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Gender, Diseases, and Sexuality in the Writings of Soranus, Aetius of Amida and Paul of Aegina: Contributions to the Anthropology of Disease in Byzantium*

Abstract: By focusing on the anthropology of disease, the paper suggests some new research avenues within the field of gender in Byzantium. Gynaecological manuals from the second to seventh centuries A.D. serve as the basis for research in which the author attempts to comprehend how philosophy and social mores affected the interpretation of the gendered body – both male and female. In addition, the cultural foundations of certain diseases and the social implications of what was defined as pathology and what as health are emphasized. Medicine was the only scientific discipline in antiquity and the Byzantine period that welcomed women, and as such, it offers a vast array of potential research avenues pertaining to the lived experiences, health, and sexuality of women.

Key words: health history, anthropology of disease, female sexuality, female body, Soranus, Aetius of Amida, hysteria

Approaching the Anthropology of Disease

Research on the anthropology of the female body in Byzantium is an understudied field in Byzantine studies. The study of historical femininities and masculinities, that is, of gender identities created by sociocultural processes, necessitates new approaches to the sources at our disposal, as well as consideration of those disciplines that provide valuable insight into the lives of women beyond the confines of hegemonic narratives of great historical events. Medical anthropology offers a unique perspective for investigating how health and

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illness are produced, experienced, and comprehended in the context of global, historical, and political events, i.e., how social realities influence health and illness (Guarnaccia, 2001, 423). One such debate is whether medical manuals disclose the physicality of women's worlds and their subjective personal experiences, or whether they are merely another discursive frame of the male image of female health and disease (King 1995, 135). I am confident that medical manuals afford us the chance to unearth women's subjectivities. We still operate with corpuses whose guiding principle was "practical usefulness and applicability rather than medical theory and epistemology" beneath the surface layers of the texts from the dominant male authorities and majority of male practitioners in the field compared to the underrepresented female physicians (van der Eijk et al. 2015, 195). However, we must be wary of projected images of women in these writings and read them in light of the social and cultural tensions of their own time. Medical manuals were a vivid reflection of the most private ailments of individuals, and we must be aware that much of the medical knowledge that touched women's lives persisted as a sort of oral tradition transferred among women. According to Helen King, "for people seeking to hear women's voices, the recipes represent millennia of women's experience" (King 1995, 137). Male physicians were responsible for accommodating these recipes and documenting them.

On the other hand, medicine has increased the visibility of women beyond the category of objectified female patients. Medicine is unique in that it was the only scientific discipline in late antiquity and the Byzantine period to admit women, allowing the activation of female subjectivities and agency.¹ Women traditionally specialized in female diseases and received the majority of their medical training in gynaecology and obstetrics. The Roman order had *iatrices* and *medices* who were dedicated to the care of women and children, in addition to the prevalence of midwives who were directly involved in obstetrics. The most unusual case is a 2nd century AD inscription dedicated to Julia Eftichiani, who was described as a "midwife for women" (μαῖα δὲ θηλυτέρων) and a "doctor for men" (ἀνδρῶν ἱατὴρ) (Theocharis 2020, 28–29). The linguistic

¹ For women in medicine see: V.Gazzaniga, "Phanostrate, Metrodora, Lais and the Others. Women in the Medical Profession", *Medicina nei secoli* 9.2 (1997) 277–290; R. Flemming, "Women, Writing and Medicine in the Classical World", *Classical Quarterly* 57.1 (2007) 257–279; H. King, *Gynecology. Midwifery, Obstetrics, and the Rise of Gynaecology: The Uses of a Sixteenth–Century Compendium*, Aldershot 2007; V. Boudon-Millot – V. Dasen – B. Maire, *Femmes en médecine. Etudes réunies en l'honneur de D. Gourevitch*, Paris 2008; P. Holt. 1997. "Women Doctors in Greece, Rome, and the Byzantine Empire". In *Women Physicians and Healers: Climbing a Long Hill*, ed. Lilian R. Furst. University Press of Kentucky. 131–150; Th.Dimitris. 2020. "Women in medicine: an epigraphic research." *CHS Research Bulletin* 8, 1–40.

distinction in this inscription clearly demonstrated the gender-based division of the same profession. Some thinkers, such as Plato, saw no significant difference between male and female physicians. When Plato discussed the similarity of men and women in his *Republic*, he used the example of physicians: “We mean, for example, that a man and a woman who have a physician’s mind have the same nature. Don’t you think so?” “I do.” (5.454d). Plato was not endorsing the existence of female doctors. Instead, he used female physicians as examples of the ideal state in his discussion of the current state, employing the types of people and professions that existed in the actual state (Parker 1997, 132).

Through medical texts, we are able to comprehend what women considered vital for their own health and how they dealt with disease, pregnancy, and labor. Beyond the pathology of gynaecological diseases, however, guides provided exhaustive lists of cosmetic recipes for preserving the inherent beauty of the body. One such book was written by the Byzantine physician Metrodora, *On the Diseases of Women and Their Cures* (Ἐκ τῶν Μητροδώρας περὶ τῶν γυναικείων παθῶν τῆς μήτρας.) (Storti 2018).² Furthermore, manuals written by male physicians contained testimonies from female physicians, indicating that some of them were considered authorities in their respective fields. In the sixth-century Greek medical encyclopedia compiled by Aetius of Amida, Aspasia was listed among one of the authorities. In the field of medicine, females were referred to as female physicians (ιατρός, ιατρίνη), midwives (μαῖες), and midwife physicians (ιατρομαῖες) (Parker 1997, 132–133).

According to the ancient Greek physician Soranus of Ephesus, a woman wishing to acquire such extensive knowledge required *manly patience* (δεῖ γὰρ ἀνδρώδους τληπαθείας ἢ βουλομένη τοσοῦτον μάθημα παραλαβεῖν – I.3). Soranus clearly attested to the accepted gender ambiguity that was regarded as commonplace in medical practice. In order to be successful in their field, midwives were required to acquire a vast amount of theoretical knowledge and receive a comprehensive education.

In addition to this extremely significant aspect of women’s presence in the male branch, which suggests women’s education and literacy, we can also decipher other pertinent aspects and forms of women’s presence in the texts, as well as something we could define as genuine feminine *knowledge*. Medical practice was a field of constant negotiation between social mores, heteronormative ethical values, hegemonic masculinity and authorized femininity, and ever-shifting definitions of nature, health, and disease.

² The biographical data on Metrodora are scarce, and various interpretations place her in the huge chronological timeframe from 2–7th Century AD. However, the manuscript comes from 10th century Byzantium and attests to its long tradition and usefulness (Storti 2018, 92).

The anthropology of disease enables us to pose some more complex questions. One of those questions is *how women defined medicine, and how medicine defined women*. From the point of view of the anthropology of disease, we should be able to pose and answer questions about the very *definition of health and disease in a particular sociocultural historical context*.

According to Frederick Dunn and Craig Janes, human disease results from a “causal web” composed of endogenous (genetic) and exogenous (environmental) and demographic factors, as well as behaviors governed by psychological, social, and cultural factors (Dunn and Janes 1986, 3). Consequently, anthropology’s role in the study of illness and disease is to comprehend the social and cultural contexts in which illness events occur – the sick role, ethnomedicine, and the social structure of medical systems (Dunn and Janes 1986, 7). The ancients were aware of the influence of environmental factors, nutrition, psychology, emotions, and social relationships on the pathology of disease. In addition, as Chiara Thumiger noted, medicine measured the most fundamental human experiences both ethically and socially in terms of propriety (Thumiger 2018, 270). The most fundamental physiological basis of sexual diseases has always been heavily laden with social values and assessments of decency and esteem (Ibid.). In addition, von Staden has alluded to the concept of women’s “imagined impurity” based on recipes for gynaecological ailments that prominently feature the use of “dirt,” or various animal excrements that were intended to be inserted into the vaginal canal (von Staden 1992). This aspect of impurity was especially significant during the late antique period, when Christianization brought the rabbinic concept of ritual purity to the forefront (van der Eijk et al. 2015). Philosophy and medicine were inextricably linked at one of late antiquity’s most prestigious medical schools, located in Alexandria, and the philosophy of human nature influenced the interpretation of diseases and conception of health. In the era of large medical compendia from the fourth to seventh centuries A.D., those of Oribasius (4th century A.D.), Aetius of Amida (6th century A.D.), and Paul of Aegina (7th century A.D.), physicians became preoccupied with therapies rather than medical theory (van der Eijk et al. 2015, 196–198). In addition, as the focus shifted from theory to practice in late antiquity, medical manuals compiled a variety of people’s experiences. In addition to canonical authors such as Galen, the lists of preserved recipes were written by Egyptian pharaohs, Jewish prophets, Christian apostles, and bishops, which Matteo Martelli termed a “pluralistic chorus of diverse voices” (van der Eijk et al. 2015, 204). This compilation of cultural voices shows how complicated the materials we are looking at are. They are currently being published and made available to the academic community as a whole.

Another important approach is to evaluate how health is defined – is it simply the absence of disease or infirmity – and what kinds of social conditions lead

to health, as well as how social inequalities affect health. The concept of *good health* varies depending on the cultural and historical context (Levin 2005, 746). The study of linguistics, which demonstrates that the meaning and conceptions of health and disease differ significantly by their linguistic registers, is one of the positive indicators for the cultural and social diversification of the concept of health. A separate study could be conducted on the linguistic aspects of the concept of health in ancient Greek. Νόσος, ἀσθενεία, πάθημα, κόπος, λοιμός, θλίψιν, πῆμα and other Greek words were used to describe illness, disease, and impairment, and each one of them is semantically different, laden with specific societal values. As a result, anthropology enables us to delineate social determinants of health, revealing more interdependencies and interrelationships between health manifestations and macro- and micro-level social situations (Levin 2005, 747).

The gynaecological manuals, which will be the focus of this brief discussion on gender and diseases, are the most important but underrepresented sources for studying intimate women's lives and the societal underpinnings of the female body, conceptions of femininity, female sexuality, the aetiology of female diseases, and social conceptions of female health and disease. Diseases, in particular, help us understand different ways of life, perceptions of life and death, sexual norms and practices, power and gender relations, and, most importantly for us, the *medicalization of otherness*.³ Soranus of Ephesus' (2nd century AD) and Aetius' (6th century AD) gynaecological manuals are among the most important sources in the Eastern part of the Roman Empire for the complexities of sickness, diagnostic categories, types, and forms of diseases that afflict women. Despite the enormous popularity of Galen's medicine, Soranus became one of the most influential authorities on women's health during the Byzantine period for his treatise on gynaecology. Galen, on the other hand, did not have a separate treatise on women's health. Prior to him, the primary authority was Hippocrates, whose corpus includes several treatises on women—*Diseases of Women*, *On the Nature of Woman*, *On Sterile Women*, and *On the Diseases of Young Girls*—that served as the discursive foundation for the construction of the “Hippocratic woman” alongside Aristotle's woman (Flemming 2000, 114–115). Paola Manuli first referred to Hippocratic texts as “male constructs,” demonstrating clearly that Hippocratic gynaecology presents a set of male theories based on the male experience, portraying women as structurally sick beings (Manuli 1980). Although Hippocrates and Galen of Pergamon (2nd c. AD) were the forefathers of

³ Studies on the anthropology of HIV/AIDS and the causal web of different social, cultural, and environmental factors are some of the best ways to learn about a disease that at the same time created a new, marginalized social identity for the “other” based on their class, gender, sexual orientation, and nationality. – Pitt, David. C. <https://www.colss.net/sample-chapters/c03/E6-20A-31.pdf>

Byzantine medicine, as previously mentioned, Hippocrates' gynaecology had no direct influence on Byzantine medicine, while Galen remained highly influential despite not having written a separate treatise on gynaecology (Green 1985, iii).⁴ In contrast to the Hippocratic tradition, it introduced new interpretations of female physiology, pathology, and treatment.

During the imperial period, the number of gynaecological manuals grew, and, unlike in the West, the eastern half of the empire continued this practice (Flemming 2000, 115). The *Tetrabiblon* was the most influential medical text of the early Byzantine period. Aetius, who was educated in Alexandria and served as a physician at the court of Justinian I (527–565) in Constantinople, organized the medical knowledge of his predecessors, including Oribasios, the fourth-century court physician, Archigenes, Antillos, Andromacos, and Aspasia (Castiglioni 1950, x-xi). In Aetius' *Tetrabiblon*, there is a strong emphasis on obstetrics and gynaecology, which is unusual among the medical handbooks of the Byzantine Empire before the advent of Islam (Scarborough 2013, 744). John Scarborough has concluded that due to Aetius' unusual interest in women's health, he was most likely Theodora's court physician (Scarborough 2013, 745). A significant observation is that the manual was written both for and with the assistance of women, whose recipes are included in the lists of compound pharmaceuticals. (Scarborough 2013, 748). Scarborough's supposition sounds plausible, and if viewed from this historical perspective, Aetius' handbook becomes a composite reflection of the most intimate experiences at Theodora's court.

With the aid of these manuals, we can discover complex reconfigurations of femininity that stretch beyond masculine notions of female health. As we will see, the female body and female sexuality have been continually renegotiated in response to shifting social and cultural conditions.

Reading the Body: Medicalization of Gender Differences

As it provides insight into social readings, cultural perceptions, and philosophical interpretations of human biology, medical anthropology presents an extraordinary field of gender historical research. Medicine became a discursive terrain for the acculturation of sexual differences, in which the female was constructed as the antipode of the male, devoid of strength, heat, and vitality. The writings of Hippocrates and Aristotle were foundational to ancient Greek and Roman science, as well as to "the cultural paradigms of males and females in

⁴ The dominant canon of the Alexandrians were Hippocrates and Galen, with sixteen Hippocratic and sixteen Galen's writings being students essentials (van der Eijk 2015, 197). Nevertheless, as van der Eijk noticed, in the great compilations of the late antique period by Oribasius, Aetius and Paul of Aegina, Hippocrates features rarely, and Galen was also just one among the cited authors.

nature” (Flemming 2000, 4). However, Marguerite Deslauriers argued against the widely held view that the natural subjection of women to the rule of men in Aristotle was based on sexual differences (Deslauriers 2009, 215). Marguerite Deslauriers’s argument is predicated on Aristotle’s distinction between the intellect and reproductive capacities, as well as between the rational soul and body parts “that serve no function for the rational soul” (Deslauriers 2009, 226). In addition, she argued that if we could correlate intellectual capacities with sexual differences, we could conclude that male slaves were intellectually superior to women, which was not the case (Deslauriers 2009, 229). Aristotle made it abundantly clear in *Politics* that women and slaves are distinct, and that slaves lack all capacity for deliberation (1.2. 1252a34-b5; 1.13 1259b38–1260a7). While these arguments appear to be persuasive, the main issue is the inevitable generalizations and simplifications of Aristotle’s philosophical system once it became dominant discourse. As we will see, one of the most influential authors of gynecological manuals, Soranus, specifically referred to Aristotle to relate to the incompleteness of women, without relying on the premises of the intellect or rational soul. Furthermore, as Bernadette Brooten claims, ancient medical writers, including Soranus, created a culture in which early Christianity arose and shaped its frameworks of thinking about the body and sexuality (Brooten 1996, 145). The dialogue between philosophy and medicine, as well as between the body and the soul, was intertwined.

In the public discourse, simplifications of complicated philosophical systems, such as Aristotle’s, were far more prevalent and influential than the specific nuances of his soul doctrine. Aristotle’s most significant definitions of females serve as a striking example of deficiency: *by nature, females are weaker and colder, and the feminine condition must be understood as a kind of deformity* (Gen. an. 4.6. 775a15–16). This sense of inadequacy and incompleteness was projected onto the feminine nature as an Aristotelian cultural paradigm, and vice versa.

Plato, in contrast to Aristotle, held a very different viewpoint (Smith 1983, 467–471). While Aristotle’s theory of female inferiority, expressed in *Politics*: “the male is by nature superior and the female inferior, the male ruler and the female subject” (1254b13–14), Plato believed that nature was a personification of the soul, and that a woman’s and a man’s nature were identical in that both were sexless souls embodied. Despite the fact that Plato’s epistemology regarding gender equality in the *Republic* and the *Laws* appeared to be quite solitary, Plato’s views influenced some medical schools as well as some renowned theologians of the late antique period, in contrast to Aristotle’s outspoken theory of sex differences.⁵ According to Plato, the only difference between men and

⁵ In the Byzantine period, theological adaptations of Plato’s gender epistemology can be found in the theology of Gregory of Nazianzus, Gregory of Nyssa, and espe-

women in nature was physical strength and the woman's ability to give birth and procreate. As we will see, such perspectives were incorporated into medical debates about gender differences in disease.

We can observe how the philosophy of human nature influenced medical knowledge in Soranus' *Gynaecology*: "The female is by nature different from the male, which is why Aristotle and Zenon the Epicurean assert that the female is imperfect, and the male is perfect" (Φύσει δὲ τὸ θῆλυ τοῦ ἄρρενος διαφέρει, μέχρι τοῦ καὶ Ζήνωνα κατ' Ἀριστοτέλην, τὸν Ἐπικούρειον) (Temkin 1956, 129/II.3). These reasons served as justification for the medical school's position on gender differences in disease. Soranus, for example, begins his chapter on diseases by querying if women have unique conditions, referring to those of female form and gender (εἶδος μὲν ἢ γύνη, γένος δὲ τὸ θῆλυ – II.1).

Contrary to the beliefs of sexual distinctions in diseases, one medical school believed that the origins and treatments of diseases in men and women were identical (Temkin 1956, 130). Herophilus of Chalcedon (fourth century B.C.), a renowned Alexandrian physician and one of the earliest anatomists, believed that the uterus was "woven from the same stud as the other parts" and hence "regulated by the same forces ... has available the same substances and suffers disease from the same causes (such as quantity, thickness, and variation of similar things)" (Temkin 1956, 130).

Soranus occupied a middle ground, admitting that females and males share a number of ailments but emphasizing that some feminine situations, such as conception, parturition, and lactation, require separate treatments, and thus was closer to Plato's view of sex differences. Soranus believed that certain female maladies, such as difficult and painful menstruation, which represents "the initial function of the uterus," were comparable to obstructed conditions in both sexes, such as certain bladder disorders (Temkin 1956, 132–133).

According to medical texts, the binary gender paradigm, which was built on two mutually opposed and faced poles – male and female – had its distinctive *distortions*. In antiquity, medical science was aware of masculine (ἀνδρῶδης) women, and feminine (θηλυδρίας) men, as well as physical conditions in men and women that were beyond the gender canon, or, as the Greeks would say, "shameful and improper" (εἰδέος ἀπρεπίτη).⁶ The majority of these gender liminal states were classified as diseases, whether mental or physical. Mannish women (τὰς δὲ ἀνδρῶδεις), according to Soranus, are distinguishable "by their

cially Maximus the Confessor, who was probably the most radical in his exegesis on Paulean equality and the irrelevance of gender differences in the eschatological context (Vilimonović 2021, Vilimonović 2023).

⁶ Holger Szesnat has referred to another set of words used to describe gender transgressions – those of womanish man (ἀνδρόγυνος) and mannish woman (γυνανδρος). – Szesnat 1999, 145.

appearance, habits and manner of life” (ἐκ τῆς ὄψεως, τὸ δὲ ἐπιτήδευμα καὶ τὸν βίον – III.8.1.1). In Soranus’ text on *Acute and Chronic Diseases* preserved by Caelius Aurelianus, virile women are categorized as *tribades* – lesbians – who *pursue both kinds of love*. Furthermore, they are described as being *more eager to lie with women than with men*; and as those *who pursue women with almost masculine jealousy, and rejoice in the abuse of their sexual powers*.⁷ For Soranus, both passive males, and active females suffered from *disease of the mind* (Ibid). These medical classifications of homoeroticism had a strong ethically normalizing tendency and were all intended to restrict women and steer them into subservient female behavior in order to achieve the correct phallogocentric order controlled by male virility (Brooten 1996, 192; Singer and Thumiger 2018, 22). In addition, Thumiger and Singer see a growing Christian discourse as a crucial factor in the medicalization of homoeroticism (Singer and Thumiger 2018, 22). More than that, the rising Christian discourse, which was heavily influenced by rabbinic teachings on ritual purity, swayed the *medicalization of gender differences*, in which every state of gender liminality was considered a symptom of disease.

There is a chapter on hermaphrodites in the writings of Paul of Aegina (625–690), a physician from the VII century, which describes it as a *disease* (τὸ ἐρμαφροδίτον πάθος) that “causes great deformity to both sexes” (πολλὴν παρέχον ἀπρέπειαν ἀμφοτέροις τοῖς γένεσιν – 6.69. 1–5). There were four types of this *disease*, of which three afflicted men, and only one affected women. Two of the three male varieties were “cured” surgically by “removing supernumerary bodies and treating the parts like sores” (αἱ λοιπαὶ δὲ τρεῖς θεραπεύονται τῶν περιττῶν ἀφαιρουμένων σωμάτων καὶ ὡς ἐλκῶν θεραπευομένων – 6.69.1 –14).

These gender distortions were considered pathological conditions that required treatment, such as *gynaecomastia* in men, for which a surgical procedure was recommended to “cure a deformity which has a reproach of effeminacy” (τῆς γοῦν ἀπρεπείας ἐχούσης ὄνειδος τὸ κατὰ τὴν θηλυότητα χειρουργεῖν ἄξιον – 6.46.1.5). Among the most renowned procedures that directly influenced gender transitioning was castration. According to Paul of Aegina, castration was the only procedure against nature “παρὰ φύσιν”. All other procedures aimed at restoring the body and health “according to the nature”, τὸ κατὰ φύσιν (Paulus Aegineta, 6.68.1–5). In addition, Paul of Aegina adds that such procedures were conducted at the request of those in the upper classes. In the sixth century, when Aetius of Amida flourished as a renowned physician at the court of Justinian I (527–565), Constantinople was a medical and surgical hub. In addition, Constantinople was renowned for the practice of castrating male children in order to prepare them for illustrious careers as court eunuchs. The legislation enacted by Justinian to prohibit the intentional creation of eunuchs was a futile attempt

⁷ *Chronic Diseases* IV, 132–133.

by the imperial authority to prevent a widespread social practice. This cultural trend, which was unique to the eastern Roman court, where the entire bureaucratic echelon consisted of eunuchs, was so dominant that imperial legislation was powerless against it. The aforementioned statement by Aetius regarding castration demonstrates his inability to reject the whims of the powerful.

Another unusual condition of the reproductive organs that necessitated surgical intervention due to its *impropriety* was “the excessively large nympha” (ὕπερμεγέθης νύμφη) which, according to Paul of Aegina, “presents a shameful deformity” (εἰς ἀπρέπειαν αἰσχυνῆς – 6.70.1–5). In some cases, Paul continues, “women have erections like men” and “they experience sexual desires” (ἔναια διὰ τοῦ μέρους καὶ ὀρθιάζουσιν ἀνδράσιν ὁμοίως καὶ πρὸς συνουσίαν ὀρμῶσιν – 6.70.1–3). Two Latin writers, Caelius Aurelianus (5th AD) and Mustio (6th AD), as well as an Arabic text by Al-Zahrawi (11th AD), all mention several important features of this condition: “the sexual arousal typical of men”, “a desire for sex similar to that of men”, a “disfigured size” of the organ “above the order of nature” which erects “like the male organ”.⁸ This curious allusion, which Elisa Graff identifies as “the ancient profile of the tribad,” pertains to women who could engage in sexual activity in a masculine role. Only Aetius of Amida completely leaves out the part about women having sex as males. Instead, he talks about the *indecorum and shame* of such a state (καὶ εἰς ἀπρέπειαν καὶ αἰσχύνην γίνετα), as well as on the *stimulation of desire for sex* (καὶ τὴν πρὸς συνουσίαν ὀρμὴν ἐπεγείρει).⁹ Aetius, as Elisa Graff points out, “does not thematize virilization in women” and does not promote the curing of “male-like sexual desire” (Graff 2023, 8). These conditions bear striking resemblance to Procopius’ portrayal of Theodora in *Anecdota*, with her wayward and menacing sexuality resembling that of men, which served to powerfully illustrate a deviant state of political affairs.

A disturbing surgical procedure *against impropriety* was also employed as a sort of heteronormative sexual discipline. As Elisa Graff concludes “such a sexual equation with men performing the penetrative role made them not only abnormal creatures to be feared, but also one of those types of women to be banished from society for deviance” (Graff 2023, 7).

In all of the aforementioned treatments performed on both men and women, we observe the *medicalization of gender differences*, in the sense that all liminal states that constituted a threat to the heteronormative binary gender system were to be handled medically, i.e., surgically. In the Roman world, the body served as an indicator of social, sexual, political, and economic standing.¹⁰ Since each

⁸ For comparative excerpts from these authors see Graff 2023.

⁹ Zervos 1901, 16.105

¹⁰ For the reading of the Roman bodies and the sexual order in the Roman empire see Walters 1997 and Edwards 1997.

body was a map onto which social relations and ethical ideals were written, non-normative bodies were regarded as shameful, non-Roman, and beyond the political and social order.

Conceptualizing the *Healthy* Body

Ancient and Byzantine interpretations of the gendered body invariably raise the issue of *nature*, or the physiology of the body in its natural state. The medical system was divided into three main parts – understanding the physiology (*physiologikon*), the development and nature of the disease (*pathologikon*) and the treatment of the disease (*therapeutikon*) (Flemming 2000, 91).

Soranus' perspectives on female physiology and pathology, in particular, appear to be novel. He argued, for example, that menstruation, sexual activity, and pregnancy were harmful to women, in contrast to the Hippocratic tradition, which held that these three processes were not only beneficial, but also necessary for women's health (Green 2001, 16). According to Soranus, both menstruation and pregnancy were *beneficial to the propagation of men* but certainly not to the health of the mother. This medical view clearly stands in opposition to the social and political aspects of *pregnancy as a male institution*. On the other hand, *pregnancy as a female institution*, was preoccupied with the psychological and physiological aspects of pregnancy and its relevance to female health and well-being. Furthermore, he believed that conception was a means of preventing disease rather than preserving health. Pregnancy, on the other hand, was linked to "atrophy, atony, and premature aging" (Temkin 1956, 41). This rather radical premise was directly confronted by legal institutions that believed women should not deprive their husbands of children (Betancourt 2021, 64). Soranus was well aware that women should procreate in accordance with social norms, but his medical opinion was strongly opposed to the necessity of procreation over women's health.

One should not overlook the social implications of these novel perspectives on pregnancy, which clearly suggested that pregnancy could easily become a pathological state, implying that pregnancy was not always and for every woman beneficial. This was in contrast to Hippocrates' general belief in his treatise "On Virgins' Diseases" (Littré 1853, 468), which advocated marriage and pregnancy for virgins suffering from severe neurotic disturbances. Soranus, on the other hand, believed that virginity was highly advantageous for both men and women, as they are stronger and "less vulnerable to disease" (Temkin 1956, 29). Soranus maintains that pregnancy and childbirth deplete the female body and accelerate its deterioration, whereas virginity, which protects women from such traumas, is appropriately referred to as healthy (Temkin 1956, 27). It would be

imprudent to ignore the societal ramifications of these fresh perspectives on pregnancy, which implied that pregnancy may quickly become a pathological condition, implying that pregnancy was not always and for every woman advantageous. The topic of virginity is especially important because it provided a safe haven for all women who wished to avoid the inevitable married life and procreation. The orders of virgins became increasingly popular and widespread between the second and seventh centuries. Medical treatises clearly reflect contemporary social debates on virginity, which was directly opposed to the Roman order's nuclear structure – the Roman family.

Soranus highlighted in his discussion of conception that women are typically wed for children and succession, *not merely for pleasure*. Soranus' main argument was that not all women between the ages of 15 and 40 were suitable for motherhood. He questioned this societal norm, which was contingent on “the quality of their lineage and the plenty of their means” (Temkin 1956, 32). Here comes to the forefront pregnancy as a male institution with a strong class-related valence. Contrary to this belief, Soranus did not consider a distinguished ancestry a necessary prerequisite for reproduction. In the abortion case of judge Thriphoninus, a woman was sentenced to death “for choosing to deny her husband heirs” (Betancourt 2021, 65), making Soranus' stance on reproduction and lineage appear extremely audacious.

It is important to note that the majority of conceptualizations of a healthy body, which in the case of women centered on a healthy uterus, were believed to be closely connected to social context, manner, and way of life. Since “the uterus is similar to the body as a whole,” Soranus describes the types of women who were healthy enough to bear children (Temkin 1956, 32). As a result, “women who are not mannish, compact, and excessively sturdy, or too flabby and very moist” make the most compatible partners (Temkin 1956, 32). Aetius concludes that the ideal child-bearers are calm and cheerful individuals with ample hips and bellies (Ricci 1950, 19). However, according to Aetius of Amida, sterility was not exclusively a female condition; rather, “sterility can be male, female, or both” (Ricci 1950, 36). Aetius believed that certain types of men, including those with eunuchoid physiques, obesity, and unhealthy lifestyles, were incapable of producing fertile seed. The disorderly life of men, according to Aetius, was adultery: men who “find pleasure with strange women” will “regain fecundity of their semen” and “conceive (children) when they observe moderation” (Aetius 1950, 37). Fertility in women could have been induced by a “feminine way of life,” whereas sterility depended on physical activity and even life path. Aetius believed that acrobats and vigorously exercising women belonged to the category of sterile women. Nevertheless, he believed that all of these conditions were treatable.

A healthy female body was equated with a fertile uterus, but medical practitioners were not unanimous in their support of reproduction for all women. Although discussions about fertile and sterile uteruses may appear insensitive and even demeaning today, they were open to a variety of interpretations that allowed for radical life decisions that appeared to be contrary to the social order at the time. As stated previously, the concept of nature is a philosophical and social category, as nature itself is interpreted according to social expectations. Soranus concluded that although virginity may appear contrary to nature, it is actually beneficial to one's overall health. Nonetheless, it appears that health was occasionally contrasted with nature, which could be considered an oxymoron. The social tensions exerting pressure on late-antique society are also reflected in the medical texts, where the discussion of virginity was the most significant aspect of the growing cult of virgins, which would become the primary social order for Christian women. Church fathers tell us that even though virginity was against the social order because it prevented conception, it was also justified as a health-preserving lifestyle.

Sexuality and Disease

Healthy bodies, diseases, and gender cannot be contextualized meaningfully without the lens of sexuality, which was denied to women for the vast majority of human history. Women have regained their right to experience their own sexuality as a result of the feminist revolution of the twentieth century. Sexual freedom has been deemed a fundamental human right by Western feminist thought, but it is still highly debatable what this freedom entails. After a century-long feminist movement with its political, philosophical, psychological, sociological, anthropological, and historical premises, the **female body** continues to be at the centre of political and social discourse. Discipline, punishment, and control over the female body and feminine sexuality fed and continue to feed this patriarchal discourse.

Ancient and Byzantine medical manuals enable us to reconstruct the borders of feminine sexuality and to outline the process of the social discipline imposed not only on women but also on men. Long lists of contraceptives and abortifacients in Aetius of Amida text indicate a constantly evolving practice of birth control, and it can be assumed, by reading between the lines of Aetius, that these manuals were used beyond the circles of prostitutes as it was commonly interpreted.

One of the most illuminating examples of the interdependence of gender, sexuality, and social discipline is the case of *satyriasis*, which was initially described as "men's disease". In the earliest text that mentions satyriasis, written

by Aretaeus of Cappadocia, the disease is described as affecting “the male sexual organ.” However, he adds, “women may also suffer from this affection, and they too experience an analogous impulse toward the pleasures of love, along with the rest” (Gourevitch 1995, 153–156). Soranus of Ephesus explains that this ailment causes “an irresistible desire for sexual relations” and “a certain mental derangement that, due to the sympathetic link between the meninges and the uterus, overrides **the sense of modesty**” in females (Temkin 1956, 148).

I’d like to call attention to the unusual gender distinctions in Soranus’ description of satyriasis in *Acute Diseases*, preserved through Caelius Aurelianus’ Latin translation from the 4th century AD (Drabkin 1950, 410–411):

The symptoms of the disease are as follows: severe tension of the genital organs, with pain and burning sensation, and an unrelieved itching that goads the patient on to sexual lust; mental aberration, rapid pulse, thick and rapid panting, despondency, sleeplessness, wandering of the mind, thirst, aversion to food, great difficulty in urinating, so that retention of the feces generally results; In some cases there is fever. But at the end there is always convulsion (Greek spasmos) and an involuntary ejaculation of semen. (III. 176–177)

All these symptoms occur also in women who are affected by the disease, but the **itching is stronger in their case because of their nature**. This itching of the genitalia makes them **put their hands to these parts in shameless fashion**; they accost all who come **to see them**, and **on their knees beg these visitors to relieve their lust**. (III. 178)

The first thing that concerns me is the difference in how men and women evaluate the disease ethically. When the author explicitly discusses female symptoms in the second passage, the male voyeuristic gaze cannot be avoided. The afflictions that follow the disease are described in a relatively neutral manner in the first paragraph, whereas in the second, they clearly point to the male gaze, public shame, and *visibility* of female shamelessness. The disease’s most visible symptom is shamelessness, which directly refers to the issue of public display in Roman sexual discourse. Those who exposed their bodies in public gained infamy, which directly alluded to a loss of civic status (Edwards 1997).

A case of priapism, an acute male disease, is indicative of the gender classification of satyriasis. The following is stated in the Demetrius of Apamea quotation:

He says that he saw an old man who suffered from the disease and who sought, without any success, to obtain relief by masturbating. There was, he says, a powerful erection but with such little sensation that the organ might have been made of horn; and this condition remained unchanged for many months and did

not yield to any medical remedy, but after a long period of time was finally relieved (III.179, Drabkin 1950, 413).

In comparison to priapism, the episode of female desire exposure is more noticeable and ethically problematic, and thus more serious as a social disease that directly threatened female chastity, one that maintained the health of the social body.

Nonetheless, despite ethically charged explanations of female diseases, medical manuals demonstrate a remarkable range of assessments of female sexuality. Female orgasm is an important aspect of this vastly understudied topic.

Prior to our time, common historical generalizations of female sexuality emphasized women's inability and right to enjoy sex. Female orgasm was considered a social and cultural taboo in the West, and one would expect to find this narrative thread in late antique and Byzantine medical manuals. However, in Soranus' and Aetius of Amida's gynaecological manuals, women were viewed as sexual beings who could and should experience orgasm. These ideas are intriguing, especially given the time period in which Aetius was writing and Christian ethics was already widely accepted as the dominant ethical system. Clement of Alexandria (150–216), one of the early church fathers, explicitly condemned appetitive sexual desire as inherently lawless and a rebellion against God. Even within marriage, sex “for pleasure” was considered part of pagan rituals dedicated to the worship of Aphrodite and Eros (Gaca 2003, 247–248).¹¹

Female coitus was thought to be a requirement for a successful pregnancy, according to manuals. While this recognition of female sexuality fits easily into a dominant procreationist discourse, the most radical Christian authors, such as Clement, denied appetitive sexual desire as something positive, particularly in women, defining it as a desire to defy God. Thus, medical manuals reveal an intriguing parallel life that exists outside of the ethical pressures of encratite philosophy.

Inextricably linked to female sexual pleasure was their *emotional state*, which physicians regarded as one of the most essential conditions for a healthy pregnancy. Aetius writes that *women in love* typically conceive easily, and he even pushed this theory to the extent that he believed *only* women in love could conceive. References to women's emotions can be interpreted as recognition of women's subjective experiences of love and marriage.

However, along with these intriguing tidbits about sexual pleasure and love came potentially accusatory ideas that only women *with a desire for sex* could conceive, meaning that even those women who conceived after being raped had some appetite for sex. Nevertheless, Soranus himself adds, “when the desire and appetite for sexual relations are present,” which again introduced to this

¹¹ Paed 2.101.1–2, 3.29.1; Strom 3.43.5, 84.4, 88.4

problematic passage the premise of consent. This view was in complete contrast to Clement's controversial stance in *Strom* 3.71.4, that a husband could take his wife against her will only if he could make her pregnant (Gaca 2003, 253). Notions about women's sexual appetite or pleasure were completely discouraged from Clement's discourse.

Furthermore, manuals reveal that women's sexual libido is influenced by their lifestyle choices. Aetius specifically addresses the topic of *spermatorrhoea*, stating that women suffer from it just as much as men. He recommends avoiding all foods and beverages that stimulate sexual libido, as well as "all those things that produce sexual irritability," specifically visual material: "women should not look at pictures of beautiful forms or discuss sex matters" (Ricci 1950, 77). This testimony suggests that attitudes toward female sexuality had shifted since the previous period.

Another topic reveals that visual material was considered highly influential not only with regard to sexual arousal but also to the development of the foetus: women who look at beautiful forms during sex give birth to beautiful children and vice versa. Aetius equated *spermatorrhoea* prevention with a strict lifestyle, the reading of serious books, and the holding of serious conversations. In addition to the rich insight into the day-to-day lives of women in which reading was an option against venereal diseases, it is also simple to comprehend the social discipline that was prescribed against the prevalent behaviors.

Hysterical attacks, also known as *uterine strangulations*, were one of the most unusual diseases affecting women. Aetius also lists women who are particularly sexually inclined and those who are sterile, especially if they become sterile as a result of excessive drug use that prevents conception. Therefore, hysterical attacks were a virulent disease of sexually hyperactive women. Women would then expel "thick and viscous sperm" after experiencing "pain and a certain amount of libido" caused by vaginal massage (Ricci 1950, 71). Aetius described this case, which was manifestly an orgasmic experience, as a strangulation of the uterus, a "distressing ailment" caused by retention of the humors. The disease was typically cured when "a certain amount of moisture ran out of the female parts", at which point the sick woman would rise and regain "her intelligence and senses" (Ricci 1950, 71).

Uterine furor, "an unreasonable behavior of the uterus, involving the brain in sympathy with this disease, and resulting in hallucinations and madness", was yet another type of uterine disease that was replete with socio-cultural implications (Ricci 1950, 78). Cause-wise, this disease differed from uterine strangulation (aetiology). Aetius, commenting on Soranus, asserts that this disease affects women in such a way that they "become completely insane in sexual matters", constantly thinking about sex and speaking only about coitus. Moreover, they "find great pleasure in an attack". The disease attacked those with a high body

temperature, twenty-year-old women and girls, virgins and chaste women, and those who consumed the finest and richest foods (Ricci 1950, 78). Simply put, *uterine furor* could affect any woman. However, its presence in virgins and chaste women, whose similar states have been the subject of numerous hagiographies, remains to be explored in this context.

As Aetius states in his manual, many of these theories were disproved during his lifetime, but the idea that women could and did enjoy sex and were emotionally invested in sex within their marriages reveals a somewhat contradictory sexual dynamic of the sixth century Roman world, in which women were expected to engage in sexual activities voluntarily and with pleasure. According to Aetius, “sterile women are those who are compelled to engage in coitus against their will, as love is indispensable for conception. And women who are in love conceive frequently” (Ricci 1950, 36). Given the prevalence of uterine diseases among unmarried women, the distinctions between natural and non-natural order and the cultural influences on the understanding and interpretation of the causes and nature of diseases are readily apparent. Our manuals inform us that **healthy women are married, childbearing women**, and anything outside of this category is susceptible to various diseases. As Tasca et al. note in their diachronic study on women in hysteria, women were in some way “guilty” – of sinning or not having children (Tasca et al. 2012, 110). However, the metaphysical aspects of sin and guilt did not yet exist in medical lore, and the period of late antiquity operated on the more realistic ground of the vicissitudes of everyday life, such as desire and denial, pleasure, love, violence, abuse, and disease.

Conclusion

This brief discussion was intended to highlight the most important areas for future research into the anthropology of disease in Byzantium. When it comes to gender studies in antiquity and Byzantium, medicine is an unavoidable and highly valuable research field.

I have attempted to show that pathology, like health, was a social concept. The evolution of health revolved around reproduction, and female body physiology evolved around the uterus as the central organ. The function of the uterus determined women’s social roles and, as a result, their social roles. Before medical conditions were thought to be divine punishments, pathological states were thought to be the result of certain lifestyles. However, as I previously stated, Soranus’ approach to virginity has enabled the relativization of procreation as the most important, if not the only, social role imposed on women. Women’s sexual lives and birth control methods have evolved significantly from the time of Soranus to the time of Aetius of Amida, as evidenced by medical manuals. According

to the Soranus school of thought, the majority of diseases did not differ between men and women, and their causes were essentially identical, with the exception that sexual diseases in women were evaluated ethically and were regarded as a social disease, which in some cases could have been treated surgically.

While the Roman legislative and Christian discourses consistently suppressed women's sexuality, medical manuals openly stated that women, like men, had a proclivity for sexual pleasure and intercourse. They suggested, at the very least, that men and women had comparable appetites. Pathological states associated with sexual organs in particular were a means of social discipline and control. The pathology of disease enables us to understand how philosophy, theology, social norms, and culture influenced definitions of health, disease, and nature, which have been subject to continual change throughout human history.

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*Rod, bolest i seksualnost u spisima Soranusa,
Etijea iz Amide i Pavla iz Egipte.
Doprinos antropologiji bolesti u Vizantiji*

Medicinska antropologija i antropologija bolesti pružaju jedinstvenu tačku polazišta za istraživanja o tome na koji način se zdravlje i bolest stvaraju, doživljavaju i shvataju u kontekstu globalnih istorijskih i političkih događaja. Uz to, antropologija bolesti nam omogućava da shvatimo društvene i kulturne determinante zdravlja u datom istorijskom kontekstu.

Jedan od glavnih ciljeva ovog rada je bio da ukaže na puteve daljih istraživanja, posebno u kontekstu roda: na koji način su stvarani i pregovarani femini-

teti i maskuliniteti u datom istorijskom kontekstu. Uz to, pitanje koje stoji pred nama jeste i to na koji način je koncept prirode i prirodnosti stvaran u odnosu na sociološke i kulturne parametre.

Kada je reč o ranovizantijskom odnosno poznoantičkom periodu, koji karakteriše početak kompilacije velikih medinskih enciklopedija, fokusirala sam se na studije slučaja iz medicinskih kompendija Etija iz Amide i Pavla iz EGINE u cilju pronicanja u kontekstualni okvir antropologije roda i bolesti. Iako Soranova Ginekologija ne potiče iz ovog perioda, već iz doba Ranog carstva, ona je uzeta u obzir kao jedan od najuticajnijih priručnika o ženskom zdravlju u periodu kojim se bavimo. Soranova Ginekologija je bila jedan od glavnih priručnika za izvode o ženskim bolestima.

Cilj antropologije jeste da razume društvene i kulturne kontekste u kojima se bolest događala i razvijala. Ljudi antike su bili svesni uticaja spoljašnjih faktora, ishrane, psihe, emocija i društvenih odnosa na patologiju bolesi i stoga su upravo neki od tih parametara i predmet ovog istraživanja.

Ključne reči: istorija zdravlja, antropologija bolesti, ženska seksualnost, žensko telo, Soranus, Etije iz Amide, Pavle iz EGINE

*Genre, maladie et sexualité dans les écrits de Soranus,
Aétios d'Amida et Paul d'Égine.
Contribution à l'anthropologie de la maladie en Byzance*

L'anthropologie médicale et l'anthropologie de la maladie offrent un point de départ unique pour des recherches sur la manière dont se créent, se vivent et se conçoivent la santé et la maladie, dans le contexte des événements historiques et politiques globaux. En outre, l'anthropologie de la maladie nous permet de comprendre les déterminantes sociales et culturelles de la santé dans le contexte historique.

L'un des principaux objectifs de ce travail a été de signaler de nouvelles voies pour de nouvelles recherches, notamment dans le contexte du genre: de quelle manière ont été créées et négociées les féminités et les masculinités dans le contexte historique donné. En outre, la question qui se pose est de quelle manière le concept de la nature et du naturel est réel par rapport aux paramètres sociologiques et culturels.

Lorsqu'il s'agit de la période de l'Antiquité tardive qui caractérise le début de compilation des grandes encyclopédies médicales, je me suis concentrée sur les études de cas provenant des compendiums médicaux d'Aétios d'Amida et de Paul d'Égine afin de pénétrer dans le cadre contextuel de l'anthropologie du genre et de la maladie. Bien que la Gynécologie de Soranus ne provienne pas de cette période, mais de l'époque de l'Empire romain, elle a été prise en compte en tant qu'un des manuels les plus influents sur la santé féminine dans la période

ici traitée. La Gynécologie de Soranus a été un des principaux manuels pour les enseignements sur les maladies ...

L'objectif de l'anthropologie est de comprendre les contextes sociaux et culturels dans lesquels la maladie survenait et se développait. Les gens de l'Antiquité étaient conscients des facteurs extérieurs, de la nourriture, de la psyché, des émotions et des rapports sociaux sur la psychologie de la maladie et c'est pourquoi justement certains de ces paramètres sont l'objet de cette recherche.

Mots clés: histoire de la santé, anthropologie de la maladie, sexualité féminine, corps féminin, Soranus, Aétios d'Amida, Paul d'Égine

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