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# Voiceless pain On the trail of the suffering of children in the Greek and Roman world\*

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## ABSTRACT

The most recent historical-medical studies devote some attention to the patient's perspective in the care relationship. As far as the Greco-Roman world is concerned, the account of the disease in terms of symptoms, diagnosis and therapy emerges with some clarity from the medical literature alone. A broader investigation of the sources and an integrated approach, which makes documents of a more traditional nature dialogue with the data collected from skeletal remains, makes it possible to reconstruct the lifestyle within a specific nosological framework thanks to the interpretative tools developed by the bioarchaeology of care. However, the pain of children and adolescents continues to remain in the shadows. The texts show a certain reticence to talk about it. Ancient medical literature generally tends not to address the illness of non-adults as a specific therapeutic field. Even more difficult is it to give voice to the suffering of a phase of life traditionally neglected by historiography. Some attention has been paid to the existential distress of individuals with disabilities, especially in relation to the perception of the cultural context and the care strategies implemented. The aim of this research is to identify some traces of suffering in non-adulthood in the Greek and Roman world starting from literary and medical sources to try to make the most of their documentary possibilities.

**Keywords:** Pain - Children - Childhood - Galen - Aeschylus - Wet Nurse - Orestes - Cilissa

## Premise

In recent decades, studies on childhood in the ancient world have experienced a phase of productive liveliness that has refined the approaches and tools of investigation on the subject<sup>1</sup>. Childhood is no longer considered by scholars only as a stage of passage towards adulthood, nor is it seen only from the perspective of adults. Historians finally recount the children of the Greek, Roman and early medieval world as individuals and not as an abstract social and anthropological category, and explore, in a wider variety of sources, their specific field of experience and even agency. Giving a voice to childhood remains an oxymoron as long as the contextualization of children's lives is not accompanied by an attempt to observe the social and cultural dimension with which they interact from their perspective. The historical-medical approach has the merit of identifying the eloquent signs of corporeality, even if ancient medical treatises read it according to a consolidated conceptualization of the child body which is marked, like all fragile and intentionally marginalized categories (women and the elderly), in the sense of humoral imbalance (CH) and dysfunctional incompleteness (Galen)<sup>2</sup>. Yet, this interpretative obstacle can be overcome not only thanks to the information that both physical anthropology and genomic and molecular investigation allow us to draw from skeletal remains, but also from the system of relationships that childhood builds around itself and from which a more careful exploration of traditional sources can derive further advantage. Menander's comedies, for example, are full of children<sup>3</sup>: childhood, after all, is a demographically incisive phenomenon in the ancient world. Menander's children never speak; nevertheless, in those who interact with them they activate a reflex communication centered on the theme of recognition, legitimacy, the right to survival, and to the social role, which is difficult to frame even by resorting to the legal sources. The rigidity of the norm, structured on the hebdomatic model of the ages<sup>4</sup>, does not exhaust the wide and articulated range of case studies and above all does not tell us much about the childhood perception of pain which can instead become a productive indicator for reconstructing the daily reality of children in the ancient world. Furthermore, the physiological and pathological data witnessed by the sources, literary and material, can be contextualized and organized according to the voices of the bioarchaeology of care that contribute to illuminating not only the individual and social perception of suffering, but also the expected levels of assistance in the specific realities of the ancient world. This paper intends to examine the theme of childhood pain and its interpretation starting from an unusual comparison between the verses of Aeschylus' *Choephores* and Galen's reflections in the treatise *De sanitate tuenda*. In both cases, the specific area of relationship examined is the one that sees the infant and the nurse interact in the care relationship.

## Orestes' wet nurse and the interpretation of childhood suffering

Cilissa is Orestes' wet nurse. This can be seen from the verses of Aeschylus' *Choephores*<sup>5</sup>, in which the woman explicitly declares that she suckled him. Probably,

the prominence that the playwright gives to the character and the insistence on her breastfeeding bond with the matricide contribute to attenuating, even on a biological level, the visceral relationship with Clytemnestra<sup>6</sup>, who, reduced to the role of mere container of Agamemnon's generative seed<sup>7</sup> and relieved of the task of feeding her son with her milk, makes Orestes less guilty in the eyes of the public, legitimizing the acquittal of the Areopagus. The importance of breast milk and the choice of the nurse is a central theme in ancient childcare. It is therefore understandable that Cilissa, desperate at the false announcement of the death of her Orestes, evokes the motherly solicitude with which she raised him, emphasizing the difficulty of understanding his suffering from tears. Both in *Choephores* and in *Eumenides*, Aeschylus' verses, indeed, in the complexity of their interpretation, allow a physiological background to emerge that hinges the relationship between mother and child and between nurse and infant on a much more complex level than the purely affective one. In the *Eumenides*, Clytemnestra is defined as τρόφος [...] κύματος νεοσπόρου (the nurse of the newly sown fetus), the simple guardian of the sprout (ἔρνος) born from the father's seed. In the coherence of the Attic nuptial formula<sup>8</sup> Agamemnon is a father because he throws (ὁ θρώσκων) his seed into the womb of Clytemnestra as one throws the seed into the ground after ploughing. The metaphorical language, however, is perfectly superimposable on the medical language of embryogenesis. A *scolium* to the Laurentian ms. Pluteus 32, 9 explains ὁ θρώσκων as ὁ σπερμαίνων<sup>9</sup> which together with ἔρνος and νεοσπόρου preserves the overlap between the lexicon of embryogenesis and the plant metaphor by outlining the biological sequence from seed to shoot. The image also recurs in *Amymone*, a satyric drama by Aeschylus of which two fragments remain. A gloss by Hesychius<sup>10</sup> on the phrase θρώσκων κνώδαλα (generating wild beasts, i.e. the Satyrs) associates the verb θρώσκω with the verbs ἐκθωρίζω (to inseminate), σπέρματιζω (to sow), γεννάω (to generate). But the really significant words are τρόφος and κύμα. The term κύμα, which in full coherence with the plant lexicon also indicates sprouts<sup>11</sup>, defines all sorts of swelling, even the pathophysiological one in CH<sup>12</sup>. The derivation from the verb κύω, a post-Homeric form of κυέω, expresses the product of conception (κύω:κύμα=κυέω:κύημα), dissociating it from the verb τίκτω which in the *Eumenides* ascribes the active generative process only to the father. The term τρόφος, in addition to denying the active role of motherhood in embryogenesis, reduces Clytemnestra to the rank of a nurse of the first degree, effectively equating her with Cilissa in the continuity of Orestes' nourishment - which always has to do with blood. The menstrual blood of Clytemnestra feeds the baby in her body, the milk of Cilissa, which is the menstrual blood thickened to a further degree of coction<sup>13</sup>, feeds him out of the body. Precisely for this reason, the blood of a nurse must avoid anything that could spoil the right degree of temperance, producing in it a prevalence of bitter, and black bile, phlegm or the appearance of a serous or aqueous component<sup>14</sup>. As Galen<sup>15</sup> suggests, a good nurse must take care of the

regimen and abstain from sexual intercourse that can induce menstruation, and thus subtract blood from the coction necessary for the production of milk, or even worse a pregnancy that would divert the blood to the fetus, determining the prevalence of intracorporeal nourishment over extracorporeal nourishment. After all, the quality of the milk affects the physical and moral qualities of the child as much as the mother's blood. In *Noctes Atticae*<sup>16</sup> Gellius recounts how his teacher, Favorinus of Arles (I-II century A.D.), had lashed out against a woman who intended to put her newborn child in the nurse's care to avoid fatigue in breastfeeding, defining her as a type of mother *contra naturam imperfectum et dimidiatum*<sup>17</sup>. The sophist aligns himself with a long-standing biological tradition to support an ideological intention, namely the process of moralization of Roman society initiated by Augustus. P. Mudry<sup>18</sup> recalls, in fact, the physician Mnesitheus of Cyzicus (IV century B.C.)<sup>19</sup>. He was so convinced that mother's milk was a vehicle for hereditary traits that he recommended, if necessary, a nurse who was in a consanguineous relationship with the mother or who was at least similar to her in appearance. The boy or girl also had to be entrusted to a wet nurse who had given birth to children of the same sex, if the feminization of the male or the virilization of the female was to be avoided. More generally, Mnesitheus lists a series of physical, temperamental and moral qualities that, combined with proven mental health (ἀπολεύσθω δὲ παντὸς πάθους, μάλιστα ἐπιληπτικῶν καὶ ὑστερικῶν πνιγμῶν καὶ ἐνθραστικῶν) convey through milk the possibility of balanced psychophysical growth. In the specific case of Orestes, escaping the contaminated blood of his γένος, entrusting the extrauterine nourishment of the first years of life to another blood, could only represent an advantage and almost the biological hope that the child would have the possibility of escaping the chain of the μίασμα. His bond with Cilissa, however, is also an eloquent sign of the relationship that an infant can establish with his most direct interlocutors not only on an emotional level, but also on that of agency. The child is a little animal to be fed (βοτόν) because φρόνησις (τὸ μὴ φρονοῦν<sup>20</sup>) has not yet developed in him: it is closely connected to the temperature of the blood. The Hippocratic author of *Breaths*<sup>21</sup> associates specific φρονήματα (thoughts) with heating and cooling of the blood. Therefore, since the nature of the child is hot and humid, precisely because it is close to embryogenesis, which takes place only in the presence of heat and humidity<sup>22</sup>, the articulation of thought is incomplete and therefore impossible to express itself through sounds of complete meaning. Given, therefore, that the infant does not have φρήν, the choice of the phrase that occupies the last iambic dipody of v. 755 puts us at a crossroads. If you choose the reading τρόπῳ φρενός (West: "obscurum"; Garvie: "can hardly be right") it means that the φρήν of the nurse must bend to the moods of the child (it goes without saying that one cannot bend to the φρήν of those who are devoid of φρήν); if one chooses the correction τροφοῦ φρενί, the meaning is diametrically opposite<sup>23</sup>: the child as ἄφρων must entrust the interpretation of his needs to the φρήν of the nurse<sup>24</sup>. The second option may be more compel-

ling for a number of reasons. The reflections of ancient thinkers on φρένες/φρόνησις/φρονεῖν associate φρήν with the ability to organize perceptual stimuli in relation to blood which, depending on its greater or lesser heat, moves more or less quickly (Parmenides)<sup>25</sup>. Empedocles<sup>26</sup>, linking αἷμα (blood) and νόημα (thought), places organization of the perceptions conveyed by the blood precisely in the περικάρδιον, where the φρένες are located. This can also be seen from the tragic description of the death of Sarpedon, pierced in the chest by Patroclus' spear:

[...] τοῦ δ' (Patroclo) οὐχ ἄλιον βέλος ἔκφυγε  
χειρός,  
ἀλλ' ἔβαλ' ἔνθ' ἄρα τε φρένες<sup>27</sup> ἔρχεται ἀμφ'  
ἀδινὸν κῆρ<sup>28</sup>.

[...] and the dart did not flee from his hand in  
vain, but struck where the breast encloses the  
firm heart. (transl. by R. Calzecchi Onesti)

[...] ὁ δὲ λάξ ἐν στήθεσι βαίνων  
ἐκ χροὸς ἔλκε δόρυ, προτὶ δὲ φρένες αὐτῷ  
ἔποντο·  
τοῖο δ' ἅμα ψυχὴν τε καὶ ἔγχεος ἐξέρυσ'  
αἰχμὴν<sup>29</sup>.

[...] and Patroclus, with his foot on his  
breast, tore the shaft from his body, followed  
the pericardium: thus he tore together the  
life and the tip of the shaft. (transl. by R.  
Calzecchi Onesti)

In general, the Homeric background is significantly relevant in Aeschylean poetry, but here it is precisely the physiology of the φρένες that is a shared and long-lasting datum starting from Homer. In the cognitive characterization of the child, equated to that of an animal, the excessive heat of the blood on the one hand allows perception, all too acute, of pain, but on the other hand prevents a sensible elaboration and a coherent expressive formulation. Cilissa wanders sleepless at night for a very different reason from that of Clytemnestra: the mother fears her son's revenge, while the nurse remembers the child's shrill shrieks (κελευμάτων· κελεύουσι γὰρ τῷ κλαίειν οἱ παῖδες, the scholiast remarks, that is, screams: indeed children give orders by crying) and the anxiety of not guessing his needs<sup>30</sup>. And these needs are indicated in a very precise way:

οὐ γάρ τι φωνεῖ παῖς ἔτ' ὢν ἐν σπαργάνοις  
εἰ λιμὸς ἢ δίψη τις ἢ λιπουρία  
ἔχει· νέα δὲ νηδὺς αὐτάρκης τέκνων.  
τούτων πρόμαντις οὔσα, πολλὰ δ' οἶομαι  
ψευσθεῖσα, παιδὸς σπαργάνων φαιδρύντρια,  
κναφεὺς τροφεὺς τε ταῦτόν εἰχέτην τέλος.

[...] in fact, the child does not say anything  
when he is in swaddling clothes, if he is hungry,  
thirsty, desire to urinate. The belly of children  
governs itself. I tried to guess his needs, but, I  
think, most of the time I was deceived; and then  
I had to wash his swaddling clothes, I was at  
the same time nurse and laundress.

The baby in swaddling clothes, like the animal, does not speak. It is up to the nurse to understand if he is crying because he is hungry or thirsty or wants to urinate. The sequence of needs, in an almost chiasmic physiological structure, closes with a consideration of the unpredictability of children's wombs that seems to be self-determining, forcing the nurse to a real exercise in divination. The term πρόμαντις belongs almost exclusively to the oracular lexicon. Its use produces an ironic effect in relation to the ψευσθεῖσα isolated at the beginning of the next verse. The child's agency, therefore, passes through the

animalistic manifestation of primary needs and activates the nurse's reaction in the care relationship. Even in Plato's *Laws*, mothers and nurses are called to this complex exegetical exercise<sup>31</sup>. In addition to the disorderly frenzy of crying and movement, which often induces *πήδησις*<sup>32</sup> in children, i.e. a pathological heart palpitation whose effects can be traced back to the excessive concentration of heat in a restricted part of the heart,<sup>33</sup> they experience using singing and rocking to restore a balanced movement of soul and body. Plato recognizes the all-female merit of understanding by experience (*ἐξ ἐμπειρίας*) this infantile discomfort to the nurses of small children and to the women who administer the remedies against corybantism. In the treatise *De sanitate tuenda*<sup>34</sup>, Galen dedicates a systematic reflection to the care of children, or rather to the care of the child of excellent constitution (*ὁ ἄριστος κατεσκευασμένος παῖς*). The chapters of the first book, from the seventh to the eleventh, deal with the hygiene of the newborn up to the seventh year of age, according to a consolidated hebdomatic scheme. As in Plato's *Laws*<sup>35</sup>, in ch. 8 Galen reflects on the effect of movement on the body and soul. Again the nurse is responsible for administering the first movements, which are rocking<sup>36</sup> the child in the cradle, in the cot and in her arms. In this case too movement, together with the regimen and, over the years, the shows one attends and the *μουσική* that one hears, serve to counteract the disordered motion of the soul, and consequently of the body ([...] *ἄτακτον κίνησιν ὅλην ἐμβάλειν τὴν ψυχὴν ἅμα τῷ σώματι* [...] ), for which emotional disorder (*καὶ γὰρ θυμὸς καὶ κλαυθμὸς καὶ ὀργὴ καὶ λύπη* [...]) is primarily responsible. Indeed, it determines an imbalance of innate heat which, if excessive, can cause fevers and diseases, and, if weak, pallor and atrophy that accompany all catarrhal and rheumatic diseases ([...] *τὰ καταρροϊκὰ τε καὶ ρευματικὰ νοσήματα συμπίπτει πάντα*...). The care of children is particularly complex as the signs of excessive movement and psychic disorder manifest themselves in a way that is difficult to understand. And here the words of Marcus Aurelius' doctor seem to follow Cilissa's observations.

Cilissa (Aesch. *Ch.* 751-760)

οὐ γάρ τι φωνεῖ παῖς [...].

[...] ὀρθίων κελευμάτων [...].

τούτων πρόμαντις οὖσα [...].

[...] ὦν ἐν σπαργάνοις  
εἰ λιμὸς ἢ δίψη τις ἢ λιψουρία  
ἔχει· νέα δὲ νηδὺς αὐτάρκτης τέκνων.

[...] πολλὰ δ' οἶομαι  
ψευσθεῖσα [...].

Galeno (Gal. *San. tuenda* I 8)

Τὰ σμικρὰ παιδιά [...] γὰρ οὐδέπω λόγῳ  
χρώμενα [...].

[...] τῷ κλαίειν τε καὶ κεκραγένοι καὶ θυμοῦσθαι  
καὶ κινεῖν ἀτάκτως ἑαυτὰ διασημαίνει τὴν  
ἀνίαν.

ἡμᾶς οὖν χρὴ στοχαζομένους, ὅτου δεῖται [...].

ἥτοι γὰρ ἐξ ἑαυτῶν ὁδαζόμενα ἢ πρὸς τινος  
ἔξωθεν ἀνιώμενα ἢ ἀποπατεῖν ἢ οὔρεῖν ἢ  
ἐσθίειν ἢ πίνειν ἐθέλοντα κλαίει τε καὶ κινεῖται  
πλημμελῶς, ὥσπερ σφαδάζοντα.

Διὸ χρὴ τὸν ἐπιμελούμενον ἀνατροφῆς  
παιδίων, στοχαστικὸν ἀκριβῶς ὑπάρχοντα τοῦ  
συμμέτρου τε καὶ οἰκείου [...].



In the two passages the context is the same, but the lexicon obviously denounces the different level of diagnostic awareness of the nurse and the doctor. Faced with the casuistry of needs that cause the infant's discomfort, Cilissa adopts a conjectural approach that is often destined to prove to be a failure (πολλά [...] ψευσθεῖσα). In the prognostic passage from the divinatory plane (πρόμαντις) to that of 'secular' competence<sup>37</sup> there is space for Galen's vast theoretical and empirical competence. Medicine as a stochastic art transforms the 'pre-grammatical' manifestations of infantile discomfort into signs (διασημαίνει) and, through the refined exercise (ἀκριβῶς) of conjectural strategy, hits the mark (στοχαζομένου, στοχαστικόν)<sup>38</sup>. The inference of signs, in the individuality of the clinical approach<sup>39</sup>, allows us to investigate the ἀφανές through the perception of its visible manifestations. Galen proves to be more skilled in this than a nurse. Right at the end of chapter 8, indeed, he recounts an episode in which he is directly involved. The nurse cannot find a remedy for the uninterrupted crying of a child. She tries everything: she brings it close to her breast, lifts it to facilitate it in carrying out its needs, and tries to cradle it. Then Galen realizes that it is dirty and that the bed, blankets and clothes are also dirty. He orders the nurse to wash him, change his underwear, and put clean clothes on him. Immediately the child calms down and falls into a deep sleep. Galen, therefore, concludes that:

εἰς δὲ τὸ καλῶς ἐστοχάσθαι πάντων τῶν  
ἀνιώντων τὸ παιδίον οὐκ ἀγχινοίας μόνον,  
ἀλλὰ καὶ τῆς περὶ τὸ τρεφόμενον αὐτὸ  
συνεχοῦς ἐμπειρίας ἐστὶ χρεία.

*to correctly grasp everything that bothers the  
child, there is not only a need for acumen, but  
also continuous experience in raising him.*

The success of the conjectural approach, precisely because it is individualized, implies an experience of the recipient of the care action that allows him to move from what would be good in general to what is good in particular. As S. Grimaudo points out<sup>40</sup>, this case also falls within the scope of τεχνικὸς στόχασμος, that is to say, of a conjectural effort supported by empirical habit with the patient. Yet, no one more than a nurse can count on this custom with the child. Regardless of the success of his treatment action, the τροφεύς establishes a strong bond of empathy with the infant with respect to the manifestations of his discomfort and pain. Like the empirical 'correction' of the conjectural approach<sup>41</sup>, the relationship between συμπάθεια and οικειότης (familiarity) also refers to the Aristotelian tradition<sup>42</sup>. Section 7 of the seventh chapter of the pseudo-Aristotelian *Problemata* asks precisely why, when we see someone suffering, we participate with the thought of his pain (συναλγοῦμεν τῇ διανοίᾳ). The answer may lie in the perception of affinity (οικειότης), an affinity that is stronger the closer the bond of consanguinity. In this regard, W. Fortenbaugh<sup>43</sup> appropriately refers to Phaedra's nurse in Euripides' *Hippolytus*, who makes her lady's deep sorrow her own:

[...]  
τὸ δ' ὑπὲρ δισσῶν μίαν ὠδίνειν  
ψυχὴν χαλεπὸν βάρος, ὥς κἀγὼ  
τῆσδ' ὑπεραλγῶ.  
[...].

[...]  
*That one soul suffers for two, as I suffer acutely  
for her, is a heavy burden.*  
[...].

Faced with Phaedra's passion that consumes the soul to the depths of the marrow (πρὸς ἄκρον μυελὸν ψυχῆς), the nurse experiences a pain similar to that of the labor of childbirth, as denounced by the use of the denominative verb<sup>44</sup> which evokes the Homeric text (specifically the pains that invade Agamemnon's soul similar to the bitter pains of childbirth<sup>45</sup>) and at the same time connotes the nurse as a sort of second mother. And indeed, the perception of pain is perhaps not only linked to the familiarity between the nurse and her queen, but rather to the lactation relationship that through coction the blood creates between the τρεφόμενον and the τροφεύς in a sort of surrogate consanguinity.

## Conclusions

In this comparative analysis between the verses of *Choephores* and Galen's *De sanitate tuenda*, a consolidated awareness of the difficulty of interpreting childhood pain emerges. Cilissa's words make it clear that the absence of φρόνησις reduces the child to an animalistic condition that translates needs into disjointed sounds. Faced with the limit linked to the use of the word as a complete expression of thought, two interpretative paths unfold: the first relates to the agency of the infant within the network of experiences and relationships that characterize him, specifically that of discomfort/pain and its communication to the nurse in the context of the care relationship; the second focuses on strategies for interpreting infant pain with respect to which infant hygiene becomes a specimen of the medical art as a conjectural strategy that adjusts the focus through experience and habit with the recipient of care.

Blood and its levels of coction once again play an essential role in understanding a phenomenon that is not only cultural, but deeply rooted in ancient biological beliefs. In this case too, blood plays an important role on a double interpretative level. On the one hand, its excessive heat in the infant prevents organization of thought: it occurs reliably only when in the male sexual maturation transfers the heat to the seed collection and in the female it vents the excess through menarche. On the other hand, the collection of the nurse's blood for the production of milk continues, in a gradual and extrauterine way, the nourishment that the mother's menstrual blood provided to the fetus. Galen professionalizes this biological bond between infant and nurse through a more careful interpretation of the signs.

## Bibliography and notes

1. Laes C, Vuolanto V, A new paradigm for the social history of childhood and children in Antiquity. In: Laes C, Vuolanto V (eds), *Children and Everyday Life in the Roman and Late Antique World*. London: Routledge/Taylor & Francis; 2017. pp. 1-10; Vuolanto V, Experience, agency, and the children in the past. In: Laes C, Vuolanto V (eds), *Children and Everyday Life in the Roman and Late Antique World*. London: Routledge/Taylor & Francis; 2017. pp. 11-24.



2. Graumann LA, Children's accidents in the Roman empire. The medical eye on 500 years of mishaps in injured children". In: Laes C, Vuolanto V (eds), *Children and Everyday Life in the Roman and Late Antique World*. London: Routledge/Taylor & Francis; 2017. pp. 267-286; Cilione M, Iorio S, Gazzaniga V, *Children in Greco-Roman Society: Age, Development, Work and Nosological Relevance. A Historical-Medical Perspective*. *Medicina Nei Secoli* 2022; 34(3):31-44.
3. Heap AM, The baby as hero? The role of the infant in Menander. *Bulletin of the Institute of Classical Studies* 2002-03;46:77-129.
4. It is not just an abstract scheme, but an interpretative and predictive approach to natural phenomena based on the principle of ontological continuity between man and the cosmos and on the overlapping of the cultic and biological level that affects the course of diseases and the physiological transitions from childhood to sexual maturity. For a first approach to the topic see Zeller E, Mondolfo R, *La filosofia dei Greci nel suo sviluppo storico*. Parte I. I Presocratici. Volume II. Ionici e Pitagorici. Firenze: La nuova Italia; 1967. pp. 239-250; Vegetti M, The Pseudo-Hippocratic Tract *Περὶ ἑβδομάδων* ch. 1-11 and Greek Philosophy by J. Mansfeld. *Rivista Critica di Storia della Filosofia* 1972;27(2):234-236.
5. Aesch. *Ch.* 750; 896-898.
6. The Clytemnestra-Orestes and Cilissa-Orestes relationship seems to be built on the axis of the opposition between monstrous biology and healthy and affectively oriented biology.
7. Aesch. *Eum.* 658-666.
8. Men. *Dysck.* 842-844; *Perik.* 1013-1014. See also Loraux N, *Nati dalla terra*. Mito e politica ad Atene. Roma: Meltemi; 1998. p. 158.
9. *Scholia in Aesc. Eum.* 660 Smith.
10. Hesych. 813 Cunningham.
11. Thphr. *HP* I 6, 9.
12. CH *Int.* 47, where κῶμα indicates a symptom of so-called *παχέα νοσήματα*, i.e. a mixture of phlegm and bile which, flowing through the body, collects in the cavities and swells them.
13. Arist. *GA* IV 8, 776a-776b. For an overview of this issue see Mudry P, *Le lait maternel comme vecteur des caractères héréditaires dans la pensée médicale antique*. *Pallas. Revue d'études antiques* 2020;113:207-215.
14. Gal. *San. tuenda* I 9.
15. Gal. *San. tuenda* I 9.
16. Gell. XII 1.
17. Gell. XII 1, 6; Pedrucci G, *Sangue mestruale latte materno: riflessioni e nuove proposte*. *Intorno all'allattamento nella Grecia antica*. *Gesnerus* 2013;70(2):260-291; Mudry P, *Ref.* 13. p. 207. Della stessa idea anche Muson. *Disc.* III 50 Lutz.
18. Mudry P, *Ref.* 13. p. 209.
19. Orib. *coll. med. Lib. Inc.* [15] 7 (CMG VI 2, 2, p. 125, 4-6 Raeder).
20. Aesch. *Ch.* 453.
21. CH *Flat.* 14, 2-3 Jouanna.
22. Casertano G, *Ippone l'ateo e la storia dell'umido*. *Archai* 2021;31:1-20.
23. For the critical edition of *Choephores*, reference is made to West ML (ed.), *Aeschyli traegodiae cum incerti poetae Prometheo*. Stuttgart: Teubner; 1990, and to the comment to Garvie AF (ed.), *Aeschylus. Choephoroi*. Oxford: Clarendon Press; 1986.
24. Pope M, *Merciful heavens? A question in Aeschylus' Agamemnon*. *Journal of Hellenic Studies* 1974;94:100-113, especially 108-9.
25. 28 A 46 D-K.

26. 31 B 105 D-K.
27. Scholion to *Il.* XVI 481 says: φρένες· τὸ ὑπὸ πνεύμονα διάζωμα τοῦ θώρακος.
28. Hom. *Il.* XVI 480-481.
29. Hom. *Il.* XVI 503-505.
30. Aesch. *Ch.* 750-751.
31. Pl. *Leg.* VII 790 c-791 b.
32. Pl. *Leg.* VII 791 a.
33. Arist. *De vit.* 479 b 17-19; Duminil MP, Le sang, les vaisseaux, le coeur dans la collection hippocratique: anatomie et physiologie. Paris: Belles Lettres; 1983. pp. 314-315; Repici L, Aristotele. La fiamma nel cuore. Lunghezza e brevità della vita, Gioventù e vecchiaia, La respirazione, La vita e la morte. Pisa: Edizioni della Normale; 2017. pp. 152-153.
34. Grimaudo S, Galeno. La salute. De sanitate tuenda – Libro I. Palermo: Duepunti edizioni; 2012.
35. Pl. *Leg.* VII 790 c.
36. Cilione M, Gazzaniga V, Giochi da ragazze. Alcune riflessioni storico-mediche sull'altalena e sull'esercizio con la palla nel mondo greco-romano. V Giornate di studio sull'infanzia. BAMBINE. Percezione del femminile ed elaborazione di modelli in rapporto all'età infantile (Antichità-Medioevo), Roma 19-21 settembre 2024, Sapienza Università di Roma (forthcoming).
37. Galen shows some sensitivity towards theurgical medicine. See in this regard Kudlien F, Galen's religious belief. In: Nutton V (ed.), Galen Problems and Prospects. Cambridge: University Press; 1981. pp. 117-130, and in this context he also does not fail to ascribe to the god Asclepius the order to write odes, mimes and songs to appease the passionate movements of the soul (Grimaudo S, Ref. 34. pp. 105-106).
38. Grimaudo S, Difendere la salute. Igiene e disciplina del soggetto nel De sanitate tuenda di Galeno. Elenchos. Collana di testi e studi sul pensiero antico XLIX. Napoli: Bibliopolis; 2008. pp. 99-120.
39. The author of the Hippocratic treatise *Ancient Medicine* contrasts the exact science of weights and measures, of Pythagorean ancestry, with the αἰσθησις τοῦ σώματος, in the impossibility of quantifying physiobiological and pathophysiological phenomena. The evaluation of signs on a case-by-case basis shifts the rigor of medicine to the level of method, since it cannot define general principles for pigeonholing the imponderable (CH *VM* 9; Vegetti M (ed), Opere di Ippocrate. Torino: UTET; 1965. pp. 140-141).
40. Grimaudo S, Ref. 38. pp. 117-119.
41. Grimaudo S, Ref. 38. pp. 114-115.
42. Fortenbaugh W, The pseudo-Aristotelian Problems on sympathy. In: Cairns D, Nelis D (eds), Emotions in the Classical World. Methods, Approaches, and Directions. Stuttgart: Franz Steiner Verlag; 2017. pp. 125-142.
43. Fortenbaugh W, Ref. 42. p. 128.
44. ὥδις, ἵνος (vd. DELG s. v.).
45. Hom. *Il.* XI 269-272.