? Alternatively, was it asceticism and the independence associated with a rejection of traditional female lifestyles? This thesis has sought new answers to these questions by placing two ostensibly different kinds of text in conversation. Medicine was to represent the monolithic expectations of classical society – with its recreation of the social hierarchy and its pervasive expectations of generativity, where Christian culture was expected to espouse wholly different values. But at the close of this thesis, it is clear that these discourses converge and separate in places we might not expect, with important consequences for the way we read women in late antiquity.

A few decades ago, for example, it was asked why Christian thinkers did not more readily draw upon Soranus’ gynaecology in substantiating their call to Christian virginity. The answer posed was that Christians were not interested in virginity as a state of health, but only in the ‘health’ of the devout soul. They had little interest in discourses that made virginity ‘easier’. But I think the reality is far simpler than this. The institutionalised church of the fourth-century had far more to gain by adopting women’s medicine as it was, complete with its traditional expectations. The medical metaphors they deployed to explore the hierarchy between God and humankind, or between bishop and congregation, relied upon the traditional hierarchies of power that the medical text enshrined, which would have been positively undermined had Christians demanded a separate language of medicine and healing. Besides, most Christian women were destined for motherhood. Basil’s consecrated woman does not renounce the traditional hierarchy of family and household, in any case. She reworks them. It is Basil who should act in her defence as a ‘father figure’, in the broader context of the ‘household’ of the Church. It should, then, come as little surprise that the gynaecology of a Christian empire would remain largely untouched by Christianity itself.

Equally, there is very little convergence between the physician’s definition of ‘virginity’ and the lifelong state Christians espoused. Oribasius would certainly pay the subject far more attention than Galen had, but this had nothing to do with the rise of a virginal ideal beyond the text. Instead, Oribasius’ intention in exploring parthenia was the upkeep of the traditional household: the menstrual health of the girls in question, and the omnipresent demand for eventual generativity. Beyond this more basic reading, Oribasius was also concerned with the control of the paterfamilias over their daughters, which he aimed to

751 For an outline of the debate, see Ludlow (2008): ch. 12.
753 Ep. 289 (LCL 270.184).
facilitate by offering girls ever-more pervasive instruction. More strangely still, when Christian authors did talk about virginity in the most physical sense of the term, their definitions were closely aligned with those of the medical text rather than the other way around. Like Oribasius, they would deny the existence of the virginal hymen, and for apparently the same reason: neither *paterfamilias* nor bishop could condone a medical examination that would cast aspersions on the bodies and reputations of their ‘families’, be they the private household or the institutionalised church. Once more, where we might have expected hints of Christianisation, we find only evidence for the continuation of very classical concerns.

A similar phenomenon is clear in Christian miracle accounts concerning pregnancy. In many of these, it is the generative woman who requires the protection of the physician or saint, whilst women who are neither pubertal nor pregnant are shown to have greater freedom in their own care. This division of the female patient was also common in Oribasius’ *Collections*, suggesting that the Christian miracle account had internalised the values of contemporary society, and was often as interested in the social order as it was in anything more radical. In short, the hierarchy of the household was just as crucial an organisational principle in Christian discourse as it was in the medical text. Asceticism might have subverted something of its social priorities, but it could not ultimately undermine them. If women did have more choice in late antiquity, then, it was not simply because they had been newly granted the option to renounce the traditional household. Instead, these shifts went deeper, relying both upon a change in the way fundamental female nature was imagined, and its consequence for a woman’s relationship with the divine and the church beyond the household. Moreover, it was a question that went self-consciously beyond the nature of *bodies*, and touched upon the identity of late antique women as *actors* in the social landscape.

Perhaps surprisingly, it was often medical norms that helped Christian writers to exemplify this shift. Medicine was nothing if not the study of the various determinisms that afflicted human life, so its discourse could be an ideal strawman in defining a Christian rhetoric of free choice. Women were generative creatures, whose lives were dictated by the constant need to bear children. What was virginity, then, if not the reclamation of human choice against the inevitability of a life of motherhood and generation? In a shame-honour culture, where the medical text took women to be the adornments of men who made the physician vulnerable to blame, the Christian text adopted a mode of self-care that

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emphasised the virtues of female will. But such discourse was not only put towards narratives of renunciation. When the unnamed woman requested the healing of Melania in the saint’s *Life*, for example, her appeal was all the more poignant for the nature of her suffering: her attempts to birth a stillborn child. In this case, the woman’s faith to be healed was simultaneously a transcendence of material determinism, and a reaffirmation of her generative identity. Much the same was true of Anna in Chrysostom’s homilies. Anna was made a mother in the face of infertility, but it was primarily her prayers, and not her body, that made her so. This was a shift from body to mind, where the choice of faith marked the point of transformation. But it is not always the narrative of straightforward asceticism we might expect it to be.

Instead, the agency depicted is of far more humble ambitions, involving the enactment of the Christian life. In his sermons, Chrysostom encouraged women to make the household a place of prayer and study, a school of asceticism of sorts, pursued alongside the roles of marriage and motherhood. He asked women to be wise teachers of their children, since it was this that made for true motherhood; and he urged them to go beyond the bounds of their households, attending not only the church but the poor and the sick, whose own plights he charged with new meaning. By inviting women to share a personal relationship with the divine, the church also invited her into new public spaces and broader communities. Christianity, in short, would change forever the way women interacted with institutions beyond the household. Even where she did not take up the call to virginity, a woman could find in Christianity a place beyond the family sphere, the ear of men to whom she was not related, and a set of beliefs she could pursue potentially independent of the family values she adopted at home. In the fourth-century, these possibilities were relatively novel. And although they would become the mainstay of medieval Christianity, we can only assume they were genuinely exciting.

This thesis began with the promise of locating the agency of late antique women in performativity, even where the performance itself was traditional and deeply patriarchal. The assumption was based upon the fact that freedom is an historically contingent category in any time or place, which cannot be expected to conform to our liberal, western definitions. As Foucault has argued, in creating the subordination of individuals or groups, societies also give those individuals a language with which to construct their identities and recognise

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themselves as agents; something he calls the paradox of ‘subjectivation’. In this view, ideals that appear to the modern reader as patriarchal may have been no less meaningful to late antique women than gestures of more familiar ‘resistance’. It is likely, in short, that when the consecrated woman at the start of this section accosted Basil of Caesarea, she did so having fully adopted his rhetoric as her own, in a way no less significant for the fact it was masculine. In concluding, it can only be suggested that ‘real’ women remain frustratingly elusive, but it is essential we recognise that rhetoric and reality were not completely divorced in late antiquity. Shifts in discourses of free will and female nature can only have tended towards new forms of freedom. Even where these do not much appeal to modern sensibilities, a type of freedom they were nonetheless.

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758 For discussion, see Wilkinson (2015): ch. 1.
759 Here, I am responding, of course, to the arguments of Clark (1998b).
760 This has recently been argued by Jacobs and Krawiec (2003): 261-2; but it also marks the central assumption of authors like Brown (2008).
APPENDIX

Figure 1. Reconstructing the Medical Collections. (*) Represents those books in the Collections that survive only in part. Numbers in brackets in the right-hand columns represent book and chapter numbers; whilst italics in the left-hand columns signify only the likely positions of these discussions within the lost portions of the work. Only a selection of the topics contained across Oribasius’ compilations are listed.

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<th>Book</th>
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<td>Regimen for women (21-2)</td>
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<td>Regimen for men (39-40)</td>
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<td>Regimen for sexual health (24-5)</td>
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<td>Regimen for old men (5.29)</td>
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<td>25</td>
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<td>Stomach diseases (9.10-2)</td>
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