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36. PIGEAUD J., op. cit. nota 1, p.147.
37. Aret. 5,1,1 e Cael.Aur. *Chron.* 1,155.
38. Cael.Aur. *Acut.* 1,15.
39. Cels. 3,18,18.
40. Cels. 3,18,10.
41. Cels. 3,18,23.
42. Ruf. frg. 128,6 (*apud Rhazes*).
43. Cels. 3,18,10.
44. *Ivi.*
45. Cael.Aur. *Chron.* 1,163 (su cui cfr. PIGEAUD J., *Le théâtre et la thérapeutique de la maladie de l'âme (quelques notes sur Aristote, Caelius Aurélien et Esquirol)*. *Litt.Méd.Société* 1980; 2: 150-85.).
46. Cels. 3,18,6-7.
47. PIGEAUD J., op. cit. nota 45.

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MEDICINA NEI SECOLI ARTE E SCIENZA 9/2 (1997) 277-290

Journal of History of Medicine

Articoli/Articles

PHANOSTRATE, METRODORA, LAIS AND THE OTHERS.
Women in the medical profession

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SUMMARY

This article offers a historical view of the women in the medical profession from the Homeric epics to Soranus and Galen until the early Middle Ages, in both the Eastern and Western Mediterranean areas. Recent important medical-historical papers well clarify the contribution of women in health care in both the Greek and the Roman world.

Myths, funeral inscriptions, medical writers and passages both in Greek and Roman literature well testify the existence of medically competent women able to assist other women in childbirth and in the therapy of some feminine pathologies. The analysis of different kinds of sources concerning medical women in Antiquity can perhaps help us in finding a meeting point of so different voices and, if possible, in reconstructing the contribution of a feminine *medical* professionalism to the history of medicine and to the history of the relation between the ancient physician and a particular *kind* of patient.

Magicians, enchantresses or medically trained women?

Mythography, epics and ancient tales constitute evidence of women's knowledge ranging between the world of magic and the pragmatic experience of plants and natural remedies endowed with a mild healing power.

Key words: Medical profession - Women - Obstetrics - Medical Schools

So, the Iliad¹ tells about Agamedes, the witch -Augias' daughter -who knows all the natural remedies of the earth and who is the specular image of the goddess Moon/Elea. Her second name is Molio, which means *Queen of moly*, the magic, black rooted herb with milk-coloured flowers - a kind of rue, a wild cyclamen or a garlic-like plant with yellow flowers?² - used to antagonize the unlucky influence of lunar phases; this herb had been given by Hermes to Odysseus to defend him from the spells and the *luga pharmaka* of Circe the enchantress³.

Other literary texts recall the tale of Procri, using Circe's decoctions as antidotes against Pasifae's magic arts⁴. In addition, it should be remembered that the sorceress Circe is a mythological close relative of that famous Medea who gives Jason the drug distilled from caucasian crocus to defend him against the wild bulls, guardians of the golden fleece. Medea herself makes the big dragon sleep, spraying into his eyes soporiferous drops using little juniper twigs. Moreover, she heals the escaping wounded Argonauts with home-made remedies; in addition, Medea will poison the young Jason's new wife and her father, killing them with the gift of a tunic containing a fatal poison destroying, like a fire, flesh and blood. She uses her magic powers to help Aegeus to obtain a son and will give the king the aconite herb, born from Cerberus' slaver when the mythological dog had been caught in the Ades by Hercules, and imported from Acherusia in Bithynia to be given to Theseus. Moreover, she heals Eracles from his madness⁵.

In the same way, Odyssea also draws our attention to women who know about medicinal properties of herbs and natural remedies used to obtain an analgesic effect, especially in the treatment of external wounds; Helen was particularly experienced in giving nepenthes, the drug *which dispels pain and anger and the memory of every damage*⁶; in the same poem Polydamna's story reminds us that this was a typical feminine way of transmission of knowledge. Polydamna was the wife of Tones, born of Peon's family in which everyone was a very skilled physician and she taught Helen the knowledge of medicinal plants, during her stay in Egypt, a land producing *several natural drugs, many, mixed, benign; many others, lethal*⁷.

Apuleius' Metamorphoses also speak about the particular medical skill of a wife in mitigating her husband's joint disease by use of fomentations and cataplasms⁸.

The acquisition of medical knowledge.

On the other hand, the possible identification of historical-epigraphic sources testifying, at least in the Mediterranean area where the Hippocratic medicine (as well the Hippocratic school) developed during the IV-V centuries BC, the existence of some form of medical (or paramedical) feminine education leads us towards more complex cultural problems.

A useful approach to the critical discussion of the scarce evidence available for the Greek and the Roman worlds is still offered by a famous - and very often cited - Igygnus' *Fabula*. It tells the extraordinary story of Agnodike, the young woman who *se Herophilo cuidam tradidit in disciplinam* in the same Athens in which no *servus aut femina* was licensed to practice medicine. When she was skilled enough in her art, she began to assist women in labour⁹.

Although Igygnus' text, because of its late date and the clear inaccuracy of some of its data (it is significant, in this perspective, Igygnus' statement that in Athens no obstetrician was working, two or three centuries after the historical reliability) speaks about a fact belonging to *the realm of the fiction*¹⁰ - and therefore it is not valuable as a reliable source. Nevertheless, his narration has been proposed as the attempt to furnish a historical root- an *aition* - to the law that, in a not well defined chronological phase of the V century BC, could have *officially* allowed women to practice medicine¹¹.

Igygnus does not hesitate to define Agnodike as an *obstetrix*; but which is the professional typology we are in front of, if the protagonist - who is not only a practical medical assistant¹² - studied medicine and, whoever was her teacher Herophilus, definitely left an empirical knowledge, only based on the transmission of medical data from one part to another of a narrow feminine world?

The latin word *obstetrix* traditionally refers to women who take care of other women during childbirth and pregnancy; their

tasks are clearly defined in Platonic Teethetus¹³ as the capability in diagnosing pregnancy, in inducing miscarriage or delivery, and mitigating its pain *with incantations*.

It is an entirely feminine world, strictly connected with the reproduction, in which (despite of the existence of a *techne* and a *dianoia*) magic medicine still lives besides the rational one; taking apart the platonic metaphor of the real or fantastic existence of Phaenarete, the *maia* mother of Socrates¹⁴; it seems that there is neither a systematic curriculum nor a school able to teach medicine to the ancient physician. It is only a practical dimension, acquired through daily experience and practice at patients' bedside by the female members of a familiar entourage, sometimes by women slaves¹⁵. It is a common opinion that the Greek term *maia* does not correspond to a real professional definition, at least in Greece during the Vth Century BC; probably it was only a *non-technical task*, entrusted to mothers and old women in the family, guardians of the mysterious monopoly of birth, completely unknown to males¹⁶; the Hippocratic *professional* physicians, able to read written texts and operate following a precise *theory* of health and illness¹⁷ gradually supported those women in gynaecological diagnosis and therapy. In this context, however, male experience and medical knowledge is dramatically limited by the veto commonly put on by feminine modesty and shame, which makes really difficult for a male physician to approach women's bodies:

*...in women who do not know which is the origin of their pains, diseases became incurable, before the physician has been informed about the origin of the disease... actually, they feel ashamed of speaking, even when they know; and they think it is shameful because of their inexperience and ignorance...*¹⁸

*Kei mèn nosein ti ton aporreton kakon
gunaikes aide sugkauistànai noson...*¹⁹

*Not long after this, Atossa, Cyrus' daughter and Darius' wife, found a swelling (fuma) growing on her breast, which broke and spread further. As long as it was but a small matter, she said nothing of it but hid it for shame; but presently growing worse, she sent for Democedes and showed it to him.*²⁰

So, women assistants as mediators between the Hippocratic physician and the feminine disease acquired great importance, following both normal and complicate deliveries and accomplishing all those tasks - like the vaginal inspection - which were not accessible to male physicians. Hippocratic texts let us see their presence in an unclear way, and only speak about physician's assistants indirectly qualified by feminine articles, adjectives and participles. They know how to cut the umbilical cord:

*The chorion remains in the womb; it happens when the umbilical cord is broken because of a violent jerk or when the woman who has to cut the umbilical cord cuts it, because of ignorance, before the chorion is out of the womb*²¹.

They can also give information about foetus' development:

*(It is possible to obtain some information from) the women healers (Litt. tas akestridas, which means women who calm down) assisting women in labour...*²²

These assistants surely have not well defined professional characters; they often commit errors - as the above mentioned incapability of gently pulling the umbilical cord - and need advice and supervision, but, as Demand underlines, they seem living, through the *iatros'* experience, a slow process of professional growth and requalification²³. The chance they have to work side by side with learned physicians and to read texts which - like the Hippocratic gynaecological ones - could have been bound to informal public lectures (even if the latter surely did not take any part in a kind of *curriculum studiorum*, they probably were regarded as a sort of lesson²⁴) led the original *maia* figure towards the new title of *ietreusa*, woman who - in some undefined way- works in the medical field.

*The ietreusa (but Littré still translates the word with the term obstetrician, sage-femme) will kindly open the mouth of the womb - she will do it with precaution - and will pull, at the same time, the umbilical cord and the baby*²⁵.

We are facing a typical obstetrical task, strictly connected with the last phases of a dystocic delivery whose difficulties we-

re probably well known also to women who did not have acquired theoretical notions; though the Hippocratic author speaks of a medically trained woman²⁶, no direct mention is made in the Corpus to a medical school open to women also. In this context, we must consider with great attention also the recent - and, actually, very intriguing - hypothesis Dean Jones proposes when she writes that the term *genos* used instead of *uieis* (specifically meaning the sons) would testify, in the Hippocratic Oath, the real possibility of a transmission of medical knowledge also to the daughter of the teacher²⁷.

But did obstetric schools exist or, at least, is the existence of teachers giving public lessons in medicine to those women who wanted to become *learned* assistants in some way documented? Was a theoretical training necessary for women to acquire a better professional image, the same one is indirectly testified by some funeral inscriptions and *lekitoi* in which the maia seems to have reached a new - also visual - central position? Moreover, is in some way Phanostrate's example significant? Of course, the stele ascribing to her both the titles of *maia* and *iatros* could confirm the acquisition of a seemingly better social status²⁸.

This new condition and the existence of various kinds of relationship linking women and medical culture could have been testified by the famous passage of *Respublica* included by Plato in a more general demonstration of the proper habits for each nature; sex is referred to as a non-primary condition, as well as hair length or whatever other part of a physical status which cannot - and must not - the qualities of human soul:

We meant, for example, that a man and a woman who have a physician's mind have the same nature.

*We shall rather, I take it, say that one woman has the nature of a physician and another not, and one is by nature musical, and another unmusical?*²⁹

So, Plato points out the existence of a fundamental difference between a physician and a carpenter, but not between a man and a woman who have a medical attitude: the main aim of the Platonic introduction is that both men and women, if they can

be educated in medicine as well as in music, can also be considered suitable - and, therefore, must be trained - to the political tasks and to State government.

However, we must underline the fact that every kind of medical apprenticeship in ancient world - which means, both male and female medical training - seems to be not organized, but *practical and technical - rather than theoretical* - one, at least until the official establishment of medical schools in the late Middle Ages; we can argue that, in the majority of the cases, medical education in antiquity took the form of *private* training from father to son; Hippocratic physicians had both oral and practical education while travelling with their teachers from one city to another; even when Galen himself, probably the most learned physician in ancient world - if we think of the eleven years he spent in his medical education in Pergamum, Corinth and Alexandria - speaks of his cultural background, he refers to his *teachers*, and not to *medical schools*³⁰.

In short, Greek women seem to be absolutely excluded from the real system of diffusion of knowledge³¹ or, at least, there are no clear testimonies of their professional education; it is necessary to wait until Soranus' *Gynekeia* to see an organized attempt of obstetrical training, when he clearly states, in the preface of his textbook that studying and self-learning capability have to be enumerated among the fundamental qualities to become a good obstetrician.

*The suitable subject has an education...which allows her to learn her art also resorting to a theoretical formation. The perfect obstetrician is she who acquired theoretical knowledges and a sound experience*³².

If there is some vague indication of a feminine medical education, it happens far away from the space and time boundaries of classical Greece, as in the Egyptian city Sais³³.

Did women write about medicine?

Both Galen and Pliny³⁴ mention Xanthes, Lais, Salpes, Sotyra, Elephantis as women experienced in mixing cabbage, myrtle, tamarisk and other plants known as efficacious remedies, or in a strange art of treating rabies, tertian and quartan fevers by use

of mysterious menstrual blood-based preparations. They belong to an indefinite category, in which the art of remedy-preparation is undoubtedly associated to that of the enchantress, and allows, in an always uncertain border on the insidious field of magic recovery, not only to supervise delivery, but also to treat genitals condylomata, inflammations, burnings and itches.

Their knowledge of herbs and natural remedies certainly derived from an autodidactic learning, as heiresses of an ancient tradition, directly coming from the Homeric world.

Quite different is, however, the case of Cleopatra and Metrodora: these pseudo-authoresses almost certainly represent literary incarnations of the healing arts and follow very different biographic routes. Cleopatra, often cited by Galen as authoress of a textbook on beauty culture³⁵, and strangely related to Soran by Tzetze³⁶ - in spite of a clear chronological inconsistency - survives for some centuries as the queen of Egypt, dedicating books of cosmetics and gynaecological therapy to her daughter³⁷. On the other hand, Metrodora is mentioned only in the Codex Laur. Plut. 75.3, but she is linked to Cleopatra by the more recent textual criticism, which has found several resemblances between the text speaking about Metrodora and a bulk of writings concerning gynaecological topics published by Wolphius in XVI century. This raises the question of a desirable resolution of the connection between these two pseudo-treatisers³⁸. What joins the two traditions is certainly the fact that they both belong to a common popular, uncultured knowledge, probably transferred by the female members of society, and strongly based on the use of a handbook containing pharmacological remedies and largely experimented notions, which Galen also includes in his learned pharmacopoeia³⁹.

Conclusions: evolution of a professional status

The official admittance to medical practice still remains for many centuries forbidden to women. They are not benevolently accepted by academical institutions, and faculties directed by ecclesiastical authorities *exclude them completely*⁴⁰. Nevertheless, the vanishing image of a woman who, still in the late Middle Ages, plays no part in a *possible history* of the professional

practices, has been at least in part disavowed by more recent approaches mainly based on archive sources⁴¹. These studies efficaciously outlined a professional status, which on one hand remained for a long time restricted to obstetrical practices interdicted to the *medicus*, but, on the other hand, opened to different branches of practical medicine, also unrelated to feminine pathology.

The recent studies by Monica Green have shown the existence of women who, concealed in the society under their father's or husband's name, acquired medical knowledges from them and, after his death, inherited clients as well as sites for practising⁴². They devoted themselves to daily practice including also *ritual, magic and prayer*, desultorily pursued together with other activities, and transferred by means of the more traditional learning procedures or by an exclusively feminine transmission of knowledge, often in the absence of an easy access to official sources of culture and of protective guilds⁴³.

Besides obstetrical practice, the activity of these women has still to be clarified, as well as many related problems, such as those concerning quantity and quality of bills, or their professional definition. Some of them, although excluded from formative institutions, were certainly admitted, even though in different ways and according to the different contexts, to medical and surgical practice: in Venice an official position was attributed to women *per gratia*, allowing surgical practice also in males⁴⁴; in Naples, Cosenza, Florence and Rome, until the end of XV century, surgical licenses were indifferently awarded to men and women; some women were expressly authorized to practise operations for hernias and abscesses, to treat wounds and eyes' disease; in Frankfurt Barbara, daughter of a physician, cures injured soldiers from Wissenkirchen in 1394; moreover, in Wurzburg the Archbishop John, in 1419, authorizes Sara, on a voluntary payment, to practise the medical profession...*without our interferences...and without any condition*⁴⁵.

In spite of this, licensed women physicians were incredible rarities. A severe control of their activity being well testified in 1322 by Chartularium Universitatis Parisiensis, that justifies the interdiction of medical practice to women

*cum nullam causam infirmitatis infirmorum per litteram vel artem medicine cognoscat*⁴⁶.

The acquisition of an unquestionable competence, even though restricted to a practice envisaged as subordinate to that of the cultured medicine, in no way was beneficial to the female access to academic formation and knowledge. Midwives will stay for many centuries in the marshland of an undefined professional position, often undergoing the penal consequences of abusive professional practice, in absence of a *specific licence or certification*⁴⁷. On the other hand, a hard fate was destined for women willing to study medicine at university, if it is true that their access to academical studies, as well as their registration in a professional role, were permitted in England only from the second half of the XIX century, and that, in the United States, still in 1900, only a 5% of the students attending medical schools were women⁴⁸.

BIBLIOGRAPHY AND NOTES

1. *Il.* XI, 739-745
2. Tzetzes, *Scolia to Licofrone* s 679; *Od.* X, 302-306
3. *Od.* X, 210 *passim*; in particular, see vv. 205-206: *She put baneful drugs in food. Vv. 290-291: she will prepare a drink for you, she will put drugs in food, but she cannot bewitch you not even in this way. V. 317: she put inside a drug, planning catastrophes in her soul. V. 326: I wonder how, after drinking my drinks, you were not bewitched.*
4. *Apoll.* II 4, 7; Ovidius, *Met.* VII, 771; Igynus, *Fab.* 189
5. Circe is the daughter of Sun and Persa, which means sister of Eetes, king of Colchis and father of Medea. For her magical-medical capabilities, see between the others Apollodorus I 9, 23; Ap. Rodius II 1260-IV 246; Diod. Sic. IV 48, 1-5; Igynus, *Fab.* 22; Pindarus, *Pit.* IV, 221 sgg.; Ovid, *Met.* VII, 1, 138-139; Euripides, *Medea* 385 (*I would kill them by drugs*); *ibid.*, 660 sgg. (*I do not leave you without offspring and I will put you in a position to have a son; because I know such drugs*); *ibid.* 945-976, 1125-6, 1156-1180; Plutarch, *Teseus* 12; Apollodorus, *Epitomes* I, 6; Ovid, *Met.* VII 402 sgg.; Euripides, *Eracles* 26 sgg., 1163 sgg. e 1322; Pausanias IX 11, 2; Diod. Sic. IV, 55. For a better comprehension of the ancient idea of a woman who is together artisan, diviner, witch and magician, see in particular the pages devoted to the fox-woman in: VERNANT J.P., DETIENNE M., *La métis d'Antiloque*. Rev. Ét. Grecques 1967; 80: 68-83.
6. *Od.* IV, 220-232.
7. *Ibid.* 229-232.
8. Apuleius, *Met.* V, 10, 2: *Suscipit alia: Ego vero maritum articulari morbo complicatum curuatumque ac per hoc rarissimo uenerem meam recolentem sustineo, plerum-*

que detortos et duratos in lapidem digitos eius perfricans fomentis olidis et pannis sordidis et foetidis cataplasmatibus manibus tam delicatas istas adurens, nec uxoris officiosam faciem sed medicae laboriosam personam sustinens.

9. Igynus, *Fab.* 274.
10. HANSON A.E., *Phaenarete: mother and maia*. *Medizin der Antike* 1, Verh. des VIII Intern. Koll., Kloster Banz/Staffelstein 23-23 september 1993, pp. 159-181, in part. p.163.
11. Plato, *Teet.* 148e6-151e6 shows the diffusion of the obstetrical practices in Athens at least beginning from the half of IVth century. Obstetricians had so a sound competence to be communicated to physicians also, as well attested in C.H. *Carn.* 19, Li. VIII 615. VON STADEN H., *Herophilus. The art of medicine in Early Alexandria*. Cambridge Un. Press, 1989, pp. 38-41. DEAN JONES L., *Women's bodies in Classical Greek Science*. Oxford, Clarendon Press, 1994.
12. KING H., *Agnodike and the profession of medicine*. *Proc. Camb. Phil. Soc.* 1986; 32: 53-75.
13. Plato, *Teet.* 148 e 6 - 151 e 6; see also *Carm.* 156d following.
14. Arist. *H.A.* 587 a 22. TOMIN J., *Socratic midwifery*. *Cl. Quart.* 1987; 37: 97-102. TARRANT H., *Midwifery and clouds*. *Cl. Quart.* 1988; 38: 116-122. HANSON A.E., *Phaenarete, mother and maia*. See note 10.
15. POMEROY S., *Goddesses, Whores, Wives and Slaves*. New York, Routledge, 1975, pp. 191-2.
16. Plato, *Teet.* 149b links the old age and the exclusion from reproduction to the attribution of the title of *childbirth assistant*, which has been dedicated by Athena to those women who, in their physical condition, reflect her own virginity. See MANULI P., *La ginecologia tra Ippocrate e Sorano*. §1, *Il ginecologo e la maia*. In: CAMPESE S., MANULI P., SISSA G., *Madre materia. Sociologia e biologia della donna greca*. Torino, Boringhieri, pp. 186-187 and ZAIMAN L.B., *Le figlie di Pandora*. In: SCHMITT PANTEL P., *Storia delle donne. L'antichità*. Roma-Bari, Laterza 1994, p. 419. As it concerns the professional terms used both in Greek and Roman medical literature to indicate women who are able to assist other women in childbirth or illness, see also GOUREVITCH D., *La gynécologie et l'obstétrique*. ANRW 1996; 37: 2084-2132 (see p. 2087 in particular).
17. TARRANT H., see note 14, p. 119 with bibliographic suggestions concerning passages of Euripides' *Elettra* 1128-1133 and *Iones* 948-949 in which the presence of female assistants - guaranting to the delivery also an hygienical condition - is well testified. DEMAND N., *Monuments, Midwives and gynaecology*. In: AAVV, *Ancient Medicine in Its Socio-Cultural Context*. Papers read at the Congress at Leiden Un., 13-15 april 1992. Amsterdam/Atlanta, Rodopi 1995, pp. 275-290.
18. CH, *Morb. Mul.* 1. 62, Li. VIII 126.
19. Eurip. *Ipp.* 293.
20. Herodotus, *Hist.* III, 133. Concerning the problem of feminine shame, see GOUREVITCH D., *Pudeur et pratique médicale dans l'Antiquité classique*. La presse médicale 1968; march: 544-546.
21. *Mul.* I. 46, Li. VIII 106.
22. CH, *Caro* 19, Li. VIII, 614. HANSON A.E., *A hair/tube on her liver has been lacerated*. IX Coll. Ipp., Pisa 24-29 sett. 1996, in press, speaks however of *Greek medical personnel, male or female...* For further notions about the female assistant-intermediary, see LLOYD G.E.R., *The treatment of women in Hippocratic Corpus*. In: *Science, Folklore and Ideology*. CUP, Cambridge 1983, pp. 62-86 e DEAN-JONES L., *Authority of women in Hippocratic Gynaecology*. In: *Knowledge and the scholarly medical traditions*. Cambridge, Ed. Don Bates, CUP, 1995, pp. 41-59, who concludes

- underlining that women obtained a specific knowledge of their own bodies, forbidden to men.
23. DEMAND N., *Monuments, Midwifery and Gynaecology*. See note 17, p. 288 e IDEM, *Birth, Death and Motherhood*. Baltimore, The Johns Hopkins University Press, 1994. The competition existing between the physicians and the women assisting to deliveries or healing other women would be testified by the same revealing Agnodike's gesture when, in front of the Areopagus, she raises her clothes to show she is a woman - to take again possession of a feminine sphere of action. KING H., *Agnodike*...see. n. 12, pp. 63-68.
 24. GRENSEMANN H., *Knidische Medizin*. Teil 1, Berlin, 1975, p. 9 About medical education, see DRABKIN I.E., *On medical education in Greece and Rome*. Bull. Hist. Med. 1944; XV: 333-351, in part. pp. 349-350.
 25. CH, *Mul.* I. 68, Li. VIII, 145
 26. HANSON A.E., see note 10, p. 169
 27. DEAN JONES L., *Women's bodies in Classical Greek Science*. Oxford, Clarendon Press, 1994, p. 32. The hypothesis suggested by Dean Jones probably has to be included in a more wide and shaded context. About the ambiguous - and, in the same time, omninclusive - philosophical value of the *genos*, see, between the other scientific discussions, SISSA G., *Platone, Aristotele e la differenza dei sessi*. In: SCHMITT PANTEL P., *Storia delle donne. L'antichità*. Roma-Bari, Laterza 1994, pp. 66-77, where *genos è la riproduzione continua degli esseri che possiedono la stessa forma* (p. 76), but also the feminine part of mankind born with Pandora. On the other hand, speaking from a social point of view, *genos*-descent is strongly enhanced by its male component, which gives value also to the same delivering act. See Aristofanes, *Tesmoforiazuses'* chorus *..if we beget valid men to the city, we should have some honour...*No wonder if men are able to beget, and women can only defend the little plant they have in their womb, *as a stranger a stranger* (Eschilo, *Eum.* 658-661)!
 28. IG II/III, 3² 6873: ΦΑΝΟ[ΣΤΡΑΘΗ] / ΜΑΙΑ ΚΑΙ ΙΑΤΡΟΣ ΦΑΝΟΣΤΡΑΘΗ ΕΝΘΑΔΕ ΚΕΙΤΑΙ / [Ο]ΥΘΕΝΙ ΛΥΡΗ(Ρ)Α, ΠΑΕΙΝ ΔΕ ΘΑΝΟΥΣΑ ΡΟΘΕΙΝΗ. The stele represents, in a square background, two women surrounded by children; one is standing and holds her hand to the other one, sitting; the inscription is on the sitting figure; above, it is possible to read: ΦΑΝΟ[ΣΤΡΑΘΗ] / ΜΕ[ΛΙΤΕΩΣ ΓΥΝΗ]. It is important, however, that the children presence, nearby women, reminds us of delivery and child-welfare, as it is possible to see in some Roman steles, as Iulia Saturnina's one (MS IVLIAE SATVRNINAE/ANN XXXXV/VXORI INCOMPARABILI/MEDICAE OPTIMAE/MVLIERI SANCTISSIMAE/CASSIVS PHILIPPVS/MARITUS OB MERITIS/HSE STTL. CIL II, 497.) See GOUREVITCH D., *Le mal d'être femme*. Paris, Les Belles Lettres 1984, p. 224.
 29. Plato, *Rep.* 454 d2 ed ibid. 455 e 6-7. See POMEROY S.B., *Plato and the Female Physician* (*Rep.* 454D2). Am. Journ. Phil. 1978; 99: 496-500.
 30. DRABKIN I.E., see note 24.
 31. MARROU H.I., *Storia dell'educazione nell'antichità*. Roma, Studium, 1984. It seems however to be valid also for ancient world the model M. Green constructed for the medieval period, and that is well testified by a lot of practical tasks in the Middle Ages and later (see below, note 42); we mean - even women could have acquired their medical knowledge from a father or from another male relative inside their own family!
 32. Soranus, *Gyn.* I. 3.5; I. 4.7-8. For the real obstetrical tasks in the ancient world, see HANSON A.E., *Obstetrics in the Hippocratic Corpus and Soranus*. Forum 1994; 4: 95-112.

33. In this city, now Sa el-hagar on the el-Khatatbah canal of the Western Nile delta, arts and culture rapidly arose beginning from the VII century, when the city became capital of Egypt under the XXIV, XXVI and XXVIII dynasties (at about 663-404); it is well known that Darius I reorganized Sais' medical school - supplying it with books -, as testified by the statue (now in Vatican Museums) representing the Egyptian physician Udjahorresne (at about 522-483 B.C.); this school was probably situated in the House of Life, nearby the temple of Neith, the goddess who is the local transposition of Isis-cow, destined to be transformed in the Greek Demeter. POSENER G., SAUNERON S., YOYOTTE J., *Dictionnaire de la civilisation égyptienne*. Paris, Házan, 1959, p. 158-160; GARDINER A., *The house of life*. J.E.A. 1938; 24: 157-179; LEFEBVRE G., *Essai sur la médecine égyptienne de l'époque pharaonique*. I, Paris, P.U.F. 1956. As regards the Athena's temple in Sais, see Erod. II.175. In Egypt, however, a woman could obtain the official title of physician. One of them, Pese-shet, is defined chief of women physicians. Moreover, it does not seem to exist - as it will happen in Greece and Rome - a direct link between a female medical activity and feminine pathologies. HARER BENSON W., EL-DAWAKHLY Z., *Peseshet-The first female physician?* Obst. Gyn. 1989; 79: 960-961..
34. Galen, *De comp. med. sec. locos* IX, K. XIII, 311; *De compos. med. per genera*, K. XIII, 840; Pliny, *N.H.* XXVIII, 23, 81-82).
35. Gal., *De comp. med. sec. locos* I, K. XII, 403-432-492
36. Tzetzes, *Chiliades* VI, 300-302. See BURGUIERE P., GOUREVITCH D., MALINAS Y., *Soranos d'Ephèse. Maladies des femmes*. I, Paris, Les Belles Lettres 1988, p. XXV. HANSON A.E., GREEN M.H., *Soranus, Methodicorum Princeps*. ANRW 37.2, DE Guyter, Berlin, N.Y, 1994, pp. 986-987 (Cleopatra and Soranus).
37. Parts of works directly ascribed to Cleopatra can be found in several manuscripts; between the others, see the codex Laur. Plut. LXXIII cd. 1 dating from IXth-Xth century (ff. 149 vb-155ra); the Cant. D4 (XI-XII cent., f. 34), signaled as a copy of the Laur. by a marginal note; the Paris. Lat. 7056 (XIV cent.); the Vat. Lat. 6337 (XV cent.), ff. 40r-47v; the Mon. Lat. 756 (XV cent.), ff. 14v-15v. The *pinax* of a gynaecological treatise in the codex Paris. gr. 2153 (XV cent.) cites the name of the Queen Cleopatra.
38. CONGOURDEAU M.H., *Metrodora et son oeuvre*. In: PATLAGEAN E., *Maladie et société à Byzance*. Centro di studi sull'alto Medioevo, Spoleto 1995, p. 59.
39. About a feminine transmission of pharmacological knowledge, see RIDDLE J., *Contraception and abortion from the Ancient world to the Renaissance*. Cambridge Mass. Harvard Un. Press, pp. 81-91. The problem of the attribution of medical treatises to a woman recurs with Trotula Salernitana; although her historical existence is certainly well documented, she does not seem to be the authoress of the treatises traditionally attributed to her, which are probably the fruits of a medical male tradition and teaching. BENTON J.F., *Trotula, Women's problems and the professionalization of medicine in the Middle Ages*. Bull. Hist. med. 1985; 59: 30-53.
40. KIBRE P., *The Faculty of Medicine at Paris, charlatanism and unlicensed medical practice in the later Middle Ages*. Bull. Hist. Med. 1953; 27: 1-20. WYMAN A.L., *The surgeoness: The female practitioner of Surgery 1400-1800*. Med. Hist. 1984; 1: 22-40, in part. p. 23.
41. JACQUART D., *Le milieu médicale en France du XIIe au XVe siècle*: En annexe 2e supplément au 'Dictionnaire' d'Ernest Wickersheimer, Genève, Droz, 1981; GREEN M. H., *Documenting medical women's medical practice*. In: GARCIA-BALLESTER I., FRENCH R., ARRIZABALAGA J., CUNNINGHAM A. (Eds.), *Practical medicine from Salerno to the Black Death*. Cambridge, Cambridge Un. Press, 1994, pp. 321-352.

42. This is a common case, in Italy, for several technical professions, as the silversmith, goldsmiths and melters, at least until the XVII century. GAZZANIGA V., *La vita e le opere di Fantino Taglietti argentiere e altri protagonisti della produzione argenteria a Roma tra Cinquecento e Seicento*. In: A. DI CASTRO, P. PECCOLO, V. GAZZANIGA, *Marmorari e argentieri a Roma e nel Lazio Tra Cinquecento e Seicento. I committenti, i documenti, le opere*. Roma, Edizioni Quasar 1994.
43. GREEN M.H., see note 48, p. 333, note 47 cites the famous case of Sarah of Saint-Gilles, who accepted a boy as scholar in Marseille in 1326.
44. GREEN M.H., see note 48, p. 342.
45. WYMAN A.L., *The surgeoness: The female practitioner of Surgery 1400-1800*. See note 47, pp. 24-25. FRIEDENWALD H., *Jewish Doctoresses in the Middle Ages*. In: IDEM, *The Jews and Medicine*. 1, Ktav Publ. House, The Johns Hopkins Press 1946, pp. 217-220.
46. DENIFLE H., CHATELAIN E., *Chartularium Universitatis Parisiensis*. Paris 1889-1897, 2, p. 266. Cfr. BENTON J.F., *Trotula...see*. n. 46, p. 49, n. 53.
47. LONNI A., *I professionisti della salute. Monopolio professionale e nascita dell'Ordine dei medici XIX e XX sec.* Milano, Franco Angeli 1994, pp. 108-129.
48. BLAKE C., *The charge of the parasols: women's entry to the medical profession*. London, The Women's Press, 1990. BENTON J.F., *Trotula... see* n. 46, p. 31.

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Articoli/Articles

EUSTRESS E SUCCESSO TERAPEUTICO
Un'ipotesi di validazione empirica della strategia terapeutica
dello sciamano siberiano

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SUMMARY
EUSTRESS AND THERAPEUTIC SUCCESS.

Kamlanie is a particular spell used by the Siberian medicine-man to heal a patient, by invoking animal and human spirits. This article proposes to explain the healing capability of the medicine-man not only through the hypnotic suggestion: the healing messages, in the same moment when they arrive to the patient, would become special sound signals, directly reaching the immune system.

Premessa

E' noto come lo sciamano siberiano evidenzi i poteri che la comunità sciamanica gli attribuisce durante la *kamlanie*, ossia nella *seduta*, che si svolge nel suo igloo e nel corso della quale egli invoca gli spiriti e compie incantesimi. La *kamlanie* può essere richiesta per diverse finalità, dalla propiziazione della caccia alle procedure di riparazione nei confronti di una divinità che si ritiene sia stata offesa, ma, per solito, è soprattutto invocata e si svolge per ottenere la guarigione di un malato. In tal caso assume il carattere di una vera e propria seduta terapeutica, i cui eventi ed il cui esito vanno giudicati dall'osservatore esterno al modo stesso in cui giudicherebbe la metodologia, come l'esito fausto o infausto, di un trattamento della nostra medicina istituzionale. Tra gli esempi di *kamlanie* terapeutica il più noto, almeno per il pubblico italiano, è quello riportato da Marazzi in

Key words: Siberian medicine-man - Stress - Immunology.