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UNFIT TO NURSE: WOMEN, INFANTS
AND BREASTFEEDING IDEALS AND PROHIBITIONS
IN GREEK GYNECOLOGY

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SUMMARY

Greek gynecological and pediatric standards created ideal types. One was the woman fit to breastfeed, another the newborn fit to be breastfed. This study examines the consequences of these standards on human lives. Mothers and newborns who failed to measure up to the ideal were rejected, giving added impetus to wet nursing, infant exposure and infanticide. These were aspects of Mediterranean medicine, culture and religion long before Soranos of Ephesos wrote his gynecological treatise. However, his instructions for midwives made these ideals and standards explicit and authoritative. Carried through by midwives, they altered the lives of women and sometimes ended the lives of newborns. Together these standards contributed to a recursive dynamic of the displacement of infants from birth mothers, infant abandonment, and wet nursing that was favorable to class affirmation and to the maintenance of the slave system of early imperial Rome.

Introduction

As Romans assimilated Greek medicine, they adopted gynecological and pediatric standards by which to determine who was fit to breastfeed and to be breastfed. The consequences for women and infants were weighty but unequal. Diffused within Mediterranean culture, these standards and the ideal types they described altered the lives of women of all classes. Women most immediately affected, however,

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lived within wealthy Roman households, where they were evaluated for their aptitude to breastfeed by midwives. Affirming their high status and discouraged medically, many elite Roman mothers of the late Republic and early empire left breastfeeding to others. Wet nurses in their households, slaves or poorer free or freedwomen, their own infants sometimes displaced from the breast, lived under continuous supervision. Midwives also medically evaluated the fitness of newborns to be breastfed. For them, the consequences were absolute. Following assessment, newborns were permitted to live as members of the *familia*, or not. Of those rejected, some were exposed, some deprived of nourishment, and some killed outright. The more obvious the anomaly, the grimmer the outcome. Infants judged physically sound yet rejected for non-medical motives had a better chance at life. These developments had long antecedents, originating from within Mediterranean culture and religion and not medicine alone. However, Greek gynecology had contributed to the establishment of these practices and lent to them its professional decorum. Facilitating the separation of birth mothers from their infants, Greek gynecology was suited to the purposes of the slave and class systems of Rome¹. This paper is an effort to explain how medical standards on breastfeeding affected the lives of women and infants. Soranos of Ephesos (fl. early 2nd century CE) is the chief authority for this study, due to his preeminence in the fields of gynecology and pediatrics and lasting influence². His gynecological manual was written for literate midwives. In it, his views are fully expounded. Commonly held within Mediterranean culture, their medical origins can be found in the Hippocratic Corpus. Soranos was an advocate of the so-called Methodist “school” of ancient medicine, concerned with states of laxity or stricture in the body. His commentary was in part preserved in Latin by Caelius Aurelianus (5th century CE), and in Greek by Aëtios of Amida (6th century CE). Despite theoretical differences, Soranos and Galen of Pergamon (fl. late 2nd century

CE) offered similar advice on breastfeeding, wet nurses and the neonate. Galen adhered to the Dogmatic or Rationalist “school”, which promoted humoral theory and experimentation. Oribasios (4th century CE) followed Galen’s lead and was in turn a direct source on gynecology for Paul of Aegina (7th century CE), whose eclectic seven-volume treatise brought together the once-distinct medical “schools”.

Section I: Women

Independent Wet Nurses

When the illness, incapacity, absence or death of the mother made breastfeeding unfeasible, there was no realistic alternative in antiquity to reliance on a wet nurse (*nutrix*, τήθη, τροφός) and obtaining one was an urgent concern³. Wet nurses worked in various settings. Some, free or freedwomen, worked independently. In the city of Rome itself, lactating women made themselves available publicly at the *columna lactaria* and its environs to feed hungry babies charitably or for hire⁴. Others worked privately in their own homes throughout the Mediterranean, typically nurturing the children of household slaves (*vernae*) or foundlings (orphans or *expositi*) picked up to become foster children (*alumni*) or slaves⁵. A papyrus from Alexandria dated to 5 BCE is a legal contract for a woman named Erotarion to be paid monthly in drachmas and oil to feed a slave baby named Primus, his master Marcus Sempronius stipulating that Erotarion was forbidden to have sex, become pregnant, or nurse another child⁶. The terms of wet nursing contracts in Roman Egypt were undertaken by women under severe economic duress⁷. To fulfill them, a woman might be obligated to give up her own infant⁸. These legal stipulations correspond with medical strictures within Soranos’ manual, written more than a century after this contract was drawn up. Independent wet nurses are peripheral to this study, however, since physicians did not write for them.

Household Wet Nurses

Medical writers in antiquity primarily served the upper classes⁹. Wet nurses central to this study lived within the households of wealthier Romans, and were typically taken on electively rather than because maternal lactation was unfeasible. While aristocratic and wealthy Roman mothers were not medically forbidden to breastfeed, they were hardly encouraged to do it. Wet nurses had become fashionable additions to the *familia* among elite Romans with the acquisition by the Republic of Hellenistic territories and the influx of Greek slave and free workers¹⁰. Not having to undertake the labor of breastfeeding came to be a sign of high status, and there may have been a decline in maternal nursing even among lower classes¹¹. As in other aspects of Greek influence, this trend countered venerable Roman tradition and was met with resistance¹². Breastfeeding mothers (*matres nutrices*) were honored while living and memorialized in death¹³. “Grumpy conservatives” inveighed against the use of wet nurses when the mother was herself capable of breastfeeding¹⁴. In the *Noctes Atticae*, Aulus Gellius has the philosopher Favorinus ask: “You, too, think that nature has given women nipples as oversized beauty spots for adorning their bosoms rather than feeding their children?”¹⁵ Traditionalists feared that a wet nurse might gain primacy within a child’s affections, debasing or corrupting it¹⁶. Despite their disapproval, the use of household wet nurses persisted¹⁷. Class affirmation overcame the dread of “class contamination¹⁸”.

Maternal Breastfeeding

Medical advice had a dampening (or rather “drying up”) effect on maternal breastfeeding. While both Soranos and Galen maintain that mother’s milk is best suited to an infant, Soranos undermines his own words¹⁹. Serving the interests of families possessing the luxury of choice, he warns that nursing is aging and deforms the breasts²⁰.

He insists that no mother attempt it who fails to meet the standards of a good wet nurse²¹. He instructs mothers who choose not to nurse on how to bind their breasts²². While conceding that breastfeeding promotes the sympathy of a mother for her offspring, Soranos argues that an infant is more likely to thrive if borne by one woman and nursed by others²³. Comparing a mother who breastfeeds to a field already depleted, he makes the case that acquiring wet nurses ensures against a mother's incapacity to feed her child²⁴.

Medical theory combined with personal and class considerations to discourage maternal nursing among the elite. Sexual intercourse was proscribed for a lactating woman by physicians, believed to be detrimental to the nursling and any fetus she might conceive²⁵. Weaning in Rome was a gradual process initiated at eighteen months and not completed until infants were two or three years old²⁶. Resorting to wet nurses permitted a couple promptly to resume sexual relations rather than defer them for up to three years²⁷. In antiquity it was understood that lactation inhibited conception²⁸. This provided an argument by which the midwife, husband or relative might deter a mother from nursing. With infant mortality high and procreation a veritable mandate from the time of Augustus, Romans had strong incentives to reproduce²⁹. Handing over the latest baby to wet nurses freed a couple quickly to attempt another pregnancy.

So, despite the misgivings of moralists and physicians' ostensible endorsement of maternal nursing, it became customary for a well-off Roman household to retain wet nurses, who together with a midwife (*obstetrix*, *μαῖα*) enhanced the *familia* as markers of status and wealth³⁰. While foundlings and the infants of slaves and poorer parents might be sent to the homes of independent wet nurses, for their own progeny, wealthy Roman parents preferred a wet nurse to be a household retainer under their control and their midwife's supervision. Accommodating them, Soranos wrote expressly for literate midwives, often *vernae* or *alumnae* returned to the household af-

ter specialized training, whose knowledge touched on all aspects of medicine and who had access to works like his own³¹.

From antiquity through the medieval period, household midwives oversaw the reproductive life of the upper classes. Referring to images dating to the Middle Byzantine Period which correspond to Soranos' instructions for midwives during childbirth, Mati Meyer writes: "Besides the ante- and post-natal care, supervision, and assistance in delivery, the difficult task of deciding if the newborn is worth rearing, and its care, she probably also provided some kind of psychological support for the mother during and after birth³²". In addition, guided by the written standards of physicians, professional midwives assisted parents in the selection of wet nurses³³.

The Ideal Wet Nurse

Medical writers from Soranos of Ephesos in the second century to Paul of Aegina in the seventh, theoretical differences notwithstanding, generally agreed on the physical and other attributes of the ideal wet nurse, at once reduced to an animal function and raised to the level of exemplar. That a household wet nurse was a slave or freedwoman, or a freeborn woman of low status, goes far to explain the bodily description of the ideal, almost pornographic in its objectification, although the character description is a model of moral rectitude³⁴.

A wet nurse is to be chosen who is neither old nor young, in good health, with a fresh complexion³⁵. Optimally, she has given birth to her second or third child, is a few months postpartum and will concentrate her affections on the infant assigned to her³⁶. Soranos dismisses the notion that it is better for her to have borne a male, but Oribasios and Paul consider this important³⁷. Most agree that a sturdy woman is best, with symmetrical breasts neither too large nor too small and neither too dense nor spongy, with nipples of middling size and easy for a nursling to latch onto³⁸. She must produce milk

high in quality and volume, but not in excess, since it might “spoil” (a passage in Soranos’ textbook recommends draining superfluity by means of other children or even animals (!) [δι’ ἄλλων παιδίων ἢ καὶ ἐτέρων ζώων])³⁹. In character and habits, she is to be self-disciplined, chaste, abstemious, hard-working, good-tempered, nurturing and docile, clean and tidy-and preferably, Soranos opines, she is Greek⁴⁰.

Some wet nurses, like Sergia Cornelia Sabina and Claudia Cedne, were beloved, as attested in funerary inscriptions⁴¹. Some who were slaves were rewarded with manumission⁴². Yet affection and gratitude, where they existed, came at the cost of personal autonomy. Conscientious Roman parents expected their midwife to place radical strictures on a wet nurse’s life. The midwife would scrutinize the wet nurse’s breastmilk using simple testing methods and modify it through a nutritional regimen, ensuring that the nurse ate in moderate amounts and maintained a fairly bland diet, since preserved foods or “drying”, “salty”, “sharp”, “pungent” or “bitter” foods might ruin her milk⁴³. Wine might or might not be permitted to the nurse, since alcohol could provoke infantile convulsions or other deleterious effects⁴⁴. The wet nurse might be made to limit herself to anointment rather than bathing, thought to make breastmilk watery and thin, and to leave her breasts unbound by the στρόφιον or *mamillare*, the Greco-Roman “brassiere”⁴⁵. She would be encouraged to breastfeed with her body in a state of calm⁴⁶. She would be required to labor by day and night, and criticized for failure to maintain cleanliness and order⁴⁷. She would be expected to put forward a cheerful demeanor⁴⁸. She was forbidden to have sex, which might spoil her milk and alienate (ἀποψύχειν) her affections from the nursling⁴⁹. While much of this advice seems practical, and aspects of it are echoed in recent literature on wet nurses and nannies, it is troubling upon examination⁵⁰. Let me put aside what was demanded of a household wet nurse with respect to bodily health and suitability, probity of character and com-

portment, devotion and indefatigability, personality-and linguistic fitness, since Greek wet nurses were sought after as the transmitters of that desired language to the scions of the Roman senatorial aristocracy and well-off plebs-and treat only the qualifications of age and maternity⁵¹.

Ideally, a wet nurse was no younger than twenty or twenty-five and no older than forty or forty-five. Under Roman law, girls could be married at twelve⁵². Medical consensus put the average age at menarche at fourteen, although anecdotal evidence would largely have been derived from the better-fed upper classes⁵³. Pre-pubertal marriage would not have been uncommon among the upper classes even when observed at the legal age⁵⁴. As for the lower classes, despite possibly delayed menstruation, a young woman might easily have given birth to two or three children by age twenty, satisfying medical requirements for wet nursing⁵⁵.

Were girls who became household wet nurses generally married? Wealthy parents preferred their own offspring to be nursed by free or freedwomen, who might marry⁵⁶. Yet monogamous unions outside legal marriage did not impede respectable maternity in late Republican and early imperial Rome⁵⁷. Slaves could not legally marry⁵⁸. *Vernae* were fed by their mothers or by other slaves, or sent away to independent wet nurses like Erotarion⁵⁹. Free, freed or enslaved, if a household wet nurse were married or had a *contubernalis*, how did he fit in? Lactation, once established, persists as long as suckling stimulates it, so a woman need not become pregnant again to breastfeed. Soranos' preference was for a wet nurse to be unattached⁶⁰.

Tandem nursing was customary, if Rawson's opinion is correct, but it did not conform to the medical ideal⁶¹. If Soranos' standards were sedulously observed, a wet nurse's own infant would be displaced, since ideally she had been lactating for no more than three months when selected and concentrated her affections on the infant in her

charge⁶². Her own newborn would be too young to wean. If tandem nursing were forbidden, what would happen to that child? How did her status as free, freed or enslaved affect its disposal⁶³? When *vernae* were sent away to be breastfed, were they returned to their mothers at the end of the contract, or sent on to slave dealers⁶⁴? The power to break up the maternal/infant dyad maximized labor flexibility and expressed and maintained dominance⁶⁵. Employers barred tandem nursing by legal contract, contriving the sale or exposure of the infants of independent wet nurses; slave owners could farm out the newborns of slaves for later sale or use or order that they be exposed⁶⁶. When displaced infants were sold or were exposed and rescued, most often by persons who intended to enslave them, they too required wet nurses. The result was a recursive dynamic of wet nursing, infant displacement and enslavement, strengthened when wet nurses were required by a master's order, or due to a medical ideal or legal stipulation, to feed only the infants assigned to them. Infant exposure compensated in part for a diminishing supply of slaves at the end of the Republic and in the early empire⁶⁷. This dynamic was enabled by the expansion of wet nursing⁶⁸.

Neither first-time mothers (πρωτοτόκοι) nor the mothers of numerous children met medical standards as wet nurses, and midwives were advised to rule them out. A Methodist physician concerned with states of physical stricture and laxity, Soranos feared that the breasts of new mothers might be too "dense" and their milk not yet at its peak, and that they were too immature for the undertaking. While experienced, women who had borne many children were considered physically worn out, their "slack bodies" producing "thin" and "watery" milk past its prime⁶⁹. All physicians agree that that a woman forty to forty-five years old should no longer nurse⁷⁰. A woman in her forties was nearing or had reached menopause⁷¹. What was the fate in Rome of a *nutrix* aged past use? Did she remain within the household as a lifelong retainer⁷²? If a slave,

was she rewarded with freedom? Or was she sold on, like Cato the Elder's aging slaves⁷³? Was she given a plot of land, like Pliny the Younger's former wet nurse⁷⁴? Or left destitute? The outcome depended on the time frame, her status, and the inclinations of the *familia*. Having survived the demographic perils of childhood and childbirth, a woman might live to a ripe old age. What occupational contingencies existed for a former wet nurse of advancing years? What if she had been and remained unattached to a spouse or *contubernalis*? Had relinquished her own children? Strict observance by wet nurses of medical and/or legal stipulations shattered family structures⁷⁵. How tight were the familial and social bonds that might support an aging woman who had given of her substance to others' children within the confines of their household over the course of her adult life?

Section II: Infants

Unfit to Nurse

Like women evaluated for their fitness to breastfeed, infants were evaluated for their fitness to be fed. Determining which infants were worth raising was an aim of Hippocratic gynecology⁷⁶. Soranos' phrase: τὸ [βρέφος] πρὸς ἀνατροφὴν ἐπιτήδειον, Temkin translates as: "the newborn that is worth rearing"⁷⁷. I prefer here to emphasize the literal meaning of ἀνατροφὴν (through its root τροφή, "food"). As "rearing" is the upbuilding of an infant through nourishment and care, I am rendering it: "the newborn fit for nurturing"⁷⁸. Immediately after its birth, the midwife was to evaluate the newborn according to medical criteria. Its acceptance or rejection by the family followed. If rejected, the newborn was exposed, starved or actively killed⁷⁹. Laes, Mustakallio and Vuolanto counsel historians to avoid sensationalism in treating this topic, yet Laes adds: "Indeed, some aspects of ancient life were a nightmare, and this has to be taken into account in our narratives of Antiquity"⁸⁰. In the ensuing

discussion much of the content is nightmarish, the result of thinking through the consequences of adhering to a medical ideal.

Prodigia and the Medically “Unfit”

Not medicine alone but religion might determine an infant’s fate⁸¹. Unusual births and extraordinary phenomena were religious and state concerns in Rome⁸². Human *prodigia* (τέρατα) embodied a disturbance to the *Pax deorum*, the (unwanted) irruption of divinity into the terrestrial, and portended disaster⁸³. Guilt was manifest in their existence and demanded ritual expiation⁸⁴. Neighbors might report an anomalous birth to the haruspices, who conveyed their judgment to the Senate to act upon⁸⁵. Allély has analyzed reports of *prodigia* by Livy and Julius Obsequens, and has identified five categories: hermaphrodites (and pseudo-hermaphrodites), deformed infants, precocious infants, monsters’ with missing, extra or malformed appendages or features, and multiple births (triplets and above, as well as conjoined twins)⁸⁶. Infants unusual in size may be added as a sixth category⁸⁷. *Prodigia* of the late Republic are reported as having been exiled or killed.

There is an imperfect intersection between the religious classification of *prodigia* and newborns deemed medically unfit. Not all *prodigia* were determined so at birth. Multiple births beyond twins, if the infants were healthy, would have been regarded as *prodigia* but not “unfit”, unless conjoined⁸⁸. Precocious infants were not “unfit” who spoke remarkably early⁸⁹. Some attitudes changed. Hermaphrodites, for example, were regarded with especial horror as *prodigia* in Republican Rome⁹⁰, becoming objects of prurient fascination in the early empire⁹¹. Medically, they would have been “unfit” only if both sets of genitalia were detected at birth⁹². Newborns unusually large or small might be regarded as both prodigious and “unfit”. It is in the degree of difference that the play between religious and medical classifications is greatest. While infants with major anomalies would

have been judged both prodigious and “unfit”, infants with lesser ones might escape either or both classifications⁹³. Medical “unfitness” was a rather private matter centered on the family and its connections; in extreme instances, however, it became a public concern as medical, familial, religious and state anxieties converged⁹⁴.

The Ideal Newborn

In a section entitled “How to Recognize [the Newborn] Fit for Nurturing” (Πῶς γνωρίζεται τὸ πρὸς ἀνατροφὴν ἔστιν ἐπιτήδειον), Soranos writes that immediately after its birth, the midwife is to take up the newborn and place it upon the earth⁹⁵. Next, she is to indicate its sex “as is the custom for women” (καθὼς γυναιξίν ἔθος). Then she is instructed conscientiously to consider (κατανοεῖτω) whether it deserves feeding, or not. These are the criteria: A newborn worth nurturing will have a mother who had been healthy throughout pregnancy. It will have been born after a minimum of seven months’ gestation. It will cry, and vigorously. It will have all its parts. Its orifices, from the ears to the anus, will be free of obstruction⁹⁶. Its bodily functions will be in order. Its joints and extremities will be suitable in form, and the infant will be ordinary in shape and size. It will react to painful stimuli⁹⁷. These criteria are repeated by Caelius Aurelianus (5th century)⁹⁸.

The midwife’s evaluation was critical⁹⁹. If the newborn were deemed worthy to be nurtured, she would lift it from the ground¹⁰⁰. Then its body would be fitted out for life through a series of complex preparations. The umbilical cord would be cut or squeezed or ligated, or a combination of these things. It would be rubbed down with a mixture containing salt, thought to “toughen” the tender newborn skin¹⁰¹. It would be bathed and handed over to its mother; this was a symbolically charged moment depicted on sarcophagi¹⁰². Swaddling would follow. Soranos is precise about his method for this, separating the limbs to prevent ulceration¹⁰³. The newborn would be placed

on a bed of the correct contour and firmness, and covered¹⁰⁴. It would then be left without food, to overcome the rigors of delivery and to digest residual nutriment from its life in the womb. If the newborn was ravenous, it would be fed honey-water, or goat's milk and honey, before being given to a wet nurse or to its insistent mother to be breastfed, two to four days after birth¹⁰⁵.

Rejection

A condition contrary to the above indicated that a newborn was unfit to nurse¹⁰⁶. If the judgment of the midwife went the other way, a close reading of Soranos indicates that these offices would not be performed for it: "Childrearing is a broad and complex subject. For in itself it entails the study of which infants are fit to be nurtured, and how the severing of the navel cord, and the swaddling and the rubbing of the infant which is to be nurtured ought to be done..."¹⁰⁷ Preparing a child for life was laborious and exacting. Soranos' text implies that cutting the navel cord, rubbing, bathing, swaddling, bedding down and other duties pertain to a newborn who has passed inspection. Medical advice prohibiting breastfeeding newborns for several days, delaying maternal/infant bonding, may have eased parents' resolve to withhold sustenance indefinitely¹⁰⁸.

Once a negative appraisal had been given, who made the decision to reject the newborn? Until recently, the received opinion was that fathers did, since full paternal powers persisted into the Principate¹⁰⁹. Yet the authenticity of the *ius vitae necisque* has been challenged in recent scholarship¹¹⁰. Evans Grubbs thinks that the father's role in this decision has been overemphasized, since in the circumstances of illegitimacy, divorce, or his absence or death, the mother was left to decide; further, that a negative judgment was more likely when no father was present to support the child¹¹¹. Unusual circumstances precluded parental involvement. If the father were absent and the mother incapacitated or dead, female attendants to the birth or a rela-

tive would be left to intervene¹¹². In any case, the midwife made the critical initial evaluation and participated in the decision and its aftermath¹¹³.

This must be executed swiftly; rejection had to occur before the ritual acceptance of the neonate by the family¹¹⁴. On the eighth day after birth if the baby were female, or the ninth if male, its incorporation within the Roman *familia* was celebrated at ceremonies of purification and naming on the *dies lustricus*¹¹⁵. Greek territories had similar rites, the *Amphidromia* and *dekate*, at which the midwife was a central participant¹¹⁶. Rarely was a child exposed or killed having been named¹¹⁷. It is no longer assumed that newborns with apparent medical problems were necessarily rejected¹¹⁸. Dasen and Laes point out that some individuals with impairments or deformities were accepted and raised to maturity by their families, through parental choice or because certain disabilities, like deafness, are not easily detected in newborns, and were not detected within the crucial first week of life¹¹⁹.

Evident physical problems or differences that might motivate rejection include severe illness (e.g. meningitis), prematurity, paralysis, nanism (“dwarfism”), cleft palate, clubfoot, limb deformity, cervical rib, hydrocephaly and spina bifida¹²⁰. People sought explanations and assigned blame. It was understood that heredity could cause problems, as with congenital blindness¹²¹. Paralysis might be attributed to cold humors or to a cramped womb; deformities to images taken in by the mother visually or in her imagination, particularly if she had had sex while drunk; hydrocephaly or clubfoot blamed on the midwife’s inept delivery or the nurse’s poor swaddling¹²². In Rome as elsewhere in the Mediterranean, when an infant died, ritual pollution was believed to arise from the unnatural union of birth and death, and more so in the presence of anomaly¹²³. Parents might “soften” their rejection of a newborn through evading the certain knowledge of its death. Den Boer makes the point that to “let die” is

less troubling to the mind than to kill; hence, there are stories of parents setting newborns afloat in wooden caskets; a similar mentality might accompany exposure and lethal neglect¹²⁴. The more extreme the anomaly, the more likely that a newborn would be seen as not merely “unfit” but prodigious, and killed outright¹²⁵.

Expositio

Infant exposure (*expositio*, ἔκθεσις), the denial of nourishment, and active infanticide were not uncommon in antiquity, although their frequency cannot be known¹²⁶. As Evans Grubbs has reflected, the “thought processes and emotions” of parents who made these grim decisions are irrecoverable¹²⁷. These practices occurred in conditions of poverty and food scarcity for most people. All were subject to medical limitations, with uncertain and unsafe contraceptive methods and few medical or surgical options for treating infantile diseases and congenital disorders¹²⁸. Notions of honor, shame and ritual impurity and a scale of human worth affected outcomes. So did time and place¹²⁹. The exposure of infants has been examined with greater nuance since the publication in 1988 of Boswell’s magisterial *The Kindness of Strangers*. Boswell argued that exposure was unlikely to result in the death of an infant (although he probably underestimated the risk), and that parents expected that their infant had a good chance of being picked up and nurtured¹³⁰. As mentioned, most surviving *expositi* ended up in slavery, sometimes sex slavery¹³¹. Economic considerations are central to Boswell’s argument: “The death of *expositi* does not appear to have been common at any time under the empire, and particularly as other sources of slaves dried up it seems unlikely that laborers of any sort would remain unclaimed¹³²”. Yet the frequency with which *expositi* perished cannot be known, and not all *expositi* would have been considered potentially capable of labor. Infants with perceived defects or illnesses were more likely than others to be exposed¹³³.

Expositio was practiced at all social levels. Poverty, illegitimacy, gender, birth order, divorce, the death of the father, and estate concerns were all predisposing factors¹³⁴. I would add compulsion to the list, as in an employer's or owner's demand that a wet nurse expose her own infant¹³⁵. Once picked up, *expositi* would need immediate sustenance and slaves were assigned or wet nurses hired to feed them¹³⁶. Parents who hoped one day to reunite with a child left it with tokens by which to convey its identity; slaves might keep track of an infant put out of the household¹³⁷. Until the 4th century CE, Roman law permitted birth parents to repossess their children at any time, and parents had the right to restore to their original status children born free but subsequently enslaved¹³⁸. It would seem that the possibility of *patresfamilias* reasserting their rights over children would discourage slave owners or foster parents from nurturing infants who might be reclaimed, but *alimenta* disputes suggest otherwise¹³⁹. Circumstances and outcomes, like motives for exposure, varied¹⁴⁰. How neonates were exposed was crucial to their survival¹⁴¹. The place of abandonment mattered. Proximity to a population increased the chance of rescue. Rubbish mounds were well-frequented if filthy, and the appearance of copronyms in Egypt suggests the survival of infants picked up from the dung heap (ἀναίρετοι ἀπὸ κοπριάς)¹⁴². Does it seem likely that the unwanted yet "fit" progeny of the aristocracies of status and wealth would be left in such places? Romans were, if nothing else, hierarchical. I surmise that exposure had its own ranks of perceived worth, in which more valued newborns were put out at propitious locations—temples and marketplaces, or hippodromes, rather than dunghills, with observers lurking to note who took them away¹⁴³. Conversely, unfortunate or unvalued newborns, including the "unfit", were abandoned at insalubrious spots, or where they might not be found or were irretrievable¹⁴⁴. The manner in which *expositi* were presented mattered. Tokens ("... a ring, ribbon, painting, article of clothing, or simply the material in which a baby

was wrapped”) left with an *expositus* might signify parental concern, convey status (fine tokens, high status and/or wealth; modest tokens, or none, low status and/or poverty), preserve the infant’s familial *nomen* and make reunion possible or, equally, prevent an imposter later from making a false claim¹⁴⁵. Medical sources suggest that a “fit” infant exposed for non-medical reasons would exhibit other signs of care; it would be bathed and swaddled and supported and covered¹⁴⁶. A child abandoned naked was probably marked for death¹⁴⁷. (Pseudo) Quintilian writes: “So it is rare that *expositi* survive...You put before our eyes [the image of] a neglected child, whose dying at home was convenient, and his naked body beneath the sky, among wild beasts and birds¹⁴⁸”. If medical instructions were taken literally, a neonate exposed as medically “unfit”, not having been bathed, swaddled, supported or covered, would be distinguished from others by its nakedness and squalor¹⁴⁹. Illness, prematurity, disability or deformity would further set it apart, minimizing its chance of rescue by the exploitative or the compassionate¹⁵⁰. It might be put out having already succumbed to lethal neglect¹⁵¹. Den Boer argues the reluctance in ancient Greece and Rome to inhumate the bodies of physically imperfect infants, in fear of their being reborn with the same defect¹⁵². Perhaps this helps to explain, apart from convenience and secrecy, why so many unwanted or “unfit” infants in antiquity were disposed of in watery places-rivers, wells and sewers¹⁵³.

Conclusion

The promotion of ideal human types is not without real effects. Soranos of Ephesos is the chief informant for this study of Greek gynecology and its breastfeeding ideals and prohibitions. His authoritative advice emerged from previous medical writings and the prevailing Mediterranean culture. Soranos wrote his treatise for the use of midwives, and in Roman households they reified its standards and prohibitions. Roman mothers deemed less than ideal were discour-

aged or freed from breastfeeding and missed out on its contraceptive and health benefits. Wet nurses who met the ideal ceded autonomy over the most fundamental aspects of life. Constraints imposed on wet nurses through medicine and the law fragmented their familial structures and expressed the dominance of employers and slave owners. Medical standards for newborns lent professional dignity to the crude eugenics of antiquity, at a time when there was little to be done for infants born prematurely or with serious illnesses or defects. These standards and ideals for women and infants had the combined effect of separating birth mothers from newborns, contributing to displacement at all social levels, to infant sale or exposure, and to the expansion of wet nursing, and through these processes increased the slave population. More by accident than by design, this recursive dynamic reinforced the systems of dominance of early imperial Rome.

A reader of an early version of this paper advised me to limit my “hand-wringing” to either its opening or conclusion. This was excellent advice. Now the hand-wringing begins. Admittedly, we cannot know how many Roman parents opted to employ wet nurses for newborns, or lethally neglected or otherwise rejected them, influenced directly or indirectly by medical advice. Neither can we know of a certainty the emotional context or content of such decisions. Yet these need not be wholly opaque to us. For Romans, neonatal losses and insuperable infantile morbidities and defects were common. Even now, they take a significant toll. Recently Maureen Carroll, a leading authority on infancy and early childhood in Greek and Roman antiquity, since she had neither had children of her own nor had seen a premature infant, visited a neonatal care unit in Yorkshire. There she was “shocked at how viscerally distressing” it was to see “such tiny bodies and so much vulnerability” for which “no amount of cultural conditioning or cool academic reasoning” had prepared her¹⁵⁴. My own case is unusual in that I had already been a mother for

years before becoming a scholar. For nearly five continuous years I was either pregnant or breastfeeding. Of four pregnancies, my first had ended in stillbirth, my fourth in miscarriage; my younger surviving son had been significantly premature at birth. When Carroll asks whether human beings are “hard-wired” to respond to the vulnerability of newborns, experience leads me to think that most are¹⁵⁵. Again, in antiquity losses were frequent and many inevitable. For Roman parents who chose to reject an infant, emotional forces generated by pregnancy, childbirth and the very sight of the newborn had to be overcome by real or perceived necessity and/or by cultural imperatives. Human variation being what it is, some parents would have taken such decisions more stoically or lightly than others, but I think that for most parents they would have entailed distress. Midwives evaluating fitness to nurse on the basis of medical standards, by participating in these decisions and their aftermath, relieved parents of a measure of responsibility and emotional pain. The human consequences to Romans as individuals of breastfeeding ideals and prohibitions in ancient Greek medicine are irreducibly ambiguous and complex.

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3. "In preindustrial societies, to feed an infant unpasteurized animal milk was tantamount to manslaughter": Parkin T, *The Demography of Infancy and Early Childhood in the Ancient World*. In: Evans Grubbs J, Parkin T with Bell R (eds), *The Oxford Handbook of Childhood and Education in the Classical World*. Oxford, New York: Oxford University Press; 2013. p. 53. Cf. Gil'adi A, *Infants, Parents and Wet Nurses: Medieval Islamic Views on Breastfeeding and Their Social Implications*. Leiden, Boston, Köln: Brill; 1999. p. 45. Goat's milk was an unsuitable supplement or substitute. Alongside the risks of contamination and parasites, infant feeding with goat's milk is associated with megaloblastic anemia, leading to bone porosity of the cranial vault, cribra orbitalia: Bourbou C, Garvie-Lok SJ, ref. 2, pp. 74-75. Cf. Laes C, *Raising a Disabled Child*. In: Evans Grubbs J, Parkin T with Bell R (eds), *The Oxford Handbook of Childhood and Education in the Classical World*. Oxford, New York: Oxford University Press; 2013. p. 127. "Wet nurse" was the primary meaning of *nutrix*, not "nursemaid" (*assa nutrix*): Bradley KR, *Wet Nursing at Rome: A Study in Social Relations*. In: Rawson B (ed.), *The Family in Ancient Rome: New Perspectives*. London, Sydney: Croom Helm; 1986. p. 202. *Τροφός* is feminine. Galen does mention a male nanny named Peitholaos in anecdotes involving the child Commodus: Gourevitch D, *The Sick Child in His Family: A Risk for the Family Tradition*. In: Dasen V, Späth T (eds), *Children, Memory, and Family Identity in Roman Culture*. Oxford, New York: Oxford University Press; 2010. pp. 278-280.
4. Bradley KR, ref. 3, p. 214. Cf. Fildes VA, ref. 2, pp.17-8; Corbier M, ref. 1, pp. 1270-71 and eadem *Child Exposure and Abandonment*. In: Dixon S

- (ed.), *Childhood, Class and Kin in the Roman World*. London, New York: Routledge; 2001: pp. 62-3; Evans Grubbs J, *Infant Exposure and Infanticide*. In: Evans Grubbs J, Parkin T with Bell R (eds), *The Oxford Handbook of Childhood and Education in the Classical World*. Oxford, New York: Oxford University Press; 2013. p. 93. Festus, Gloss. Lat.: *Lactaria columna in foro olitorio dicta, quod ibi infantes lacte alendos deferebant*. A Temple of Piety and the *columna lactaria* were torn down in the 40s BCE and replaced by the Theater of Marcellus: Pliny, *Nat. hist.* 7.36.121.1-9. Wet nurses were offering their services adjacent to the ruins of the Theater of Marcellus as recently as the early 20th century: Torelli M, *Typology and Structure of Roman Historical Reliefs*. Ann Arbor: University of Michigan Press; 1992. p.116; Mulder T, *Adult Breastfeeding in Ancient Rome*. *Illinois Classical Studies* 2017;42(1):227-243.
5. Most *expositi* were enslaved, and some sold as young as age three: Biezunska-Malowist IM, ref. 1, pp. 129-133; Masciadri MM, Montevecchi O, *Contratti di baliatico e vendite fiduciarie a Tebytnis*. *Aegyptus* 1982;62(1):148-161, pp. 158-59; Boswell J, ref. 1, 74 p.; Marcílio ML, *História Social da Criança Abandonada*. São Paulo: Editora Hucitec; 1998. p. 24; Hennessy C, *Young People in Byzantium*. In: James L (ed.), *A Companion to Byzantium*. Chichester, West Sussex, U.K., Malden, MA: Wiley-Blackwell; 2010. p. 85; Evans Grubbs J, *Hidden in Plain Sight: Expositi in the Community*. In: Dasen V, Späth T (eds), *Children, Memory and Family Identity in Roman Culture*. Oxford: Oxford University Press; 2010. pp. 297, 305 and eadem, ref. 4, p. 95. Regarding alumni, see Rawson B, *Children in the Roman Familia*. In: Rawson B (ed.), *The Family in Ancient Rome: New Perspectives*. London, Sydney: Croom Helm; 1986. pp. 173-186. Most wet nursing contracts in Roman Egypt deal with feeding infant slaves and *expositi*: Evans Grubbs J, ref. 4, p. 93; Pudsey A, *Children in Roman Egypt*. In: Evans Grubbs J, Parkin T with Bell R (eds), *The Oxford Handbook of Childhood and Education in the Classical World*. Oxford, New York: Oxford University Press; 2013. p. 489.
 6. κατὰ μήνα δραχμῶν δέκα καὶ ἐλαίου κοτυλῶν δύο...μηδὲ ἐπικύουσαν μηδὲ ἄλλο παιδίον παραθηλάζουσαν BGU 4.1108 and Masciadri MM, Montevecchi O, *I Contratti di Baliatico*. *Corpora Papyrorum Graecarum* 1984(1). pp. 80-85 and eadem, ref. 5, p. 157.
 7. Wet nursing contracts reveal misery, starvation and economic compulsion: Masciadri MM, Montevecchi O, ref. 5, p. 161. Wet nurses' wages were at best supplementary earnings-at worst, these women became indebted to

- their hirers: Bradley KR, *Sexual Regulations in Wet-Nursing Contracts from Roman Egypt*. *Klio* 1980;62(2):321-325.
8. Masciadri MM, Montevicchi O, ref. 5, pp. 160-161. Garnsey P, *Child-Rearing in Ancient Italy*. In: Kertzer D, Saller R (eds), *The Family in Italy from Antiquity to the Present*. New Haven, CT: Yale University Press; 1991. p. 61. Cf. Evans Grubbs J, ref. 4, p. 94. The disruptive effects on wet nurses' families can hardly be estimated: Brooten BJ, *Early Christian Enslaved Families*. In: Laes C, Mustakallio K, Vuolanto V (eds), *Children and Family in Late Antiquity: Life, Death and Interaction*. Leuven, Walpole, MA: Peeters; 2015. p. 123. Cf. Fildes VA, ref. 2, pp. 18-23; Parkin T, ref. 3, pp. 54-55; Evans Grubbs J, *The Dynamics of Infant Abandonment: Motives, Attitudes and (Unintended) Consequences*. In: Mustakallio K and Laes C (eds), *The Dark Side of Childhood in Late Antiquity and the Middle Ages: Unwanted, Disabled and Lost*. *Childhood in the Past Monograph Series 2*. Oxford, UK: Oxbow Books; 2011. pp. 25-26.
 9. Clark G, *Women in Late Antiquity: Pagan and Christian Life-styles*. Oxford: Clarendon Press; 1993. p. 64; Meyer M, "Woman to Woman": Parturient-Midwife Imagery in Byzantine Art. *Bizantinistica* 2004 (2005);2;ser.6:101-114.
 10. Cic., *Tusc.* 3.1; Tac., *Germ.* 20.1; Lucr., 5.222-30; Quint., *Inst.* 1.1.4-5; M. Aur., *Med.* 5.4; Plut., *Cons. ad uxor.* 2.
 11. Bradley KR, ref. 3, pp. 201-2; Parkin T, ref. 3, p. 51.
 12. The Roman celebration of the lactating female had Etruscan origins: Laskaris J, *Nursing Mothers in Greek and Roman Medicine*. *AJArch.* 2008;112(3):459-464. p. 462.
 13. CIL 6.19128: *Graxiae Alexandriae insignis exempli ac pudicitiae, quae etiam filios suos propriis uberibus educavit. Pudens Aug. lib. maritus merenti, vix ann. XXIII m. III d. XVI*. Cf 6.21347, 6.23078. Cf. Pliny, *Nat. hist.* 7.121; Tac., *Dial.* 28.1-29.2, *Germ.* 19, 20.1; Muson., 13a; Plut., *Cat. Mai.* 20.3-4, *Cons. ad uxor.* 5; *Juv.* 6.592-4.
 14. Gourevitch D, ref. 3, p. 277.
 15. " 'An tu quoque' inquit 'putas natura feminis mammaram ubera quasi quosdam uenustiores naeuulos non liberum alendorum, sed ornandi pectoris causa dedisse?' " In a scene within *Attic Nights*, Aulus Gellius has the philosopher Favorinus visit the home of a disciple of senatorial rank to congratulate him on the birth of a son. Favorinus learns that the maternal grandmother intends to acquire wet nurses: Gell., *Noct. Attic.* 12.1.
 16. "...a child handed over to a wet nurse (*nutricem*) is forgotten hardly less than if it had been lost through death. And the infant's own disposition of love

- and of intimacy is taken up in she alone by whom it is fed...And because the foundations of native piety have been obliterated and done away with, to whatever degree children brought up this way may appear to love their father and mother, that love is by and large not natural, but civil and customary". (*...neque multo minor amendati ad nutricem aliam filii quam morte amissi obliuioſt. Ipsius quoque infantis adfectio animi, amoris, consuetudinis in ea sola, unde alitur...Ac propterea oblitteratis et abolitis natiuae pietatis elementis, quicquid ita educati liberi amare patrem atque matrem uidentur, magnam fere partem non naturalis ille amor est, sed ciuilis et opinabilis*): Gell., Noct. Attic. 12.1. Cf. Quint., Inst.1.1.4-5; Tac., Dial. 29.1. Contemporary parents with nannies express similar concerns: Macdonald CL, *Shadow Mothers*. Berkeley, Los Angeles, London: University of California Press; 2010. pp. 112-123. Cf. Bradley KR, ref. 3, p. 214; Dasen V, *Childhood and Infancy in Antiquity*. In: Rawson B (ed.), *A Companion to Families in the Greek and Roman World*. Chichester: Wiley-Blackwell; 2011. p. 308. Carroll disagrees that a wet nurse was necessarily a block to the maternal/infant bond: Carroll M, "No part in earthly things," *The Death, Burial and Commemoration of Newborn Children and Infants in Roman Italy*. In: Harlow M, Larsson Lovén L (eds), *Families in the Roman and Late Antique World*. London, New York: Continuum International Publishing Group; 2012. p. 47.
17. Rawson B, *The Roman Family*. In: Rawson B (ed.), *The Family in Ancient Rome: New Perspectives*. London, Sydney: Croom Helm; 1986. p. 30.
 18. *Ibid.*, p. 6
 19. Sor., Gyn. 2.11.18.4; Gal., *De san. tuen.* 1.7.18-21. Cf. Cael. Aurel., Gyn. 1132-1135.
 20. Sor., Gyn. 2.11.18.6. See Fildes VA, ref. 2, 17 p.; Bradley KR, ref. 3, pp. 203, 207. Medieval Islamic parallels: Gil'adi A, ref. 3, p. 42.
 21. Sor., Gyn. 2.11.18.5-6
 22. *Ibid.*, 2.5.8.1.
 23. *Ibid.*, 2.11.18.6. For similar reasons, Soranos regards perpetual virginity as preferable to procreation: 1.7.30-32.
 24. *Ibid.*, 1.11.42; 2.11.18.6; 2.12.20.3; Cael. Aurel., Gyn. 1135-1142. Soranos advises parents to have more than one wet nurse available to an infant. He recommends feeding newborns boiled honey-water or honey and goat's milk for the first two or three days of life (Oribasios recommends four). Mothers who insist on nursing should have their own new milk sucked away by a youth (*διὰ μετράκιου*) or manually expressed before initiating nursing, reasoning that the thick first milk harms a newborn's gums. It seems unlikely

- that a youth of free status would be asked to do perform this duty: 2.11.18.3. These practices deprived infants of colostrum, now known to transmit maternal antibodies against infections, and put mothers at greater risk of developing abscesses. In addition, honey is often contaminated with *Clostridium botulinum* spores (botulism): Bourbou C, Garvie-Lok SJ, ref. 2, p. 74. It seems odd that Soranos recommends wasting this first milk, understood then to have healing properties: Laskaris J, ref. 12, p. 460. On increased maternal and infant mortality as unrecognized consequences of gynecological advice and the use of wet nurses: Fildes VA, *Breasts, Bottles and Babies: A History of Infant Feeding*. Edinburgh: Edinburgh University Press; 1986. p. 86. Cf. Moffat A, ref. 2, p. 717; Hennessy C, ref. 5, p. 86; Parkin T, ref. 3, p. 53-57.
25. It was believed that sexual intercourse might release the uterine blood from which breastmilk was concocted: Hippoc., *De gland.* 16; Sor., *Gyn.* 1.15.42; 2.12.19.11; Gal., *De san. tuen.* 1.7.19-20; 1.9.4. Cf. Gil'adi A, ref. 3, p. 49; Laskaris J, ref. 12, p. 461.
 26. Bourbou C, Garvie-Lok SJ, ref. 2, p. 73-83.
 27. Maher V, *Anthropology of Breastfeeding: Natural law or social construct?* Oxford, Providence, R. I., New York: Saint Martin's Press; 1992. pp. 14-16. Fildes questions whether wealthy women were bound by this prohibition: Fildes VA, ref. 2, p.16. I think so. The putative risks to an infant were too great. A parallel prohibition existed within early medieval Islam: Gil'adi A, ref. 3, p. 59.
 28. Bradley KR, ref. 3, p. 212; Parkin T, ref. 3, p. 55-56.
 29. Twenty to thirty percent of Roman infants died within their first year: Bradley KR, *The Roman Child in Sickness and in Health*. In: George M (ed.), *The Roman Family in the Empire: Rome, Italy and Beyond*. Oxford: Oxford University Press; 2005. p. 69; Carroll M, ref. 16, p. 42 and eadem Introduction. *Infancy and Earliest Childhood in the Roman World: "a fragment of time"*. Oxford: Oxford University Press, 2018. p. 4. Augustan legislation promoting procreation, the *lex Iulia de maritandis ordinibus* (18 BCE) and the *lex Papia Poppaea* (9 CE), followed initiatives by Pompey and Julius Caesar; the *ius liberorum* was an incentive for women: Rawson B, ref. 17, pp. 7, 9-10, 19; Dixon S, *The Roman Family*. Baltimore, London: The John Hopkins University Press; 1992. p. 120; Pudsey A, ref. 5, pp. 487-88; Parkin T, ref. 3, pp. 56-57. Preserving the familial *nomen* mattered greatly to Roman citizens: Rawson B, ref. 17, pp. 8-9.
 30. Bradley KR, ref. 3, pp. 215-16; Fildes VA, ref. 2, pp. 14-15; Meyer M, ref. 9, pp. 111-112. Wet nurses and midwives were members of a childrearing

- staff of pedagogues, teachers and attendants: Dixon S, ref. 29, p.118; Späth T, Wagner-Hasel B, *Frauenwelten in der Antike: Geschlechterordnung und weibliche Lebenspraxis*. Stuttgart, Weimar: J.B. Metzler; 2000. pp. 56-357; Dasen V, *Childhood and Infancy in Antiquity*. In: Beryl Rawson (ed.), *A Companion to Families in the Greek and Roman World*. Chichester: Wiley-Blackwell; 2011. pp. 309-310.
31. Sor., *Gyn.* 1.1.3-1.2.4. The consensus is that literate midwives were a class distinct from “popular” or “folk” midwives: Fildes VA, ref. 2, p.18; Temkin O, ref. 2, pp. xxxvii, xxxviii; Clark G, ref. 9, p. 67; Meyer M, ref. 9, pp. 112-13; Rawson B, ref. 5, pp. 196-197. Perhaps this distinction has been overstressed, and greater emphasis should be placed on that between those who operated as household retainers and those who acted independently. This reflection was elicited by reading Christian Laes analysis of epigraphic and textual sources on midwives: Laes C, *The Educated Midwife in the Roman Empire: An Example of Differential Equations*. In: *Hippocrates and Medical Education: Selected Papers Presented at the XIIth International Hippocrates Colloquium, Universiteit Leiden, 24-26 August 2005*. Horstmanshoff M (ed.), *Studies in Ancient Medicine* 2010;35:261-86 and *idem Midwives in Greek Inscriptions in Hellenistic and Roman Antiquity*. *Zeitschrift für Papyrologie und Epigraphik* 2011;176:154-162.
 32. Meyer M, ref. 9, p. 112; Späth T, Wagner-Hasel B, ref. 30, pp. 360-361; Liston MA, Rotroff S, *Babies in the Well: Archeological Evidence for New-born Disposal in Hellenistic Greece*. In: Evans Grubbs J, Parkin T with Bell R (eds), *The Oxford Handbook of Childhood and Education in the Classical World*. Oxford, New York: Oxford University Press; 2013. p. 74.
 33. Were Roman mothers shut out from the decision by midwives and fathers? Some Roman women had greater freedom than their legal status indicates: Rawson B, ref. 17, pp. 8, 19-20; Clark G, ref. 9, p. 50 Men were involved in breastfeeding decisions within medieval Islam: Gil’adi A, ref. 3, p. 3. Pam Carter frames infant nutritional practices as subject to “discourses of power and control”: Carter P, *Feminism, Breasts and Breastfeeding*. New York: Saint Martin’s Press; 1995. p. 189.
 34. See Dio Chrys., *Or.* 7.113-115. Cf. Bradley KR, ref. 3, p. 203; Späth T, Wagner-Hasel B, ref. 30, 354 p. “We can recognize “woman” as a unity produced through an elaboration of meanings attached to certain bodily differences. This is particularly pertinent in relation to breast-feeding, where linkages with nature serve to obscure differences between women and iron out complexity”: Carter P, ref. 33, 32 p.

35. Sor., Gyn. 2.12.19.1; Oribasios, Syn. ad Eust. 5.2.1-3; Cael. Aur., Gyn. 1145-1148; Aëtios 4.4; Paul of Aeg. 1.2. A rosy complexion indicated larger vessels to convey more nourishment to the breasts: Sor., Gyn. 2.12.19.1; Aëtios 4.4.
36. Sor., Gyn. 2.12.20.1, 3-4; Cael. Aur., Gyn. 1149, 1208-1210; Paul of Aeg. 1.2. Soranos did not want a wet nurse's affection for her charge to be diverted by sexual pleasure: 2.12 [32].19 [88].11: αἱ συνουσίαι μὲν γὰρ μετὰ τοῦ τὴν πρὸς τὸ τρεφόμενον φιλοστοργίαν ἀποψύχειν περισπασμῶ τῆς ἐκ τῶν ἀφροδισίων ἡδονῆς...
37. Sor., Gyn. 2.12.20.2; Orib., Syn. ad Eust. 5.2.5-6; Paul of Aeg. 1.2. The notion that a woman who had borne a male produced superior milk had Egyptian origins in the cult of Isis: Laskaris J, ref. 12, pp. 459-461.
38. Sor., Gyn. 2.12.19.1.6-7, 9 and 2.12.20.3; Cael. Aur., Gyn. 1161-1165; Aëtios 4.4. Oribasios and Paul of Aegina prefer a wet nurse to be voluptuous: Orib., Syn. ad Eust. 5.2.3-5; Paul of Aeg. 1.2.
39. Sor., Gyn. 2.12.20.7; Cael. Aur., Gyn. 1165-1167.
40. Sor., Gyn. 2.12.19.1-15; Aëtios 4.4; Paul of Aeg. 1.2.
41. CIL 6.16450; CIL 6.37752. See Fildes VA, ref. 2, pp.10-14; Günther R, *Matrone, vilica und ornatrix: Frauenarbeit in Rom zwischen Topos und Alltagswirklichkeit*. In: Späth T and Wagner-Hasel B (eds), *Frauenwelten in der Antike: Geschlechterordnung und weibliche Lebenspraxis*. Stuttgart, Weimar: J.B. Metzler; 2000. p. 359.
42. Plin., Ep. 6.3.1. Cf. Bradley KR, ref. 3, p. 221; Fildes VA, ref. 2, p.14.
43. Sor., Gyn. 2.13.21-23; 2.14.25-27; Gal., De san. tuen. 1.9.7; 1.9.9; Orib., Syn. ad Eust. 5.2.6 and 5.3.1-2, 5.4.1-9; Cael. Aur., Gyn. 1215-1236 and idem, "Epilepsy", Chron. Dis. [tard. pass. ed., trans. Drabkin] 1.78, pp. 488-91; Alex. Trall. *Περὶ ἐπιληψίας*, pp. 538-39; Paul of Aeg. 1.2, 1.3-4; 3.13. Cf. Fildes VA, ref. 2, p. 22.
44. Soranos understood that the effects of alcohol could be transmitted through breastmilk. Sor., Gyn. 2.12.19.12. He permitted moderate consumption when an infant was older and stronger: Sor., Gyn. 2.14.27. Cf. Cael. Aur., "Epilepsy", Chron. Dis. [tard. pass. ed., trans. Drabkin] 1.78, pp. 488-491; Alex. Trall. *Περὶ ἐπιληψίας*, pp. 538-39.
45. Sor., Gyn. 2.14.24.5-6; Cael. Aur., "Epilepsy", Chron. Dis. 1.78 [tard. pass. ed., trans. Drabkin], pp. 488-491; Alex. Trall. *Περὶ ἐπιληψίας*, pp. 540-541. Carcopino J, *Daily Life in Ancient Rome: The People and the City at the Height of the Empire*. In: Rowell HT (ed.), Lorimer EO (translator), New Haven: Yale University Press; 1940. p.166.
46. Sor., Gyn. 2. 17. 36.

47. Sor., Gyn. 2.12.19.1, 5-6 and 15, 2.14.24.4-5; Cael. Aur., “Epilepsy”, Chron. Dis. [tard. pass. ed., trans. Drabkin] 1.78, pp. 488-491.
48. Sor., Gyn. 2.12.19.1, 11-13
49. Sor., Gyn. 2.12.19.11; Orib., Syn. ad Eust. 5.2.7; Cael. Aur., Gyn. 1185. Cf. Bradley KR, ref. 7, p. 322.
50. See Golden J, Social History of Wet Nursing in America: From breast to bottle. Cambridge [England], New York, NY: Cambridge University Press, 1996. p.159. Cf. Macdonald CL, ref. 16, pp.112-123.
51. Sor., Gyn. 2.12.19.15: Ἑλληνίδα δὲ χάριν τοῦ τῆ καλλιστῆ διαλέκτω ἐθισθῆναι τὸ τρεφόμενον ὑπ’ αὐτῆς.
52. D 23.1.9; CJ 5.4.24 and 5.60.3.
53. Sor., Gyn. 1.4.20. Cf. Amundsen DW, Diers CJ, The Age of Menarche in Classical Greece and Rome. Hum. Biol. 1969;41:125-32; Pomeroy SB, Infanticide in Hellenistic Greece. In: Cameron A, Kurht A (eds), Images of Women in Antiquity. London & Canberra: Croom Helm, 1983. p. 213.
54. Hopkins MK, The Age of Roman Girls at Marriage. Popul. Stud. 1965;18(3):315-316; Boswell J, ref. 1, pp. 33-35. Cf. Rawson’s opposing opinion: Rawson B, ref. 17, p. 22. Soranos had heard reports of conception before first menstruation, although he dismisses them: Sor., Gyn. 1.28.
55. Did incentives for early marriage exist for the upper but not the lower classes? See Rawson B, ref. 17, pp. 22, 50 and 62. Yet see the cases of Cassia Felicitas and Proba: Laes C, Children and their Occupations in the City of Rome. In: Laes C, Mustakallio K, Vuolanto V (eds), Children and Family in Late Antiquity: Life, Death and Interaction. Leuven, Walpole, MA: Peeters; 2015. pp. 90-91.
56. Fildes VA, ref. 2, p. 5; Bradley KR, ref 3, p. 203. Cf. Rawson B, Degrees of Freedom: Vernae and Junian Latins in the Roman familia. In: Dasen V, Späth T (eds), Children, Memory and Family Identity in Roman Culture. Oxford: Oxford University Press; 2010. p. 208.
57. Dixon S, ref. 29, pp.10, 53, 90, 124.
58. There was considerable class mobility: Rawson B, ref. 17, pp. 23-24. A wet nurse and her free partner or *contubernalis* might avail themselves of *coitus interruptus* while she was under contract or compulsion: Bradley KR, ref. 7, pp. 323-324; Fildes VA, ref. 2, p. 8. This relief would not be permitted if Soranos’ advice were scrupulously applied: Sor., Gyn. 2. 12.19.11.
59. Fildes VA, ref. 2, p. 5.
60. Sor., Gyn. 2. 12.19.11.
61. Rawson B, ref. 56, pp. 208-9. A household wet nurse might feed her own baby in tandem with the “infant master” (Tacitus, Dial. 28.1-29.2), creating

- milk bonds between the nurslings (*collactanei*) which could elevate her own child. An enslaved former *collactaneus* was eligible for manumission: Gai., Inst. 1.38-9. See Rawson B, ref. 56, pp. 197-211 and eadem ref. 5, p. 197; Dixon S, ref. 29, p.128; Späth T, Wagner-Hasel B, ref. 30, p. 355; Dasen V, ref. 30, p. 309. Plutarch reports Cato the Elder's wife Licinia nursing slave babies herself to create a "natural love" between them and her son and secure the slaves' later loyalty: Plut., Cat. Mai. 20.3-4.
62. Sor., Gyn. 2.12.20.1, 3 and 2.12.19.11; Cael. Aur., Gyn. 1149, 1208-1210; Paul of Aeg. 1.2. Soranos makes no concession to tandem nursing. He warns against permitting a wet nurse to have a male companion, lest the pleasure of sex alienate her affections (πρὸς τὸ τρεφόμενον φιλοστοργίαν ἀποψύχειν) from the nursling-her own infant would be a direct rival. Soranos makes no provision for her nurturing another infant. His concern is maintaining an adequate volume of breastmilk for the infant assigned to her; in fact, he recommends that parents obtain multiple wet nurses to ensure the supply.
63. "While upper-class parents could freely decide how to care for their own newborn infants, parents of slave children could not, and the use of a nurse is more likely to have followed from the intervention of a slave-owner": Bradley KR, ref. 3, pp. 203, 207.
64. See D 32.99.3; D 50.16.210. Rawson B, ref. 5, pp. 191, 200 and eadem ref. 56, p. 215; Bradley KR, ref. 3, pp. 211-212; Fildes VA, ref. 2, p. 5; Dixon S, ref. 29, p. 128; Brooten BJ, ref. 8, p. 122. Consider the attitude of an employer/mother of the U.S. in the late 19th century: "Informed that she could not bring her baby with her, [the wet nurse] had turned a deaf ear to that declaration and had shown up to work with her infant. Workman [the mother/ employer] stood her ground, and apparently the woman arranged to have her child boarded. Two weeks later the infant died. Workman, ever mindful of the needs of her own infant, feared that the death would upset the wet nurse and spoil her milk. She therefore prevailed on her to forego the funeral... Workman remained immune from either guilt or gratitude": Golden J, ref. 50, p. 163; also see p. 174.
65. Why might a slave owner find it profitable to prevent an enslaved mother from feeding her infant? First, it was a means to exercise control; the power to break up their families threatened and disempowered slaves. Second, these practices facilitated the conveyance of slaves as chattel in property transactions. Third, they "freed" enslaved women to engage in specialized labor (e.g. as *ornatrices*), to nurse others' infants, or to become pregnant again.

- On the reproductive value of enslaved women to the Roman economy, see Andreau J, Descat R, ref. 1, p. 92. Finally, less prosperous owners might view a slave infant as an unwanted mouth to feed: Bradley KR, ref. 7, p. 325 and idem 1986, ref. 3, pp. 210-211; Fildes VA, ref. 2, p. 5; Evans Grubbs J, ref. 5, p. 305 n. 33 and eadem ref. 4, p. 89.
66. Bradley KR, ref. 7, p. 321; Garnsey P, ref. 8, p. 61; Corbier M, ref. 1, p. 1266; Evans Grubbs J, ref. 4, pp. 89 and 94; Pudsey A, ref. 5, p. 488. Dio Chrysostom alleges that slave women sometimes killed their newborns so that maternity would not be added to their burdens: Dio Chrys., Or. 15.8. It is a bleak thought, but these women could then be ordered to nurse others' infants.
 67. Andreau J, Descat R, ref. 1, pp. 93-100. Cf. Biezunska-Malowist, ref. 1; Boswell J, ref. 1, pp. 112, 160; Corbier M, ref. 1, p. 1268; Motomura R, ref. 1, pp. 410-415; Scheidel W, Quantifying the Sources of Slaves in the Early Roman Empire. JRS 1997;87:156-169; Harris WV, Demography, Geography and the Sources of Roman Slaves. JRS 1999;89:62-75. Bradley agrees that *expositi* comprised a significant proportion of new slaves, but denies that estimating numbers with any accuracy is possible: Bradley KR, On Captives Under the Principate. Phoenix 2004;58(3):298-318. Of infants in nursing contracts examined by Masciadri and Montevecchi, six of twenty-nine are described as free, twenty-three as slaves. Twelve of the enslaved were *expositi*: Masciadri MM, Montevecchi O, ref. 5, p. 149.
 68. Boswell J, ref. 1, pp. 62, 111; Andreau J, Descat R, ref. 1, pp. 98-100
 69. Sor., Gyn. 2.12.19.3; Cael. Aur., Gyn. 1146-147.
 70. Paul of Aegina set the upward limit conservatively, at thirty-five: Paul of Aeg. 1.2.
 71. Sor., Gyn. 1.4.20. Cf. Clark G, ref. 9, pp. 88-89
 72. Dasen V, ref. 30, p. 309.
 73. Abandoning slaves was not illegal until the time of Claudius: Boswell J, ref. 1, p.192. For parents today dismissing nannies without cause, see Macdonald CL, ref. 16, p. 88.
 74. Plin., Ep. 6.3.1. Cf. Bradley KR, ref. 3, p. 221; Dasen V, ref. 30, p. 309; Fildes VA, ref. 2, p. 14.
 75. Brooten BJ, ref. 8, p. 123.
 76. Laes C, ref. 3, p. 130.
 77. Temkin O, ref. 2, pp. 70-80. An early reference to the rejection of "unfit" infants is a metaphor from Plato's Theaetetus, which compares an ill-formed concept to an infant not worth feeding (οὐκ ἄξιον ὄν τῆς τροφῆς, taken

- from Pl. *Tht.*160C-161E). This passage has been well debated: Patterson C, “Not Worth the Rearing”: the Causes of Infant Exposure in Ancient Greece. *TAPA* 1985;115:103-123; Edwards ML, The Cultural Context of Deformity in the Ancient Greek World: “Let There Be a Law that No Deformed Child Shall Be Reared”. *AHB* 1996;10(3-4):79-92; Den Boer W, Private Morality in Greece and Rome: some historical aspects. *Mnemosyne* 1979. Supplementum 57. pp. 134-5; Boswell J, ref. 1, p. 83. Also see Aristoph., *Nub.* 529-532; Sen., *De ira* 1.15.2 (...*portentosos fetus extinguimus, liberos quoque, si debiles monstrosique editi sunt, mergimus; nec ira sed ratio est a sanis inutilia scernere*); Philo, *De spec. leg.* 3.116; Cic., *De leg.* 3.19; Livy, 27.37.
78. This medical concept penetrated the Roman consciousness to such an extent that Stoic philosopher Musonius Rufus addressed it in a treatise, *Εἰ Πάντα τὰ Γινόμενα Τέχνα Θεραπεύον*: Muson, 15.
79. “Exposure” refers to putting a newborn outside, “abandonment” is generic: Boswell J, ref. 1, p. 25; Corbier M, ref. 1, p. 1261; Evans Grubbs J, ref. 4, p. 83.
80. Laes C, Mustakallio K, Vuolanto V, Limits and Borders of Childhood and Family in the Roman Empire. In: Laes C, Mustakallio K, Vuolanto V (eds), *Children and Family in Late Antiquity: Life, Death and Interaction*. Leuven, Walpole, MA: Peeters; 2015. pp. 7 and 8.
81. In the late Republic, there was little distinction between the civil law and religion: Allély A, Les enfants malformés et considéré comme prodigia à Rome et à Italie sous la République. *REA* 2003;105:127-28.
82. Allély A, ref. 81, pp. 127-128 and eadem, Les enfants malformés et handicapés à Rome sous le Principat. *REA* 2004;106:73-101.
83. Greek τέρατα/Roman *prodigia* shared a “common religious heritage”: Den Boer W, ref. 77, pp. 93-95, 102-104, 110.
84. Idem, pp. 94-95, 108, 125; Allély A, ref. 81, p. 149.
85. Allély A, ref. 81, pp. 148-150.
86. Idem, p. 136. Cf. Den Boer W, ref. 77, pp. 93-125.
87. Den Boer W, ref. 77, p. 117.
88. Allély A, ref. 81, p. 151. Cf. Den Boer W, ref. 77, 9 p. 5; Jul. Obs. 25.
89. Livy, 43.13; Cic., *Div.* 121; Plin., *Nat. hist.* 9.112.4. Cf. Den Boer W, ref. 77, p. 100.
90. Livy, 39.22; Jul. Obs. 27a, 32, 34, 47, 48, 50, 53. Den Boer W, ref. 77, pp. 100-1, 116; Allély A, ref. 81, pp. 147-149, 152-152.
91. Plin., *Nat. hist.* 7.3.34.14-16: *Gignuntur et utriusque sexus quos Hermaphroditos vocamus, olim androgynos vocatos, et in prodigiis habitos, nunc vero in deliciis*. Cf. Den Boer W, ref. 77, p. 96; Allély A, ref. 82, pp. 149, 156.

92. Jul. Obs. 27a, 32, 34, 47, 48, 50, 53. Cf. Den Boer W, ref. 77, p. 116.
93. Allély A, ref. 81, pp. 149-150.
94. Ibid., p. 156.
95. Varro, as quoted by Nonius Marcellus, attests to this practice: Non. 528.12: *Varro de Vita Populi Romani lib II: natus si erat vitalis ac sublatus ab obstetrice, statuebatur in terra, ut aspiceretur rectus esse..* See Rawson B, Adult-Child Relationships in Roman Society. In: Rawson B (ed.), Marriage, Divorce and Children in Ancient Rome. Oxford: Clarendon Press; 1991. p. 11.
96. It was permissible to remove membrane from the anus for the release of meconium: Sor., Gyn. 2.8.13.3-4; Cael. Aur., Gyn. 1050-1053.
97. Soranos rejects harsh measures for further testing the fitness of a newborn *after* the severing of the navel cord, like placing it in cold water or wine, or wine mixed with brine, or a child's urine, or myrtle, or oak gall, practices he attributes to Scythians, Germans and "some of the Greeks" (τινὲς δὲ καὶ τῶν Ἑλλήνων): Sor., Gyn. 2.8.12.1.
98. Sor., Gyn. 2.6.10; Cael. Aur., Gyn. 1006-1009; 1013-1027.
99. Laes C, ref. 31 (2011), p. 154.
100. This contradicts the presumed ritual known as *tollere liberos* (or *tollere/suscipere liberum* or *infantem*). Among scholars debunking it are: Köves-Zulauf T, Römische Geburtsriten. *Zetemata* 1990;87:1-94; Dixon S, ref. 29, p. 101, p. 215 n. 10; Corbier M, ref. 1, pp. 1261-2; Shaw B, Raising and Killing Children: Two Roman Myths. *Mnemosyne. Fourth Series* 2001;54(1):31-77; Dasen V, ref. 30, p. 298.
101. Sor., Gyn. 2.8.13.
102. Carroll M, ref. 16, p. 47.
103. Sor., Gyn. 2.9.14-5.
104. Sor., Gyn. 2.10.16.
105. Sor., Gyn. 2.11.18.3. Cf. Cael. Aur., Gyn. 1028-1109.
106. Sor., Gyn. 2.6.10. Cf. Cael. Aur., Gyn. 1006-9; 1013-1027.
107. Sor., Gyn. 2.5.9.1. My italics. Ὁ περὶ παιδοτροφίας λόγος ἐστὶν μὲν πλατὺς καὶ πολυμερής. ἐν αὐτῷ γὰρ ἐξετάζεται, τίνα τῶν γεννηθέντων πρὸς ἀνατροφήν ἐστὶν ἐπιτήδεια καὶ πῶς ὀμφαλοτομητέον καὶ σφαργανωτέον καὶ ἀποσμηκτέον τὸ ἀνατρεφόμενον.. Referencing Soranos 2.11, Christian Laes writes: "Only then [following assessment] was it decided to cut the umbilical cord": Laes C, ref. 31 (2010), p. 269.
108. Smith and Kahila analyzed the remains of 100 victims of infanticide. All were killed at less than three days old, before the maternal/infant bond

- strengthened: Smith P, Kahila G, Identification of Infanticide in Archeological Sites: A Case Study from the Late Roman-Early Byzantine Periods at Ashkelon, Israel. *JAS* 1992;19(6):668.
109. Rawson B, ref. 17, p. 16. Yet see eadem ref. 95, pp. 12-3; Evans Grubbs J, ref. 4, pp. 96-7.
110. E.g., Shaw B, ref. 100, pp. 56-77. Shaw concedes that Romans popularly believed that fathers did possess such powers. Might not that belief have had the effect of law?
111. Evans Grubbs J, ref. 4, p. 85. Cf. Laes C, ref. 3, p. 130; Vuolanto V, Infant Abandonment and the Christianization of Medieval Europe. In: Mustakallio K and Laes C (eds), *The Dark Side of Childhood in Late Antiquity and the Middle Ages: Unwanted, Disabled and Lost. Childhood in the Past Monograph Series 2*. Oxford, UK: Oxbow Books; 2011. p. 10. Soranos does not specify who makes the final decision: Corbier M, ref. 1, p. 1265.
112. Laes C, ref. 3, p. 130. Consider that in Aulus Gellius' *Noctes Atticae*, it is the maternal grandmother of the newborn who has made the decision to engage wet nurses: Gell., *Noct. Attic.* 12.1.
113. Evans Grubbs J, ref. 4, p. 85 and eadem ref. 8, p. 22; Liston MA and S Rotroff, ref. 32, pp. 62-63, 74, 77; Laes C, ref. 3, p. 130.
114. Boswell J, ref. 1, p. 60 n. 18. Cf. Rawson B, ref. 95, p. 13; Liston MA, Rotroff S, ref. 32, p. 77; Dasen V, *Becoming Human: From the Embryo to the Human Child*. In: Evans Grubbs J, Parkin T with R Bell (eds), *The Oxford Handbook of Childhood and Education in the Classical World*. Oxford; New York: Oxford University Press; 2013. pp. 17-39.
115. Rawson B, ref. 95, pp. 8, 13-5; Corbier M, ref. 1, p. 1263; Nathan GS, *The Family in Late Antiquity: The rise of Christianity and the endurance of tradition*. London, New York: Routledge; 2000. p. 24; Dasen V, ref. 30, p. 303; Laes C, ref. 3. p. 130; Carroll M, *Mother and Child. Infancy and Earliest Childhood in the Roman World: "a fragment of time"*. Oxford: Oxford University Press; 2018. p. 63.
116. Liston MA, Rotroff S, ref. 32, p. 77.
117. Laes C, ref. 3, p. 131; Patterson C, ref. 77, pp. 105 and 107.
118. For the assumption that the rejection of "defective" newborns was all-but universal, see Westermarck EA, *The Origin and Development of Moral Ideas*. Vol. 1 of 2. London, New York: The Macmillan Co; 1906-8. pp. 394-96 and Tooley M, *Abortion and Infanticide*. Oxford: Clarendon Press, 1983. pp. 315-316. For revised opinions, see Pomeroy SB, *Copronyms and the Exposure of Infants in Egypt*. In: Bagnall RS, Harris WV (eds), *Studies in Roman Law in*

- Memory of A. Arthur Schiller. Leiden: E.J. Brill; 1986. p. 162; Edwards M, ref. 77, p. 79; Evans Grubbs J, ref. 4, pp. 87-88; Laes C, ref. 3, pp. 125-144; Liston MA, Rotroff S, ref. 32, pp. 74-77.
119. Dasen V, ref. 30, p. 297; Laes C, ref. 3, pp. 125-44; Edwards M, ref. 77, p. 88; Evans Grubbs J, ref. 4, p. 88.
120. Liston MA, Rotroff S, ref. 32, pp. 70-7. Cf. Laes C, ref. 3, pp. 126-129.
121. Laes C, ref. 3, pp. 127-129.
122. Sor., Gyn. 1.10.39; Laes C, ref. 3, p. 128.
123. Liston MA, Rostoff S, ref. 32, pp. 67-68.
124. Den Boer W, ref. 77, 113-14 pp. Cf. Boswell, ref. 1, p. 130; Vuolanto V, ref. 111, pp. 10-11; Evans Grubbs, ref. 8, p. 32.
125. "L'attitude et le discours des Romains variaient selon la gravité de la malformation": Allély A, ref. 82, p. 140.
126. Tooley M, ref. 118, pp. 315-317; Rawson B, ref. 17, p. 172; Corbier M, ref. 1, p. 1273; Laes C, ref. 3, p. 129; Evans Grubbs J, ref. 4, p. 293; Pudsey A, ref. 5, p. 488; Harris WV, *The Theoretical Possibility of Extensive Infanticide in the Graeco-Roman World*. CQ 1982(32):114-116.
127. Evans Grubbs J, ref. 4, pp. 84-5. Cf. Patterson C, ref. 77, p. 108.
128. Evans Grubbs J, ref. 4, p. 83.
129. For example, it is possible that although *expositio* had long been established throughout the Mediterranean, in Egypt the practice began or expanded in the late Ptolemaic Period: Pomeroy SB, ref. 118, p. 162. Masciadri MM, Montevecchi O, ref. 5, p. 156 and pp. 148-149: "Tutti [wet nursing contracts in Egyptian Tebytnis], tranne uno, sono de età Romana".
130. Boswell J, ref. 1, p. 44. Aulus Gellius seems to expect that *expositi* might survive: "...just as occurs in the case of *expositi*, [an infant wet-nursed] conceives neither feeling nor longing for the mother who bore it". (...*ut in expositis usu uenit, matris, quae genuit, neque sensum ullum neque desiderium capit*.): Gell., Noct. Attic. 12.1.22-23. Evans Grubbs writes that Boswell is to be credited for changing the terms of the discussion, but adds elsewhere: "However, I think his view of the chances for survival of *expositi* much too optimistic". Evans Grubbs J, ref. 5, p. 305 n. 32 and eadem ref. 4, p. 83. Cf. Corbier M, ref. 1, p. 1268. Motomura is more optimistic: Motomura R, ref. 1, pp. 410-415. Evans Grubbs also reflects that parents' hope that infants might survive may have had the sad paradoxical effect of increasing the practice of exposure: Ref. 8, p. 32.
131. Boswell J, ref. 1, p. 112; Evans Grubbs J, ref. 4, p. 95 and ref. 8, p. 25.
132. Boswell J, ref. 1, p. 160.

133. *Ibid.*, p. 60 n. 18.
134. First- and second-born infants were unlikely to be rejected: Gardner JF and T Wiedemann, *The Roman Household: A Sourcebook*. London; New York: Routledge; 1991. p. 99; Carroll M, ref. 16, p. 42; Pudsey A, ref. 5, pp. 487-488; Evans Grubbs J, ref. 4, p. 90 and eadem ref. 8, p. 23. On limiting the division of estates: Evans Grubbs J, ref. 4, p. 89; eadem ref. 8, p. 24. On illegitimacy: Corbier M, ref. 1, p. 1267; Dasen V, ref. 30, p. 297; Evans Grubbs J, ref. 4, p. 85. On divorce: Evans Grubbs J, ref. 4, p. 85. That Roman motives mirrored those in Greece: Patterson C, ref. 77, pp. 115-121. There is no consensus on gender: Patterson C, ref. 77, pp. 119-121; Rawson B, ref. 5, pp. 182-3; Pomeroy SB, ref. 53 and eadem ref. 131, p. 162; Boswell J, ref. 1, pp. 101-103; Nathan GS, ref. 115, p. 24 n. 84; Hennessy C, ref. 5, p. 83; Dasen V, ref. 30, p. 297; Evans Grubbs J, ref. 4, pp. 90-91. Oft cited: *Apul.*, *Met.* 10.254.23-255.1.
135. Evans Grubbs J, ref. 4, pp. 93-94.
136. *Ibid.*, p. 93. Cf. Corbier M, ref. 1, pp. 1270-71 and eadem ref. 4, pp. 62-63.
137. Boswell J, ref. 1, p. 130; Miller TS, *The Orphans of Byzantium: Child Welfare in the Christian Empire*. Washington, DC: The Catholic University of America Press; 2003. pp. 141-75; Evans Grubbs J, ref. 5, pp. 307-8 and eadem ref. 8, pp. 27-8; Hennessy C, ref. 5, pp. 81-92; Marcílio ML, ref. 5, p. 24.
138. Evans Grubbs J, ref. 4, pp. 297-298 and eadem ref. 8, pp. 27-8; Boswell J, ref. 1, pp. 63-9.
139. From the time of Severus Alexander, *patresfamilias* who wished to reclaim *expositi* born under their power were obligated to compensate foster parents for expenses: *JC* 8.51 (52).1. Boswell J, ref. 1, pp. 61, 65, 124-25. Dio Chrys., *Or.* 15.9; *Sen. Controv.* 9.3 and 10.4.13; *Quint.*, *Inst.* 7.1.14; (Pseudo) *Quint. Declam. min.* 278, 306, 338, 376. See also the comments of Corbier M, ref. 1, p. 1258; Evans Grubbs J, ref. 5, pp. 297-298 and eadem ref. 4, p. 97 and also ref. 8, pp. 24-27.
140. On motives and expectations, see Vuolanto V, ref. 111, pp. 8-9.
141. Patterson C, ref. 77, p. 122. Cf. Evans Grubbs J, ref. 4, p. 83.
142. Masciadri MM, Montevicchi O, ref. 5, p. 149; Boswell J, ref. 1, p. 148 The first infants given copronyms in Late Ptolemaic Egypt are likely to have been *expositi*: Pomeroy SB, ref. 131, pp. 158-161. Cf. Evans Grubbs J, ref. 4, p. 95; Corbier M, ref. 1, p. 1271-1272.
143. Boswell J, ref. 1, pp. 110-11; Bradley KR, ref. 3, p. 214; Fildes VA, ref. 2, pp. 4-5, 18; Marcílio ML, ref. 5, p. 24; Evans Grubbs J, ref. 5, pp. 307-308 and 310 and eadem ref. 4, p. 96.

144. Judith Evans Grubbs asks: “Would leaving a baby in a wild and deserted place where no one was likely to find her be infanticide, whereas putting her out in a well-frequented area would be exposure?” and elsewhere answers herself, “But in real life, newborns were left where others could find them— on the garbage dump or, in later times, at a church”: Evans Grubbs J, *Infant Exposure and Infanticide*. In: Evans Grubbs J, Parkin T with Bell R (eds), *The Oxford Handbook of Childhood and Education in the Classical World*. Oxford, New York: Oxford University Press; 2013. p. 83 and eadem ref. 4, p. 310. Unwanted or “defective” infants were sometimes deposited, alive or dead, in places from which retrieval would be difficult or impossible. In Liston and Rotroff’s examination of infant remains in a Hellenistic well, many had deformities, of which some were non-lethal; if deposited post mortem they must have succumbed to co-morbidities or had died of lethal neglect. Smith and Kahila’s report on the remains of 100 newborns in a sewer at Late Roman/Early Byzantine Ashkelon demonstrates that there had been forced bleeding into the dentine tubules in a manner consistent with infanticide by drowning or strangling. The uniformity of the cause of death is best explained by their drowning in the sewer itself, I think. The authors do not report deformities in these remains. Infants from antiquity on were thrown into the Tiber and other rivers. See: Liston MA, Rotroff S, ref. 32; Smith P, Kahila G, ref. 108; Boswell J, ref. 1, pp. 76, 130; Bolton BM, *Received in His Name: Rome’s Busy Baby Box*. In: Wood D (ed.), *The Church and Childhood*. Oxford: Blackwell; 1994. pp. 153-167. It should be noted that these practices did not end with Christianization. See the overview of Ville Vuolanto, ref. 111.
145. Boswell J, ref. 1, p. 126.
146. Marcílio ML, ref. 5, p. 24; Boswell J, ref. 1, p.151; Rawson B, ref. 56, p. 216.
147. “Although the future Emperor Claudius initially accepted the infant Claudia whom his wife, Urgulanilla, had with the freedman Boter, he later exposed the child naked, before her mother’s door; mention here of her nakedness could refer to his intention to have her die”: Laes C, ref. 3, p. 131. Laes refers to Suet., *Claud. 27: Claudiam ex liberto suo Botere conceptam, quamvis ante quintum mensem divortii natam alique coeptam, exponi tamen ad matris ianuam et nudam iussit abici*. Cf. Corbier M, ref. 1, pp. 1262 and 1268; Evans Grubbs J, ref. 4, p. 86.
148. *Rarum igitur est ut expositi vivant...Vos ponite ante oculos puerum statim neglectum, cui mori domi expediret, inde nudum corpus, sub caelo, inter feras et volucres:* (Pseudo) Quint., *Declam. min. 306.22-3*.

Unfit to nurse work

149. The thermoregulation of an already vulnerable naked neonate would quickly fail: Messaritakis J, Anagnostakis D, Chapter 9: Thermal Monitoring in Sick Neonates. In: Okken A, Koch, J (eds), Thermoregulation of Sick and Low Birth Weight Neonates: temperature control, temperature monitoring, thermal environment. Berlin, New York: Springer; 1995.
150. Marcílio ML, ref. 5, p. 24; Evans Grubbs J, ref. 4, p. 90. Yet see Boswell J, ref. 1, p. 134.
151. Some survived to beg, or to scrape a living together as as spectacles in Rome's "monster marketplace" (τεράτων ἀγορὰν). See Sen., Controv.10.4.10; Plut. Mor. 520c.
152. Den Boer W, ref. 77, 115-16 pp. Could this in part explain domestic infant burials within buildings, and the disposal of infant remains within pots, under roof tiles and floors and in other uncommon places? See Carroll M, ref. 16, pp. 41-46.
153. Boswell J, ref. 1, 76, pp.130; Liston MA, Rotroff S ref. 32; Smith P, Kahila G, ref. 108; Bolton BM, ref. 144.
154. Carroll M, ref. 29, pp. 4-5.
155. Ibid., pp. 5-6.

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