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# MEDICINA nei SECOLI

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**SAPIENZA**  
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*Introduzione/Introduction*

**HISTORY OF THE BREAST:  
A CROSS-CULTURAL AND INTERDISCIPLINARY APPROACH**

The present book explores the history of the breast and of breastfeeding from Antiquity to the Renaissance. Consulting a large range of sources – including medical sources, literary *testimonia*, sculptural and painting representations – the contributors look at the breast and breastfeeding from sacred, religious, erotic, psychological and scientific perspectives. This interdisciplinary approach is also socio-anthropological in the sense that the authors offer new cultural-historical interpretations that enrich our knowledge of the female breast as a symbol of beauty, fertility and femininity. In addition, the contributors provide a study of the socio-cultural aspects of breastfeeding practices.

The volume is divided in two separate issues. The first issue contains the following contributions:

Lydie Bodiou and Véronique Mehl focus on the signification of breasts in Greek antiquity. As a body part that needs special attention, the breasts are often scented or exhale a naturally occurring good smell. From archaic times to the Hellenistic period, perfume has been a substance that makes the body identifiable both olfactively and visually and particularizes the body's regions, thus creating a cartography of the limbs on which it is applied. In this cartography of the intimate, breasts occupy an important place: as sensory organs, they are felt, touched and tasted; they kindle maternal love, erotic desire and provoke the feeling of love. The smell of emotions is not only perceived by olfaction but it is also part of the memory activated by the senses of smell, touch, sight and taste and is therefore at the origin of sensory and memory relationships.

Next, Florence Gherchanoc explores feeding in the divine world. She studies two cases of breastfeeding represented on Italiote vases from the 4<sup>th</sup> century BC: Hera breastfeeding Heracles and Aphrodite breastfeeding Eros. The study of these two cases of divine breastfeeding highlights the beneficial role of feeding in the formation of a hero and of a god in the imagination of the Greeks in southern Italy. She also investigates which parts of this mythology related to the divine breast can be transposed to the human world. Like divine nourishment, human nourishment plays a determining role in individuals' identity construction and in the foundation of family and social bonds.

In the following essay, Elsa Garcia Novo examines descriptions, concepts, ailments and remedies for the female and male breast, as well as their names throughout Greek medical writing. The majority of the paper deals with the female breast. After considering its anatomical form and physiological function in the *Corpus Hippocraticum* and Galen, the author discusses the relationship between gravidity and the breast. She then turns to a long development of the genesis of milk, which is thoroughly elucidated in Hippocrates, Aristotle, Empedocles of Akragas, Soranus of Ephesus and Galen. This description is followed by the study of symptoms and treatment of diseases related to the breast. The last part of the essay refers briefly to the male breast as it is considered by Hippocrates in *Epidemics* and Paulus of Aegina, who is the first to mention the problem of male gynecomastia and explain the way to treat it. Manuel E. Vázquez Buján's essay is next. He investigates diverse aspects related to the female breast in Latin medical texts from Late Antiquity to the Early Middle Ages. He examines the breast as the basis of baby feeding and subsequently its nutritional role. He also discusses its erotic and aesthetic aspect. Special attention is paid to the aspects of the breast related to pathology and therapy because of its central role in the process of child rearing. Finally, considering the ideal wet nurse's breast and its relationship with the womb, he illustrates the breast as it relates to puberty, pregnancy and the production of milk.

In the following essay, Lawrence Bliquez surveys conditions of the female (and male) breast that require medical treatment, specifically surgical, parasurgical and pharmaceutical intervention from Greco-Roman times to the Renaissance. The first part is devoted to the study of surgical operations in the Greco-Roman worlds, as they are described in the ancient literary testimonia written by Hippocrates and his disciples, Celsus, Soranus, Galen, Oribasius, and Aëtius, Paul. The second part discusses operations on the breast performed by medieval surgeons who inherited the Greco-Roman tradition. The author concentrates on the middle and later Byzantine sources written by Leon Iatrosophist, John Actuarius and Michael Psellus. Special attention is given to the compendium of three treatises on female diseases and conditions known collectively as the *Trotula*; the *Practica Chirurgiae* or “Practice of Surgery”, a compilation issued around 1170 or 1180 under the name of Roger Frugard, a native of Parma; Bruno da Langoborgo’s (aka Longobucco) *Chirurgia Magna* written in 1253; Theodoric Borgognoni’s *Cyrurgia* or *Chirurgia*, which appeared around 1265; William of Saliceto’s *Grand Surgery* or *Chirurgia Magna* completed in 1275; Guido Lanfranchi’s (also called Lanfranco or Alanfrancus) *Chirurgia Magna* produced in 1296; Henri de Mondeville’s *Cyrurgia* published in 1312; Guy de Chauillac’s (alias Guigo De Caulhiaco) *Inventarium sive Chirurgia Magna* published in ca. 1363; and Johannes Scultetus’s (also known as Johannes Schulte, 1595-1645) *Armamentarium Chirurgicum*. Diachronic study of written sources on surgery focused exclusively on the breast from Hippocrates to the Renaissance demonstrates that medieval surgeons applied the same treatments throughout this period with the same or almost identical therapies and with fundamentally the same instruments. However, they occasionally introduced innovations by diagnosing conditions not indicated in classical sources (e.g. inverted nipples) and by using new terminology for the surgical tools.

Next, Margaret Trenchard-Smith elucidates how medical standards for breastfeeding affected the lives of women and infants. These standards defined two types: on the one hand, the woman fit to breastfeed and, on the other hand, the newborn fit to be breastfed. Therefore, the study is divided into two sections. The first section explores the status of independent wet nurses and household wet nurses as well as maternal breastfeeding. The second section deals with the infants' fitness to be fed and their acceptance or rejection by the family following a midwife's evaluation according to pediatric criteria.

The second issue comprises the following essays:

Belle Tuten examines corrective surgery for breast "deformities" such as gynecomastia, as displayed in the Seven Books of *Pragmateia* of Paul of Aegina (7<sup>th</sup> century A.D.), and Paul's impact on other medieval surgeons of the thirteenth century. According to the author, the transmission of Paul's discussion of performing surgery on men with overdeveloped breasts possesses two strands. Both depend on adaptations of Paul of Aegina made by other authors. The first strand comes from the translations of al-Majusi's work by Constantine the African (d. before 1099) in the eleventh century and by Stephen of Antioch in the early twelfth century. The second strand is the transmission of the work of al-Zahrawi (aka Albucasis) (936–1013) by means of the translation of Gerard of Cremona (ca. 1114–1187), Lanfrance of Milan (1250–1307), and Théodoric Borgognoni (1205–1296). The interesting features of this transmission are its accurate language, its practical directives, and the use of diagrams.

Raffi and Aslin Gurunluoglu reconsider breastfeeding and breastmilk in the Middle Ages from socio-cultural and medical perspectives. From the socio-cultural perspective, they examine the reasons for hiring a wet nurse, the socio-economic status of the hiring family, psychological aspects of breastfeeding and the use of feeding tools. From the medical perspective, they study the impact of medicine from Antiquity to the Renaissance in the field of breastfeeding and the role of physicians



in determining child rearing practices as well as physicians' considerations of the relationship between maternal breastfeeding and wet nursing, the physical qualifications of a wet nurse, the criteria for choosing a wet nurse and the qualities of the ideal breastmilk.

Christian Jouffroy examines sculptural and painting representations of the Virgin Mary *Lactans* by using works depicting divine breastfeeding that inspired artists from the fourteenth to the sixteenth century in Europe and America. To do this, he uses works originating from Lorraine, a region in northern-east France, and preserved in the museum of the Golden Court in Metz. By examining these from a medical and artistic point of view, he highlights the path from the figurative breastfeeding of the Son of God to the allegory of the Virgin Mary as the nourisher of the whole human race, through the symbolic visions of "Lactation" of Saint Bernard and Saint Pierre Nolasco.

Esther Diana outlines the physician's interest in the female body and, consequently, in the diseases related to the genitourinary system and the differences between the sexual organs. This interest tended to concentrate on philosophical traditions whose origins were rooted in anthropological, religious, magical and superstitious notions rather than making use of biological observations. According to Diana, even when the great authors spoke of "woman's illnesses", they almost all referred to pregnancy and childbirth and thus celebrated their exclusive and recognised social role as "breeders". However, when dealing with diseases that could affect the female breast and, in particular, tumour pathology, special attention was paid. This is explained by the fact that this organ was considered the personal "property" of men due to its identification as a more immediate sexual attraction for them. The author remarks that this consideration of the female breast resulted in a "history" of the organ that followed two parallel and often overlapping paths in the 14<sup>th</sup>-16<sup>th</sup> centuries: the first, pigeonholed as "traditional knowledge", was expressed in Recipes and Secret Advice dedicated exclusively to women while the

second took form in the production of treatises in the medical field, which exploited the progress in anatomic knowledge of physiology and pathology carried out on respectively healthy and sick organs.

In the penultimate essay in the collection, Magdalena Kozluk highlights the interest of 16<sup>th</sup>- and 17<sup>th</sup>-century physicians in the enigma of milk production and the phenomenon of breastfeeding (*lac quomodo fit?*). First, she discusses the problem of the breast from the anatomical point of view in the scientific sources (*mammarum figura, magnitudo, veneae, arteriae*, etc.). Examining surgery manuals, she then identifies the most common breast diseases at the time and presents the ways to treat them. She also examines the curative and beauty care that was prescribed in all kinds of pharmacopoeia, galenic and chemical (poultices, plasters for an ulcerated nipple or those against “breast hardness” etc.).

In the final essay of this collection, Philippe Charlier investigates the breast cancer of Anne of Austria, the Queen of France. He shows how the doctors and surgeons of the Court inherited from the doctors of the Antiquity a tradition that considered breast cancer a chronic parasitic disease attacking women in the form of a progressive “nibbling”. Also, he explores all kinds of therapies applied to the patient, especially the alimentary therapy consisting of feeding the tumor with animal meat in order to prevent it from feeding at the expense of the patient’s body.

I hope that the output of these scholarly works sheds light on theories about the breast and breastfeeding as they evolved over the centuries across medical and surgical sciences, religious beliefs and socio-cultural contexts.

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Articoli/Articles

LE SEIN DANS L'ANTIQUITÉ GRECQUE: ESSAI DE  
CARTOGRAPHIE INTIME ET OLFACTIVE DU CORPS

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SUMMARY

THE BREAST IN GREEK ANTIQUITY: INTIMATE AND SMELLING  
CARTOGRAPHY OF THE BODY

*Breasts, especially those of women, but also men, receive particular attentions; they are often scented or exhale of themselves a pleasant smell. The perfume is an artificial substance which glorifies the body and makes it recognizable. Scented naturally or artificially, (the) breasts reveal intention of the feelings; they are places of the intimacy.*

*Introduction*

Dans l'Antiquité, le corps est un agent classificatoire essentiel; il qualifie autant le sexe que le statut ou la fonction sociale<sup>1</sup>. Accessible immédiatement par le regard, il détermine, discrimine ou valorise. Certaines parties du corps sont objet de plus d'attentions que d'autres, comme la tête et particulièrement le visage qui ont un rôle important car ils sont les lieux de l'expression du sensible et de la communication. Les seins, ceux des femmes, mais aussi des hommes, sont eux aussi porteurs de sens. Cachés ou exhibés, aperçus par transparence, ils sont aussi caressés, effleurés ou touchés. Ils sont parfois parfumés ou exhalent par eux-mêmes une bonne odeur.

*Key words:* History - Breast – Odour - Emotion

Si les deux termes “odeur” et “parfum” peuvent être synonymes, le premier est plutôt utilisé pour qualifier une émanation “naturelle”, le second une senteur “artificielle”<sup>2</sup>. Le parfum est compris ici comme une substance qui magnifie le corps et le rend identifiable olfactivement et visuellement. Le plus souvent, matière grasse et luisante que l’on étale et qui sent loin, elle particularise les lieux du corps créant une cartographie des membres qui la reçoivent. Les senteurs sont autant de marques de statut et de genre, de convenances et de normes, de classe et d’âge.

Dès l’époque archaïque dans la poésie épique et lyrique, la poitrine et particulièrement les seins participent à la construction de cette cartographie de l’intime; ce schéma se poursuit et se précise dans les sources littéraires ultérieures, essentiellement sur la scène théâtrale à l’époque classique et dans les épigrammes de l’époque hellénistique. Le sein est tantôt érotique, tantôt maternel. Le lien filial transparait par l’odeur du sein maternel. Dévoilée par les mères tragiques sur la scène du théâtre, la poitrine nue est l’ultime geste du désespoir qui doit émouvoir. Parce que la mère et le fils ont partagé le même corps, parce qu’elle l’a nourri et aimé, le sein résume à lui seul le lien indéfectible qui les lie. Organe multisensoriel, il rassemble la palette des sens, liant à jamais une mère à son enfant, attisant temporairement les sens des amoureux. Nue ou couverte par des vêtements parfois parfumés, la poitrine est le lieu de tous les imaginaires. Cette géographie de l’intime se dessine à fleur de peau, entre l’odeur naturelle du lien filial et le parfum artificiel qui suscite le désir.

*L’odeur “naturelle” des sentiments: sentir, toucher, goûter le sein maternel*

Les seins sont, avec l’utérus les parties du corps spécifiquement féminines. Ce sont celles qui physiologiquement distinguent le corps féminin du corps masculin. Si l’un est un organe niché au secret du corps, les seins s’exhibent ou se voilent, offrant tour à tour, aux

yeux de tous, l'image de la maternité accomplie ou celle la féminité séductrice, parfois agrémentée d'effluves artificielles. Olfactivement neutre ou, pour le dire autrement, n'émettant normalement aucune odeur, le corps humain peut à certaines occasions embaumer, sans artifice extérieur. Quand il est traversé de sentiments, éprouvés ou émis, la métaphore odorante matérialise les émotions. L'amour maternel ou filial est souvent signifié par une odeur, celle du sentiment partagé. Sur la scène tragique, en dévoilant leur poitrine à la vue, les mères clament avec force et emphase leur rôle dans la filiation et le lien éternel qui les lie à leur progéniture (surtout masculine).

#### *Le sein d'Andromaque*

Andromaque est une héroïne au destin tragique, modèle d'épouse et de mère qui fait front malgré les aléas subis. Si en tant qu'épouse elle s'incline comme sa condition l'y contraint, c'est la mère désespérée qu'Homère distingue au moment où la guerre pourrait lui prendre son époux, le père d'Astyanax. L'aède dépeint une scène familiale emplie de tendresse alors qu'Hector dépose son fils contre sa mère. Prenant le petit enfant effrayé à la vue funeste et prémonitoire de ses armes et qui s'est réfugié contre le sein de sa nourrice, il le tient dans ses bras, l'embrasse et lui parle pour envisager son avenir:

*Zeus! Et vous tous, dieux! Permettez que mon fils, comme moi, se distingue entre les Troyens, qu'il montre une force égale à la mienne et qu'il règne, souverain à Ilion: Et, qu'un jour, on dise de lui il est encore plus vaillant que son père, quand il rentrera du combat! Qu'il en rapporte les dépouilles sanglantes d'un ennemi tué, et que sa mère en ait le cœur en joie! Il dit et met son fils dans le bras de sa femme: et elle le reçoit sur son sein parfumé (kêodei dexato kolpoi)<sup>3</sup>, avec un rire en pleurs<sup>4</sup>.*

Du sein réconfortant de sa nourrice, le père le fait passer à celui de sa mère, récréant le lien de la filiation et resserrant pour un temps la famille, le couple et sa descendance. Si les commentateurs ont parfois

vu dans ce sein parfumé le rôle des vêtements odorants que portait Andromaque comme de nombreuses femmes dans l'*Illiade*, l'odeur est avant tout sentimentale, celle de l'affection et de la protection des bras maternels. Une mère, son enfant au creux de ses bras, sentant la chaleur du petit corps, sourit du moment partagé et des émotions ressenties. C'est l'amour maternel qui est donné à voir, exacerbé par un avenir compromis que les larmes matérialisent.

L'intimité entre la mère et son enfant vient de l'odeur maternelle, mais aussi du contact tactile entre les deux corps. L'image sensorielle est reprise par Euripide dans *Les Troyennes*; l'amour maternel, ce lien indéfectible, se lit cette fois-ci au travers de l'odeur du petit enfant, à jamais inscrite dans sa mémoire:

*Ô tendre enfant que ta mère aimait tant à caresser dans ses bras, ô suave odeur de ton corps! C'est donc en vain que dans les langes mon sein (mastos) t'a nourri; inutiles sont les peines et les tourments où je me suis épuisée. Maintenant, une dernière fois, donne un baiser à ta mère qui t'enfanta, serre-toi contre elle, enlace tes bras autour de mon cou et applique ta bouche sur la mienne<sup>5</sup>.*

En quelques mots, Andromaque exprime combien l'intimité de la relation affective est sensorielle, tactile et olfactive. Cette relation privilégiée qui les lie émane de leurs corps qui se touchent, les bras enserrés autour du cou, le peau à peau qui prolonge l'intimité d'un corps qu'ils ont partagé, d'un sein maternel qui a nourri ce petit, les yeux dans les yeux, les haleines partagées une dernière fois dans un baiser. C'est la tendresse, l'affection, cet amour si spécifique et si mystérieux qui n'appartient qu'à eux seuls et dont le souvenir reste à jamais en mémoire qui est exprimé ici.

L'odorat est un sens de l'affect et du contact qui joue un rôle fondamental dans la rencontre avec l'autre, dans le rapprochement des êtres. Sens instinctuel qui s'exprime à travers la chair<sup>6</sup>, spécifique ici puisqu'il s'agit de la poitrine maternelle, il installe une relation

durable entre la mère et l'enfant qu'Andromaque évoque d'ailleurs comme éternelle quand elle imagine son avenir dans la mort avec son fils Molossos, qu'elle a eu avec Néoptolème: "Tu reposeras donc, enfant chéri, sur le sein (*mastois*) de ta mère: mort, tu l'accompagneras morte sous la terre"<sup>7</sup>. Derrière l'émotion tragique qui sied au genre, c'est la profondeur des liens affectifs et des sentiments que le corps matérialise. Les seins que l'on peut toucher, sentir et goûter dessinent le cercle clos de l'intime et tissent le lien indéfectible qui unit une mère à son enfant. Une relation d'autant plus durable qu'elle coïncide avec une situation à forte charge émotionnelle. C'est cet enfant qui lui permet de se "sentir" mère.

*Le sein maternel: un organe multisensoriel*

Le sein est un organe qui rassemble la palette sensorielle: tactile quand l'enfant y repose ou tête, gustatif et olfactif alors qu'il est pourvoyeur de nourriture, mais normalement peu visible, sinon dans l'intimité de l'allaitement ou de la chambre. S'il est dévoilé, la signification est lourde de sens. Les mères, en particulière celles mises en scène dans les pièces tragiques dévoilent ostensiblement leur poitrine. Geste fort et visible, spectaculaire et anormal, il ajoute de l'emphase aux mots et amplifie les intentions en donnant le corps en spectacle. Dévoiler ses seins n'est pas un acte que n'importe qui peut accomplir. Florence Gherchanoc l'a bien montré en étudiant le cas de Phryné<sup>8</sup>, le geste en dit long sur le fonctionnement du corps social. Car il faut l'art et la manière pour l'accomplir et s'assurer qu'il soit signifiant. L'interprétation d'un tel geste s'appuie sur la vision d'une représentation normalisée du féminin, seules certaines femmes y sont autorisées (les mères), le lieu (la scène) et le moment aussi sont idoines: le dévoilement n'intervient qu'auprès des fils pour leur rappeler, alors que la situation est critique, la *philia* qui les lie à leur mère. Cette partie du corps dévoilée (est ce la partie, est ce le corps?) est celle qu'une mère et son enfant ont partagée, ne faisant qu'un. On

attend du geste un pouvoir agissant; la vision de la poitrine dénudée doit produire une réaction, infléchir celui qui en est destinataire. Le geste s'appuie sur la mémoire créée par le rapprochement sensoriel des corps. C'est ainsi qu'Hécube tente de retenir Hector, pourtant adulte, et le de convaincre de ne pas affronter Achille:

*Ainsi dit le vieillard et, à pleines mains, il se tire, il arrache ses cheveux blancs de sa tête, sans pour autant persuader l'âme d'Hector. Sa mère, de son côté, se lamente en versant des pleurs. Elle fait d'une main tomber le haut de sa robe (kolpon aniemenê), de l'autre soulève son sein (mazon anesche), et, toute en pleurs, elle lui dit ses mots ailés: "Hector, mon enfant, aie respect (aideo) de ce sein. Et de moi aussi aie pitié, de moi qui t'ai jadis offert cette mamelle où s'oublie les soucis; souviens-t-en, mon enfant! Si tu veux repousser ce guerrier ennemi, fais-le donc de derrière nos murs, et ne te campe pas en champion devant lui. Ah! Cruel! s'il te tue, je ne pourrai pas, mon grand, te pleurer sur un lit funèbre, ni moi, qui t'ai donné le jour, ni non plus l'épouse que tu as payée de tant de présents; et, bien loin de nous, près des neufs, les chiens rapides des Argiens te mangeront". Ainsi père et mère parlent à leur fils en pleurant et instamment le supplient (polla lissomenô)<sup>9</sup>.*

Si les mères découvrent ainsi leur poitrine, c'est que ce morceau du corps rendu visible à tous l'identifie à une fonctionnalité: la reproduction des petits d'hommes. Dénuder le sein, c'est montrer crument que la filiation est inscrite dans la chair, que la maternité est biologique, que mère et enfant font corps commun. Avec l'exhibition, un seuil est franchi dans le contrôle des émotions, il faut montrer si dire ne suffit pas, faire appel à la mémoire du corps partagé, quitte à sortir du confinement et de la réserve auxquelles les femmes sont astreintes. Car ce sont des mères qui s'expriment, obéissant alors à un système de représentations codé qui obéit à des règles strictes, il leur est permis d'outrer leur comportement et d'afficher des sentiments. La supplication passe aussi par les larmes, expression d'une émotion non contenue qui doit susciter la pitié comme lorsque Jocaste dénude son buste, offrant son sein à la vue de ses fils Étéocle et Polynice en



pleurant: “Montrant aux yeux de tous ses pleurs et ses sanglots, elle s'élançait, suppliante (*hiketis*), pour présenter à ses fils un sein (*maston*) suppliant (*hiketin*)”<sup>10</sup>. De la même manière Clytemnestre exhibe son sein devant Oreste pour tenter d'échapper au matricide<sup>11</sup>. Rendre visible la filiation et le rappel d'un passé commun, d'une relation fusionnelle peau à peau, c'est rappeler aussi une dépendance et un dû:

*Ô mon enfant, mon pauvre enfant, je t'ai nourri, je t'ai porté dans mon sein, enfanté dans la douleur: et voici qu'Hadès a recueilli le fruit de mon travail, et je n'ai plus le nourricier de ma vieillesse, moi qui pourtant ai mis au jour un fils!*<sup>12</sup>.

Ce sein dénudé exhibe la *philia* et appelle en retour le respect de la vie donnée et transmise. Car la *philia* n'est pas désintéressée, elle entre dans la relation réciproque de don/contre-don qu'est la *gerotrophia*. Entre persuasion et pitié, les mères tragiques utilisent le registre affectif et émotionnel afin d'infléchir ou de contrecarrer les agissements de leurs fils. Elles portent au-devant des spectateurs la force agissante de leur statut maternel, matérialisé par leur poitrine dénudée comme l'étendard d'une condition qu'à jamais il convient de respecter. Sans elles, la filiation ne serait pas. Clytemnestre utilise la même gestuelle pour tenter d'arrêter le coup fatal d'Oreste: “Arrête, ô mon fils! Respecte, enfant, ce sein (*mastos*), sur lequel souvent, endormi, tu suças de tes lèvres le lait nourricier (*gala*)”<sup>13</sup>. Le lien nutritif mis en avant par Clytemnestre décline encore une autre facette du pouvoir du corps féminin. Le sein n'est pas seulement le rapport au corps que la mère et l'enfant ont partagé, il est aussi après la naissance, celui qui permet à l'enfant de croître par le lait dispensé.

#### *Le lien de l'odeur et du lait*

Le rôle nourricier des mères crée un lien de réciprocité pour la vie. La relation fusionnelle de l'allaitement prolonge cette *philia* maternelle: il est l'expression d'une continuité de la proximité naturelle et

corporelle entre la mère et l'enfant, mais relève aussi de la construction d'un lien nourri de services mutuels<sup>14</sup>. Lien de dépendance il passe par des médias sensoriels divers.

Les premières perceptions du nouveau monde à la naissance pour un enfant sont faites de sensations primordiales (odeurs, caresses et présence) qui tissent l'attachement à sa mère<sup>15</sup>. Attiré par l'odeur, le nouveau-né se tourne naturellement et instinctivement vers le sein dispensateur de plaisirs et de bienfaits. Émanant du corps maternel, dispensé par le sein, le lait est un liquide biologique dont les implications sociales sont fortes car avoir partagé le même lait crée une forme particulière de parenté. Il est issu de la mécanique du corps des femmes; pour les médecins hippocratiques, le sang qui sert de nourriture à l'enfant *in utero* se transforme en lait, après l'accouchement: "Les règles sont généralement harmonisées pour l'embryon et sa nourriture et les aliments se transforment en lait pour l'alimentation du bébé"<sup>16</sup>. Pour ces médecins, le sang est la base du lait. Cette identité de matière est confirmée par cet aphorisme des *Épidémies* qui qualifie "le lait frère des règles" (*adelphā tōn epimēniōn*)<sup>17</sup>, pour montrer l'affinité entre les deux sécrétions issues de la même source<sup>18</sup>.

Le médecin de *Nature de l'enfant* développe une autre théorie de la production lactée, qui n'entre toutefois pas en contradiction avec la première et vient même confirmer le processus qui gouverne la pensée médicale. Pour lui, le produit de la digestion fournit aussi du lait:

*Voici pour quelle raison nécessaire le lait (gala) se forme: lorsque la matrice gonflée par l'enfant, fait pression sur le ventre de la femme et que cette pression se produit alors que le ventre est plein, la partie la plus grasse des aliments et des boissons s'épanche vers l'épiploon et la chair. C'est comme si quelqu'un frottait une peau avec beaucoup d'huile (elaio), la laissait s'en imbiber et qu'ensuite il pressait la peau: l'huile s'épancherait de la peau; de même, quand le ventre contient des matières grasses provenant des aliments et des boissons et est comprimé par la matrice, la graisse s'épanche*

### *Le sein dans l'antiquité grecque*

*vers l'épiploon et la chair. (...) De la graisse échauffée et blanche (tou pionos diathermainomenou kai leukou), la partie qui s'adoucit par la chaleur de la matrice est expulsée et va aux seins; un peu en va aussi à la matrice à travers les mêmes veines. En effet, les mêmes veines et d'autres analogues vont aux seins et à la matrice. Lorsqu'il en arrive à la matrice, l'enfant en profite un peu et les seins recevant le lait s'emplissent et se gonflent<sup>19</sup>.*

Ainsi, comme le constate Marie-Paule Duminil, "le lait est donc simplement la partie la plus grasse de la nourriture qui subit une coction spéciale par la chaleur que dégage un utérus gravide: il résulte d'une double coction de la nourriture"<sup>20</sup>. Il n'est plus besoin d'expliquer comment le sang est converti en lait: tout simplement par action chimique, peut-être même alchimique car la partie la plus douce de l'alimentation féminine est triée à l'intérieur des seins. La mère nourrit encore l'embryon mais peu car il n'a plus beaucoup besoin lorsqu'il est presque à maturité. Les seins se gonflent alors de ce liquide blanc et gras qui va sourdre bientôt. Ce que le médecin de *Maladies de femmes* confirme:

*La partie la plus douce du fluide provenant des aliments et des boissons se porte aux mamelles, et y est attirée comme par succion; nécessairement alors le reste du corps se vide davantage et devient moins plein de sang<sup>21</sup>.*

Le lait n'est pas un fluide neutre, il est la production ultime du corps féminin qui lui permet de prolonger son rôle maternel en devenant nourricière de l'enfant. Blanc, liquide, gras et chaud, il concentre les attributs sensoriels qui comblent le nouveau-né: le peau à peau avec le corps de la mère chaud et laxé, l'action de téter, le goût, l'odeur et la texture du mamelon qui dispense le précieux liquide et aussi la texture, la couleur, la suavité, la chaleur du lait ... Blanc et gras: on ne peut manquer de remarquer que ces caractéristiques du lait sont assez similaires à celles attribuées par les médecins de la collection hippocratique au corps féminin par opposition au corps masculin<sup>22</sup>.

*La séduction d'un sein parfumé*

Si l'odeur du corps à corps mère – enfant révèle un lien indestructible, la senteur peut être aussi artificielle et dévoiler d'autres rapprochements, généralement érotiques et amoureux. Les liens entre seins et parfums sont récurrents dans les sources littéraires, en particulier dans la poésie. Une des plus anciennes mentions apparaît dans les *hymnes homériques*. Dans celui consacré à Hestia, la générosité de la déesse est marquée par l'huile qui dégoutte de sa chevelure et tombe sur sa poitrine:

*Hestia, qui dans la divine Pythô prends soin de la sainte demeure d'Apolon, le Seigneur Archer, une huile fluide coule toujours de tes cheveux tressés. Entre dans ma maison, entres-y d'accord avec le prudent Zeus; donne aussi tes faveurs à mon chant*<sup>23</sup>.

L'idée d'abondance est forte pour cette divinité protectrice des foyers, pourvoyeuse de richesses, comme cette huile qui s'écoule sans cesse de sa chevelure<sup>24</sup>. La poitrine n'est pas directement mentionnée même si elle est atteinte indéniablement par le parfum<sup>25</sup>, elle est un élément de la séduction érotique qui n'a pas lieu d'être ici. Par contre, elle est présente fréquemment dans la poésie de banquet. L'univers sensoriel du *symposion* fait une large place au parfum, un des éléments indispensables de sa réussite. Alcée, à la fin du VI<sup>e</sup> siècle av. J.-C., mentionne deux moyens pour obtenir de bonnes odeurs : se parer de fleurs et s'oindre de parfum: "Allons, que l'on jette autour de mon cou un collier d'anis (*hupathumidas*), guirlandes tressées, et qu'on répande sur ma poitrine un doux parfum (*myron âdu*)"<sup>26</sup>. L'odeur du parfum est caractérisée, elle est suave, plaisante au banqueteur et à son entourage, plus douce que celle des fleurs tressées<sup>27</sup>. Elle est comparée à un baume lorsque le banqueteur est âgé "Sur ma tête qui a beaucoup souffert verse du parfum / et sur ma poitrine grisonnante"<sup>28</sup>. Alcée ne mentionne pas les seins, mais plus globalement la poitrine (*stêthos*) au contact des senteurs, florales ou

huileuses, sans doute parce que celui qui reçoit l'onction ou la guirlande est un homme. Pour Anacréon, il convient de s'oindre la poitrine avec des parfums (*myroi*), parce qu'elle est le siège du cœur<sup>29</sup> et qu'il est apaisé par les "bonnes odeurs" (*euôdesi*); c'est l'organe ici qui prévaut sur les seins ou la poitrine. La peau s'imprègne de ces deux senteurs, artificielle et naturelle, la combinaison des deux devient agréable. Le baume oint sur la poitrine est doux au toucher, les fleurs au contact de la peau ont des vertus apaisantes bienfaitrices discutées par Plutarque dans ses *Propos de table*, aident à supporter au mieux le banquet<sup>30</sup>. Matière grasse ointe, le parfum, quelle que soit son origine, rend brillante la peau, en dévoilant une partie du corps habituellement cachée. L'odeur n'est plus seulement fragrance à sentir, elle est aussi à toucher et à voir.

Ce mélange des odeurs est une constante de la poésie. On retrouve ainsi chez Sappho, dans un poème du souvenir, les guirlandes tressées de multiples fleurs et l'onction qui pénètre délicatement la peau:

*Tout ce que nous avons vécu de beau! Alors, de nombreuses couronnes de violettes, de roses et de safrans, ensemble, près de moi, tu te parais ... et tressais de nombreuses guirlandes odorantes (hupathumidas), autour de ton cou délicat, composées à partir de fleurs, et de beaucoup de parfum (myrôï) précieux ... et royal ... tu t'enduisais (exaleipsao) ... et sur un lit moelleux ... la tendre ... tu satisfaisais ton désir ...*<sup>31</sup>.

Les vers sont trop fragmentaires pour connaître les lieux de l'onction, mais il semble qu'elle touche tout le corps; le cou et la poitrine recevant eux aussi des senteurs florales. L'univers érotique n'est pas loin et rappelle quelque vers où Sappho évoque une nuit de noces: "la nuit ... que les jeunes filles ... pendant une nuit entière ... chantent ton étreinte et la fiancée au sein de violettes"<sup>32</sup>. Dans ce fragment, l'usage de fleurs en guirlandes peut être envisagé, sans doute redoublé par celui des huiles parfumées bien connu par des sources plus tardives lors des mariages<sup>33</sup>. Le parfum est une parure essentielle de la mariée (*nymphê*)

et du marié (*nymphios*)<sup>34</sup>, en particulier dans le théâtre d'Aristophane, même si les lieux du corps ne sont généralement pas mentionnés. Dans *Ploutos*, il est versé "goutte à goutte sur l'épousée"<sup>35</sup>.

Dans une autre pièce, *Les Thesmophories*, le Comique rapproche au moins à deux reprises soutien-gorge et parfums, artifices féminins et pièges érotiques. Ainsi, lorsqu'*Euripide* veut envoyer un de ses parents participer à la fête féminine et citoyenne, pour savoir ce que les Athéniennes disent de lui, il travestit l'homme, l'habille peu à peu de vêtements et de parures:

*Euripide*. – Prends d'abord ma robe safran et mets-là.

Le Parent. – Par Aphrodite, quelle suave odeur elle exhale de vergette.

Aide-moi à la ceindre vite. Passe à présent un soutien-gorge.

*Euripide*. – Voilà.

Le Parent. – Allons maintenant arrange ma robe autour de mes jambes.

*Euripide*. – Il manque une résille et un manteau.

Agathon. – Plutôt ce tour de tête que je porte la nuit.

*Euripide*. – Par Zeus! Mais c'est tout à fait l'affaire.

Le Parent. – M'ira-t-il?

*Euripide* (le lui mettant). – Par Zeus, mais le mieux du monde. (A Agathon) passe un encycle.

Agathon. – Prends celui-là, sur la couchette.

*Euripide*. – Il manque des chaussures<sup>36</sup>.

*Mais le brouillage des genres n'est qu'un subterfuge:*

*D'où sors-tu l'homme – femme? Et quelle est ta patrie? Quel est ce vêtement? Quel ce brouillamini? Dans la vie? Que peut dire un luth à une robe safran? Une peau à une résille? Quoi, une fiole à huile (lécythe) et un soutien gorge? Comme cela va mal ensemble! Quelle communauté du miroir à l'épée? Qui es-tu même, ô enfant? Est-ce en homme que tu es élevé? Et où est ton membre? Où ton manteau? Où tes laconiennes? Alors tu es femme? Mais où sont tes seins?*<sup>37</sup>.

Si certains couples d'objets (épée et miroir, résille et manteau) peuvent troubler le spectateur, le soutien-gorge et le parfum contenu dans le lécythe sont clairement associés, comme s'ils étaient les éléments in-

contournables d'une parure féminine et qu'à eux seuls ils pouvaient tromper sur la seule apparence. "Voilà notre homme à présent devenu femme, du moins en apparence"<sup>38</sup>. Pourtant, entre les deux, il manque un élément incontournable: les seins. La masculinité du parent se dévoile en creux, dans l'absence de cet appareil féminin que la présence du parfum et du soutien-gorge n'a pas pu totalement masquer. Dans *Lysistrata*, en pleine grève du sexe pour tenter de faire cesser la guerre alors que les femmes sont séparées de leurs maris, *Myrrhinè* provoque son époux *Cinésias*, puis se dérobe à lui. Cette séduction est clairement normée, celle de l'épouse qui doit attirer son mari pour une reproduction légitime, elle n'empêche en rien l'usage d'artifices qui sont aussi ceux des courtisanes:

*Myrrhinè*. – *Voilà je détache mon soutien-gorge. Souviens-toi: ne va pas me tromper au sujet de la paix.*

*Cinésias*. – *non par Zeus, ou je meure.*

*M.* – *Allons bon, tu n'as pas de couverture.*

*C.* – *Par Zeus, je n'en ai nul besoin. Je veux faire l'amour.*

*M.* – *Sois tranquille, tu le feras. Je revins vite (elle sort).*

*C.* – *Cette femme me fera mourir, avec ses couvertures.*

*M.* – *(revenant). Mets-toi droit.*

*C.* – *Mais il est droit, celui-ci.*

*M.* – *Veux-tu que je te parfume?*

*C.* – *Non par Apollon, pas moi!*

*M.* – *Si par Aphrodite, que tu veuilles ou non. (elle part encore).*

*C.* – *Ah ! Puisse-t-il être répandu, le parfum, ô puissant Zeus!*

*M.* – *(revenant avec un flacon). Avance ta main; prends et frotte-toi;*

*C.* – *(flairant). Pas agréable par Apollon, ce parfum-là. Il est tout juste bon à retarder et ne sent pas le mariage.*

*M.* – *Malheureuse, c'est le baume de Rhodes que j'ai apporté.*

*C.* – *C'est bon, laisse-le que diantre!*

*M.* – *Tu plaisantes tout de bon (elle repart).*

*C.* – *La peste soit de celui qui le premier distilla un parfum!*

*M.* – *(revenant). Prends cette fiole.*

*C.* – *Mais j'en tiens une autre. Allons, cruelle, couche-toi et ne m'apporte plus rien*<sup>39</sup>

La poitrine est le premier argument de l'épouse, soutien-gorge détaché, elle ne peut qu'attirer son époux et lui tendre un piège. Elle lui propose alors d'user de parfums, sans que l'on sache sur quelle partie du corps il sera étalé, mais les deux éléments sont une fois de plus liés. Le dialogue entre les deux époux est clairement révélateur du pouvoir érotique du parfum et des seins. Il ne reste à Myrrhiné qu'à fuir après avoir attisé les sens de son époux.

Les liens entre la femme et les parfums sont consubstantiels dans les sources littéraires comme le rappelle Zénon: "À l'intention de quelqu'un qui était couvert d'onguent il dit: 'Qui est-ce qui dégage un parfum de femme'"<sup>39</sup>? Elle en est la première utilisatrice – même si elle n'est pas la seule –, à des fins de toilette et de séduction. Les caractéristiques physiologiques de son corps, humide et poreux<sup>40</sup>, font que sa peau les absorbe facilement et restitue les senteurs, devenant à son tour odorante.

Plusieurs lieux du corps féminin sont attrayants, les cheveux et les seins étant les plus fréquemment cités. Archiloque mentionne le charme irrésistible et le pouvoir des odeurs. Parlant des courtisanes de Paros, il les dépeint ainsi: "Cheveux et seins inondés de parfums (*esmurismenai*), elles auraient éveillé le désir d'un vieillard"<sup>41</sup>! Les parfums ajoutent ici de la *châris* à un corps déjà érotisé, mais ils ont une force presque magique qui renforce la grâce et la rend efficace pour envoûter, même un vieil homme. Le glissement est cependant facile vers l'excès, dans l'usage ou dans l'âge de l'utilisatrice: "tu ne t'inonderais pas de parfums (*murois ... éleipheo*), vieille comme tu es". Une femme honnête, une épouse, qui a passé l'âge de la reproduction ne doit plus en faire usage, une courtisane trop âgée pour user de ses charmes ne doit plus tromper ses clients par des artifices qui dissimulent son corps flétri et produisent une fausse séduction. Parfois le raffinement est poussé au ridicule et à l'excès. Dans une comédie du début du IV<sup>e</sup> siècle av. J.-C., Antiphane décrit une scène de toilette où une femme s'enduit de senteurs spécifiques pour chaque partie de son corps:



### *Le sein dans l'antiquité grecque*

*Elle est vraiment au bain? Oui, mais encore? Elle a une burette dorée et elle se passe les pieds et les jambes au parfum d'Égypte, la gorge et les tétons au parfum phénicien, le bras gauche au sisymbtron (citronnelle? calament?) les sourcils et les cheveux à la marjolaine, la nuque et le genou au serpolet<sup>42</sup>.*

Les pieds, les jambes, les tétons, la nuque et les cheveux sont des lieux régulièrement rencontrés dans les descriptions érotiques du corps. Cette femme élégante n'est pas seulement à sa toilette, elle se prépare sans doute pour une conquête amoureuse. Alors que certaines parties de son corps reçoivent des senteurs florales, plus légères, les lieux de la séduction sont oints avec des produits exotiques et lointains<sup>43</sup>, coûteux sans aucun doute: sa gorge et ses seins reçoivent un "parfum phénicien", ses jambes et ses pieds "un parfum d'Égypte". On peut d'ailleurs se demander ce que sent réellement cette coquette qui multiplie et combine les senteurs. La caricature blâme une femme qui connaît mal les normes ou les outrepassé volontairement. Dans cette cartographie de l'intime, les seins sont présentés comme une partie plaisante du corps, les montrer, les parfumer ou les toucher suggèrent souvent des étreintes à venir. Plusieurs lettres d'Aristénète, certes tardives mais reprenant un style de l'époque classique, évoquent une courtisane s'effleurant la poitrine pour piéger un jeune homme passant à l'entour:

*N'as-tu pas entendu le bruit de ses bracelets sonores qu'elle secoue si agréablement, comme les femmes en ont l'habitude, en relevant à dessein la main droite et en s'effleurant la poitrine: signaux galants qui leur servent pour attirer vers elles les jeunes gens<sup>44</sup>?*

Cette femme élégante use d'artifices pour stimuler les sens de son futur amant: la vue ("elle est jolie et fort distinguée"), l'ouïe séduite par le cliquetis des bijoux, le toucher qui évoque d'autres contacts à venir, plus charnels, avec les seins de la belle. L'odorat apparaît lorsque l'étreinte arrive enfin:

*Je n'ajouterai qu'une chose: elle résiste juste assez, pour accroître mon désir en me faisant attendre. Sa nuque sent l'ambrosie et son haleine est douce. A-t-elle le parfum des breuvages composés d'un mélange de fruits ou de roses, embrasse-la et tu le diras. Ma tête reposant sur la poitrine de la belle, je restais sans pouvoir dormir et je déposais de tendres baisers juste à l'endroit où battait son cœur<sup>45</sup>.*

Tout en elle embaume, sa peau (l'extérieur) et son haleine (l'intérieur)<sup>46</sup> attirent son amant qui dépose des baisers sur sa bouche et sur ses seins. Ce sont ici les sens de la proximité qui sont convoqués, le toucher bien sûr, mais aussi le goût. Ainsi, comme souvent, son odeur est caractérisée par la comparaison avec des boissons parfumées. La poitrine est douce, elle accueille la tendresse et suscite le désir. Tous les sens sont utilisés pour piéger l'amant et rendre le sentiment indéfectible.

Plusieurs épigrammes, à partir de l'époque hellénistique, rappellent les liens forts entre érotisme et séduction, seins et parfums, soutien-gorge et odeurs. Elles moquent ou glorifient des courtisanes, dévoilant au détour quelques-uns de leurs artifices favoris. De façon générale, les seins sont - avec les cheveux - la partie du corps qui les met le plus en valeur. Ainsi Philodème complimente Charito dont le nom évoque la grâce (*châris*), une courtisane âgée qui est pour autant toujours belle:

*Charito achève d'accomplir ses soixante révolutions annuelles, mais elle a toujours ses longs flots de cheveux noirs et sur sa poitrine ses seins de marbre dressent encore leur pointe, sans qu'aucune ceinture les emprisonne; sa peau, que ne flétrit aucune ride, distille toujours l'ambrosie, les séductions de toute sorte et des grâces innombrables. Allons vous qui ne fuyez pas les désirs bouillonnants, vrais amants, venez ici, sans regarder au nombre de ses décades<sup>47</sup>.*

Les atouts de la femme sont classiques: une belle chevelure et des seins fièrement montrés. Alors que sa poitrine devrait être tombante et affaissée, elle se dresse encore fièrement, sans avoir besoin de

soutien-gorge. Surtout sa peau est odorante, à l'image des déesses, elle sent naturellement bon; aucun artifice ne lui est nécessaire pour conquérir ses amants.

Le contact du vêtement avec la peau parfumée rend les sous-vêtements de la femme, à leur tour, odorants. Le tissu parfumé sert de parure séductrice en diffusant une odeur agréable, mais il voile aussi pour un temps ce corps attirant. La pratique est ancienne dans le monde grec, elle est attestée dès Homère. Elle peut se faire par fumigation ou par un bain dans une eau parfumée. Mais plus souvent, c'est le contact prolongé avec la peau qui transfère les senteurs vers le textile. C'est ainsi que l'on peut comprendre plusieurs épigrammes où les parures féminines sont "moites de parfum":

*Vin et santés portées ont endormi et vaincu Aglaonikè, les perfides! et aussi le doux amour de Nicagoras. À Cypris sont consacrées, moites encore de parfums (murois), toutes ces humides dépouilles de ses désirs de vierge, ses sandales et la souple ceinture (mitrai) dont ses seins (mastôn) ont été dévêtus, témoignages de son sommeil et des violences alors subies<sup>48</sup>.*

Comme il se doit dans un tel contexte, c'est Aphrodite qui reçoit ces offrandes, témoignages des nuits d'amours partagées. Protectrice de l'érotisme, elle aide à la conquête et aux sentiments. Une épigramme anonyme atteste des offrandes proches, pour une autre divinité qui protège les pratiques sexuelles, Priape, fils de Dionysos et d'Aphrodite:

*Alexo vient d'offrir au Priape filou Son voile de safran (krokos), sa ceinture (mitrais) mouillée de parfums (muroisin), ainsi que ces couronnes de lierre, tous, charmants souvenirs de la sainte veillée<sup>49</sup>.*

La traduction par "ceinture" est trompeuse<sup>50</sup>, celle-ci sert à soutenir la poitrine d'Alexo. Le contexte est ici celui d'une fête orientale, pour Adonis, Cybèle ou Aphrodite. Ces célébrations passaient souvent pour des lieux de débauches où les rapprochements étaient per-

mis, ce qui explique sans doute l'usage de la couronne de lierre et du parfum.

Ces offrandes qui allient parfum, séduction, amour et acte sexuel, peuvent aussi renvoyer à la naissance d'un enfant. Elles sont celles d'une mère qui a accompli son devoir et remercie la divinité de l'avoir protégée dans cette épreuve redoutée: elle offre alors les éléments de la parure qui lui ont permis de séduire son époux et d'obtenir la grossesse désirée. Ainsi une épigramme tardive de Marcus Argentarius reprend un modèle plus ancien:

*Des sandales, un magnifique bandeau, une boucle détachée de ses beaux cheveux, frisée et parfumée (muropnoun), une ceinture, ce fin tissu qu'elle revêtait sous sa tunique et l'élégant soutien-gorge qui enveloppait sa poitrine: voilà ce qu'Euphrantê délivrée par un heureux accouchement du fardeau qu'elle portait dans son ventre, a consacré dans le temple d'Artémis<sup>51</sup>.*

L'attirail de la séduction paraît identique à celui d'une courtisane: des sandales, des cheveux parfums, un soutien-gorge. Seul le contexte et la divinité qui reçoit l'ensemble, Artémis, sans doute Artémis Lochia, permettent de voir en Euphrantê, une mère accomplie. Ici les sous-vêtements ne sont pas odorants, puisqu'elle se relève de ses couches, la femme est encore dans le temps de la maternité, celui des nouvelles séductions n'est pas encore venu.

*Une possible géographie intime et olfactive: remarques conclusives*

Les lieux du corps qui reçoivent fleurs et onguents ne sont pas indifférents. Apposés distinctement sur certaines parties du corps, ces artifices olfactifs dessinent une cartographie révélant les intentions de chacun. Le haut du corps, tête, poitrine et seins suscitent le plus d'attentions car immédiatement visibles à l'autre et souvent partiellement découverts. Les cheveux et la barbe sont oints de parfums, ce qui les dompte et les rend brillants. À elle seule la tête suffit à révéler l'identité et les desseins, par l'éclat lumineux et odoriférant. D'autres

parties du corps reçoivent des attentions odoriférantes: les jambes, avec particulièrement l'intérieur des cuisses et les pieds métaphore du phallus<sup>52</sup>. Dans cette cartographie de l'intime et des affects, les seins sont un lieu essentiel. Espace multisensoriel, ils sont perçus par quatre des cinq sens: ils sont regardés et parfois admirés, sentis et goûtés, touchés et caressés. La peau officie alors comme un lien, une zone sensible qui perçoit le contact<sup>53</sup>. Frontière entre un dedans et un dehors, objet biologique, "matière anatomique", elle est "au carrefour du sensible"<sup>54</sup>, affichant l'identité de la femme amante et mère. C'est par la peau que le toucher s'effectue, que les perceptions sensorielles atteignent le corps; c'est aussi à partir d'elle que le corps devient sensible aux autres. De la main du petit enfant posé sur le sein pendant la tétée à celle de l'amant qui le caresse, de l'odeur maternelle à celle désirable de l'amante, du goût du lait à celui des baisers amoureuxment déposés, du premier horizon du regard de l'enfant à la poitrine dévoilée au travers du tissu, la perception est fortement sensorielle et sensuelle. La peau rend le corps sensible à l'entourage immédiat, elle s'offre, tout ou partie, au regard et tisse des relations. Elle est un lieu d'inscription privilégié du corps sensible, de soi et sur soi.

Alors que les sources littéraires donnent l'image d'un corps humain olfactivement neutre, lorsque celui-ci est montré en action, qu'il est impliqué dans un tissu de relations sensorielles et émotionnelles, il devient odorant. Le corps de la femme, quand elle est mère ou quand elle se fait séductrice, épouse légitime pour son mari ou courtisane pour son client, est éminemment sensible. Une seule partie cependant est présentes dans les sources quand il s'agit à la fois des odeurs naturelles et des parfums artificiels: les seins.

Alors que les dieux sentent naturellement bon, au contraire, les hommes et les femmes en bonne santé sont sans odeur<sup>55</sup>. Marqué par la maladie, la vieillesse et la mort, leur corps défaillant produit en certaines occasions des mauvaises odeurs<sup>56</sup>. Au bas de cette échelle

de perfection, le corps animal caractérisé par la puanteur. Aussi les humains usent d'artifices – de parfums – pour se démarquer et créer une identité olfactive remarquable (faire cesser la neutralité et masquer l'odeur mauvaise) et se rapprocher de la *châris* divine. Parfois cependant, le corps d'un homme ou plus fréquemment d'une femme peut produire une bonne odeur, celle des sentiments, désir érotique ou amour maternel.

L'odeur des émotions ne se perçoit pas seulement par l'olfaction. Elle s'inscrit dans la mémoire activée par l'odorat, le toucher, la vue et le goût. Lorsque la senteur est artificielle, par l'ajout de parfum, deux sens sont fortement évoqués, la vue et le toucher sont mis en alerte. Il en va de même lorsque l'odeur est présentée comme naturelle. Le contact peau à peau du corps maternel, le sein touché lors de la tétée, l'odeur et le goût du lait tissent des relations sensorielles et mémorielles. Cette senteur de l'affect, comme toutes les odeurs dans l'Antiquité ne sont pas spécifiées, le lexique grec de l'olfaction est pauvre. Ce sens sans parole qu'est l'odorat dit autant que des mots ou des gestes<sup>57</sup>. Apposées artificiellement ou effluve naturelle mémorielle, les odeurs, particulièrement celles émanant de la poitrine, sont un révélateur d'une intimité donnée à voir, à sentir et à goûter.

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3. L'adjectif *kêôdês* "parfumé" est propre au vocabulaire homérique; il serait formé à partir de *kaiô* "brûler", renvoyant à l'idée de "produire de la fumée", un des moyens fréquent chez Homère pour produire une odeur, entre autre pour parfumer les vêtements. Chez Homère, le vocabulaire du corps n'est pas totalement fixé, comme celui de la parfumerie; ce type de verbe étant utilisé, sans qu'un produit spécifique ou une odeur précise ne soit mentionnée. Lee MM, *Problems in Greek Dress Terminology: Kolpos and Apotygma*. ZPE; 2004:150; 221-224. Dans les sources plus tardives, le vocabulaire est simple – comme dans toutes les langues européennes – "cela sent ceci ou cela", "cela sent comme ceci" ou "comme cela". *Osmê* est alors le terme le plus utilisé pour dire l'odeur; le verbe *ozein* est "sentir" une bonne ou une mauvaise odeur; tandis *osphrainesthai*, indique plutôt "renifler" une mauvaise odeur. La bonne odeur est simplement l'*euôdia*, sans mention spécifique de sa source. Platon lui-même (*Tim.*, 66d-67a) relevait la pauvreté du lexique et la difficulté à caractériser les odeurs.
4. *Hom.*, *Il.*, VI, 470-484 (trad. CUF)
5. *Eur.*, *Tr.*, 755-764 (trad. CUF). Le terme *pneuma* utilisé par Euripide peut à la fois être traduit par "souffle" et "odeur". L'un et l'autre renvoient de même à une émanation intime du corps, celle qui dit aussi la vie du petit enfant aimé de sa mère.
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Articoli/Articles

*LE SEIN MATERNEL OU CE QUE TRANSMET LE LAIT. LES  
EXEMPLES ATYPIQUES D'HÉRA ET D'APHRODITE EN  
GRANDE GRÈCE AU IV<sup>E</sup> SIÈCLE AVANT N. È.*

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SUMMARY

*MATERNAL BREAST, POWER OF THE MILK AND FAMILY TIES.  
THE ATYPICAL EXAMPLES OF HERA AND APHRODITE IN MAGNA GRECIA*

*Many works has been done in recent years to study ancient Greek medical discourses concerning the physiology of milk, its properties and its effects on the baby. In this way, but modifying the perspective, my article focuses, firstly, on the analysis of some extraordinary and divine nourishment, based on the examination of their depiction on Apulian vases of the 4th century BC. The aim is to explore the function of breastfeeding in the Greek imaginary. He shows that the gesture of giving the breast constitutes a form of discourse on the recognition of the hero as god (in the case of Heracles) and on filiation and the sharing of skills (Aphrodite and Eros). Secondly, transposed into the human world, the study of this gesture makes it possible to grasp how and in what way the act of breastfeeding contributes in the construction of the memory of family ties and expresses membership.*

Les caractères de l'hérédité relèvent d'une construction culturelle propre à chaque société, variable dans le temps et l'espace<sup>1</sup>. Aussi, pour le monde grec ancien, si l'on compare, par exemple, à l'époque classique, les propositions de l'école hippocratique à celles d'Aris-

*Key words:* Maternal Breast - Suckling - Mothering - Nursing Mother - Family Ties - Hera - Herakles - Aphrodite - Eros

tote, les théories biologiques et médicales proposent-elles des modèles différents sur la part du père et de la mère dans la construction de l'identité de l'enfant, à la fois concernant la détermination de son sexe biologique, sa ressemblance avec ses parents (traits et marques physiques), enfin, ses aptitudes et son comportement<sup>2</sup>. Quels que soient les éléments qui distinguent ces discours, il s'avère impossible de négliger, fut-elle minime pour les Anciens, la contribution de la mère au développement de l'embryon puis de l'enfant. En effet, par son état et sa pensée, par ses visions, par sa sensibilité et ses émotions, la mère imprime sa marque sur le bébé comme elle pourrait le faire, en outre, semble-t-il, par son sang et / ou son lait<sup>3</sup>. Ainsi, au IV<sup>e</sup> siècle avant n.è., pour le médecin athénien Mnésithée, les fluides ou humeurs féminines sont considérés comme des vecteurs de transmission qui agissent directement sur le nourrisson allaité de façon positive ou bien négative, sur son apparence comme sur son caractère, toutefois pas toujours de façon irréversible<sup>4</sup>. En effet, pour les médecins de l'Antiquité, la mère est nourricière de l'enfant, d'abord *in utero*, puis une fois né, transformant, à la fin de la grossesse, les aliments qu'elle ingère et le sang des règles non évacuées en lait (du sang "blanchi" par coction), pour répondre aux besoins du bébé et lui permettre de poursuivre son développement. Aussi le lait maternel, aux qualités variables en fonction de sa couleur, de son odeur et de sa chaleur, joue-t-il un rôle primordial dans la croissance et la maturation de l'enfant, également sur sa santé<sup>5</sup>. Le lait est bien une substance qui transmet des "propriétés" de la (mère) nourricière au bébé. Par le biais de cet échange, entre autres, la mère ou celle qui donne le sein participe à la construction de l'identité de l'enfant, modèle son physique et son caractère, lui transmet également des maladies<sup>6</sup>. Ainsi, la mère ou son substitut "nourrit" le bébé et le façonne suivant sa nature comme une bonne ou une mauvaise terre agit sur les plantes<sup>7</sup>. Or, un certain nombre de mythes mettent en scène des enfants, issus d'humains, exposés puis nourris par des créatures atypiques: ani-

maux sauvages, centaures, ..., et déesses<sup>8</sup>. Que penser dès lors de ces nourrissons hors du commun? Le présent article explorera cet aspect à travers l'analyse de mythes grecs pour proposer une réflexion sur les représentations du sein et du lait (les plus souvent) maternels dans l'imaginaire des anciens Grecs. Deux cas, précisément, seront envisagés: celui d'Héra allaitant Héraclès / Herclé et celui d'Aphrodite nourricière d'Éros en Grande Grèce au IV<sup>e</sup> siècle avant n.è. où le motif de l'allaitement par des déesses semble particulièrement bien représenté<sup>9</sup>. Ils permettront de réfléchir au nourrisson divin, à ses vertus, et d'avancer quelques remarques sur l'imaginaire relatif au statut des dieux, aux caractéristiques de leur puissance, en particulier en Italie du sud. En outre, ils serviront de support à une réflexion sur le rôle de l'allaitement dans la construction de l'identité des individus et sa place ou fonction pour penser les rapports sociaux, dire les appartenances et le partage des *timai*, honneurs, de la puissance et des compétences.

#### *Là où Héra donne le sein à Héraclès*

La première image figure sur un lécythe apulien à figures rouges, de la moitié du IV<sup>e</sup> siècle avant notre ère, trouvé à Anzi, dans la Province de Basilicate (Fig. 1)<sup>10</sup>. Elle représente un allaitement extraordinaire. Héra, en effet, est assise au centre et allaite un jeune garçon nu, le corps orné de bijoux, un bracelet au poignet droit et les autres le long de sa demi-jambe. À sa droite se trouve Iris et une figure féminine, une couronne dans sa main droite; à sa gauche, Athéna, parée de l'égide, tient une lance d'une main et de l'autre, la gauche, tend une fleur de lys, une fleur, dit-on, née du lait d'Héra<sup>11</sup>; derrière la fille de Zeus, Aphrodite, un miroir dans sa main gauche, est assise à proximité d'un Éros. Le thème mythique mis en image est ici, celui, bien connu, de l'allaitement d'Héraclès par Héra<sup>12</sup>.

La déesse qui donne le sein n'est pas la mère du héros et occupe une place particulière à ses côtés depuis sa naissance, parce qu'épouse de



Fig. 1. Lécythe apulien à figures rouges, vers 360-350 avant n.è; British Museum, Londres, F107 © Wikimedia Commons, Source / Photographe : Jastrow.

Zeus, le père de l'enfant. De plus, l'image ne présente pas l'allaitement d'un nouveau-né mais d'un jeune garçon. Dès lors, que comprendre de cette scène, de son incongruité? N'est-elle que fantasque? Quel imaginaire travaille-t-elle? Que transmet, à Héraclès par ce "nourrissage", la divinité-nourrice, si peu mère ou maternelle dans les représentations les plus courantes, si l'on pense par exemple à sa relation à Héphaïstos?

La substance divine – du lait divin – assure probablement la belle croissance du héros, en procurant à ce dernier des qualités propres à Héra<sup>13</sup>. En outre, cet allaitement rend possible l'agrégation d'Héraclès à l'Olympe, Héra agissant comme une puissance de légitimation<sup>14</sup>. Car, manifestement, la "paternité de Zeus ne suffit pas à faire [du héros] un dieu"<sup>15</sup>. Ératosthène, notamment, au III<sup>e</sup> siècle avant



n.è., à propos de la création de la voie lactée, invite par son exposé, à cette interprétation:

*Il était impossible aux fils de Zeus d'avoir part aux honneurs du ciel (τῆς οὐράνιου τιμῆς μετάσχειν) s'ils n'avaient pas tété au sein d'Héra. Héra-clès téta; quand elle s'en aperçut, Héra le rejeta loin d'elle, et c'est ainsi que le surplus de lait, en s'écoulant, constitua le Cercle lacté<sup>16</sup>.*

Cependant, dans cette version du mythe, si par le biais de l'allaitement, les fils de Zeus et, en particulier, le héros, fils d'Alcmène, accède à l'Olympe et devient un dieu, la déesse lui donne le sein bien malgré elle<sup>17</sup>. Il n'en demeure pas moins que l'absorption de son lait divin, doté d'une puissance particulière, transmet du divin, l'honneur (τιμή) afférant au statut de dieu, précisément la jeunesse éternelle et l'immortalité<sup>18</sup>. La substance divine permet, de plus, d'établir une filiation reconnue, un lien de parenté légitime entre Zeus et son fils. Ou bien, le geste de téter le sein, à lui seul, suffit à fonder ce lien. À cet égard, un poème de l'*Anthologie palatine*, relatif à cet épisode, spécifie à propos d'une statue figurant les deux protagonistes: "C'est bien une marâtre qui est représentée: c'est pour cela que dans son sein, qui n'est pas celui d'une mère, le sculpteur n'a pas mis de lait"<sup>19</sup>. Quoi qu'il en soit, le héros par son nom rappelle qu'il est précisément "celui qui est glorieux par Héra"<sup>20</sup>, sœur et épouse "définitive" de son père.

#### *Et Aphrodite allaite un Éros*

La seconde image sollicitée met en scène Aphrodite dans une posture comparable à celle d'Héra. Sur un lécythe apulien à figures rouges, daté de 360 avant n.è. (Fig. 2)<sup>21</sup>, une figure féminine, entourée de plusieurs Érotes ailés et identifiée comme Aphrodite, est assise sur une chaise. Elle est vêtue d'un riche vêtement pourvu de motifs décoratifs dont elle tire un pan de la main droite; un collier entoure son cou; un joli bandeau retient sa chevelure. Son sein droit dénudé est tenu par un Éros enfant qui le tète. Devant elle, deux petits Érotes



Fig. 2. Lécythe apulien à figures rouges, vers 360 avant n.è.; Tarente; Musée National, inv. 4530 (d'après LIMC s.v. Aphrodite, n° 1237, p. 120).

émerge d'un coffre situé à ses pieds, tandis que deux autres voletent autour de sa personne, tous regardant dans sa direction; celui qui est au niveau de ses genoux lui tend un objet, difficilement identifiable. Derrière la divinité, une jeune femme, peut-être une duplication d'Aphrodite, portant un *peplos* à bordure, tient de la main droite une ombrelle et de la gauche une couronne de feuilles; à ses pieds, deux Érotes enfants jouent à se battre. De part et d'autre de la scène, se font face en direction d'Aphrodite assise, d'un côté, une jeune femme qui tient un cygne entre ses mains, un animal attribut et monture de la déesse<sup>22</sup>, et, de l'autre, appuyé contre un pilier, un jeune homme nu, un manteau enroulé autour de son bras gauche qui soutient sur son avant-bras droit un petit félin, peut-être une panthère. L'animal faisant partie des attributs caractéristiques de Dionysos, le jeune homme pourrait personnifier le dieu<sup>23</sup>. Toutefois, la panthère, caractérisée par sa bonne odeur et sa capacité de séduction, pourrait renvoyer tout autant au domaine d'Aphrodite<sup>24</sup>.

Revenons, néanmoins, à la scène d'allaitement. Aphrodite est présentée, parfois, comme la mère d'Éros<sup>25</sup>. Est-ce, dès lors, le statut maternel de la divinité que le peintre a souhaité mettre en exergue? De fait, on compte précisément sur l'image sept Érotes qui pourraient

également énoncer le désir et la puissance érotique qui émanent de la déesse et dont ils sont aussi les agents, ainsi que les jeux de séduction. Ces deux composantes de la personnalité d'Aphrodite sont, en effet, aussi signifiées en image par le / les couples se faisant face et les animaux qui leur sont associés (cygne et panthère). De ce fait, le nourrissage renverrait tout autant à la maternité d'Aphrodite qu'à l'association que construit l'allaitement entre la divinité et Éros, voire les Érotés. Comme le remarque Gabriella Pironti, "Que le dieu du désir soit son assistant ou son fils, Aphrodite intègre la puissance d'Éros tout entière, y compris son aspect cosmique, et la mobilise pour plier tous les êtres vivants à la loi de la *mixis* ou bien au domptage de la *philotês*"<sup>26</sup>. L'allaitement témoigne donc en image, précisément, de ce lien qui les unit et de leurs puissances complémentaires qui poussent à l'élan érotique<sup>27</sup>.

Ce thème semble avoir existé aussi bien en Grande Grèce ou en Sicile qu'à Chypre, où la figure courotrophique d'Aphrodite est présente<sup>28</sup>. C'est notamment, pour rester dans le même domaine géographique de la Grande Grèce, le cas à Lipari où, sur un skyphos-pyxide polychrome trouvé dans la tombe 309 et daté vers 330 avant n.è., une femme (la déesse) assise trois quarts face tient un petit Éros ailé dans son giron, sans nécessairement l'allaiter (Fig. 3)<sup>29</sup>. À sa droite, une figure féminine a le bras droit posé sur un pilier et semble agiter, dans leur direction, un petit objet tenu entre son pouce et son index, tandis qu'une autre femme se tient derrière la divinité<sup>30</sup>.

Cependant, ces représentations restent marginales. Si la proximité se construit en image, elle ne passe pas nécessairement, bien au contraire, par le nourrissage d'un Éros enfant.

Finalement, qu'il s'agisse d'Héra, d'Aphrodite ou d'autres déesses, la question est de savoir si ce type de nourrissage par une divinité et / ou le geste d'allaitement ne sont pas totalement isolés et si une part de cet imaginaire relatif à la transmission par le sein (maternel) pourrait être transposée dans le monde des humains.



Fig. 3. Skyphos-pyxis polychrome, vers 330 avant n.è.; Lipari, Musée Eoliano 745A (d'après Cavalier M, *Le peintre de Lipari*. Naples: Institut français; 1976. pl. VII).

*Puissance du lait, force du sein “maternel” et mémoire des liens familiaux*

D'une façon générale, en effet, dans les sources grecques, les petits dieux ne sont guère allaités; ils sont plutôt nourris de nectar et d'ambrosie<sup>31</sup>. Quant aux déesses, elles sont rarement présentées comme nourricières. Si elles sont parfois nourrices (par exemple Déméter), au sens où elles soignent et élèvent un enfant humain, contribuant ainsi à sa belle croissance, elles ne donnent qu'exceptionnellement le sein<sup>32</sup>. Enfin, chez les humaines, “[l]a nourrice grecque n'allait pas: [mais] donner le sein est le rôle de la mère”<sup>33</sup>. Cependant, si l'image de la mère nourricière est valorisée dans les textes littéraires, on connaît peu d'images de femmes allaitant<sup>34</sup>.

Pour autant, le sein est un “emblème de la relation affective et nourricière entre la mère et l’enfant”<sup>35</sup>. À cet égard, au moins pour le nourrissement, Héra serait pour Héraclès une mère de substitution<sup>36</sup>. Dans l’épopée et la tragédie, parce que ce lien passe par le sein et l’allaitement, il conduit des mères, Clytemnestre, Hécube et Jocaste, à dévoiler leur poitrine pour supplier un fils (jamais une fille). Pour la première, il s’agit ainsi d’échapper au matricide. Geste de supplication, il établit une mise en relation visuelle et est, précisément, un rappel du lien mère / fils, un lien, en premier lieu, naturel et “fusionnel”<sup>37</sup>: “Arrête, ô mon fils! Respecte (αἰδεσθαι), enfant, ce sein, sur lequel souvent, endormi, tu suças de tes lèvres le lait nourricier”<sup>38</sup>. La dénudation du sein maternel parce que celui-ci fut nourricier aurait dû convaincre<sup>39</sup>. En ce sens, l’exhibition de la poitrine est aussi un geste de filiation.

Même si le contexte de la monstration du sein est différent pour les deux autres reines tragiques, le geste revêt une portée comparable: mise en relation visuelle, supplication et filiation. Hécube montre ainsi son sein, un argument féminin et maternel, à Hector pour que ce dernier ne combatte pas contre Achille:

*Elle fait d’une main tomber le haut de sa robe (κόλπον ἀνιεμένη), de l’autre soulève son sein (μαζὸν ἀνέσχε), et, toute en pleurs, elle lui dit ses mots ailés: “Hector, mon enfant, aie respect (αἰδεο) de ce sein. Et de moi aussi aie pitié, de moi qui t’ai jadis offert cette mamelle où s’oublie les soucis (εἴ ποτέ τοι λαθικηδέα μαζὸν ἐπέσχον); souviens-t-en, mon enfant!”<sup>40</sup>.*

Le sein à respecter (αἰδεο) est celui qui a nourri et réconforté (λαθικηδέα). Dans des circonstances comparables, parce qu’il s’agit d’imposer de renoncer à un combat, Jocaste offre au regard le sein que ses fils ont partagé petits: “Montrant aux yeux de tous ses pleurs et ses sanglots, elle s’élançait, suppliante (ικέτις), pour présenter à ses fils un sein (μαστὸν) suppliant (ικέτιν)”<sup>41</sup>. Il s’agit par ce moyen

de leur rappeler la *philia* qui les unit, comme frères, par leur mère, notamment via le sein maternel. Le sein est donc aussi un lieu de mémoire des liens familiaux depuis l'épopée et dans le corpus tragique d'époque classique.

À la fin de l'Antiquité tardive, Nonnos de Panopolis (V<sup>e</sup> siècle de n.è.) exploite ce même aspect pour mettre en scène la relation entre Zeus et son fils Dionysos, dont il fait des "frères de lait". En effet, dans les *Dionysiaques*, il présente parfois le jeune dieu Dionysos allaité par Rhéa, celui-ci dérobant le lait dont elle nourrit habituellement les lions et les fauves<sup>42</sup>. Précisément, il souligne que Zeus a partagé ce même sein et fait ainsi du père et du fils des *ὁμογάλακτοι*<sup>43</sup>. Ainsi, Rhéa, qualifiée d'"intendante de l'univers" (v. 221), de "mère universelle (*πάμμῆτωρ*)" (v. 222), puis de "nourrice de Bromios" (v. 222), les aurait nourris tous les deux: "à Bacchos, dans sa prime enfance, elle a donné le sein qu'a sucé Zeus, le Très-Haut. [...] a enfanté Zeus et élevé Bacchos dans le même giron; tous les deux, elle les a portés dans ses bras, le père et le fils"<sup>44</sup>. Le sein et la substance partagés renforcent la relation qui les unit par ailleurs, disent une même filiation, une proximité de parenté forte, l'appartenance à la même famille ou encore au même groupe de dieux, les Olympiens. Ce partage construit donc un lien, caractérise une même appartenance, d'une certaine façon, à dimension politique. À cet égard, il n'est pas inutile de rappeler qu'une telle métaphore a, par exemple, déjà été mobilisée par Aristote, au IV<sup>e</sup> siècle avant n.è, au service de sa démonstration consacrée à la formation de la cité, envisagée comme une agrégation de familles puis de villages. Le Stagirite, en effet, qualifie les membres des *κώμαι*, ces colonies de la famille, de "gens ayant sucé le même lait, enfants et petits-enfants" (*Politique*, I, 1252b18), ce qui définit une parenté ou une communauté de lait ou de "sang", sachant que pour les Anciens, le lait est fabriqué par coction du sang et de la nourriture<sup>45</sup>. Autrement dit, leurs liens sociaux et politiques sont fondés sur des éléments

biologiques. Un nourrissage commun caractérise voire fonde leur unité dans les villages ainsi constitués. Être *ὀμογάλακτοι* désigne une même appartenance politique.

Sein et lait maternels et / ou nourriciers sont des médiateurs. De même que les divinités, les humaines doivent transmettre quelque chose de leur nature à ceux qu'elles allaitent. Quant au sein, il est le lieu qui permet de fonder, de légitimer et de rappeler un lien fort: celui qui unit la nourricière à l'allaité; celui qui unit les allaités qui l'ont partagé. En Grande Grèce, au IV<sup>e</sup> siècle avant n.è., les images de divinités qui donnent le sein proposent un discours qui mobilise ce type de représentations, concernant Héra et Héraclès, pour énoncer la reconnaissance du héros comme dieu, pour rappeler le lien à Zeus qui passe nécessairement par son épouse; concernant Aphrodite et Éros, pour dire la puissance et les compétences partagées autant que la filiation.

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*Le sein maternel ou ce que transmet le lait*

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11. Cf. *Les Géoponiques*, XI, 19.
12. Ce thème, fondé sur une bonne connaissance des mythes grecs, est bien attesté dans la péninsule italique; il se trouve également sur des miroirs étrusques et un cratère falisque du IV<sup>e</sup> siècle avant n.è. montrant Uni donnant le sein à Herclé adolescent (LIMC, Heracles / Hercle, 401, 402, 402a, 403) ou encore adulte et barbu avec la mention suivante : "Ceci montre comment le mortel Herclé est devenu le fils légitime d'Uni" (LIMC, Heracles / Hercle, 404). Voir Bayet J, *Herclè, Étude critique des principaux monuments relatifs à l'Hercule étrusque*. Paris: De Boccard; 1926. pp.151-152; Monaco G, *Uno specchio del Museo archeologico di Firenze colla rappresentazione di Herakles allattato da Hera*. *Rendiconti della Pontificia Accademia Romana di Archeologia* 1931-1932;VIII:163-186; Renard M, *Hercule allaité par Junon*. In: Renard M, Schilling R (éds), *Hommage à Jean Bayet*. Bruxelles: Coll. Latomus 70; 1964. pp. 611-618; Brillante C, *La paideia di Eracle*. In: Bonnet C, Jourdain-Annequin C (éds), *Héraclès d'une rive à l'autre de la Méditerranée, Bilan et perspective*. Bruxelles et Rome: Institut belge de Rome; 1992. pp. 202-204; 219-220 et, en dernier lieu, Pirenne-Delforge V, *Nourricières d'immortalité: Déméter, Héra et autres déesses en pays grec*. In: Pache V, Dasen V (eds), *Politics of Child Care in Historical Perspective. From the World of Wet Nurses to the Networks of Family Child Care Providers*. *Paedagogica Historica. International journal of the History of Education* 2010;46/6:691-695; Pirenne-Delforge V, Pironti G, *L'Héra de Zeus. Ennemie intime, épouse définitive*, Paris: Les Belles Lettres; 2016. En particulier pp. 270-275.

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14. Pirenne-Delforge V, Pironti G, 2016, cité note 12, pp. 272-274.
15. Ibid., p. 259.
16. [Eratosth.], *Cat.*, 44; Hygin (Poet. Astr., II, 43) évoque une tradition suivant laquelle Héra donna aussi le sein à Hermès par ignorance, avant d'allaiter un Héraclès glouton. Cf. *Lycoph.*, *Alex.*, 38-39 et 1327-1328.
17. C'est encore le cas dans une version thébaine du mythe présentée par Pausanias (IX, 25, 2), où Héra trompée par la ruse de son époux donna du lait à téter à l'enfant Héraclès. Une autre anecdote thébaine rapportée par Diodore de Sicile (IV, IX, 6-7) raconte comment Héra, de douleur, en raison de la force d'Héraclès, rejeta l'enfant, alors que persuadée par Athéna, elle lui avait présenté son sein.
18. Cf. *Les Géoponiques*, XI, 19, 2 sur la volonté du Cronide de rendre son fils immortel. Voir le commentaire de Zucker A, dans l'édition d'Ératosthène de Cyrène, *Cat.*, Paris: Les Belles Lettres ("CUF"). 2013; note 685. Dans d'autres versions, l'apothéose d'Héraclès suit des chemins différents, en particulier un mariage avec Hébè, la fille d'Héra. Sur les vertus médicales du lait maternel et sur ce que transmet la substance en terme de comportement, outre les notes 3 et 5, voir aussi Danense R, *Lac humanum fellare. La trasmissione del latte e la inea della generazione*. In: Raffaelli R, Danese RM, Lanciotti S (eds), *Pietas e allattamento filiale. La vicenda l'exemplum l'iconografia*. Urbino: Quattroventi; 1997. pp. 39-72.
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20. Cf., par ex., *Soph.*, *Trach.*, 1105-1106: "Moi qui porte le nom de la plus noble mère, moi qu'on nomme fils de Zeus maître du ciel". Voir Loraux N, Héraclès. In: Bonnefoy Y, *Dictionnaire des mythologies*. Paris: Flammarion; 1981. p. 493; Bonnard J-B, 2004, cité note 2, p. 62; Pirenne-Delforge V, Pironti G, cité note 12, p. 264.
21. Tarente, Musée National, inv. 4530; LIMC, s.v. Aphrodite, n° 1237, p. 120; Trendall AD, Cambitoglou A, cité note 10, p. 39. Voir Bonfante L, *Nudity as A Costume in Classical Art*. *AJA* 1989;93:567-568 ead., 1997, cité note 3, pp. 175-176.
22. Voir Pironti G, *Du voile à la voile: réflexions sur l'Aphrodite en voyage et ses parures*. In: Huet V, Gherchanoc F (éds), *De la théâtralité du corps aux corps des dieux dans l'Antiquité*. Brest: CRBC; 2014. p. 99.
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  27. Voir, par exemple, Rudhardt J, Le rôle d'Éros et d'Aphrodite dans les cosmogonies grecques. Paris: Presses universitaires de France; 1986; Breitenberger B, cité note 25.
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  29. Lipari, Musée Eoliano 745A; LIMC, s.v. Aphrodite, 1238; Trendall AD, The Red-Figured Vases of Lucania, Campania and Sicily. Oxford: OUP;1967. p. 655, 450, planche 254, 2; Cavalier M, Le peintre de Lipari, Naples: Institut français; 1976. D'après Bonfante L, 1997, cité note 3, p. 175, Aphrodite serait en train d'allaiter le bébé Éros.
  30. Pour d'autres références, voir Price TH, cité note 9, p. 189; cf. une figurine chypriote du IV<sup>e</sup> siècle avant n.è. (New York, Metropolitan Museum of Art, 1867, 0508.660).
  31. Voir Vilatte S, La nourrice grecque. Une question d'histoire sociale et religieuse. Antiquité Classique 1991;40:31. Hermès fait ainsi exception: cf. Hymne homérique à Hermès, 267. Voir Motte A, Le thème des enfances divines dans le mythe grec. Les études classiques 1996;64:109-123.



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36. Sur Héra comme belle-mère (μητροιά / *noverca*), une "qualité" qui apparaît au plus tôt chez Platon à propos de Dionysos, puis chez Diodore de Sicile concernant Héraclès, voir Watson PA, Ancient Stepmothers. Myth, Misogyny & Reality. Leiden, New York, Köln: Brill; 1995. pp. 232-233 et 240-243; ce thème est plus fréquent dans la littérature latine, cf. *ibid.*, pp. 113-128.
37. Damet A, cité note 35, p. 26.
38. Esch., Cho. 896-898. Cf. aussi *ibid.*, 908: "Je t'ai nourri (ἔθρεψα), je veux vieillir à tes côtés". Cf. aussi Eur., El., 1206; Eur., Or., 526-529 et 839-843: "Le malheureux! Après avoir vu de la tunique tissée d'or émerger le sein maternel (ὄτε χρυσεοπηγήτων φαρῶν μαστὸν ὑπερτέλλοντ' ἐσιδὼν), il osa immoler une mère, pour venger le sort paternel".

39. Sur l'interprétation du geste comme un moyen de séduction et de fascination, voir Zeitlin FI, *The Dynamics of Misogyny: Myths and Mythmaking in the Oresteia*. *Arethusa* 1978;11/1-2:157-158 et Loraux N, *Matrem nudam: quelques versions grecques*. *Destins de mythes*. Écrit du temps 1986;11:92 et 95-97.
40. Hom., *Il.*, XXII, 80-84. Le geste de supplication d'Hécube fait écho au geste de deuil de Priam. Voir Gherchanoc F, *La beauté dévoilée de Phryné*. De l'art d'exhiber ses seins. *Mètis* 2012;n.s.10:201-225, ici pp. 207-211.
41. Eur., *Phoen.*, 1567-1569.
42. Cf. Nonnus. *Dion.*, I, 19-21; cf. le commentaire de Vian F, p. 134 (*Les Belles Lettres*, "CUF", Paris, 1976).
43. Même si la version la plus commune raconte que Zeus fut nourri par la chèvre Amalthée. Cf., par ex., Callim., *Hymn* 1, 34, 49-50; Apollod., *Bibl*, I, 1, 7; Diod. *Sic.*, V, 70. Sur les références à l'unité et au partage de substance corporelle (sperme et sang communs; ὁμογάλακτες) entre un père et son fils, voir Wilgaux J, *Corps et parenté en Grèce ancienne*. In: Prost F, Wilgaux J (éds), *Penser et représenter le corps dans l'Antiquité*. Rennes: PUR; 2006. pp. 342-343.
44. Nonnus. *Dion.*, IX, 190-227 (ici, v. 222-227). Voir Newbold RF, *Breast and Milk in Nonnus' Dionysiaca*. *Classical World* 2000;94:11-23, en particulier p. 13 au sujet du sein comme source de statut ou de privilège.
45. Bodiou L, 2011, cité note 5.

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Articoli/Articles

GREEK BREASTS WERE NOT JUST APHRODITE: GREEK  
MEDICAL VIEWPOINTS OF THE BREASTS

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SUMMARY

*The Hippocratic corpus includes several treatises dealing with gynaecological diseases where ailments of the breast appear, mainly related to gravidity and lactation; breast is mentioned in individual patients as well. Some changes in the breast along pregnancy could foretell health, disease and death of the foetus. Galen considered the design of the vessels that nurture breast and uterus, a wonderful achievement of Nature. Both of them have their origin in the same veins and are useful to eliminate excess and purify the body. When menstruation stops because of gravidity, there remains an excess in the vessels that is accumulated as milk in the upper part of the body, because the embryo pushes the vessels upwards. The genesis of milk had been earlier studied by the Hippocratics, Aristotle and Soranus. Men breasts were also considered. Paulus of Aegina explained the problem of men with gynecomastia, and explained the ways to eliminate it.*

*Introduction*

Several Greek terms designated the breasts. *Mastós/mazós* is the common word<sup>1</sup>. *Titthós*, “breast”, “nipple”, and *títthê, tithênê*, “wet nurse” are related to the root of the verb “to suck” (aorist *thêsthai*)<sup>2</sup>. Also the very name “female” *thêlus*, and the “breast” or “nipple”, *thêlé*, come from the same verb “to suck”. We will review the importance given by the Greek physicians to the breast.

*Key words:* Breastfeeding - Woman milk - Breast ailments - Gynecomastia

1. Breasts: anatomy and physiology
2. Gravidity/menstruation and breasts
3. Genesis of milk and breastfeeding
4. Diseases related to breasts
5. Men and breast

### *1. Breasts: anatomy and physiology*

The first Greek physician to treat a breast ailment was Democedes<sup>3</sup>, born in Crotona, who was taken as a slave to the Persian king Darius (reigned 521-486 BC), and cured his wife Atossa of a tumour in the breast.

Greek doctors paid special attention to the female breasts because of the enormous importance in the upbringing of children. They have described form and function, i.e. anatomy and physiology, in order to rationally understand the way breasts produce milk as soon as a baby is born. Greek doctors not just described breasts: some of them also praised their perfect position in the woman body for breastfeeding.

In the Hippocratic *corpus*, written mostly between 450 and 350 BC<sup>4</sup>, they distinguish on the one hand dry and hard parts of the body, which cannot attract or receive juices, and on the other, spongy and not very dense parts, such as spleen, lungs and breasts, which attract the juices around them and with them increase and harden<sup>5</sup>. As L. Dean-Jones underlines<sup>6</sup>:

*The breasts were regarded as glands, and the difference in the size of male and female breasts was used as another indication of the extent to which a woman's body is looser than a man's. In both sexes they swell at puberty, but the treatise [Glands I and 16] says that breasts become prominent only in those who make milk, because man's firm flesh prevents the spongy parts of his body from swelling too much.*

The spongy condition of the women's body is another feature of their inferiority to that of men.

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Galen (129-216 CE)<sup>7</sup> shows his enthusiasm for the placement of breasts<sup>8</sup>. Breasts are located in the chest, on both sides of the sternum, and thus they are a defence for the heart, protect it, and also keep the heat of the heart, and are in the place where they can gather more waste of good food. What other place is more able to take advantage of the innate heat, of which the heart is the source, than the one occupied by the breasts in human beings? Well, how's not that going to be the best position for breasts? Of the works of nature among the most admirable, for it is close to the heart and thus receives warmth. And he goes on:

*When nature made the vein cava go from the liver to the diaphragm, it took it first to the heart, crossed the thorax and in the clavicles made two veins and two other arterial branches, and inserted two in each breast, so that the blood cooked as long as possible in the vessels (in order to prepare a good milk).*

### *2. Gravity/menstruation and breasts*

As for gravity and breasts, changes along pregnancy foretell health, disease and death of the foetus. Of the women who are fit to get pregnant, we are told in *Predictions* 2<sup>9</sup> that small and thin women, with white or dark complexion, and with visible vessels, are more apt than large, fat, reddish or pale, and with vessels not visible. Having well-nourished flesh is bad for the older woman, but big, full breasts are good.

Among the world-known *Aphorisms* of the Hippocratic corpus, we find some referring to breasts and gravity.

*In case a woman, pregnant of tweens, gets thin one of the breasts, she loses one of the children. If the right breast gets thin, she loses a boy, if the left, she loses a girl<sup>10</sup>. A pregnant woman whose breasts thin out will lose the embryo<sup>11</sup>. When a woman in the seventh or eight month of the pregnancy gets the abundance of the breasts and belly lowered and her breasts are thinned and milk does not appear, the foetus is dead, or lives and is very weak<sup>12</sup>.*

The relationship between milk and menstruation is such that in case the woman not having had a pregnancy or childbirth, has milk, she is missing menstruation<sup>13</sup>. Even if you want to stop menstruation, apply a very large suction cup to the breasts<sup>14</sup>. Greek doctors related breastfeeding and menstruation to the extent of considering it an useful method of contraception<sup>15</sup>.

### 3. *Genesis of milk*

Breastfeeding is the most important aspect of breast care and the genesis of milk is meticulously explained<sup>16</sup>. In the Hippocratic *Nature of the Child* 21<sup>17</sup> we are told that as soon as the embryo moves in the uterus, breasts become raised and the nipples swell. When the foetus compresses the uterus, the cavity of the woman, which has the fat of the food and drink, sends it to the omentum and the flesh. As fat is heated it gets sweet because of the heat of the uterus, and being squeezed, it goes to the breasts. As the vessels are alike in breast and uterus, some fat arrives to the uterus and the embryo gets it, but most of the fat arrives to the breasts as milk, and they get full and rise. When the woman gives birth, as soon as the baby sucks, the small veins of the breasts become wider and drag the fat from the cavity, distributing it to the breasts<sup>18</sup>.

The explanation of milk genesis seems to me rather logical. The Greek physicians and Aristotle kept to it as it was a sound theory. The relationship between uterus and breast, that is, menstruation/gravidity and milk, was obvious. Not knowing oxytocin and prolactin and the role of the pituitary gland and the hypothalamus, the reasoning was impeccable.

Again, in *Diseases of Women* I 73<sup>19</sup> we learn that when the mother becomes pregnant, menstruation stops and the sweetest of the liquid obtained from the meals and drinks is directed to the breast, and the rest of the body remains less full of blood. Some women do not produce milk: they are harder and more solid, and the liquid cannot reach the breasts from the belly because the path is so constricted.

In the IV century BC Aristotle also explained the genesis of milk<sup>20</sup>:

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*It is clear that milk is possessed of the same nature as the secretion out of which each animal is formed: the material that supplies nourishment and the material out of which Nature forms and fashions the animal are one and the same. And this material, in the case of blooded animals, is the bloodlike liquid, since milk is concocted, not decomposed, blood.*

*In the natural course of events, no menstrual evacuations take place during the suckling period, nor do women conceive then; and if they do conceive, the milk dries up, because the nature of the milk is the same as that of the menstrual fluid, and Nature cannot produce a plentiful enough supply to provide both; so that if the secretion takes place in one direction it must fail in the other, unless some violence is done contrary to what is normal. And that ipso facto means something contrary to Nature, because in the case of things which admit and do not exclude the possibility of being other than they are, “normal” and “natural” are identical<sup>21</sup>.*

He opposed to the opinion of Empedocles of Akragas (ca. 490–430 BC), who wrote that milk is something putrid: “milk is a cooked substance, and cooking is contrary to putrefaction”<sup>22</sup>. In his *History of Animals* III 20<sup>23</sup>, Aristotle underlines that milk always has a serous part, and a consistent part that is called “cheese”. When milk is more dense, it has more cheese.

In the second century A.D., Soranus of Ephesus explained that the milk of the mother is not useful until the third day: it is thick, with too much cheese, and therefore indigestible, unassimilable, produced by a body that has suffered and has been considerably disturbed: slimming, weakness, pallor and heavy blood loss, fever most of the times. At the beginning it is convenient to use honey, by itself or mixed with goat milk. After that, the mother’s milk is the best. When the mother is not apt to breastfeeding, it is better to find a wet nurse<sup>24</sup>. Such nurse has not to be below twenty years nor above forty, having been pregnant two or three times, healthy, of good constitution, good colour, with breasts of good size, spongy and without wrinkles, with nipples neither big nor small, neither very compact nor very spongy; a prudent person, sympathetic, not irascible, Greek, neat ...<sup>25</sup>

Soranus advised to check the milk thoroughly. It has to be white: the livid or greenish is damaged, the chalky is thick and hard to digest, the reddish or brown is unconcocted ... When milk starts to be bad, it is necessary to find the wet-nurse's disease and treat her with the adequate regimen<sup>26</sup>.

One and the same is the nature of menstruation and milk, and the common source are the veins, claimed Galen<sup>27</sup>. Babies receive the most appropriate food that is not just food, but also provides them with natural capacities. And if you put the nipple in the child's mouth, he sucks immediately and with pleasure, and if he was crying he immediately stops crying and is at ease. ... Milk certainly is the best food for the baby because it contains precisely what the child needs<sup>28</sup>.

Why is the milk white?, asks Galen. Since every part assimilates the food to itself, the tunics of the vessels in which the blood is delayed, being white, alter the blood and make it white<sup>29</sup>. What is it to do when milk is not enough?

*Examine the blood, because it is less abundant than convenient or just bad. If it is scarce, the whole diet needs to be moist and hot. When it is bad, it could be bilious: you have to purge. It could be phlegmatic: it is necessary to supply warming drugs, but not to dry, and administer some natural things: rocket (eruca sativa), fennel (foeniculum vulgare) and dill (anethum graveolens); they have to be green and wet. Well, if they are dry, they dry and heat more than necessary<sup>30</sup>.*

#### 4. Diseases related to the breasts

Ann Ellis Hanson wrote at the beginning of her “The Logic of the Gynaecological Prescriptions”:

*Medicaments and therapies are omnipresent in the gynaecological treatises of the Hippocratic Corpus, for the writers of the gynaecology not only interspersed their narratives of morbid, female ail-*



## *The Greek Breasts*

*ments with means of treatment, but they concluded their treatises with collections of additional recipes*<sup>31</sup>.

Greek doctors often commented the symptoms and treatment of diseases related with breasts. Sometimes breasts symptoms announce other illnesses, as is the case in *Epidemics* 2<sup>32</sup>: “Blood rushes to the nipples of people who are prone to go crazy”. Or this one: “When nipples and areola are greenish-yellow, uterus is sick”<sup>33</sup>.

By all means most breasts problems happened to women. Galen offers an explanation of cancerous tumours in the woman’s breasts<sup>34</sup>. Due to its relevance I include the passage. They happen when women are no longer purged by the natural evacuation (i.e. menstruation)<sup>35</sup>.

*Whenever this occurs as it should, the woman continues to be entirely disease free. All such tumours contrary to nature have their genesis from a melancholic superfluity*<sup>36</sup>, which I have also spoken about in the treatise *On the Natural Faculties*, showing this to be generated in the liver in relation to the formation of blood, analogous to the lees in wine, and is to be purged away through the spleen. From such a humour it is naturally produced. Therefore, when the natural *krasis*<sup>37</sup> of the organism generates a small amount of the humour and the diet is as it should be, the spleen effectively draws to itself what is generated and none of these superfluities are collected in the veins. However, when the opposite situation exists, much is collected in the veins and brings about the diseases.

Greek physicians have a holistic approach to disease. When something is wrong in an organ, the cause has to be found in an imbalance of the whole body. Even if something abnormal happens on the skin-external injury excepted-, the body is to blame.

Galen goes on:

*We have often seen in the breasts a tumour exactly like a crab. Just as that animal has feet on either side of its body, so too in this affection the veins of the unnatural swelling are stretched out on either side, creating a form similar to a crab*<sup>38</sup>. When this affection is just beginning, we often cure it. When it has become swollen to a significant size, no one will cure it without

*surgery. The aim of all surgery is to excise the tumour contrary to nature, cutting around the whole mass circumferentially to where it is adjacent to what is in accord with nature. Due to the magnitude of the vessels, particularly when these happen to be arteries and there is an immediate danger of haemorrhage, when you cut these off with ligatures, sympathetic affections follow. And if we elect beforehand to cauterize the roots of the affection itself, there is no little danger in doing this, whenever the cauterization occurs near important parts. But when this affection is beginning to be generated, we will often cure it, as I said, and especially when the melancholic humour is obviously not very thick, for this readily yields to the purging medications by which the treatment is carried out. It is clear that the medications given must be purgative of the black humours, and we must administer them repeatedly until the part returns completely to an accord with nature and the diet is euchymous<sup>39</sup>.*

*In this affection the aforementioned purifications are beneficial. If, however, the factors of age and capacity permit, carry out phlebotomy beforehand. Neither in the case of cancerous swellings nor in elephantiasis is it inappropriate to phlebotomize, if nothing prevents this, and next to purge. If the patients are women, activate the menstrual flow in them, if they are not yet fifty, obviously. Place the juice of sleepy nightshade<sup>40</sup> on the affected part, for this is the best medication for such affections. If the person being treated doesn't want a moist medication to be applied in this way, and particularly if he/she is compelled to leave home to carry out his customary activities, you must look to the medication made from pompholyx<sup>41</sup>, which I use, as you know, in the ulcerated cancers. If this is not available, use my medication made with copper. In terms of diet, one must use the juice of ptisane and the whey of milk, garden herbs, orach, blite, and when they are in season one must use the Colocynthis. Also one must use fish from the rocks and all birds except those from the marshes.*

An unusual ailment is breast trichiasis, and the Hippocratic *Diseases of Women* includes a medical treatment of it<sup>42</sup>. When a woman gets hair on her breasts, cook in water and oil *poterium spinosum* or blackberry grain and put it as a poultice. You can also put chard leaves. Then sew some kind of cups for the breasts in pieces of cloth and attach them. If there is oozing, it is best to make an incision: make some lint with wet-in-fat wool and add it to the cups. Then remove this, mix lentil cooked with barley flour and put them in poultice.

### *5. Men and breasts*

From time to time patients are men. In the Hippocratic *Epidemics*<sup>43</sup> a clinical history mentions a man from Chalcedon who had a pain of rupture in the right breast, and expectorated greenish-yellow sputum; sweat started on the seventh day, crisis happened on the fourteenth, on the fortieth he had a swelling next the two ears. He looked like he was going to have empyema, but he did not have it.

Paulus of Aegina studied the problem of men with gynecomastia<sup>44</sup>, and explained the way to eliminate it<sup>45</sup>. Boys' breasts also swell a little at puberty, but most of them get off. Some, however, do not get free of them because fat is deposited. To avoid this opprobrium, you can practice surgery, making a cut in the form of a crescent in the lower part of the chest, and, separating the skin, remove the fat and then join it again with seams. If the fat was too much, and the breasts were going down, in the upper part we would make two crescent cuts joining them at the end so that the smaller one is covered by the larger one. We remove the fat that is in between, and then proceed to sew.

### *6. Conclusion*

*In Greek medicine, disease and death have a natural explanation, as conception and birth do. When the genesis of a disease can be advanced, such a disease is no longer a punishment, or a "wrong" quality of a group of people. It is just a common hazard as natural as lightning or a rainbow. A patient would not be considered different or even mad for complaining of something that does not exist, because it has not (yet) been described. Fear is once again averted<sup>46</sup>.*

In spite of the common opinion of Greek scientists and physicians of woman's inferiority, they considered women essential for the production and feeding of babies. Greek physicians researched breasts nature, their function and their diseases, explained the genesis of milk and its cause, noted the course of some pathologies that they

did not understand, in the hope that they would support other doctors who could advance in the knowledge of the human being. They designed treatments, but warned that certain conditions had no cure. They explained medicine without involving gods, but they did not attack them. In short, they acknowledged their limits as men no less than their capacity as men.

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33. Hippoc., Epid., 6. 5.11: 5.318 Littré.
34. Gal., Ad Glauco. de med. Meth., II 12: 11.139-143 Kühn = 548-558 Johnston (Loeb 523). Translation by Johnston.
35. "He [Galen] indicates in several treatises the humour that, imbalanced and displaced, produces the disease (he refers to such humour as an excess or superfluity): yellow bile for erysipelas and herpes, black bile for anthrax, gangraina, elephas, phagedena and cancer, blood for phlegmonê, and phlegm for oïdêma. Most of them are ulcers or could present them: anthrax, gangraina, herpes, phlegmonê, phagedena, erysipelas, karkinos, all very different to one another". See Garcia Novo E, Galen. On the Anomalous Dyskrasia. Editio maior. Berlin: Logos Verlag; 2012. p. 178.
36. i.e. an excess of black bile. See now Stewart KA, Galen's Theory of Black Bile. Leiden: Brill; 2018.
37. "Balance of humours". For the concept, see Garcia Novo E, Galen. On the Anomalous Dyskrasia. Editio maior. Berlin: Logos Verlag; 2012. pp.114-118.
38. Hence the name "cancer" that means "crab".
39. i.e. productive of healthy humours.
40. *Withania somnifera*.
41. It could mean a remedy made of zinc oxide, described in Dioscorides 5.75. Cf. Wellmann M, Pedanii Dioscuridis Anazarbei de materia medica libri quinque. 3 vols. Berlin: Weidmann; 1907-1914 (repr. 1958); Ilberg J, Sorani Gynaeciorum Libri IV. CMG IV. Leipzig-Berlin: Akademie Verlag; 1927.
42. Hippoc., Mul., II 186: 8.366-368 Littré.
43. Hippoc., Epid., 4.3: 5.144-146 Littré.
44. See Tsoucalas G, Sgantzos M, Paul of Aegina (ca 625-690 AD), Reconstructing Male Gynecomastia. *Surgical Innovation* 2017;24:399-400. The influence on Arab surgery is reviewed by Chavoushi SH, Ghabili K, Kazemi A, Aslanabadi A, Babapour S, Ahmedli R, Golzari SE, Surgery for Gynecomastia in the Islamic Golden Age: Al-Tasrif of Al-Zahrawi (936–1013 AD). *ISRN Surg.* 2012 (2012: 934965).
45. Paul. Aegin., Epit. med., 6.46 (CMG IX 2, 86.22- 87.8 Ilberg)
46. See Garcia Novo E, Confronting Disease and Death: the day-to-day contest of the Hippocratic physician. In: Müller CW, Brockmann Chr, (eds). *Ärzte und ihre Interpreten: Medizinische Fachtexte der Antike als Forschungsgegenstand der Klassischen Philologie*. Leipzig: Teubner; 2007. p. 229.

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Articoli/Articles

LE SEIN FÉMININ DANS LES TEXTES MÉDICAUX LATINS  
DE L'ANTIQUITÉ ET DU HAUT MOYEN ÂGE\*

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SUMMARY

*AN APPROACH TO THE STUDY OF THE FEMALE BREAST  
IN ANCIENT AND EARLY MEDIEVAL LATIN MEDICAL TEXTS*

*The present contribution addresses diverse aspects related to the female breast in Latin medical texts from Late Antiquity to early Middle Ages. The study begins considering different ways of referring to the female breast that are mainly related to its nutritional role. We also highlight certain passages which denote an erotic and aesthetic perspective. Particular attention is paid to texts which describe the appearance of the ideal wet nurse's breast and its relationship with the womb. This particular aspect unravels breasts as exponents of diverse biological processes such as puberty, pregnancy and the production of milk. Finally, we analyze pathological questions, basically focused on breast cancer.*

*Introduction*

Passer en revue la considération du sein féminin - et dans une moindre mesure de la poitrine masculine - dans l'ensemble des textes latins de l'Antiquité et du haut Moyen Âge est une tâche qui outrepassé largement les possibilités de cette contribution. Signalons, donc, tout au départ, qu'on va privilégier les textes latins de médecine. De même, nous devons fixer un *terminus ante quem* en adhérant, en ce sens, au point de vue de J. Wirth<sup>1</sup>. Cet auteur a fait remarquer qu'à

*Key words:* Latin medical texts - Female Breast - Breast Cancer

la charnière du XI<sup>e</sup> et du XII<sup>e</sup> siècle, le sein féminin connaît un essor dans la littérature et l'art et acquiert un prestige sans précédent, grâce notamment à l'allégorie de la terre allaitant ses enfants, ainsi qu'à d'autres aspects sur lesquels je ne peux m'attarder ici.

Je laisse, donc, de côté la période qui commence à la fin du XI<sup>e</sup> siècle et je propose un choix de textes représentatifs de la période classique et, surtout, de la littérature gynécologique latine de l'Antiquité tardive et du haut Moyen Âge. À cette époque, la doctrine de Soranos a été reprise par deux traductions latines de ses *Γυναικεῖα* (*Gynaikeia*), dues à Caelius Aurelianus (V<sup>e</sup> s.)<sup>2</sup> et à Mustio (VI<sup>e</sup> s.?)<sup>3</sup>. À ces textes, que nous gardons par l'intermédiaire d'une tradition remaniée, viennent s'ajouter les extraits de la traduction latine du livre I du *Περὶ γυναικείων* (*Peri gynaikeion*) hippocratique (VI<sup>e</sup> s.?)<sup>4</sup>, ainsi que les compilations conservées dans le codex F.v.VI.3 (VIII<sup>e</sup>-IX<sup>e</sup> s.) de la Bibliothèque Nationale de Russie à Saint Pétersbourg<sup>5</sup>. Le témoignage le moins connu parmi les textes que nous allons mettre à contribution correspond au plus ancien commentaire latin aux *Aphorismes* hippocratiques (Lat A)<sup>6</sup>, qui se sert du texte de la traduction latine anonyme, normalement attribuée à Ravenne et datée au VI<sup>e</sup> siècle<sup>7</sup>. Dans l'exégèse des aphorismes gynécologiques de la cinquième section - qui commencent à 5, 26 et se présentent comme sixième section - l'auteur anonyme de Lat A s'occupe de plusieurs sujets concernant notre propos. Mais cette section de Lat A n'est pas la seule à nous fournir des renseignements, car d'autres passages, éparpillés tout au long du commentaire, nous seront utiles. En dehors de tous ces textes, d'autres traités seront parfois invoqués dans le but d'étayer quelques points partiels. En tout état de cause, l'éventail des sources utilisées, sans être exhaustif, témoigne suffisamment des perspectives fondamentales.

### *1. A uerbis principium*

En vue de mieux organiser l'information, on peut trouver un point de repère précieux dans les dénominations latines du sein. En ce

sens, il me semble utile de commencer par le témoignage d'Isidore de Séville († 636), l'auteur qui véhicule le savoir de l'Antiquité au Moyen Âge, le "médiateur de l'étymologie antique", d'après la définition proposée de main maître par J. Fontaine<sup>8</sup>. Dans la description du corps humain du chapitre *De homine et partibus eius* du livre XI de ses *Étymologies*, Isidore écrit:

*Thorax a Graecis dicitur anterior pars trunci a collo usque ad stomachum, quam nos dicimus arcam eo quod ibi arcanum sit, id est secretum, quo ceteri arcentur. Unde et arca et ara dicta, quasi res secretae. Cuius eminentes pulvae mamillae: inter quas pars illa ossea pectus dicitur, dextrae aut laeva costae. Pectus uocatum, quod sit pexum inter eminentes mamillarum partes; unde et pectinem dici, quod pexos capillos faciat. Mamillae uocatae, quia rotundae sunt quasi malae, per diminutionem scilicet. Papillae capita mammarum sunt, quas sugentes comprehendunt. Et dictae papillae, quod eas infantes quasi pappant, dum lac sugunt. Proinde mamilla est omnis eminentia uberis, papilla uero breue illud unde lac trahitur. Vbera dicta, uel quia lacte uberta, uel quia uuida, humore scilicet lactis in more uuarum plena.*

Isid. etym. 11, 1, 73-76

*Les Grecs appellent thorax la partie antérieure du tronc entre le cou et le ventre; nous appelons cette partie arca du fait qu'y est enfermé l'arcanum, c'est-à-dire le secret, dont les autres sont tenus à l'écart. C'est pour cela qu'on l'appelle arca et ara, comme s'il s'agissait de choses secrètes. Les parties saillantes et charnues du thorax sont les mamelles (mamillae); la partie osseuse placée entre elles est appelée poitrine, les parties à droite et à gauche, côtes. La poitrine (pectus) est ainsi appelée parce qu'elle est plate entre les parties saillantes des mamelles; d'où vient aussi le nom du peigne (pecten), parce qu'il lisse les cheveux. On les appelle mamelles (mamillae) - en diminutif, bien entendu - parce qu'elles sont rondes comme les pommes (malae). Les mamelons sont les extrémités des mamelles, sucées par les nourrissons. Et on les appelle mamelons (papillae) parce que les nouveau-nés les dévorent (pappant), pour ainsi dire, pendant qu'ils sucent le lait. Donc, mamilla est l'ensemble saillant du sein, tandis que papilla est la petite partie d'où l'on tire le lait. Les mamelles s'appellent ubera, que ce soit parce qu'elles sont riches (uberta)*

*en lait, ou parce qu'elles sont humides (uuida), pleines, comme les raisins, de liquide, c'est-à-dire, de lait.*

Dans la contribution dont nous venons de parler, J. Fontaine fait remarquer que l'étymologie d'*apes*<sup>9</sup> tire son origine du commentaire de Servius (IV<sup>e</sup>-V<sup>e</sup> s.) aux *Géorgiques* de Virgile<sup>10</sup> et, justement, la différence entre *mamilla* et *papilla* retenue par Isidore partage l'origine servienne<sup>11</sup>. Il est également à souligner que la description du sein fait partie, pour ainsi dire, de la description du thorax et précède l'étymologie de *lac*, ce qui nous permet de présumer le concept fondamental du sein dans l'antiquité en tant que source d'alimentation des nouveau-nés.

La conception que l'on perçoit chez Isidore s'inscrit sans doute dans l'héritage de la tradition antérieure et coïncide dans l'essentiel avec les données de l'analyse menée par J. André<sup>12</sup>. *Mamma* est, en effet, formée avec un redoublement à partir du monosyllabe \**ma*, d'où provient aussi *mater*. *Mamma* aurait le double sens de "maman" et "nourrice", mais, étant donné le lien entre la maternité et l'allaitement, le mot finit par désigner le sein féminin. De *mamma*, terme prédominant chez les médecins et les auteurs de l'antiquité, dérivent *mamilla* et d'autres variantes, telles *mammula*, *mammucula*<sup>13</sup>. Le sommet du sein, c'est-à-dire, le mamelon, s'appelle en latin *papilla*, très souvent glosé par de formules contenant un terme apparenté à *caput*. Dans le texte des *Étymologies* cité ci-dessus, Isidore propose comme définition de *papillae* le tour *capita mammarum*, expression pour laquelle F. Gasti évoque Festus<sup>14</sup>. Isidore lui-même reprend le concept de *papillae* dans les *Différences*, où il les appelle *nuclea summa mammarum*. Ce dernier passage, dont la source indubitable serait le Pseudo-Placidus<sup>15</sup>, s'accorde avec les *Étymologies* à mettre en valeur l'idée de "sucrer" (*sugere*). En dehors de quelques autres termes moins fréquents - et plus tardifs -, comme *dida*, *titina* et *ses-sina*, et encore de quelques-uns d'usage assez rare, tels *sumen* et *ruma*<sup>16</sup> / *rumis*, nous devons souligner le mot *uber*. J. André<sup>17</sup> signale

que ce terme était employé depuis l'antiquité pour se référer à n'importe quel animal femelle, y compris la femme; c'étaient les poètes et les auteurs de prose relevée qui avaient de préférence recours à ce terme, ce qui explique son usage moins fréquent devant *mamilla*. Ce n'est pas tout à fait certaine l'affirmation de quelques grammairiens qui veulent réserver ce terme aux animaux<sup>18</sup>.

Dans le but de compléter les renseignements de J. André, il convient d'ajouter quelques données sur les préférences lexicales de la période tardo-antique. Dans ce but, J. Wirth<sup>19</sup> a fait le triage de la *Vulgate*, de l'édition informatique de la *Bibliotheca Teubneriana Latina* et de la *Patrologie latine*. On y trouve que *papilla*, désignant le mamelon, reste assez utilisé; *mamilla*, plutôt rare dans les textes classiques, est préféré à *mamma* et utilisé pour l'homme, la femme et les animaux, normalement en rapport avec l'allaitement. Cependant, le terme de loin le plus fréquent est *ubera*, en parlant de la femme et des animaux femelles, presque toujours en rapport avec l'allaitement, que ce soit au sens propre ou au sens métaphorique, l'Église étant la mère qui allaite ses enfants et le lait la doctrine ou la charité. Une approche statistique sur *Brepolis-Text Databases* pour la période appelée *Aetas patrum* (ca. 200-735) ne fait que confirmer ces données. Sans trop s'attarder sur les petites nuances, car les corpus objet du sondage inclut quelques écrits techniques, on peut constater que les formes du pluriel *ubera* arrivent largement en tête (1032) par rapport à *mamma* (199), *mamilla* (99) et *papilla* (102).

## 2. La poitrine masculine

D. Jacquart<sup>20</sup> a attiré l'attention sur un fait important. La distinction entre la typologie masculine et la féminine n'a pas pour but d'isoler les caractéristiques propres à chaque sexe, mais de relever les traits féminins que peuvent présenter les hommes. Ce fait est bien attesté par le traité anonyme *De physiognomoniam*, daté par J. André<sup>21</sup> vers la fin du IV<sup>e</sup> siècle:

*Prima igitur diuisio obseruationis huius atque discretio ea est ut alterum masculinum genus sit, alterum femininum. Quod non ea ratione accipiendum est qua naturaliter sexus et genera discreta sunt, sed ut plerumque etiam in feminino masculinum genus et in masculino femininum deprehendatur.*

Physiogn 3.

*Cela étant, la première division et la première distinction dans cette étude s'établissent entre le type masculin et le type féminin. Ce ne doit pas être compris au sens où nous l'entendons de la distinction naturelle entre les sexes et les genres, mais en ce sens que, d'une façon générale, on trouve aussi un type masculin dans le féminin, et un féminin dans le masculin<sup>22</sup>.*

Ajoutons au passage que ce même traité fait appel à l'aspect de la poitrine en tant que signe distinctif: les gens dont les seins pendent et dont la poitrine est entourée de chair molle sont assignés à l'ivrognerie et aux excès sexuels:

*Quibus mamillae dependent et molli carne circumdatum pectus est, his uinolentia et intemperantia ueneris assignantur.*

Physiogn. 61

*Aux gens dont les seins pendent et dont la poitrine est enveloppée de chair molle sont assignés l'ivrognerie et les excès sexuels<sup>23</sup>.*

Compte tenu de cette perspective en matière de typologie humaine, on n'aurait pas à se surprendre de trouver quelques références à la poitrine masculine. Pline l'ancien<sup>24</sup> signale que l'homme est, parmi les mâles, le seul à avoir de *mammae*, tandis que les autres ne sont pourvus que de *notae*. Cicéron<sup>25</sup>, avant lui (45 a. C.), avait signalé le rôle de la nature providente faisant les nouveau-nés des mammifères chercher de façon instinctive les seins de leurs mères. Surtout, Cicéron justifie l'existence de *mammae* masculines en leur attribuant un rôle décoratif:

*Iam membrorum, id est partium corporis, alia uidentur propter eorum usum a natura esse donata, ut manus, crura, pedes, ut ea, quae sunt intus in*

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*corpore, quorum utilitas quanta sit a medicis etiam disputatur, alia autem nullam ob utilitatem quasi ad quendam ornatum, ut cauda pauoni, plumae uersicolores columbis, uiris mammae atque barba.*

Cic. fin. 3, 18

*Considérons maintenant les membres, j'entends les parties du corps: s'il en est qui paraissent être des présents faits par la nature pour servir à quelque chose, comme les mains, les jambes, les pieds, comme aussi les organes intérieurs du corps (quoique leur plus ou moins d'utilité soit discuté même par les médecins), d'autres ne paraissent motivés par aucune utilité et ne répondent qu'à quelque idée d'ornement, comme la queue pour le paon, le plumage changeant pour les pigeons, les mamelles et la barbe pour les hommes<sup>26</sup>.*

Pendant la persécution de Dioclétien, tout au début du IV<sup>e</sup> siècle (303/304), le rhéteur Lactance reprend dans le *De opificio Dei* le caractère décoratif du sein masculin, face au but nourricier de celui des femmes:

*Papillae quoque leuiter eminentes et fuscioribus ac paruis orbibus coronatae non nihil addunt uenustatis, feminis ad alendos fetus datae, maribus ad solum decus, ne informe pectus et quasi mutilum uideretur.*

Lact. opif. 10, 27

*Les seins aussi, s'élevant légèrement, et couronnés par de petits cercles plus sombres, ne sont pas sans lui ajouter de la grâce; ils ont été donnés aux femmes pour nourrir les bébés, aux hommes seulement pour la beauté, pour que leur poitrine ne paraisse pas disgrâciée et pour ainsi dire mutilée<sup>27</sup>.*

Du reste, Lactance nous explique en détail à quoi consiste la beauté de la poitrine masculine: celle-ci ne doit pas manquer de grâce et apparaître, pour ainsi dire, mutilée. Ce point de vue est absolument cohérent avec la majesté d'une poitrine levée et exposée aux yeux, dont Dieu a pourvu l'homme à la différence des autres créatures, cette idée étant la version christianisée de la tradition aristotélique du *status rectus*<sup>28</sup>.

Pour ajouter un nouvel échelon, nous pouvons encore invoquer le témoignage de Saint-Augustin dans la *Cité de Dieu* (413-426)<sup>29</sup>. En voici le texte:

*Sunt uero quaedam ita posita in corpore, ut tantummodo decorem habeant, non et usum; sicut habet pectus uirile mamillas, sicut facies barban, quam non esse munimento, sed uirili ornamento indicant purae facies feminarum, quas utique infirmiores tutius conueniret.*

Aug. civ. 22, 24, 4

*Et puis le corps présent certains accessoires qui ne sont que pour l'ornement, non pour l'usage. Ainsi la poitrine de l'homme a des mamelles; et son visage, une barbe, simple ornement viril; témoin le visage nu de la femme, dont la faiblesse l'eût réclamé plutôt si cette parure était aussi une défense<sup>30</sup>.*

Pour en finir avec les témoignages sur la poitrine masculine, il convient de signaler que les auteurs d'une allure philosophique ou théologique, tels Cicéron et Lactance, ne sont pas les seuls à nous renseigner, car les auteurs techniques nous fournissent de temps en temps des prescriptions thérapeutiques qui portent à la fois sur les hommes et sur les femmes<sup>31</sup>.

### *3. Le sein féminin*

Le texte d'Isidore cité au début laisse croire que l'intérêt au sein féminin tient surtout à son rôle nourricier. Ceci semble se confirmer par la valeur des termes employés pour nommer les seins, car très souvent ces termes sont utilisés indifféremment pour se référer aux mâles et aux femelles ou même aux animaux.

#### *3.1. Le regard érotique ou esthétique*

Quoi qu'il en soit, on tient à signaler, à la suite des données retenues par J. Wirth<sup>32</sup>, que le regard érotique des seins féminins n'est pas tout à fait absent dans l'héritage littéraire classique. À cet égard, on



aurait peut-être tort de faire dépendre la réalité pratique des représentations littéraires ou iconographiques. En effet, et sans mener une recherche approfondie, il convient de rappeler qu'un personnage de l'*Asinaria* de Plaute emploie l'expression *si papillam pertractavit* ("Si l'un pelote un téton")<sup>33</sup>. Ovide, dans les *Amores*, rêve d'être à la place de l'anneau qu'il envoie en cadeau à son aimée et il souhaite se glisser entre la tunique et les seins<sup>34</sup>. S'il en était besoin, nous pouvons y ajouter un passage des *Métamorphoses* d'Apulée (II<sup>e</sup> s.). Lorsque Lucius entre chez Milon, il trouve Photis, la servante, en train de préparer le repas pour ses maîtres. Le portrait de la figure et des mouvements de Photis semble avoir un air absolument sexuel<sup>35</sup>:

*Ipsa linea tunica mundule amicta et russea fasceola praenitente altiuscule sub ipsas papillas succinctula, illud cibarium uasculum floridis palmulis rotabat in circulum, et in orbis flexibus crebra succutiens et simul membra sua leniter inlubricans, lumbis sensim uibrantibus, spinam mobilem qua-tiens placide decenter undabat.*

Apul. met. 2, 7

*Elle-même était coquettement habillée d'une tunique de lin; un soutien-gorge d'un rouge vif lui serrait la taille à la hauteur des seins; de ses mains mignonnes elle tournait la poêle, et tandis qu'elle accompagnait ce mouvement circulaire de rapides secousses, faisant glisser ses membres avec souplesse, le léger balancement des reins ployait doucement l'échine mobile et la faisait gracieusement onduler*<sup>36</sup>.

Si l'on tient compte de la suite du texte, la description de l'auteur de Madaure mène à penser que le sein de la servante est mis en valeur en tant que trait sensuel. La tournure *russea fasceola praenitente altiuscule sub ipsas papillas succinctula* a fait l'objet de traductions diverses<sup>37</sup>, mais la valeur du préfixe *sub* étaye l'idée de la proéminence des seins et plaide en faveur de l'interprétation comme "soutien-gorge"<sup>38</sup> et, par là du contexte érotique du passage.

Sous une perspective contraire, J. Wirth<sup>39</sup> nous rappelle quelques données utiles. Horace se plaint des seins flasques d'une maîtresse et

Aule-Gelle vitupère les femmes qui refusent d'allaiter leurs enfants pour éviter le flétrissement de la poitrine. Cependant cette vue érotico-esthétique des seins féminins ne connaît qu'une présence mineure dans la littérature et même dans les représentations picturales de Pompéi, où les seins des prostituées sont modestes par rapport aux fesses surdimensionnées<sup>40</sup>. À cet égard, il n'est pas sans intérêt de noter l'absence de références aux seins dans les études les plus récentes sur le vocabulaire sexuel en latin<sup>41</sup>. Au fur et à mesure que le Moyen Âge avance, et dans la mesure où le christianisme prend de l'ampleur, les seins féminins ne sont plus visibles dans la littérature. L'exception est constituée par quelques pénitentiels qui prescrivent des amendes pour ceux qui palperaient les seins d'une femme, qu'elle soit l'épouse d'un homme libre, une moniale ou même une femme quelconque<sup>42</sup>.

### *3.2. Le regard médical*

Compte tenu du regard masculin prédominant dans les descriptions du corps humain et de la présence minimale de la perspective érotique de la poitrine féminine dans la littérature, on ne saurait s'étonner de trouver la plupart de l'information dans les textes médicaux, notamment dans les traités de gynécologie<sup>43</sup>. Ce qui n'est pas sans conséquences, car ce genre de traités vise surtout la reproduction et, pour ce qui est des seins, leur rôle nourricier. En tout état de cause, la poitrine ne suscite jamais le même intérêt que la matrice, soigneusement décrite et représentée dans la tradition gynécologique<sup>44</sup>.

Un certain nombre de textes explique en quelque manière la nature et la typologie des seins, et ceci en rapport avec l'allaitement. Parmi ces textes, celui de Caelius Aurelianus à propos du choix de la nourrice me semble être particulièrement clair. Après avoir énuméré quelques traits caractéristiques de la nourrice en ce qui concerne son âge - entre vingt et quarante ans - et les nombre d'enfants qu'elle

a eus - deux ou trois -, Caelius signale qu'elle doit être en bonne condition physique et décrit les seins de la nourrice idéale:

*Que mamma sit probabilis? Mediocres autem mammas probamus, siquidem parue exigui lactis esse uideantur, rursum nimis turgide plurimo redundant, adeo ut expleto fetu largiore nutrimento quicquid in uasculis remansserit non sit reposcere iucundum uel purum uel recens, set quodammodo corruptum uel inueteratum, nisi omne fuerit emulctum ab aliis infantibus uel communiter quibuscumque animalibus, quo etiam nutrix releuetur. Maiores preteream mamme grauant irruendo lactantes, uel, ut plurimi opinantur, paruo sepius manant lacte, cum in augmenta carnis earundem mammarum <quod> usurpant transseat et non habundantie liquoris seruiat. Molles etiam mamme probantur, siquidem dense atque dure parum faciunt lactis, rugose uel pannose lac faciunt aqutum. Item glomerosis congestionibus suspense lac habent grassum atque inequale. Papillas autem neque magnas neque paruas probamus, siquidem maiores materiam premant et transuorationem adiuuari lingua non sinant; item parue apprehensione difficili laborem sumentibus faciunt, cum inani adductione fellantes oris ulcerationem incurrunt. Item neque nimis dense sint cauerne lac sudantes, ne de uiarum angustia non facile nisi expresse lac emittant, et labor sugentibus iungatur; neque maiores et plurime et fistulose cauerne, <siquidem> coaceruatim fundendo turbent accipientem.*

Cael. Aur. gyn. 1, 126, 1161-1182

*Les seins recommandables. À notre avis, les seins doivent être d'un volume moyen, car les petits ont peu de lait et ceux qui sont trop volumineux en ont en excès, si bien que ce qui en reste dans les vaisseaux après une tétée copieuse du bébé, ne sera ni agréable ni pur ni frais lors d'une nouvelle tétée, mais en quelque manière gâté et vieilli, à moins qu'il n'ait été sucé par d'autres enfants ou d'autres animaux, ce qui soulagera la nourrice. Les seins plus gros pèsent en tombant sur les nourrissons et, d'après l'avis de quelques-uns, assez souvent ils ont peu de lait, parce que (la nourriture) qui se porte vers eux est destinée au développement de leur tissu et ne sert pas à l'accroissement de ce liquide. Les seins doivent également être souples, car ceux qui sont denses et durs donnent peu de lait, ceux qui sont ridés et flétris donnent un lait chargé d'eau. Ceux qui présentent des amas de nodules donnent un lait épais et irrégulier. Les mamelons, de leur part, ne doivent être ni trop gros ni trop petits, car, en effet, ceux qui sont trop*

*gros encombrant la bouche de l'enfant et empêchent sa langue d'aider la déglutition. Ceux qui sont trop petits sont difficiles à saisir et causent du malaise aux nourrissons, en leur provoquant des ulcérations à la bouche à cause de la succion inutile. Les orifices par lesquels coule le lait ne doivent pas être trop denses, pour éviter que l'émission du lait par des passages étroits devienne difficile - à moins d'être pressé à la main - et que les nourrissons peinent à téter. Les orifices ne doivent être ni gros ni nombreux ni poreux, car (le lait) tombe en grande quantité et gêne l'enfant.*

Il va sans dire que tout le passage est conçu en vue de l'allaitement et il est à faire remarquer qu'il distingue nettement *mammae* de *papillae*. D'après Caelius - toujours dans le sillage de Soranos -, les seins doivent être de volume moyen; s'ils sont trop petits, ils ont peu de lait et quand ils sont trop volumineux, ils en ont plus qu'il n'en faut et, dans ce cas, le lait en excès qui reste dans la mamelle n'est plus frais au moment de la tétée, mais dénaturé, à moins qu'il ne soit sucé par d'autres enfants ou même par des animaux<sup>45</sup>. Du reste, les seins trop grands pèsent sur l'enfant et certains croient qu'ils ont moins de lait, puisque la nourriture destinée à l'enfant est consacrée au développement du tissu des seins. Ceux-ci doivent, en plus, être souples, car lorsqu'ils sont denses et durs, ils ont peu de lait; ceux qui sont ridés et flétris donnent un lait aqueux; de même, les seins qui présentent de nodules donnent un lait épais et inégal.

Les mamelons, eux aussi, doivent être d'une taille moyenne. Ceux qui sont trop grands encombrant la bouche de l'enfant et empêchent sa langue d'aider la déglutition<sup>46</sup>; en revanche, ceux qui sont trop petits sont malaisés à saisir et provoquent des ulcérations à la bouche, c'est-à-dire des aphtes. Finalement, Caelius nous renseigne sur les passages par lesquels doit couler le lait: ils ne doivent pas être trop denses, car ils laissent difficilement couler le lait, à moins qu'on ne les presse à la main; ils ne doivent pas non plus être trop grands et trop nombreux, car le lait se porterait à la bouche en excès et ceci ferait l'enfant risquer d'étouffement.

Je passe sous silence la version de ce même texte grec due à Mustio<sup>47</sup>, parce qu'elle coïncide dans l'essentiel avec celle de Caelius. Je ne m'attarderai pas non plus sur le chapitre *Ad nutricis elegendas* de l'Oribase latin (VI<sup>e</sup> s.?), qui reprend d'assez près l'original grec et qui dessine le profil de la nourrice, y compris quelques traits exigés aux seins<sup>48</sup>. En revanche, et dans le but de compléter l'information sur la poitrine, je mettrai à contribution un passage du commentaire Lat A aux *Aphorismes* hippocratiques:

*Mulier quae neque conceperit neque generauerit, lac habeat, menstrua ei defecerunt. Superius docuimus quomodo uena quae egreditur ab epate in duabus diuiditur partibus; nunc quoque uideamus quomodo in mamillis ueniens sanguis in lac conuertitur. Scitote quia aliquando, quando inmutatur, propter loci positionem inmutatur, sicut et nunc lac in mamillis; eodem modo sunt posite ut spungia, habent cauernas, ita et in mamillis subtiles sunt uene quae deportant sanguinem; et quia candide sunt et pingues, inmutatur sanguis in lac; uerum ut sine conceptu aut nutrimento infantis sit lac in mamillis, significat quia propter aliqua operationem pars quae ad matricem deportabatur ad mamillas dirigitur.*

Lat A, 5, 39

*Quand une femme, qui n'est pas enceinte ni a enfanté, a du lait, c'est que ses règles ont cessé. Nous avons montré plus haut comment la veine qui sort du foie se divise en deux. Voyons maintenant comment le sang qui arrive aux seins se transforme en lait. Vous devez savoir que parfois, lorsqu'il y a une transformation, elle se produit à cause de la situation du lieu, comme c'est maintenant le cas du lait dans les seins. Ils ressemblent à une éponge et ont d'orifices; il y a chez eux de petites veines qui portent le sang. Et puisqu'ils sont blancs et gras, le sang se transforme en lait. Mais le fait qu'il y ait du lait dans les seins sans être enceinte et, par conséquent sans nourriture pour l'embryon, signifie que, pour une raison quelconque, la partie (du sang) qui était amenée vers la matrice s'adresse aux seins.*

Lorsqu'une femme qui n'est pas enceinte et qui n'a pas accouché a du lait, la cause en est la suppression des règles. En vue d'expliquer cette idée<sup>49</sup>, l'auteur de Lat A a recours à la théorie de l'origine du lait. En effet,

le lait est le résultat de la déalbation du sang menstruel s'adressant aux seins, dont la nature est blanche et grasse. Du reste, l'auteur compare les seins avec une éponge dont les passages laissent circuler le sang.

Une théorie identique sur la formation du lait se trouve dans le commentaire de Lat A à l'aphorisme 5, 37, où Hippocrate affirme qu'une femme enceinte avorte si les seins s'abaissent<sup>50</sup>. D'après l'auteur de Lat A, l'avortement survient parce que le sang n'arrive pas aux seins pour se transformer en lait, ce qui en provoque l'abaissement. Le manque de lait dans les seins entraîne le manque de nourriture de l'embryon et, par suite, l'avortement. On pourrait y ajouter le témoignage du commentaire à 7, 45, où l'on reprend la théorie de l'origine du lait par assimilation du sang à la nature blanche des seins; et ceci de la même manière que le sang se transforme en pus dans les cas de suppuration du foie en raison du caractère blanc des veines et des nerfs que la nature y mélange<sup>51</sup>. Signalons encore que la même idée sur la formation du lait réapparaît chez Isidore de Séville<sup>52</sup>.

Après avoir exploré quelques données concernant les seins et l'origine du lait, c'est peut-être utile de faire le relevé des faits particuliers qui concernent la poitrine féminine pendant la puberté, la grossesse et l'allaitement. Tout au long de ces étapes de la vie, la femme peut subir des désordres ou des pathologies. Il va sans dire que la présence de la menstruation est l'un des signes de la puberté en tant qu'âge fertile, qui se manifeste à son tour par la croissance des seins<sup>53</sup>. On en trouve le témoignage le plus clair dans la version latine des *Γυναικεία* de Soranos due à Caelius Aurelianus<sup>54</sup>:

*Sepius autem anno quartodecimo initium sumit (sc. purgatio) cum pubertas et inflatio papillarum in feminis exoritur, aliquibus tamen citius, aliquibus tardius.*

Cael. Aur. gyn. 1, 24, 168-169

*La menstruation commence le plus souvent au cours de la quatorzième année, lorsque se manifestent chez les femmes la puberté et le développement des seins; dans certains cas, plus tôt, dans d'autres, plus tard.*

Si l'on s'en tient maintenant à la grossesse, Caelius Aurelianus établit qu'un certain gonflement des seins accompagné de douleur en est un des signes:

*Surgunt demum mamme quadam inflatione turgentes, leui doloris sensu sequente.*

Cael. Aur. gyn. 1, 56, 463-464

*On perçoit finalement un certain gonflement des seins, accompagné de sensations de douleur.*

Quelques états des seins pendant la grossesse sont indicatifs d'un éventail de conséquences à plusieurs égards. Dans le sillage de Soranos, Caelius Aurelianus<sup>55</sup> témoigne, ne serait-ce que pour la rejeter, de la doctrine hippocratique qui met en rapport le sexe de l'enfant avec le volume des seins. Si le sein droit est plus volumineux que le gauche, le fœtus est masculin, tandis que le plus grand développement du sein gauche est le signe du sexe féminin. Néanmoins, la plupart des témoignages portent sur ce que nous appellerions à l'aise la "santé du fœtus". En effet, et d'après la tradition des *Aphorismes*, s'il coule une grande quantité de lait des seins d'une femme enceinte, c'est signe de la faiblesse du fœtus; en revanche, si les seins sont fermes, c'est signe que le fœtus est en bon état. Cette idée, déjà retenue par Celse<sup>56</sup>, est développée par l'auteur de Lat A<sup>57</sup>:

*Si in utero habens lac multum de mamillis manauerit, debile significat pecus; si uero ubera dura fuerint, salubre significat pecus. Bene etenim dicitur hoc propter mamillas, et infans unde suxerit non habet. Si enim dura fuerint ubera, significat quia ad matricem secundum naturam deportatur sanguis, unde sustentatur infans et mamillas, ut sint secundum naturam dure.*

Lat A, 5, 52

*Si une grande quantité de lait coule des seins d'une femme enceinte, cela indique que l'embryon est faible; mais si les seins sont fermes, cela indique*

*que l'embryon est en meilleur état. C'est à juste titre qu'il affirme cela à propos des seins, car l'embryon manque de nourriture. En effet, si les seins sont fermes, cela indique que le sang est amené à la matrice selon la nature, d'où l'embryon tire sa nourriture, et les seins sont fermes selon la nature.*

Il en est de même pour ce qui est de l'aphorisme 5, 53. Dans ce cas, Hippocrate affirme que si une femme est menacée d'avorter, les mamelles s'affaiblissent, mais si elles redeviennent fermes, la femme aura douleur dans d'autres parties du corps, mais il n'y aura pas d'avortement:

*Infantes quaecumque corrupture sunt, in his ubera extenuantur. Hoc dicit: quaecumque mulierum abortire habent, his si ubera subito tenuissima sint, significat abortire. Quare? Quia indigentia infantis in nutrimento est et continuo eicitur. Si uero rursum dura fuerint, dolor erit in uberibus aut in coxis aut in oculis et non discutiunt. Hoc dicit, quia si dura fuerit matrix, ubera condolent propter communionem uenarum et oculi [oculi] propter tegimen neruorum. Et non discutiunt, quia quantum dura fuerit materies, tantum orificium matricis, quod superius exposuimus, clauditur.*

Lat A, 5, 53

*Chez les femmes qui sont sur le point d'avorter, les seins s'affaiblissent. Voilà ce qu'(Hippocrate) dit: chez les femmes qui sont sur le point d'avorter, si les seins s'affaiblissent beaucoup et très vite, cela veut dire qu'il y aura avortement. Pourquoi? Parce que l'embryon manque de nourriture et il est expulsé tout de suite. Mais s'ils se raffermissent, il y aura douleur soit dans les seins, soit dans les hanches, soit dans les yeux, et il n'y aura pas d'avortement. Voilà ce qu'il dit: si la matrice s'endurcie, les seins souffrent ensemble avec elle parce que les veines leur sont communes; les yeux souffrent à cause de la protection des nerfs. Et elles ne perdent pas l'embryon parce que plus la matière est dure, plus l'orifice de la matrice se ferme, comme nous l'avons expliqué plus haut.*

La doctrine subjacente à cet aphorisme on la retrouve au cas où une femme enceinte porte des jumeaux. Si, le sein droit s'affaiblit, elle avorte de l'embryon mâle; si c'est le sein gauche qui le fait, elle avortera de l'embryon femelle:



*Le sein féminin dans les textes médicaux latins*

*Mulieri in utero habenti, si altera mamilla siccauerit, geminos feret, alterum discutiet; si cui dextra siccauerit, masculum, si autem altera, feminam. Si alia et alia siccauerit mamilla, hoc est utraque, significat quia duo feret in utero et que earum mamillarum prima siccauerit, ex ipsa parte eicitur mortuum, id est, si dextra, masculum iactat mortuum et femina generat, quia masculus in dextra reiacet parte, femina uero in sinistra; sic item et sinistra, femina eicitur mortua et masculum generat.*

Lat A, 5, 38

*Si l'un des seins d'une femme enceinte se dessèche et elle porte des jumeaux, il y a avortement d'un des embryons; et si c'est le droit qui se dessèche, c'est de l'embryon mâle; si c'est le gauche, de l'embryon femelle. Si l'un et l'autre sein se dessèche, c'est-à-dire les deux (se dessèchent), cela signifie qu'elle porte des jumeaux dans son ventre; l'embryon qui est expulsé correspond à la partie qui se dessèche la première, c'est-à-dire, si le sein droit se dessèche le premier, elle expulse mort l'embryon mâle et engendre une femelle, parce que le mâle se trouve à droite et la femelle à gauche. Il en est de même pour le sein gauche: elle expulse une femelle morte et engendre un mâle.*

Bien que la littérature latine à contenu gynécologique ne soit pas nombreuse, il convient de rappeler que la tradition hippocratique n'est pas attestée que grâce aux *Aphorismes* et à sa tradition exécutive. En effet, dans les extraits qu'on a gardé de la traduction latine du traité *Des maladies de femmes*<sup>58</sup>, un des chapitres retient la doctrine d'après laquelle le fœtus meurt ou s'affaiblit quand, chez une femme enceinte au septième ou au huitième mois, le ventre et les seins s'affaissent sans pour autant avoir du lait:

*Si pregnantibus septimo mense uel octauo, subito uenter et mamillas succadent et lac non apparet, significat infantem mortuum esse uel uiuere et esse exiguum.*

Hippocr. Mul. 1, 27

*Lorsque, chez une femme enceinte de sept ou huit mois, le ventre et les seins s'affaissent subitement et le lait n'apparaît pas, cela signifie que l'enfant est mort ou, s'il vit, faible.*

On pourrait encore mettre à contribution le témoignage du *Liber de causis feminarum*<sup>59</sup> du manuscrit de Saint Pétersbourg dont a parlé plus-haut. On y établit que, quand une femme enceinte sécrète du sang par les mamelles, elle meurt:

*Muliere prignante si de mamilla sanguis iactauerit, morietur.*

Caus. fem., 85

*Lorsque, chez une femme enceinte, les seins sécrètent du sang, elle meurt.*

Je tiens finalement à attirer l'attention sur le cas où la congestion du sang dans la poitrine est signe de folie. Cette fois, il n'y a pas de référence directe à la grossesse, bien que la suite des aphorismes mène à penser qu'on a affaire à une femme enceinte. Cet aphorisme, retenu déjà par Celse<sup>60</sup>, permet à l'auteur de Lat A d'ajouter quelques remarques complémentaires sur la cause de la folie:

*Mulieri cuilibet in mamillis cui sanguinem conuertitur, insanire significat. Hoc docet, quia si cui mulieri sanguis in mamillis conuersus fuerit et non ualuerit illud inmutari in lac, qualitas ipsius ascendit ad cerebrum et facit insaniam, hoc est alienationem.*

Lat A, 5, 40

*Chez les femmes, une accumulation de sang dans les seins annonce la folie. Voilà ce qu'il montre: chez les femmes, quand le sang s'accumule dans les seins et il n'arrive pas à se transformer en lait, sa qualité monte vers le cerveau et produit la folie, c'est-à-dire, l'aliénation.*

La presque totalité des cas examinés jusqu'à présent suppose l'existence d'un rapport entre les seins et la matrice, et ceci que ce soit dans la tradition de Soranos ou dans celle d'Hippocrate. La preuve en est, pour commencer par Caelius Aurelianus - et par là Soranos -, un passage où il énumère plusieurs phénomènes biologiques liés à la matrice. Quand celle-ci se développe au fil de l'âge, les seins deviennent turgescents; pendant la grossesse, la purgation menstruelle

se voit supprimée en raison de la préparation du lait pour l'enfant à venir; à l'arrivée de la vieillesse, la matrice devient petite et les seins se flétrissent; enfin, lorsque la poitrine d'une femme enceinte devient petite, cela annonce un avortement sûr<sup>61</sup>. Voici le texte de Caelius:

*Habet (sc. matrix) etiam mammarum communem naturalemque consensum. Denique sumta magnitudine cum etate, mammarum quoque facit augmenta, ut turgentis uisu probentur. Item matrix sumto semine animal perficit. Mamme futuro lac preparant fetui. Tunc si purgatio per matricem uenerit, lactis liquor extinguitur; profluente autem lacte, purgatio prohibetur. Item in senibus conducta matrice mamme quoque marcescunt, uel egrotante utero earum minuitur magnitudo. Denique in mulieribus grauidis cum mammas conduci uidemus, futuram necessario abhortionem dicimus. Cael. Aur. gyn. 1, 20, 140-149*

*(La matrice) est aussi en rapport de sympathie naturelle avec les seins. Lorsqu'elle se développe au fil de l'âge, les seins grossissent, au point qu'on peut en constater le gonflement par la vue. De même, la matrice, une fois reçue la semence, configure le fœtus; les seins élaborent le lait pour l'enfant à naître. Si les règles réapparaissent par la matrice, la sécrétion du lait disparaît, mais si le lait monte, la menstruation est suspendue. De la même façon, chez les femmes d'un certain âge, la perte de volume de la matrice est accompagnée de flétrissement des seins; lorsqu'il y a de la souffrance à la matrice, la grandeur des seins diminue. En fin, chez les femmes enceintes, lorsque nous voyons les seins se rétrécir, nous prévoyons un avortement inévitable.*

Finalement, le commentaire Lat A témoigne, lui aussi, de la même doctrine sur les rapports de la matrice avec la poitrine dans l'exégèse de l'aphorisme 5, 50. Hippocrate prescrit l'application d'une ventouse sous les mamelles quand on veut arrêter les règles d'une femme. L'auteur de Lat A nous éclaire qu'on fait ceci en vue d'entraîner le sang des parties inférieures vers les parties d'en haut<sup>62</sup>:

*Si uolueris menstrua retinere, cucurbitas maiores sub mamillas appone. Aliud antispasin est et aliud metacentesis. Antispasin est quotiens de*

*dextram ad sinistram; metacentesis enim quotiens deiusum ad desusum [inferius]. Nunc quoque metacentesis fieri iubet ut quotiens fuerit fluxus sanguinis plus a natura, sub mamillas iubet poni cucurbitas, id est uentosas, ut possit de inferius ad superiora trahi, nam scit comunionem habere mamillas cum matrice.*

Lat A, 5, 50

*Si tu veux faire cesser les règles, applique sous les seins des très grosses ventouses. La révulsion est une chose et la dérivation est une autre chose. La révulsion se fait de droite à gauche; la dérivation de bas en haut. Maintenant il prescrit la dérivation: lorsque l'écoulement de sang excède la nature, il prescrit l'application de ventouses de manière à faire monter (le sang) de bas en haut, car il sait que les seins sont en rapport de sympathie avec la matrice.*

### 3.3. Pathologie

Plusieurs affections des seins font l'objet des prescriptions que l'on trouve dans les textes à caractère thérapeutique. Qu'il suffise de rappeler le chapitre ajouté dans la version Aa de l'Oribase latin, dont le titre est bien éclairant: *Ad mamillarum causas dibersas et cancrum et omnes uulnera uel in aliis locis factum* ("Contre les différentes souffrances des seins, le cancer et tout genre de blessures, même dans d'autres parties"). Parfois, la prescription est prévue pour une affection plus concrète, comme c'est encore le cas des deux autres chapitres de l'Oribase latin, intitulés respectivement *Ad mamillarum inflammationes* ("Contre les inflammations des seins") et *Ad durtias mamillarum de inflammatione generatas* ("Contre les indurations dans les seins à cause d'une inflammation")<sup>63</sup>. Très souvent, et conformément à la conception nourricière du sein féminin, les remèdes sont en rapport avec l'allaitement après l'accouchement, comme il arrive dans le chapitre *De mamillis post partum dolentibus* ("À propos de la douleur des seins après l'accouchement") de Theodorus Priscianus (V<sup>e</sup> s.)<sup>64</sup>.

Un chapitre qui a pour titre *Si mamme inturgiscent* apparaît dans l'Oribase latin sans correspondance dans l'original grec. On y remarque qu'il s'agit de la congestion mammaire (σπάργησις, *spargesis*) après l'accouchement<sup>65</sup>. Ce fragment vient juste à la suite de quelques autres qui ne sont que des remaniements de la *Gynaecia* de Caelius Aurelianus et il présente des liens avec ce même traité. En effet, dans les chapitres 108-112 du livre I de la *Gynaecia*<sup>66</sup>, Caelius, dans le sillage de Soranos<sup>67</sup>, s'occupe de la congestion mammaire, dont les symptômes sont le gonflement, l'alourdissement, la douleur et l'inflammation des seins. Après avoir signalé qu'on doit employer les astringents légers, on donne un traitement pour arrêter la sécrétion du lait. Si, malgré tout, les seins continuent à augmenter de volume et le lait prend un aspect caillé, il faut appliquer des cataplasmes qui relâchent. Finalement, on dit qu'est-ce qu'on doit faire pour arrêter la sécrétion du lait lorsque la mère n'a pas l'intention de nourrir elle-même le nouveau-né.

Ne pouvant pas mener une recherche systématique sur l'ensemble des maladies relevées dans les textes, on en énumérera quelques-unes pour en privilégier une autre. En ce sens, il est peut-être utile d'interroger la compilation *De causis feminarum*. On y trouve à tour de rôle des remèdes pour la douleur au mamelon et au sein, pour le gonflement, la suppuration, les blessures, les fistules, les vers et, finalement, pour le cancer du sein<sup>68</sup>. Et c'est justement sur cette dernière pathologie que nous allons nous attarder de plus près, tout en soulignant la difficulté d'identifier les pathologies modernes auxquelles les sources invoquées pourraient correspondre.

Les témoignages du cancer du sein sont multiples dans les textes anciens et tardo-latins<sup>69</sup>. Si l'on se borne aux textes médicaux, on se heurte à un premier groupe qui fournit des renseignements très brefs par le biais de définitions assez courtes, normalement restreintes au cancer du sein ou, au moins, plus attentives à cette maladie. Les *Quaestiones medicinales* (V<sup>e</sup>-VI<sup>e</sup> s.?), erronément attribuées à Soranos depuis l'édition initiale de V. Rose<sup>70</sup>, nous en fournissent un exemple

représentatif. La version conservée dans le manuscrit 62 de Chartres la définit comme une induration douloureuse, sans ulcération, immobile et à la couleur livide ou rouge. Bien que les seins constituent l'une des parties affectées, cette maladie peut aussi affecter les organes de la génération et l'anus chez les hommes et chez les femmes:

*Quid est occultum carcinoma? Quod <est> sine uulneribus et austeritate et duritia et immobile, cum colore liuido aut rubicundo et uenis efficit nimium dolorem. Nascitur autem circa mamillas et naturas necnon etiam in ano uirorum atque mulierum.*

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*Qu'est-ce qu'un cancer occulte? Celui qui n'a pas de blessures, ni d'âpreté ni d'induration; il est immobile, à la couleur livide ou rouge et avec des vaisseaux sanguins; il provoque des douleurs fortes. Il apparaît dans les seins et dans les génitaux, ainsi que dans l'anus des hommes et des femmes.*

Par contre, le manuscrit de Lincoln transmet une définition assez différente, soulignant que cette maladie ne peut pas être guérie, que sa dénomination tient à sa ressemblance avec un animal marin et qu'il y en a des cas avec ulcération et d'autres sans ulcération<sup>71</sup>.

Isidore de Séville, pour sa part, probablement dans le sillage d'Augustin<sup>72</sup>, explique l'origine de la dénomination de la maladie à partir de l'animal marin et insiste sur le caractère incurable, tout en affirmant que l'amputation de la partie affectée peut reporter de quelque peu le décès du patient:

*Cancer a similitudine maritimi animalis uocatum. Vulnus sicut medici dicunt nullis medicamentis sanabile. At ergo praecidi solet a corpore membrum, ubi nascitur, ut aliquantum diutius uiuat: tamen inde mortem, quamlibet tardius, adfuturam.*

Isid. etym. 4, 8, 14

*Le cancer est ainsi appelé par sa ressemblance avec l'animal marin. Les médecins pensent que cette blessure ne peut être guérie avec aucun médicament. Et c'est pourquoi on a l'habitude d'amputer la partie où le cancer*

*apparaît en vue de prolonger quelque peu la vie du patient. Cependant, la conséquence en est le décès, bien qu'un peu plus tard.*

Bien avant - à l'époque de Claude -, Scribonius Largus inclut le cancer du sein parmi les maladies susceptibles d'être guéries par l'*Antidotus Hiera*. Cet antidote peut guérir complètement, et parfois définitivement, ces indurations dans les seins des femmes accompagnées de douleurs, même si la plupart des médecins les jugent incurables<sup>73</sup>:

*Quid dicam duritias in mammis mulierum cum dolore consistentis quas nullum medicamentum leuat, quemadmodum ex toto, in perpetuum interdum sanat quas plerique medicorum insanabiles adfirmant, carcinomata et cacoethes.*

Scrib. Larg. 102, 1

*Est-il besoin d'exposer, pour ce qui est des indurations dans les seins des femmes, accompagnées de douleur et qu'aucun médicament ne soulage, de quelle façon il les guérit complètement et parfois définitivement, alors que la plupart des médecins affirment qu'elles sont incurables, les nommant carcinomata et cacoethes?*<sup>74</sup>.

À côté de ces témoignages plutôt succincts et qui se rapprochent parfois les uns des autres, on tient à mettre en valeur les textes où le cancer du sein, tout en ayant un rôle prépondérant, s'inscrit dans un ensemble plus large. Si l'on prend comme point de départ l'époque classique, on doit mettre en valeur les renseignements de Celse<sup>75</sup>. Ce que l'on perçoit de plus remarquable c'est le cadre général dans lequel il aborde cette maladie. Sa définition ne concerne pas que le cancer du sein, mais porte sur une maladie qui peut toucher plusieurs parties du corps. En effet, le *carcinoma* affecte davantage les parties supérieures du corps, c'est-à-dire, le visage, le nez, les oreilles, les lèvres et, dans les cas de femmes, les seins, mais le foie - le texte est incertain - et la rate peuvent aussi être affectés. L'auteur énumère un long éventail de symptômes autour du lieu touché, notamment de la tuméfaction, des veines gonflées, pâles et livides ou même ca-

chées, de la douleur et, parfois, de l'ulcération. En dehors d'autres détails, d'après Celse le *carcinoma* semble être une forme aggravée, et sans lésions, d'un état initial appelé *cacoethes*; lorsque l'ulcération apparaît, la maladie devient *thymium*<sup>76</sup>, le *cacoethes* étant le seul à pouvoir être guéri. Dans ce cas, il y a des médecins qui prescrivent des traitements énergiques ou l'extirpation de la tumeur, mais Celse croit que ces procédés ne sont pas efficaces parce qu'ils exaspèrent la maladie, qui devient par là mortelle, et il préfère d'avoir recours aux médicaments lénitifs.

Si l'on saute dans le temps, un témoignage particulièrement riche nous est fourni par la traduction latine du traité galénique *Ad Glauconem de medendi methodo*. Cette traduction, datée par K.-D. Fischer<sup>77</sup> vers le milieu du V<sup>e</sup> siècle, correspond dans l'ensemble au texte grec de Galien, mais on y trouve quelques changements. Cette version latine connut un nombre remarquable de copies manuscrites et elle fut souvent utilisée comme source du *Liber glossarum*<sup>78</sup>. Pour ce qui est du cancer, la version latine suit d'assez près le texte grec<sup>79</sup>, même si l'on peut y relever quelques ajouts et la suppression d'une partie du paragraphe 142K. Je donne le texte du manuscrit du Mont-Cassin, Archivio della Badia, cod 97 (début du X<sup>e</sup> s.)<sup>80</sup>:

[p. 87a] XXVIII De Cancro

*Nunc etiam de cancris uel de cancerosis uulneribus dicere tibi disposui. Quę ubique, id est in omnibus propemodum corporis locis, fieri nascique scito, sed maxime proprie in mamillis mulierum quę non purgantur menstruo naturali; nam quodquod tempore solito et congruo ex more purgantur mulieres, sane sunt et difficile hec talia illis contingunt. Noueris tamen generaliter cancrum ex melancolico humore nasci, id est ex nigri fellis habundantia et nimietate et corruptela. De cuius origine in aliis dicemus latius, quia ex sanguinis fece nigri et spissi uel inutili admixto felle rufo nimia [87b] ex coctione fit perfrixum fel nigrum, quod splen ad se rapit atque consumit, quia inde pascitur.*

*Hoc cum habundauerit et excreuerit extra modum, uitia corporis facit, non solum carnimatum (sc. carcinomatum) uerum etiam ex eo oriri elephantias*



*et uarices, id est uenas in suris maxime inferioribus, aliquoties etiam per emorroydas purgatur hic talis humor, quia non potest splen dolens tantum quantum opus est ad se trahere atque consumere uel infirmior ipse factus uel nimitate humoris superatus; et ideo infunditur uel in uenas uel in cute totius corporis et maxime in summitatibus, id est in uultu, in facie, in manibus, in pedibus, et dicitur elephantia. Aliquoties in partibus corporis et euidens et occultus, ut in mamillis uel in matrice et dicitur cancer; uidentur etiam uene eorum locorum ubi conederit hic talis humor plene atque tense sanguine corrupto nigro et spisso, qui quanto nigrior et spissior erit, tanto peior periculosiorque credendus est, et grauior insanuiliorque causa. Et in mamillis quidem sepe uidimus cancro simile effigie atque forma, unde et nomen ex similitudine accepit; nam sicut illi pedes, ita et huic uene protense ex utraque parte cernuntur.*

*Maintenant, il m'a semblé opportun de te renseigner sur le cancer et les blessures cancéreuses. Il faut savoir que ces affections apparaissent et naissent presque dans n'importe quelle partie du corps, mais surtout et spécialement dans les seins des femmes qui n'ont plus la purgation naturelle de la menstruation. En effet, les femmes qui ont la menstruation à l'époque prévue et comme d'habitude, sont en bonne santé et il ne leur arrive guère d'avoir ce genre de maladies. Tu dois savoir que, normalement, le cancer se produit à partir de l'humeur mélancolique, c'est-à-dire de l'abondance excessive et de la putréfaction de la bile noire. De l'origine de celle-ci, nous nous occuperons ailleurs plus en détail; la lie du sang noir et épais et inutile, mélangée avec de la bile jaune et brulée par une cuisson excessive, produit de la bile noire, que la rate attire vers elle pour l'absorber entièrement, car elle s'en nourrit.*

*Lorsque cette humeur déborde et est sécrétée en excès, provoque des maladies du corps, et non seulement le cancer; elle est aussi à l'origine de l'éléphantiasis et des varices, c'est-à-dire, des veines dans la partie inférieure des jambes; parfois cette humeur est aussi purgée par des hémorroïdes, parce que la rate souffrante n'est pas capable d'attirer et d'absorber autant d'humeur qu'il en est besoin, elle-même étant affaiblie ou dépassée par l'excès de l'humeur. Et ce pourquoi cette humeur se répand dans les veines ou dans la superficie cutanée de tout le corps, notamment dans les parties extrêmes, c'est-à-dire, le visage, la face, les mains et les pieds. Et ceci s'appelle éléphantiasis. Parfois elle se répand dans (d'autres) parties du corps, de façon visible ou cachée, comme c'est le cas dans les seins et*

*dans la matrice. Et ceci s'appelle cancer. Les veines des parties où cette humeur s'établit apparaissent pleines et tendues à cause du sang gâté, noir et épais; plus ce sang est noir et épais, plus il est à considérer malin et dangereux, et plus la maladie est grave et incurable. Nous avons vu assez souvent dans les seins une image avec une figure semblable à un crabe, d'où il a pris la dénomination. En effet, de même que le crabe a des pieds, dans cette affection on voit des veines gonflées des deux côtés.*

On n'a pas besoin de rappeler que ce texte s'insère dans la tradition galénique<sup>81</sup>, ce qui explique son allure théorique. On souligne tout au départ que la maladie peut affecter n'importe quelle partie du corps, mais très particulièrement les seins féminins. S'en tenant à ce type concret de cancer, l'auteur signale que la maladie apparaît surtout dans les cas d'absence régulière des menstrues, ce qui ne fait, d'ailleurs, qu'insister sur le rapport entre la matrice et les seins, dont on a parlé plus-haut. Un point nucléaire est constitué par l'étiologie et, en ce sens, on nous dit que l'excès d'humeur mélancolique, c'est-à-dire de bile noire, est à l'origine de cette maladie, la rate ne pouvant pas attirer la totalité de l'humeur. Dans ce cas, la bile noire provoque également des maladies dans d'autres parties du corps, telles l'éléphantiasis, les varices et les hémorroïdes. Quelquefois le cancer est visible et parfois il est occulte, comme il arrive dans le cas du cancer du sein et de la matrice. Au lieu où arrive l'humeur mélancolique, les veines sont tendues et remplies avec du sang gâté, noir et épais, ce qui dessine, dans les cas du sein, une figure qui ressemble à un crabe, d'où la dénomination.

Quant à la thérapie, on peut guérir la maladie à l'état initial par un traitement ou par la chirurgie; à un état plus avancé, les médicaments ne sont plus efficaces et on doit avoir recours à la chirurgie, qui n'est pourtant pas sans danger; finalement, si la maladie s'empare tout à fait du sein, l'auteur hésite même à utiliser la chirurgie à cause de l'éventualité des hémorragies, des inflammations et des fièvres aiguës qui peuvent faire évoluer jusqu'au décès. Au cas où la théra-

pie est possible, il faut utiliser les cathartiques de l'humeur mélancolique, notamment ceux qui contiennent de la fleur du thym. On doit ensuite évacuer du sang au moyen de la saignée au bras et puis encore du cathartique et, dans le cas des femmes âgées de moins de 50 ans, par la provocation des règles au moyen d'emménagogues. Au cas où un traitement est possible, on enduira le lieu affecté avec du jus de strychnos; si la patiente le rejette, on mélangera du jus de strychnos au médicament dit *diaponfoligos* (διὰ πομφόλυγος) et on l'appliquera avec une toile de lin; ou encore on peut le mélanger au médicament propre à l'auteur, c'est-à-dire, Galien. Pour terminer, l'auteur insiste sur le fait que le cancer ulcéré doit être guéri par des médicaments et par un régime déterminé.

Au bout de cet itinéraire à travers les textes nous renseignant sur le cancer du sein, j'en arrive au dernier témoignage. Il s'agit encore une fois du commentaire aux *Aphorismes* Lat A:

*Quibus absconditi cancri nascuntur non curari est melius; cum curantur enim, intereunt celerius; cum autem non curantur, multo tempore perseuerant. Questio nobis oritur dicendo: quid uisum est Yppocrati dicere de passione hac quia si curatur, celerius moritur, si non curatur, multum uiuit, dum quando si passio curata fuerit sanitas euenit? Sed uideamus quid sit cancer aut ex qua gignatur materia et tunc cognoscimus intentum rei. Cancer nomen accepit ab animali illo cancro, quia sicut ille inter alios fortiores pedes habet, ita et in corpore nostro adueniens sanguis melancolicus in locum debilem et aptum, quam maxime in mamillis, et sic colligitur ut simile sit illi animali; et sicut ille pedes, ita et hic uenas extensas habet. Absconsa enim dixit quia aliquotiens in altiora gignitur. Ergo ut dicat non curetur? Quia si incisus fuerit erumpens uenas atque arterias et emanato sanguine, minuitur uirtus, erumpunt arteriae et celerius erit finitio uitae; sic idem et si incideris, quamuis focus adurat capita uenarum atque arteriae dure sunt, tamen dum ex ipsis sponduli<sup>82</sup> ceciderint, denuo erumpitur sanguis et erit finitio celeris; attamen uenas si non curantur, quam diu ad cor pertingat, non moritur homo, et quantum tardius ad cor pertingit, tanto erit longi temporis spatium uitae. Ideo Yppocras protulit dicens non curare melius est.*

Lat A, 6, 38

*Les personnes atteintes de cancers occultes, il vaut mieux ne pas les traiter; car si on les traite, ils meurent rapidement; si on ne les traite pas, ils vivent longtemps. Pourquoi Hippocrate a-t-il voulu affirmer, à propos de cette maladie, que si on la traite, le patient meurt plus rapidement, tandis que si on ne la traite pas, il vit longtemps, alors que le traitement d'une maladie fait récupérer la santé? Regardons qu'est-ce que le cancer et de quelle matière il se produit, et nous connaissons par là son intention. Le cancer est ainsi appelé à partir du crabe, car cet animal a des pieds plus forts que d'autres animaux et, de la même façon, le sang mélancolique qui arrive à un lieu faible et propice, notamment les seins, s'accumule et ressemble à cet animal; et de même que celui-ci a des pieds, le cancer présente les veines tendues. Il se réfère aux cancers occultes parce qu'ils se produisent parfois dans des parties intérieures. Pourquoi dit-il qu'on ne les traite pas? Parce que, si on y fait une incision, l'éruption des veines et des artères et la perte de sang provoquent la diminution des forces; les artères font éruption et la fin de la vie arrive plus rapidement. C'est ainsi que, si l'on fait une incision, et même si l'on cautérise les extrémités des veines, et les artères sont dures, néanmoins, lorsque les fermetures des vaisseaux tombent, le sang fait à nouveau éruption et la fin de la vie arrive tout de suite. Cependant, si on ne touche pas les veines, qui affectent le cœur, le patient ne meurt pas; et plus tard le cœur est affecté, plus la vie est longue. C'est pourquoi Hippocrate a dit qu'il vaut mieux ne pas les traiter.*

L'aphorisme 6, 38 est l'occasion de revenir sur la définition du cancer. D'une façon très rapide, l'auteur nous rappelle que cette maladie est ainsi nommée à cause de sa ressemblance avec le crabe, les veines tendues trouvant leur pendant dans les pieds de l'animal. La définition proposée porte sur le cancer dans son ensemble, même si les seins sont les plus souvent affectés. En ce qui concerne l'étiologie, on affirme que la maladie tire son origine du sang mélancolique qui arrive à une partie affaiblie du corps. Bien entendu, l'attention du commentaire porte sur le cancer occulte, qu'il vaut mieux ne pas guérir. En effet, la guérison ici envisagée est la chirurgie, qui peut entraîner des hémorragies, même si les voies sanguines ont été cautérisées, ce qui aboutirait au décès du malade; le mieux est, par

conséquent, ne pas guérir le malade: moins on affecte les veines, et par là le cœur, plus la vie du patient est longue.

Ayant essayé de suivre les traces du cancer du sein dans quelques textes médicaux latins de l'Antiquité et de la période tardo-antique, il ne nous en reste qu'à mentionner, si brièvement qu'il soit, le témoignage des collections de recettes. La douleur aux seins, les difficultés d'allaitement et, surtout, le cancer du sein font l'objet de diverses prescriptions<sup>83</sup>. Quelquefois il s'agit de recettes qui tirent leur origine des traités médicaux d'allure théorique, mais dans d'autres cas on a affaire à des prescriptions populaires. N'étant pas en mesure d'envisager une recherche systématique à cet égard<sup>84</sup>, je me borne à quelques échantillons. Une recette du *De causis feminarum* prescrit le traitement du cancer du sein au moyen des cendres d'un crabe de rivière brûlé, peut-être dans le sillage du principe *similia similibus curantur*:

*Si in mamilla cancrus natus fuerit, cancrum fluuiiale conburis et ad cinerem redigis, super locum aspargis.*

Caus. fem., 76

*Si un cancer apparaît dans le sein, tu fais brûler un crabe de rivière et tu le mets en poudre. Tu le répands sur la partie affectée.*

Une autre recette de la même compilation propose de guérir le cancer du sein avec du fumier de brebis frais appliqué directement au sein:

*Ad cancro mamillarum: femum<sup>85</sup> ouile recente calidum ad locum ponis; ipsud claudit et purgat.*

Caus. fem., 100

*Remède contre le cancer du sein: tu appliques du fumier de brebis frais et chaud sur le lieu affecté. Cela resserre et purifie.*

Ce dernier exemple est particulièrement représentatif, parce qu'il revient dans plusieurs manuscrits<sup>86</sup>. Il est à remarquer que les dif-

férentes rédactions, tout en coïncidant pour ce qui est du contenu, semblent correspondre à des adaptations particulières. En tout état de cause, cette voie de recherche est encore à explorer et elle dépend dans une très large mesure de l'étude approfondie des nombreuses compilations de recettes dans les manuscrits du haut Moyen Âge.

#### 4. Pour conclure

Étant donné le caractère analytique de cette contribution, je me borne à donner une sorte de synthèse des idées essentielles développées jusqu'à présent sur la poitrine féminine.

- Premièrement, il faut constater que les termes utilisés pour les seins se différencient très nettement chez les lexicographes, par exemple chez Isidore de Séville, mais dans la réalité des textes les choses se passent de façon différente et les échanges ne sont pas rares, surtout entre *mamma*, *mammila* et *ubera*, l'usage prioritaire de chacun d'eux étant plutôt en rapport avec l'époque dont il est question.
- La terminologie employée annonce à l'avance un trait qui est à détacher: dans leur majorité, les textes de l'Antiquité et de haut Moyen Âge s'intéressent aux seins du point de vue de leur fonction nourricière. En tout cas, les témoignages épars que nous gardons de la période pour ainsi dire "classique" laissent entrevoir que l'intérêt à l'érotisme et à la beauté des seins ne manquait pas tout à fait.
- Étant donné que la typologie féminine apparaît toujours par contraste avec la masculine, on trouve un certain nombre de renseignements sur la poitrine masculine à côté de celles des femmes; et ceci en insistant sur le caractère décoratif de la poitrine masculine.
- Les textes médicaux, et notamment ceux de gynécologie, reprennent la tradition grecque. Les descriptions les plus

détaillées des seins s'insèrent dans les portraits de la nourrice idéale.

- La totalité des textes constatent les rapports entre les seins et la matrice. C'est pourquoi ce qui arrive aux seins permet de prédire plusieurs phénomènes liés à la puberté, la grossesse et l'allaitement.
- Finalement, les seins subissent de pathologies multiples, dont le cancer se détache par rapport à d'autres dans tous les textes, qu'ils soient plutôt littéraires ou de nature populaire et transmis dans de compilations de recettes.

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\* Cette contribution s'insère dans le cadre du projet de recherche «Textos técnicos latinos: medicina y gramática entre la Antigüedad tardía y la alta Edad Media» (PGC2018-093580-B-100). Les traductions des textes latins sont de l'auteur de l'article, exceptés les cas où un traducteur est explicitement cité.

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13. Dans ses Différences, Isidore fait de *mamilla* un terme exclusif pour les hommes. Cf. Isid. *Diff.* 1, 382 (372) Codoñer 256.
14. Pavl. Fest. p. 246, 8: *Papillae capitula mammarum dictae* "On appelle mamelons les petites extrémités des mamelles". Cf. Gasti F, cité note 11, p. 54, note 129.
15. Isid. *Diff.* 1, 382 (372): *papillae autem sunt nuclea summa mammarum quae sugentes comprehendunt* "Les mamelons sont les extrémités des mamelles, sucées par les nourrissons". Ps. Plac. p. 70 L: *papillas summa nuclea mammarum*. Cf. Codoñer C, Isidorus Hispalensis. De differentiis. Paris: Les Belles Lettres; 1992 p. 396. Gasti F, cité note 11, p. 54, note 130, rappelle que la distinction exacte entre ces mots n'est pas toujours maintenue et que *papilla* apparaît très souvent dans le sens de "sein".
16. Considéré par Varron mot ancien pour *mamma*. Cf. Non. 167, 2.
17. André J, cité note 12, p. 224. On peut consulter aussi Ernout A, Aspects du vocabulaire latin. Paris: Klincksieck; 1954. pp.131-139.
18. Caper 99, 15: *mammas esse hominis scito, at pecudis ubera* (GLK VII) "Tu dois savoir que *mamma* est réservé aux hommes et *uber* aux animaux". C'est peut-être dans le sillage de cet auteur du IIe siècle qu'il faut placer Isid. *Diff.* 1, 382 (372).
19. Wirth J, cité note 1, pp. 308-309.
20. Jacquart D, La morphologie du corps de la femme selon les médecins de la fin du Moyen Âge. *Micrologus* 1993;1:81-98, ici 82-83. Ce travail a été repris dans Paravicini Bagliani A, cité note 1, pp. 3-20. À cet égard, on peut aussi consulter Pinheiro CS, *Orbae matres. A dor da mãe pela perda de um filho*

- na literatura latina. Lisboa: Fundação Calouste Gulbenkian-Fundação para a Ciência e a Tecnologia; 2012. pp. 32-44.
21. André J, Anonyme latin. *Traité de physiognomonie*. Paris: Les Belles Lettres; 1981.
  22. Trad. André J, *ibid.*, p. 51.
  23. Trad. André J, *ibid.*, p. 98-99.
  24. Plin. nat. 11, 232: *mammæ homo solus e maribus habet, cetera animalia notas tantum* “L’homme est le seul mâle qui ait des mamelles; les autres animaux n’en portent que les marques”. Trad. Pépin R, Pline l’Ancien. *Histoire naturelle* XI. Paris: Les Belles Lettres; 1947. p. 102.
  25. Cic. nat. deor. 2, 128: *eaque (sc. animantia), quæ paulo ante nata sunt, sine magistro duce natura mammæ adpetunt earumque ubertate saturantur* “et les nouveau-nés, sans autre guide que la nature, cherchent les mamelles et se rassasient de leur abondance”.
  26. Trad. Martha J, Cicéron. *Des termes extrêmes des biens et des maux* II. Paris: Les Belles Lettres; 1930. pp. 16-17.
  27. Trad. Perrin M, Lactance. *L’ouvrage du Dieu Créateur* I. Paris: Les Éditions du Cerf; 1974. p. 169.
  28. Arist. part. anim. 688a 13. Dans cette ligne de pensée, Lactance explique aussi la place du sein féminin sur le cœur. Rien n’est plus convenable pour un animal pourvu de raison que de tirer la nourriture du cœur, siège de la sagesse d’après plusieurs passages bibliques. Cf. Lact. opif. 12, 17: *Nec enim decebat aliud quam ut sapiens animal a corde alimoniam duceret* “Et en effet, rien ne convenait d’autre, pour un être vivant doué de raison, que de tirer sa nourriture du cœur” (Trad. Perrin M, *ibid.*, p. 183). Voir aussi à cet égard, Perrin M, Lactance. *L’ouvrage du Dieu Créateur* II. Paris: Les Éditions du Cerf; 1974. pp. 338-339 et 365-366.
  29. Cette idée revient encore chez Isidore de Séville. Cf. Isid. etym. 11, 1, 147: *Quaedam tantum decoris, ut mamillæ in uiris, et in utroque sexu umbilicus* “Certaines parties du corps n’existent que pour l’ornement, comme les mamelles chez les hommes et le nombril chez les deux sexes”.
  30. Moreau L (trad.), *La cité de Dieu de Saint Augustin* III. Paris: Librairie Garnier Frères; 1910. p. 529.
  31. Marcell. med. 36, 15: *Ad podagram et neruorum dolores et parotidas et mammæ duritiem, quam et mulieres et uiri pati solent, remedium sic* “Remède contre la podagre, les douleurs aux nerfs, les parotides et les indurations des seins, qui affectent à la fois les femmes et les hommes”.
  32. Wirth J, cité note 1, pp. 305-307.

33. Plaut. Asin. 224. Voir aussi Plaut. Bacch. 479.
34. Ov. am. 2, 15, 11-12: *tunc ego si cupiam dominae tetigisse papillas et laeuam tunicis inseruisse manum* "Alors, si je désirais toucher la poitrine de ma maîtresse et glisser sous sa tunique ma main gauche ...". Bornecque H (trad.), Ovide. Les amours. Paris: Les Belles Lettres; 1930. p. 62.
35. Adams JN, The Latin sexual Vocabulary. London: Duckworth; 1982. pp. 29; 86; 208.
36. Vallete P dans Robertson DS (trad.), Apulée. Les métamorphoses I (Livres I-III). Paris: Les Belles Lettres; 1940. pp. 34-35.
37. À la traduction proposée par P. Vallette, on peut ajouter: "ceñida con un cinturón rojo oscuro casi a la altura de los pechos" (Rubio L, Apuleyo. El asno de oro. Madrid: Biblioteca Clásica Gredos; 1978. p. 63.); "she herself was neatly dressed in a linen tunic and had a dainty, bright red band tied up under her breasts" (Hanson JA, Apuleius. Metamorphoses books I-VI. Cambridge (Mass)-London: Loeb Classical Library; 1996. p. 73).
38. En coïncidence avec Mart. 14, 134. Cette acception revient chez Isid. etym. 19, 33, 6. Sur les traces d'une épître de Saint Jérôme (Hier. epist. 117, 7), Isidore définit *fascia* comme une bande qui couvre la poitrine et serre les seins. Cf. Rodríguez-Pantoja M, Isidorus Hispalensis. Etymologiae XIX. Paris: Les Belles Lettres; 1995. p. 280.
39. Hor. epod. 8, 1-10; Gell. 12, 1. Cf. Wirth J, cité note 1, pp. 305-306.
40. Dans le but d'insister sur l'importance accordée aux fesses par rapport aux seins, je signale, en guise de sondage, que l'on trouve des références aux fesses dans les priapées 19 et 27, mais jamais aux seins dans cette même collection poétique. Cf. Parker WH, Priapea: Poems for a phallic god. London & Sidney: Croom Helm Classical Studies; 1988. pp. 98-99 et pp. 112-113. Il en est de même dans le corpus de graffiti de Pompéi (CIL, IV, 8473). Cf. Montero Cartelle E, Priapeos. Grafitos amatorios pompeyanos. La velada de la fiesta de Venus. El concúbito de Marte y Venus. Centón nupcial. Madrid: Biblioteca Clásica Gredos 41; 1981. p. 145. De toute façon, on doit signaler qu'il y a des recettes destinées à préserver fermes les seins des jeunes filles, et par là, peut-être leur beauté. Un exemple illustratif se trouve chez Plin. nat. 28, 249: *sic conceptus leporis saniam et uiro Magi propinant, item uirgini VIII grana fimi, ut stent perpetuo mammae* "D'autre part les Mages font boire à l'homme du suc d'embryon de lièvres, et aux jeunes filles neuf grains de sa fiente pour que leurs seins restent perpétuellement droits" (Ernout A (trad.), Pline l'Ancien. Histoire naturelle XXVIII. Paris: Les Belles Lettres; 1962. p. 109.). Ce passage fut repris dans une collection de recettes, datée

au plus tard aux V<sup>e</sup>-VI<sup>e</sup> siècle. Cette compilation a été récemment étudiée et éditée, sous le titre *Curae quae ex hominibus atque animalibus fiunt*, par Ferraces Rodríguez A, *Curae quae ex hominibus atque animalibus fiunt*. Estudio y edición crítica. Santiago de Compostela: Andavira Editora; 2015. Cf. *Cur. anim.* 23, 39.

41. Adams JN, cité note 35; Montero Cartelle E, *El latín erótico. Aspectos léxicos y literarios* (2<sup>a</sup> ed). Sevilla: Publicaciones de la Universidad de Sevilla; 1991. Il en est de même dans le chapitre consacré au sexe par Uría Varela J, *Tabú y eufemismo en latín*. Amsterdam: AM Hakkert; 1997. pp. 333-447.
42. Wirth J, cité note 1, pp. 307-308.
43. Pourtant, les seins ne suscitent pas d'intérêt dans les rédactions anciennes du traité *Gynaecia* de Vindicianus. Cf. Rose V, *Theodori Prisciani Euporiston libri III cum physicorum fragmento et additamento pseudo-theodoreis*. Accedunt Vindiciani Afri quae feruntur reliquiae. Lipsiae: In aedibus BG Teubneri; 1894. pp. 425-466.
44. L'exemple le plus connu en ce sens est celui de Mustio, qui, reprenant à-peu-près le texte de Soranos, renvoie systématiquement à des lettres situées dans une figure, attestée, d'ailleurs, par la tradition manuscrite du texte. Cf. Soran. p. 7, 17-8, 13.
45. Le texte latin est à ce point quelque peu différent de celui de Soranos. D'après l'auteur grec, si le lait est sucé par d'autres enfants ou, à défaut, par des animaux, la nourrice s'épuisera. Cf. Sor. Gyn. 2, 8, 38-40; Cf. Burguière P, Gourevitch D, Malinas Y, Soranos d'Éphèse. *Maladies des femmes II*. Paris: Les Belles Lettres; 1990. p. 29.
46. Dans la phrase *siquidem maiores materiam premant* le traducteur a sans doute lu τὴν ὕλην au lieu de τὰ οὐλα, ce qui donne un texte difficile à comprendre, bien que le sens d'ensemble soit conservé. Cf. Drabkin MF, Drabkin IE, cité note 2, p. 46.
47. Soran. p. 32, 1-7: *Quae est ergo mamma apta ad nutriendum infantem? Adulescenta quidem et quae iam bis peperit, bono etiam sui corporis sit colore et pectus latum habeat et mammas ipsas neque rugosas neque satis breues, et nec multum grandes cauernas habentes neque uerum raras et breues* “Quelle est donc la nourrice appropriée à l'alimentation de l'enfant? Celle qui est jeune et qui a déjà enfanté deux fois; qu'elle ait une bonne coloration et une poitrine large; et que ses seins ne soient ni rugueux ni trop petits; qu'ils n'aient d'orifices ni très grands ni peu nombreux et petits”.
48. Oribas. syn. 5, 7: *habens mammellas grandis, et pectus, et capitella mammarum et neque clausas neque sursum habens erectas* (“Qu'elle ait les seins

- grands et la poitrine (grande) et que les petites extrémités des mamelles ne soient ni closes ni tournées vers le haut”). Ce chapitre correspond à 5, 2 du texte grec. La seule édition disponible est celle de Molinier A, *Oeuvres d’Oribase VI*. Paris: À l’imprimerie nationale; 1876. p. 50. Ce passage fait partie du groupe de chapitres par lesquels débute le livre V, dont quelques-uns ont été empruntés à la *Gynaecia* de Caelius Aurelianus.
49. La même doctrine apparaît bien avant chez Cels. 2, 8, 41: *Quae neque peperit neque gravida est, si lac habet, a menstruis defecta est*. Pour les traductions des textes de Celse, je renvoie aux lemmes de Lat A.
  50. Ce même aphorisme est retenu par Celse. Cf. Cels. 2, 8, 41: *Mulieri gravidae si subito mammae emacuerunt, abortus periculum est*.
  51. *Lat A*, 7, 45: *et quia nerui et uene albe sunt, ideo inmutat sanguinem in sanies, sicut in mammillis uidimus lactem* “Les nerfs et les veines sont blancs, et c’est pourquoi (la nature) transforme le sang en pus, comme nous l’avons vu pour ce qui est du lait dans les seins”.
  52. *Isid. etym.* 11, 1, 77. La source d’Isidore semble être le traité *De semine*, attribué à Vindicianus (fin du IV<sup>e</sup> s.). Cf. Wellmann M, *Die Fragmente der sikelischen Ärzte Akron, Philistion und Diokles von Karistos*. Berlin: Weidmannsche Buchhandlung; 1901. p. 208.
  53. C’est peut-être pour cette raison qu’on trouve quelques recettes destinées à empêcher l’accroissement des seins des jeunes filles. C’est justement ce qui arrive dans le *Liber de causis feminarum*, 83: *Ne mamillas crescant uirginem, porcum castra, de testiculis illius sanguine mamillas circumlene, de dextrum dextra, de sinistra (sc. sinixtro) sinixtra* “Pour empêcher la croissance des seins d’une fille, tu châtres un porc et tu enduis les seins du sang des testicules; le sein droit, du testicule droit et le gauche du testicule gauche”. Cette même prescription revient dans le manuscrit Oxford, Baliol College, 367 (XI<sup>e</sup> s.), f. 20v. Si l’on admet l’acception chrétienne du mot *uirgo*, on pourrait penser que cette prescription cherche à maîtriser la concupiscence.
  54. La traduction de Mustio retient également cette doctrine. Cf. Soran. p. 12, 19-22: *Quibus signis intellegimus purgationem primo uenturam? Plane uero a quarto decimo anno incipit, et didas habent inflatas* “Par quels symptômes nous rendons-nous compte de l’arrivée de la première menstruation? Elle commence à partir de la quatorzième année et (les filles) ont les seins gonflés”.
  55. *Cael. Aur. gyn.*, 1, 57, 472-475: *Ypocrates marem facere dicit eam que boni coloris fuerit pregnans et dexteram mammam plus habuerit ab alia turgentem; feminam uero illam que cum pallore sinistram mammam supradicito*

- habuerit modo, set hoc falso uidetur* “D’après Hippocrate, la femme enceinte qui va accoucher d’un mâle a une bonne coloration et le sein droit plus volumineux que l’autre; celle qui va accoucher d’une femelle est pâle et a le sein gauche plus volumineux. Mais c’est une théorie erronée”.
56. Cels. 2, 7, 16: *Eidem (sc. mulieri grauidae) si lac ex mammis profluit, inbecillum est quod intus gerit: durae mammae sanum illud esse testantur.*
  57. C’est quand même frappant que l’on utilise le pluriel d’*uber* 6 fois dans le texte et le commentaire à 5, 52 y 5, 53, face à l’usuel *mamilla* dans le reste du texte de Lat A.
  58. Je cite ce texte d’après Vázquez Buján ME, cité note 4.
  59. Egert FP, cité note 5. Un certain nombre de ces recettes enracinent dans la tradition hippocratique. Voir en ce sens Mazzini I, Flammini G, cité note 4, pp. 10-13.
  60. Cels. 2, 7, 27: *Suffusae quoque sanguine mulieris mammae furorem uenturum esse testantur.*
  61. Ce dernier point se rapproche beaucoup de la doctrine de l’aphorisme 5, 53, cité ci-haut, et on le trouve aussi dans Cael. Aur. gyn. 90, 814.
  62. Une fois de plus, Celse avait eu recours à ce même aphorisme. Cf. Cels. 4, 27 1 D: *At si purgatio nimia mulieri nocet, remedio sunt cucurbitulae cute incisa inguinibus uel etiam sub mammis admotae.*
  63. Oribas. syn. Aa, 89. Cf. Molinier A, cité note 48, pp. 383-385.
  64. Rose V, cité note 43, pp. 225-228.
  65. Oribas. syn. 5, 6: *Si mamme post partu ingestu lacte inturgescant* (“Si les seins se gonflent après l’accouchement à cause de la congestion du lait”) Cf. Molinier A, cité note 48, p. 50.
  66. En réalité, les chapitres 108, 109 et 112 ont repris à la lettre le texte de Muscio (Soran. p. 26, 19-28, 3).
  67. Sor. 2, 3. Cf. Burguière P, Gourevitch D, Malinas Y, cité note 45, pp. 14-15.
  68. *Caus. fem.* 66-76; 94-105. Plusieurs prescriptions en vue de faire sécréter ou arrêter le lait sont également fournies. Cf. *Caus. fem.* 77-82. Cf. Egert FP, cité note 5, pp. 20-21; 22-23; 21.
  69. Ceci n’est pas exclusif des textes de médecine. Voir par exemple Aug. civ. 22, 8, 3: *In eadem Carthagine Innocentia, religiosissima femina, de primariis ipsius ciuitatis, in mamilla cancrum habeba: rem, sicut medici dicunt, nullis medicamentis sanabilem. Aut ergo praecidi solet, et a corpore separari membrum ubi nascitur; aut, ut aliquanto homo diutius uiuat, tamen inde morte quamlibet tardius adfutura, secundum Hippocratis, ut ferunt, sententiam omnis est omittenda curatio* “Dans la même ville de Carthage, une femme

- très pieuse et du rang le plus élevé, avait un cancer au sein; mal incurable, de l'aveu des médecins. D'ordinaire on pratique l'opération, on retranche l'organe où le mal a pris naissance, ou bien, si l'on veut prolonger un peu la vie et reculer de quelques instants une mort inévitable, il faut, au sentiment d'Hippocrate, dit-on, renoncer à tout traitement". (Moreau L (trad.), cité note 30, p. 472). On tient à rappeler au passage que les représentations iconographiques du cancer du sein à l'époque classique sont peu nombreuses et pas irrécusables. Cf. Grmek MD, *Les maladies à l'aube de la civilisation occidentale*. Paris: Payot; 1983. pp. 113-114; et Grmek MD, Gourevitch D, *Les maladies dans l'art antique*. Paris: Fayard; 1998. pp. 320-324.
70. Rose V, *Anecdota Graeca et Graecolatina II. Mitteilungen aus Handschriften zur Geschichte der Griechischen Wissenschaft. Zweites Heft*. Berlin: Ferd. Duemmler Verlagsbuchhandlung; 1870 (réimp. Amsterdam; 1963). pp. 163-173 et pp. 243-274. L'étude fondamentale sur ce texte est due à Fischer KD, *Beiträge zu den pseudosoranischen Quaestiones medicinales*. In: Fischer KD, Nickel D, Potter P (Text and tradition), *Studies in Ancient Medicine and its Transmission presented to Jutta Kollesch*. Leiden-Boston-Köln: Brill; 1998. pp. 1-54. Rose donne l'édition d'après le codex Londres, BL, Cotton Galba E IV (s. XII m.), mais Fischer y a ajouté deux autres témoins: Chartres, Ms. 62 (s. X ex.) et Lincoln, Cathedral Library, 220 (s. XII in.). Cf. Fischer KD, *Sorani quae feruntur Quaestiones medicinales. Lateinischer Text beider Versionen mit deutscher Übersetzung und Anmerkungen*. Cuenca: Ediciones de la Universidad de Castilla-La Mancha; 2017. p. 159.
71. *Quaest. Med. L 405: Quid est καρκίνωμα? Tumor pessimus et durus, sine ulcere et cum ulcere. Dicitur autem carcinoma ab animale cancro. Est enim insanabilis* "Qu'est-ce que le cancer? C'est une tumeur maligne et dure, sans ulcération et avec ulcération. On l'appelle carcinoma à partir du crabe. Il est incurable". Cf. Fischer KD, *ibid.*, p. 348.
72. Au premier abord, et d'après la tenue verbale, on dirait qu'Augustin est la source d'Isidore, mais la coupure de la partie finale du texte d'Augustin implique un changement de sens chez Isidore. En effet, Augustin propose l'amputation de la partie affectée ou bien d'éviter la guérison dans le but de prolonger la vie du patient, tandis qu'Isidore n'en envisage que l'amputation.
73. Ce passage, qui n'est pas le seul chez Scribonius à s'occuper de cette affection (Cf. Scrib. Larg. 220, 1), fut ensuite repris par Marcellus de Bordeaux au début du V<sup>e</sup> s. (Marcell. med. 20, 7). Le même texte à peu près apparaît aussi dans l'antidotaire de Berlin, transmis par le manuscrit, Berlin, Staatsbibliothek, Ms. Phill. 1790 (IX<sup>e</sup> s., 1<sup>ère</sup> moitié). Cf. Sigerist HE, *Studien und*

- Texte zur frühmittelalterlichen Rezeptliteratur. Leipzig: Verlag von Johann Ambrosius Barth; 1923. p. 70. *L'Antidotos Hiera* a connu plusieurs réutilisations tout au long du haut Moyen Âge. Cf. Sconocchia S, *L'Antidotos Hiera* di Scribonio Largo e i suoi rifacimenti attraverso il tempo. In: Langslow D, Maire B (éds), *Body, Disease and Treatment in a Changing World. Latin texts and contexts in ancient and medieval medicine*. Lausanne: Éditions BHMS; 2010. pp. 131-145.
74. Trad. Jouanna-Bouchet J, Scribonius Largus. *Compositions médicales*. Paris: Les Belles Lettres; 2016. pp. 96-97
75. Cels. 5, 28, 2 A-F.
76. Le *thymion* est défini par Celse comme une sorte d'excroissance, dont la partie supérieure s'ouvre et saigne. Cf. Cels. 5, 28, 14 B. Jouanna-Bouchet J, cité note 74, p. 97, n. 2 et pp. 279-280, n. 1, fait remarquer que, contrairement à Celse, Scribonius Largus semble identifier le *carcinoma* et le *cacoethes*.
77. Ce qui veut dire à une époque un peu plus ancienne que celle qui est proposée pour la plupart des traductions latines des textes médicaux grecs, normalement datées au VI<sup>e</sup> s. Cf. Fischer KD, *Der pseudogalenische Liber tertius*. In: Garofalo I, Roselli A (éds), *Galenismo e medicina tardoantica*. Fonti greche, latine e arabe. Atti del Seminario Internazionale di Siena. Certosa di Pontignano- 9 e 10 settembre 2002. Napoli: Annali dell'Istituto Universitario Orientale di Napoli; 2003. pp. 100-132, ici pp. 111-112. Par contre, N. Palmieri penche plutôt pour le VI<sup>e</sup> s. Cf. Palmieri N, *Un antico commento a Galeno della scuola medica di Ravenna*. *Physis* 1981;23(2): 197-296, ici 225-227.
78. C'est bien le cas de la glose *cancer* publiée par Heiberg JL, *Glossae medicales*. København: Bianco Lunos Bogtrykkeri; 1924. p. 14.
79. Gal. meth. med. 2, 12, 139-143K. Cf. Johnston I, *Galen. On the Constitution of the Art of Medicine, The Art of Medicine, A Method of Medicine to Glaucon*. Cambridge (Mass.)-London: Loeb Classical Library; 2016. pp. 548-557.
80. Je laisse de côté la partie thérapeutique, qui est assez longue. Ce traité apparaît dans Bonardo D, *Galen Opera* vol. II. Venise: Filippo Pinzi; 1490, mais le texte s'écarte souvent de celui des manuscrits. Le chapitre sur le cancer se trouve à la p. 485 de la copie numérisée sur le site de la Bibliothèque interuniversitaire de médecine de Paris. L'édition imprimée ne présente pas de numérotation de pages.
81. Galien s'occupe du même sujet dans son commentaire aux Aphorismes. Cf. Gal. In Hipp. aph. 6, 38 (18a 59-61K).



82. *Sponduli ceciderint*: D'autres manuscrits donnent la leçon *spondulis ceciderit*. Le sens du texte semble clair, mais *sponduli* doit avoir dans ce passage l'acception inusuelle de "joint, fermeture des vaisseaux".
83. Je renvoie à titre d'exemple au *Lorscher Arzneibuch*, 67 (*Ad mamille nucleolos et ad dolorem* "Contre les nodules et les douleurs au sein") et 68 (*Ad cancerum mamillę quae de cancro dolet* "Contre le cancer du sein et les douleurs qui en résultent"). Cf. Stoll U, Das "Lorscher Arzneibuch": ein medizinisches Kompendium des 8. Jahrhunderts (Codex Bambergensis medicinalis 1): Text, Übersetzung und Fachglossar. Stuttgart: Franz Steiner; 1992. p. 158.
84. Je bénéficie d'une poignée de textes que m'a communiqués Arsenio Ferraces. Qu'il en soit remercié.
85. Egert FP, cité note 5, p. 23, propose de corriger *femum* par *seuum*, mais le témoignage des autres manuscrits ne plaide pas en faveur de cette correction.
86. Rouen, Bibliothèque municipale, 1407 (O. 55) (XI<sup>e</sup> s.), f. 155r; BAV, Regin. lat. 1143 (IX<sup>e</sup> s.), f. 104v; Kassel, Landesbibliothek, 2<sup>o</sup> cod. phys. et hist. nat. 10 (IX<sup>e</sup> s. 1<sup>ère</sup> moitié), f. 38r; Paris, BNF, latin 10251 (IX<sup>e</sup> s.), f. 93v.

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Articoli/Articles

SURGICAL TREATMENT OF THE BREAST FROM THE  
HIPPOCRATICS TO THE RENAISSANCE

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SUMMARY

*This contribution aims to survey maladies of the female (and occasionally male) breast requiring surgical intervention from Greco-Roman (hereafter classical) times through the Middle Ages. My survey is based on a selection of authors I consider most representative. Special attention will be given to the instruments and paraphernalia used in therapy and, when convenient, to appropriate pharmaceutical applications employed in conjunction. My investigation finds that in the main the same maladies (e.g. menstrual issues, various ulcers and growths) were treated throughout this period with the same or similar therapies and with basically the same equipment. However, medieval sources do occasionally attest conditions not mentioned in classical sources (e.g. inverted nipples) and sometimes employ new names for the equipment used.*

Aside from what one might call ‘pseudo surgical’ procedures, such as cauterization of the right breast of female children by Sauromatians to allow for more efficient use of weaponry<sup>1</sup>, the first relevant historical reference to surgical treatment of a breast is found in Herodotus’ *Historia* (3.133-134). The pertinent episode occurs in his account of Democedes of Croton, a renowned physician of the late 6th - early 5th century BCE. According to Herodotus, Atossa, wife of Great King Darius of Persia, was beset with a ‘growth’ (φῦμα) on her breast. When it had burst and was spreading, she sent for Democedes,

*Key words:* Cancer - *Apostema* - *Antispasis* - Surgical instruments - Trotula

who cured her. Herodotus is not specific in naming the condition, but an abscess/ulcer fits the language he uses. As we will soon see, mammary abscess may frequently be the issue lying behind the term ἀπόστημα/*apostema* (pl. *apostemata*) in the surgical texts consulted in this essay. As to Democedes' cure, no details are given. The sources cited in this study attest lancing and medication as the standard surgical procedures<sup>2</sup>.

The *Hippocratic Corpus* offers little in the way of surgical interventions on the breast. All known to me involve cupping, the process used even into modern times whereby a cupping vessel (σικύα in Greek, *cucurbita* in Latin) is heated and then applied to the afflicted part. As the cup cools, the resultant vacuum produces a pulling action. The *Corpus* makes it clear that size, weight, and contour varied to regulate a cup's drawing power; for example, the larger the cup, the more draw<sup>3</sup>.

Sometimes an incision was made prior to the application of the cup, a process called scarification; if there was no incision the cup was called in Greek 'light' (*kouphe*, κουφή-αί; for medieval testimony cf., e.g., William of Saliceto III.4: *cufa seu ventosa... sine incisione*). The Hippocratic and subsequent sources referenced in this essay are all of the latter type, unless otherwise indicated. At *Aphorisms*, Jones 5.50 and *Epidemics*, Smith 2.6.16 we are told to fasten a large cup to one or both breasts to restrain menstruation (καταμήνια, ἐπιμήνια ἴσχειν). *Diseases of Women*, Littré 8.110.38-41 seems to represent a more detailed treatment of the same or some similar condition. The text is in part incomprehensible and probably corrupt; but it is clear that 'white, reddish or red flux' is to be treated by cups applied, not to, but below the breasts, sometimes on the left, sometimes on the right. Technically, this procedure has nothing to do with a malady of the breasts themselves, but the breasts are used as a staging area for the cure.

Once anchored in the *Hippocratic Corpus*, cupping of the breasts for heavy periods and 'flux' (perhaps intermittent bleeding or dis-

charge, if not actual menstruation) is an intervention regularly repeated by later authorities who provide further details. These prominent figures include: [Aulus] Cornelius Celsus, contemporary of the emperor Tiberius, Galen of Pergamon, physician to Marcus Aurelius, Oribasius of Pergamon, physician to Julian the Apostate, Alexander of Tralles, a sixth century practitioner sometimes referred to by modern doctors as ‘the third Hippocrates’, Aëtius of Amida, contemporary of the Emperor Justinian and perhaps a practitioner in his court and, finally, Paul of Aegina, a somewhat murkier figure of the 7th century<sup>4</sup>.

Celsus merely repeats the injunction to make the application under the breasts (*sub mammis*) in the event of excessive menstruation causing harm (*si purgatio nimia... nocet* 4.27.1D)<sup>5</sup>. Although Galen ascribes his views to [Hippocrates], he provides details not found in the *Corpus* as we now have it. In various passages he favors placement of a large cup(s) under, to, or alongside (ὑπό, πρὸς, παρὰ) the breasts where, he thinks, vessels in common (κοινὰ ἀγγεία) connect the chest to the uterus. The cups, in Galen’s view, promote through these vessels what he calls ‘revulsion’ or *antispasis* (ἀντισπάσις), that is, attraction in an opposite direction. In other words application of a large cup(s), by pulling/attracting the uterus (and presumably its contents) upward, reduces excessive or unwanted discharge and the danger of fainting, which is likely what Celsus is referring to as ‘causing harm’<sup>6</sup>. By the same token, menstrual flow can be prompted by fixing cups to the pubic and groin areas.

Galen’s account is echoed by: Alexander of Tralles (*Fevers*, 1.339.18, τοῖς τιθοῖς εἴωθαμεν ἐπιβαλεῖν σικύας), Oribasius (*Coll. Med.*, 8.19.3, παρὰ τοὺς τιθοῦς), Aëtius (5.106.3, παρὰ τοὺς τιθοῦς) and Paul (3.62.2.14, ὑπὸ τοὺς τιθοῦς)<sup>7</sup>. Alexander and Aëtius also echo Galen in stating that excessive discharge causes fainting (λειποθυμία). All other classical texts dealing with cupping of the breast area are concerned with proper and efficient lactation for

nursing infants. Oribasius mentions the intervention in two passages. The first and most extensive (*Coll. Med. Lib. Inc.*, 31) may reflect the views of Oribasius himself<sup>8</sup>; the other (*Coll. Med. Lib. Inc.*, 32) he excerpted from the works of Mnesitheus of Cyzicus<sup>9</sup>. Both passages focus on the proper qualities, physical and moral, of a wet nurse, her proper regimen, production of the most desirable milk and, of course, remedies for inferior or deficient production. At 31.28-29 we learn that the latter can be remedied by diet, medication, exercise, manual massage (ἀνατριβειν), and irritation (ἐρεθίζειν) of the chest and breasts. ‘In some cases’, Oribasius adds, ‘application (location unspecified) of a cup can provide what is needed’<sup>10</sup>. Mnesitheus’ remedy is similar but, after medicating, he prescribes a cup along each breast (προσβάλλειν σικύαν καθ’ ἑκάτερον τὸν τῶν μαστῶν...). Neither passage explains how cupping achieves ‘what is needed (τὸ δέον)’. Most likely the idea again has to do with *antispasis*, or attracting abundant milk into the breasts.

One problem associated with cupping and, in particular, with cupping of the breasts is the vacuum causing the cup to adhere. If applied with a great deal of heat, it might be too strong for comfort, or even to remove. The remedy, of course, was to reduce, or if necessary, to break the vacuum. This might be done by applying to the cup a sponge dipped in hot water, by inserting a spatula probe between the lip of the cup and the bodily surface or, more radically, by drilling a hole in the cup. Sensitivity to this issue is expressed by medieval authorities as well<sup>11</sup>.

We today possess nine, perhaps ten specimens of the ‘Hippocratic’ cup and around two dozen others dating to the Roman Empire (Fig. 1 & 2). All are of copper alloy, though other less preferable materials are attested in the literature (silver, glass, horn, even wood). Several still sport the rings for suspending or removing them (as Fig. 2), and many exhibit traces of their erstwhile presence. About half of them were excavated from graves; the rest were found at sites like Pompeii,

with at least one extracted from the sea<sup>12</sup>. The pre-Roman models are characterized by a less angular profile at the shoulder as opposed to sharper accentuation in the case of their Imperial counterparts<sup>13</sup>. Cups also appear on reliefs and coins. Representations include three of the ‘Hippocratic’ type shown suspended in the background on a relief now in the Antikenmuseum, Basel, while illustrations of the Roman type include two flanking a box of scalpels on the base of a Roman dedication in the Athens Museum and one on a base, also Roman, honoring a certain Jason in the British Museum<sup>14</sup>. The Basel relief and six Hippocratic specimens from a grave at Ialysos are datable to ca. 500 B.C., establishing the earliest chronology of the pre-Roman type.

In addition to the cups themselves, a spatula probe and a drill have also been mentioned in connection with their removal. The former were ubiquitous all over the Roman Empire and served mainly domestic purposes (Fig. 6)<sup>15</sup>. Drill bits are rare and no specimen of the standard straight type, so familiar now, has ever been authenticated as ancient. On the other hand, over half dozen of the bows to drive bits mounted on chucks are preserved (Fig. 7). This type is likely only a smaller version of the bow drills used by carpenters and stone workers<sup>16</sup>.

A couple of side notes re lactation treated with parasurgical items in Oribasius. In *Coll. Med. Lib. Inc.*, 32, 15-16, Mnesitheus massages the breasts and ties just above them a soft *lemniscus* or fillet (μαλακῶ λημνίσκῳ)<sup>17</sup>. This allows the attending healer to apply gentle pressure promoting greater flow of milk. While it is unclear whether the fillet encircles the breasts at their base or the chest just above them, pressuring by fillet appears to represent an approach that is the opposite of *antispsis*. Among approaches for reducing breasts excessively enlarged by the flow of milk is application of a sheet of papyrus (χάρτη) medicated with cumin and brine (Oribasius, *Ecl. Med.*, 141.1).

For similar conditions creating swelling and discomfort, we may consult several passages excerpted from earlier authorities by Aëtius. These occur in book 16, which deals with gynecological issues, such as caked breasts and clotting of milk producing swelling (35- 36 Zervos; 34-36 Cornarius), inflammation (37 Zervos & Cornarius [from Philumenus<sup>18</sup>]), and sclerotic inflammation of the breast (38 Zervos & Cornarius [also from Philumenus]). For clotting with swelling a clean sponge soaked in oxykraton (sour wine and water) or a poultice of ground dates mixed with leavened bread and oxykraton may be bound on and applied with gentle pressure<sup>19</sup>. Inflammation and sclerotic inflammation are combatted with plasters, their most intriguing ingredient being the collected residue of a tub in which only men have bathed. We will see such conditions reoccur in medieval sources.

It is odd that we hear of virtually no lesions of the breast in the *Hippocratic Corpus*, let alone any involving surgery. The sole exception is a reference to breast cancer at *Epidemics*, Smith 7.5.101, a passage repeated at *Epidemics*, Smith 7.7.116.

*A woman at Abdera had breast cancer (καρκίνωμα ἐγένετο περὶ τὸ στήθος). A bloody fluid flowed from her nipple. When the flow stopped she died.*

Here we find only the detached observation so characteristic of much of *Epidemics* with no indication that breast cancer was treated at all, let alone treated surgically in the fifth and fourth centuries BCE. But abscesses, fistulas, cysts and other growths in and on the breast that we hear of in post Hippocratic sources there must have been, even if these conditions are not named.

Of later authorities writing in Greek, Aëtius presents us with the richest trove of breast conditions requiring the use of instruments such as surgical knives, probes and cauteries. These occur in book 16 in the context of the other breast conditions mentioned above.



At chapter 39 (Zervos & Cornarius) we come to mammary abscess<sup>20</sup> (*ἀπόστημα ἐν μαστοίς*) which, he says, develops when inflammation and sclerosis cannot be arrested by plasters previously recommended. This requires surgical, i.e., more radical intervention. The operation consists of incision of the pus pocket, which Aëtius refers to as ‘rotted tissue’ (*σσηπώτα σώματα*). Other parts of the breast may be cut around without fear. However, particular care should be exercised around the nipple, where the incision should be made in a semilunar form (*ἐκτεμνέθω μηνοειδεῖ περιαιρέσει*) but sufficiently deep to reach the base of the pocket<sup>21</sup>. Such an incision preserves the natural appearance of the nipple and avoids future problems with lactation. Interestingly, we learn that, if the surgery is performed on males, they too appreciate cosmetic preservation of the nipple, one of the few times we hear of breast surgery involving men.

Post surgical treatment involves plasters topped with a wine soaked sponge. A certain Magistrinus<sup>22</sup> is cited for his special plaster: earthworms (*γῆς ἔντερα*) mixed with barley meal. It is most important not to load the wound with excessive tents (*μοτοί/μοτοί*). This can lead to fistula/sinus (*σύριγξ*), which is the subject of the next chapter (40 Zervos & Cornarius), excerpted from the work of the famous surgeon Leonides of Alexandria<sup>23</sup>. We will find similar wariness over heavy dressings/tents resurfacing in medieval authorities.

In dealing with mammary fistula Leonides leans to milder measures. In particular he favors a plaster he calls ‘the black one made of darnel (= *lolium temulentum*)’, for which an extensive list of ingredients is provided. This is to be applied on a tuft of wool, care being taken to avoid contact with the nipple. Should the black plaster fail to dry up the fistula, Leonides then resorts to surgery. First the fistulous canal must be explored with a probe (*διὰ πωρήνοσ μήλης*) to determine its depth and nature. It may then be opened by incision and any tissue that is hard, callous, and unnatural must be cut out. More plaster is then applied to promote desiccation and a scar.

The next malady, also copied from Leonides (41 Zervos; 42 Cornarius) is a corroding canker or ulcer called *phagedenic* (τὸ φαγεδαυικὸν ἔλκος). This type differs from a malignant growth in that it tends to be superficial and its edges are not stiff; nor does it feature a network of supporting blood vessels. Though Leonides says phagedenic lesions react well to medication, he recommends immediate recourse to surgery as the simple and safer approach. Basically the operation consists of excision of the indurated margins (τετυλωμένα χεῖλη) of the lesion and then application of fired cauteries to arrest bleeding before the application of corrosive medication.

As noted, the Hippocratics, so far as we know, did not treat cancer of the breast surgically. The earliest source for this approach is Celsus who, in a wide ranging section on cancers in various parts of the body, lists the female breast as a susceptible area (5.28.2A-E). He notes two stages, the first called by the Greeks *cacoethes*, the second *carcinoma*. The first can be attacked with caustic medication (*medicamentis adurentibus*), cautery (*ferro*) and knife (*scalpello*), but the second is inevitably fatal and admits only of palliative care. Celsus also warns that only the very experienced can distinguish the two stages. In general his approach is characterized by a caution that will be echoed by his successors, classical and medieval, in their treatments of mammary cancer.

First to consider is Galen. In addressing Glaucon, he says he has seen many cases involving the breast. As in our time, he feels most confident of a cure when the cancer is in its earliest stages and can be treated with medicaments, in particular those compounded of metals. Advanced tumors can only be attacked surgically but at great risk. If the tumor is cut around and excised, there is danger of immediate hemorrhage. This can be staunched by ligation but that, in turn, provokes other issues. If on the other had we choose to cauterize the roots of the disease, here again there is great danger of damaging nearby vital parts<sup>24</sup>.

Paul of Aegina has a short chapter (6.45) on cancer, observing, as had Galen, that it occurs in particular in the female breast (*ὡς μάλιστα κατὰ... τοὺς μαστοὺς ἐπὶ γυναικῶν*). Some practitioners, he says, simply eliminate the tumor with cauteries, others amputate the entire breast and then cauterize<sup>25</sup>. His own general feelings seem to reflect the wariness of Celsus and Galen: ‘even when operated on, it gets worse, sometimes with ulceration’<sup>26</sup>.

We now return to Aëtius, whose views on breast cancer, are based on lengthy excerpts from the writings of Archigenes of Apamea<sup>27</sup> and Leonides. Topics of discussion in chapter 42 Zervos (43 Cornarius) include: derivation of the name, division into cancers that ulcerate, and those that do not (also called hidden), features of non-ulcerating cancers of the breast (deeply seated, spreading, linked to supporting blood vessels, changing colors, harder in appearance than to the touch, and painful), and features of ulcerating cancers (constantly expanding and descending, exuding foul secretions, painful and worsening under medication and surgery). In chapter 43 Zervos (44 Cornarius) we are told that cancers extending into the chest (*τὰ συμφυῆ τῷ θώρακι καρκινώματα*) are incurable because of the danger of hemorrhage during surgery and the impossibility of completely extirpating the disease. On the other hand, cancers along the surface of the breast (*τὰ δε κατὰ τὸ ἄκρον τοῦ τιθοῦ*) can be cured.

Having dealt with these issues, Aëtius now brings us to an actual surgery, the verbatim account of the procedure followed by Leonides (44 Zervos; 45 Cornarius).

*I usually operate in cases where the tumors do not extend into the chest. The procedure is as follows. When the patient has been placed on her back, I incise the healthy area of the breast above the tumor and then cauterize the incision until scabs form and the bleeding is stanch. Then I incise again, marking out the area as I cut deeply into the breast, and again I cauterize. I do this quite often, incising and then cauterizing to stanch the*

*bleeding. This way the bleeding is not dangerous. After the excision is complete, I again cauterize the entire area until it is desiccated. I apply the cauteries the first and second time to check the bleeding, but the last time, after the tumor has been excised, for the complete cure of the disease.*

It is important to note that Leonides, as Paul and Galen, only excises the tumor, not the entire breast.

Post operative parasurgical gear is detailed in chapter 45 Zervos (46 Cornarius), perhaps also dependent on Leonides. Required are strips of linen (ὀθόνια) soaked in water or milk (mother's or donkey's) to hold plasters and *motoi* of lint or cloth, themselves sometimes medicated. The latter might in turn be anchored in place by a truss of cloth called a *motophulax* (μοτοφύλαξ)<sup>28</sup>.

The final condition of interest described in Aëtius 16 is indurated breast (σκιρρωθεὶς μαστός), excerpted briefly from Leonides (49 Zervos; 50 Cornarius). At issue here is a hard and heavy tumor causing pain by pulling down on the breast. If the hardening extends to the chest, Leonides discourages surgery. If the tumor is only superficial or even extends half way into the breast, amputation of the diseased part is possible without cauterization, because hemorrhage is not a concern.

If we now turn to the instruments, i.e., the knives, probes and cauteries attested as deployed to perform the operations we have described, we encounter a problem we did not have to face in the case of cupping. This is that, though cups may vary somewhat from one another in size or shape, they remain substantially the same in terms of form. On the other hand, when we treat surgical knives, probes and cauteries, formal differences abound, as shown by the variety of names applied in classical surgical sources and the variety of surviving specimens to which we can link these names.

Take for example cauteries. In the written sources we hear of cauteries assuming the forms of razors, styli, spatulas, tubes, triangles, half moons, needles, tridents, olives, knives, nails, bricks, lentils and the

letter gamma, plus natural substances like ignited fungi<sup>29</sup>. The problem is that in the sources focusing on the breast, no specific cautery is mentioned; just the general terms for the instrument, *ferrum* and *kau(s)ter/kau(s)terion* (καυ(σ)τήρ/καυ(σ)τήριον). Other than that we only find the verb *καίειν/kaiein* ('to burn'), its compounds, and the verbal noun for 'burning' (καύσις).

So too in the case of surgical knives and probes. With respect to the former there are over a dozen names for surgical knives in the Greek literature, with recovered specimens perhaps representing as many as nine of them (Fig. 8). No specific knife, or even the general term usually rendered as 'scalpel', *smile* (σμίλη) and its diminutives, is to be found in the passages of interest. All we have to go on are verbs and verbal nouns that can be translated as 'cut', 'cut out', 'cut around', 'excise'/'amputate', etc., or a scattering of nouns designating the concrete result of these actions.

This forces us to guess as to the appropriate cautery or knife needed for breast surgeries. When, for example, Leonides cuts directly into the breast to remove a cancerous tumor, knives with pointed straight blades might have appealed most to him (Fig. 8.2)<sup>30</sup>, whereas for cutting around the margins of a phagedenic ulcer he might have seen blades shaped like a raven's beak as more functional (Fig. 8.4).

The situation changes when we shift to consideration of fistula; for we find in the literature two and possibly three special knives for treatment. Not surprisingly they went by the name *surigotomon* (συριγγοτόμον) or 'fistula cutter'. As we are occupied with the breast, we may immediately dismiss a sickle shaped model deployed solely for anal fistula<sup>31</sup>.

Most attractive is a second type described by Galen (*De Meth. Med.*, 10.415K). Oddly, Galen describes this model, not in treatment of fistula but for enlarging a wound through which intestine and/or *omentum* have prolapsed, so that the protruding part(s) can be restored to their proper position. That it mounted blades sharp only on one side

and dull on the point is shown by his observation that ‘two sided knives or those sharp at the point are to be avoided in every way’<sup>32</sup>. This variety of *surringotomon* might be represented by survivals featuring a dull point and one cutting edge (Fig. 8.6-7).

Another possibility is a *spathion surringotomon* (σπαθίον συριγγοτόμον) excerpted from Leonides by Paul<sup>33</sup>. When confronted by a blind fistula, Leonides says he forces a probe into its orifice after its exposure by dilation. He adds: ‘using its shaft as a block or director, let the whole fistula be divided by a *hemispathion* or by the *spathion suringotomon*’<sup>34</sup>. *Hemispathion* or ‘half spatula’ sounds very much like the commonly excavated knife-blade called ‘breast shaped’ or ‘bellied’ in antiquity and sometimes type ‘D’ nowadays (Fig. 8.1.)<sup>35</sup>. The same form appears in medieval manuscripts (Fig. 13; similar is Guy de Chauliac’s knife for anal fistula in Fig. 4). *Spathion suringotomon* may, therefore, be just another name Leonides used of an *hemispathion* when it was applied to surgery for fistula; or he may have had a fully spatulate blade in mind, like the unique specimen lately extracted from the marvelous House of the Surgeon at Rimini shown in Fig. 8.5<sup>36</sup>. As Leonides is used as a source for treatment of fistula by Aëtius and Paul, I should like to think both are drawing on that section of his work that dealt with mammary as well as other types of fistula, and that he used one or the other of these knives for fistula affecting the breast.

In some instances a knife might also function as a cautery, in that surgical blades were in the main of iron/steel, the preferred material for cauteries. In fact, cauteries are regularly referred to as *sideria* or ‘irons’ in the *Hippocratic Corpus*<sup>37</sup>. Cauteries might be heated to varying temperatures, some operations requiring the instrument to be fired ‘red hot’ (διάπυρος, διαφανής), such as those used by Leonides in treating phagedenic lesions. This explains the preference for iron which, as opposed to copper alloy, can take high heat without melting.

As iron is prone to degrade, most classical and medieval tools designed exclusively for cauterization have been lost<sup>38</sup>. Clearly recognizable surviving classical cauteries include: a circular specimen in Baltimore from Colophon (Fig. 9), a set of three semi-circular models in the Naples Museum from Pompeii, a rather similar type combined with a lancet in Mainz from Asia Minor (Fig. 6), a lunated cautery in Bingen, and a small spatulate model in the British Museum said to be from Italy. One of the pieces in Naples is of iron as are those in Mainz, the British Museum, and Bingen; the others are of copper alloy<sup>39</sup>.

A quick glance at the cautery types named above reveals none directed specifically to phagedenic ulcer and cancer, the two disorders featured so far in this essay where cauteries are required. As the purpose of cauterization in these cases was to staunch bleeding and to destroy diseased tissue over a comparatively wide area<sup>40</sup>, a broader model, such as the specimen figured in the Colophon instrumentarium, those in Naples, and the one from Asia Minor in Mainz seem more appropriate<sup>41</sup>. Staunching bleeding and eliminating tumor and ulcer should also require cauteries fired 'red hot' (therefore of iron) and, in the case of Leonides' multiple attempts to arrest bleeding and eliminate a cancerous breast tumor, a series of cauteries may have been prepared and then applied in sequence, as in the medieval intervention for respiratory issues shown on Fig. 11<sup>42</sup>. And because metal cauteries heated red hot were obviously also a danger to the operating surgeon, Leonides probably wrapped them in rags for safe manipulation, as did Galen<sup>43</sup>. Traces of mineralized wood on the specimen in the British Museum shows that a cautery might also be thrust into or come equipped with an insulating handle of wood<sup>44</sup>. We may see such a wooden handle protecting the hand of the medieval operator in Fig. 13.

With probes, for which the generic Greek and Latin names were respectively *mele* (μήλη) and *specillum*, we are somewhat better off.

We are still confronted with multiple names for multiple types<sup>45</sup>. But characteristic of all versions is a straight shaft, and, in many instances, termination at one end in an enlargement, which may be global or elongated in shape (e.g., on the spatula probe in Fig. 6). The Greek name for this feature is *puren* (*πυρήν*), usually rendered as ‘olivary enlargement’<sup>46</sup>. It is this enlargement that Leonides applies in tracking and penetrating the canal of a mammary fistula before excising calloused and other extraneous tissue<sup>47</sup>. Since the *puren* was found on many probe types, Leonides may have used one terminating at its opposing end with a scoop, a spoon, the model mounting a *puren* at both ends of the shaft (now generally called *dipyrene*: *διπύρηνος μήλη*) or, conveniently, with a blade like the knife shown in Fig. 8.5. Though the female breast is the focus of our interest, it may not be too much of a distraction to interject a surgery for reduction of the male breast in cases where an excess of fat in the area (*gynecomastia*) creates the impression of unmanliness. The operation is described by Paul (6.46) and is strictly cosmetic, much as his surgeries for mutilated ears and lips (6.26) and restoration of the foreskin (6.53). In the case of the breast, lunated incisions are required. If the patient is disfigured by breasts which swelled when he reached puberty but then remained unnaturally swollen as time went on, one incision should be made below the breast, the skin contracted by dissecting some of it away, and the incision sutured. If the breast is pendulous and flabby, like a woman’s, two lunated incisions running parallel and at a small interval apart are to be made at its upper level. The ends of the uppermost (and longer) incision should comprehend the lower, their respective ends meeting. The skin and fat between are then to be dissected away and the wound sutured. If not enough excess is removed, the procedure may be repeated.

Again, though cutting is involved, no particular knife is specified. One supposes that a straight blade, sharp on one side and at the point would do nicely (e.g. Fig. 8.2). Whatever blade might be chosen,



since this intervention involved removal of fat by dissection, it might with profit be mounted on a handle terminating in the leaf-shaped element common on many classical surgical knives (Fig. 8.1-4, 6-7). This feature is regarded as designed for that very purpose. We note the convenience of having a blade and dissector available on the same tool when both functions are needed in the same surgery.

Also, for this surgery needles and thread for suturing would be required. Eyed needles of bronze or brass are not infrequently found in classical surgical kits. These usually went by the names βελόνη (*belone*) in Greek, and *acus* in Latin. They are described in the literature as varying in degrees of shape and sharpness (fine, bent, etc.). Material for suturing of course does not survive. However, there is ample testimony in the literature to the use of wool, sinew, dried gut and silk, even human and animal hair. In general, it seems wool was preferred for suturing/stitching<sup>48</sup>.

We now move on to tracing operations on the breast by medieval surgeons who inherited the classical tradition. Other than the brief treatment of cupping for menstruation in the texts of Leon Iatrosophist and Joannes Actuarius, middle and later Byzantine medical sources have little to say about surgery on the breast<sup>49</sup>. Michael Psellus (*De Medicina* 1305) attests in passing to breast cancer, but without further details<sup>50</sup>.

In contrast to the Byzantines, the best written sources involving the breast are grounded in the European West, especially in Italy and France. Western authorities, of course, were indebted to the Arabs who preceded them, such as Razis and Avicenna, and in surgery especially to Albucasis (Abū al-Qāsim Khalaf ibn al-Abbās al-Zahrāwī, 936–1013). These individuals were also heirs to the same classical tradition, in the case of Albucasis often repeating Paul of Aegina almost word for word. In this essay I concentrate mainly on the more important European authors writing in Latin from roughly the 11th to the 14th centuries. The relationship between these surgeons/writ-

ers is close, many being the student of a predecessor. Consequently, there is a great deal of repetition as one moves from one to another; for that reason not all of the major names need be fully considered. As the focus here is on the female breast, it is appropriate to consult first the compendium of three treatises on female diseases and conditions known collectively as the *Trotula*. Apparently originating separately in 12th century Salerno, the three treatises are believed to have been brought together before 1200 by an anonymous compiler<sup>51</sup>. Those female conditions necessitating surgical intervention on the breast are found in the first two, *Liber de Sinthomatibus Mulierum* or 'Book on the Conditions of Women' (*SM*) and *De Curis mulierum* or 'On Treatments for Women' (*CM*). Here we find issues and remedies with which we are already well acquainted. The first (*SM* [35], pp. 82-83) is menstruation in excess<sup>52</sup>, for which the traditional classical application of heated cups (*ventose ignite*) is prescribed to draw the blood upward<sup>53</sup>. In classical sources cups were placed on, under, and alongside the breasts<sup>54</sup>. The *Trotula* may include all these locations with its general stipulation *inter mammillas*. Among pharmaceutical remedies the *Trotula* recommends [36] vaginal insertion of a pessary of plantain juice.

*SM* [35] also provides the preferred medieval Latin term for cupping vessel: *ventosa*. It seems *ventosa* was used as an adjective in classical Latin. So Juvenal (*Satires*, 14.58), who apparently applied it to *cucurbita*, the classical term in Latin, to designate the sucking sound made when the *cucurbita* was removed<sup>55</sup>. Isidore of Seville (7<sup>th</sup> century) reinforces this speculation by referring to a *guva* (= *kouphe*) as 'that which by Latins is called by its likeness [to a gourd] *cucurbita*, [and] by its hiss, *ventosa*'<sup>56</sup>. *Ventosa* then became the standard in Romance languages.

The appearance of the cups applied in the *Trotula* and, probably, by most of the medieval masters that follow depends on illustrations preserved in the manuscript tradition, especially that of Albucasis

(II.96). In terms of form these basically represent the classical bulbous type of copper alloy, though some are more cylindrical (Fig. 3). Several such cups appear among a miscellany of texts in a cupping scene preserved in a 15th century manuscript in the British Library (Figg. 4 & 5)<sup>57</sup>. These are especially relevant because, as in classical sources, two are applied under the breasts of a female patient (though by another female). It is likely that a menstrual problem is involved, as a third cup is applied to the groin. Albucasis also advertises a model unattested in classical sources. This type is traversed by a rod or cross-piece to support a lighted wick or candle, seemingly to warm the afflicted part and create a vacuum (Fig. 3). Albucasis describes it as featuring in addition a small hole over which a finger was placed upon application and lifted when the vacuum was to be broken and the cup removed.

The other relevant section of the *Trotula* has first to do with another situation familiar in the classical and Islamic traditions, mammary *apostema*/abscess (*CM* [201], pp. 148-149)<sup>58</sup>. The approach here is to bring the lesion to a head and thereby force it to rupture and drain. As in Aëtius' anonymous source, plasters are preferred and, if ineffective, then recourse is had to incision *cum flebotomo*. Unlike Aëtius, the *Trotula* says nothing about the care needed when incising near the nipple, but instead exhibits more concern for draining the pocket. We are told that the pus has to be released slowly in the beginning, 'lest by sudden evacuation *something bad* results (*ne subita evacuatione malum fiat*)'. The treatment is then completed by applying linen smeared with egg yolk two or three times a day. In the classical tradition sudden draining of an empyema or dropsy was regarded as dangerous<sup>59</sup>. The same concern surely lies behind the caution expressed here in the *Trotula*.

As classical authorities like Leonides knew (Aëtius, 16.40 Zervos & Cornarius), mammary abscess might result in a fistulous canal. This complication is also noted in the next section of the chapter ([202],

pp. 201-202). The *Trotula* first directs the operator to insure there is a fistula by tracking the suspect area ‘with a probe’ (*cum tenta*). If a fistula has developed, remedies (including black hellebore) are applied to encourage cleansing and mortification. After that the area can be treated like any wound/lesion (*vulnus*). Apparently, the *Trotula* does not envisage opening the fistula by cutting.

We find two tools expressly mentioned in the *Trotula*’s directives for mammary abscess and fistula. The name *flebotomon-um* is merely a transliteration of the Greek φλεβοτόμον. Though the name reflects bloodletting as the primary function of the instrument, other uses, as here, are attested in classical sources. Those same classical sources also suggest that a *flebotomon* was usually only the common Greco-Roman scalpel handle with leaf shaped dissector attached to an appropriate blade (Fig. 8)<sup>60</sup>. Such handles are not known in the medieval west<sup>61</sup>; the handle and blade of the knife mentioned here might have resembled one of those shown in Figg. 4, 10, 13 or 17.

The name *tenta*, for what is clearly a probe<sup>62</sup>, is unknown in classical sources. The form *tenta* must derive from the verb *tento/tempto* in the sense of ‘touch’, ‘make trial of’. In classical sources any fine straight shaft of metal, wood or bone, even a finger or stalk of garlic, could be employed as a probe, whether specifically designed as such or not. Some sort of shaft is surely at issue with the *Trotula*’s *tenta*.

We now turn to a sequence of treatises dating from the 12th to the 14th centuries. In contrast to the female focus of the *Trotula*, these are all general works on medicine/surgery. Nonetheless, we find here and there in each most of the mammary conditions with which we are already familiar.

The first in the series, often regarded as seminal, is the *Practica Chirurgiae*, or ‘Practice of Surgery’, a compilation issued around 1170 or 1180 under the name of Roger Frugard, a native of Parma. The *Practica* was then expanded by Roger’s student and fellow native of Parma, Roland Cappelluti around 1240<sup>63</sup>. Relevant to this

survey are three chapters in Book Three (In: *Collectio Salernitana*, II, p. 481)<sup>64</sup>.

III.31 deals with mammary cancer<sup>65</sup>. If the breast is hard and dark and burns, Roger maintains cure by extirpation/excision is not possible. But if only part of the breast is affected, he tells us to apply first a corrosive powder of asphodels and emollients (i.e. corrosives) and then try to excise the diseased part (*vel etiam incisione*)<sup>66</sup>. To these directives Roland adds an involved recipe for a corrosive powder that he regards as useful for destroying both cancers and fistulas.

In III.32 we are told that *apostemata* are caused by *amenorrhoea*<sup>67</sup>. In this case Roger recommends the application of non corrosive emollients such as malva and acanthus. When the abscess ripens and comes to a head, he tells us to lance it (*incide*) and then insert what he calls 'a long tailed drain' (*stuellum* [also *tasta*] *caudatum*,) to evacuate the pus. An early 14th century French translation of the *Practica* illustrates these conditions in two panels (Figg.12 a & b) showing a physician (Roger?) facing two standing female patients, one displaying her right, the other her left breast for treatment. Valls and Sudhoff take the first to represent cancer, the second abscess. The object held by the physician is a salve container (*Salbenbüchse*)<sup>68</sup>.

Lastly, III.33 deals with inverted nipples (*caput mammillae interius deducitur*), which may occur in primiparas and recently delivered mothers. This is a serious condition, for it prevents the newborn from nursing. The remedy is to apply a *cuffa* over the nipple to retract it<sup>69</sup>. This *cuffa* is clearly a sucking device, therefore a kind of cup, something like, if not actually the *ventosa* applied by Guy de Chauliac for the same problem (see below)<sup>70</sup>. The name *cuffa* (sometimes *cupha* [*Coll. Salern.* II, pp. 530, 606], sometimes *scufa* [*Coll. Salern.* II, p. 199]), like *guva*, surely derives from the Greek adjective *kouphe*, or 'light'. As noted above, a 'light cup' did not involve scarification, a procedure unnecessary in dealing with an inverted nipple.

To perform the surgeries needed for the conditions treated by Roger cups, knives and a drain are required. The cup for inverted nipples was likely the bulbous type well known to Greco-Roman authorities (Fig. 5). Models of copper alloy and glass are mentioned in the 14th century by Guy de Chauliac (see below), but he cites for this information Albucasis who wrote centuries earlier<sup>71</sup>. Glass may, in fact, have been the general preference of medieval surgeons. Guy clearly preferred it for cupping involving heat<sup>72</sup> and his predecessor, Henri de Mondeville (also see below), actually defined *ventosa* as ‘a vessel of glass’: *Ventosa est vas vitreum, rotundum, planum, habens strictum orificium, fundum amplum* (III.1.4 Pagel p. 385). When we come to the grand 16th century surgical compendium of Lorenz Heister, only a glass type is shown, which Heister illustrates as preferred in Germany in his time: *Delineatur cucurbitula vitrea qualis hodie in Germania ut plurimum...adhiberi solet*<sup>73</sup>. As noted earlier, classical and Islamic authorities mention glass models. However, they did not prefer them because, they maintained, glass types did not take heat well and risked breaking<sup>74</sup>. It may be that improved methods of producing glass account for a medieval leaning in favor of cups of that material. Another incentive will have been the transparency of glass, allowing for easy assessment of the amount of blood drawn in the event of scarification. In any case, the preference for glass, beginning in the Middle Ages, will account for the preferred modern term ‘cupping glass.’

Unfortunately, as many medieval authorities, Roger does not describe the type of scalpel he prefers for cancers and *apostemata*. By chance, however, a Trinity College Cambridge manuscript supplies, among 50 drawings illustrating an Anglo-Norman translation of a portion of Roger’s *Chirurgia* (perhaps early 13th century), several featuring pointed razors/knives with a relatively straight blade sharp on its underside (Fig. 10)<sup>75</sup>. The type would be eminently suitable for excising breast cancer and resembles quite closely the blade favored for this condition in the 17th century by J. Scultetus (Fig. 17).

By 'long tailed drain' Roger means a longer than usual piece of cloth to pack the incision<sup>76</sup>. He explains that the 'long tail' keeps the drain from getting lost and permits easy retraction, something usually achieved in classical sources for suppositories and pledgets by attaching a thread<sup>77</sup>.

I pass over Bruno da Langoborgo/Longobucco, the authority next in line, because he says nothing about mammary conditions. Still his *Chirurgia Magna* of 1253 provides details on surgeries of interest, e.g. on fistula, that could equally apply to breasts. It will, therefore, be reasonable to refer to these details when appropriate.

We come next to Theodoric Borgognoni (1205 – 1296/8), whose *Cirurgia*, or *Chirurgia* appeared around 1265<sup>78</sup>.

In the third of the four books of his treatise Theodoric covers familiar subjects, specifically chapters directed to *apostema* (III.11), fistula (III.1), and cancer (III.7). The first two treat these conditions generally without specifically involving the breast<sup>79</sup>. But they are worth dwelling on because they feature a number of processes and instruments (actual or assumed) which, presumably, would be employed for mammary *apostemata* and fistula, as well as for other afflicted areas. Furthermore, save for the *Trotula* before, few of the medieval authorities after Theodoric deal specifically with mammary fistula<sup>80</sup>. Depending on factors such as their type and size Theodoric remedies *apostemata*, by: A. cupping in the initial stages for purposes of *antispasis*<sup>81</sup>; B. phlebotomy in the initial stages for the same reason<sup>82</sup>; C. mild scarification if the tumor is of various content<sup>83</sup>; and D. incision/lancing to break the pus pocket<sup>84</sup>.

Of particular interest is Theodoric's treatment of an *apostema* called *colpus*, a type of subcutaneous sinus/pocket (*quasi sinus pendens*). Here he supplies a rich passage relating to instruments for injection. In this case one should wash out the pocket with hydromel 'injected by a syringe or some similar instrument' (*inijciendo cum syringe vel aliquo simili instrumento*). A pig's bladder can also be employed,

‘providing that its neck has been properly prepared, as stated in the chapter on fistula’ (*vel injicias cum vesica porcina, collo vesicae ad injiciendo preparato*). Unfortunately, Theodoric’s chapter on fistula, at least as preserved, contains nothing about pig’s bladders. By *syrinx* Theodoric must be referring here to a traditional injector/*clyster*. This consisted of a tube bound to a bag or animal bladder (Fig. 14)<sup>85</sup>. Models equipped with a pig’s bladder, are indeed amply attested in classical and Islamic sources and such are known as well to medieval authorities like Guy de Chauliac<sup>86</sup>. The *syrinx* mentioned in Theodoric’s chapter on fistula (see below) will be basically the same device. But what does Theodoric have in mind by referring to ‘some similar instrument’ for irrigating *colpus*? If this alternative is genuinely distinct, a piston driven syringe might be meant. Such syringes are best exemplified by the so called *puoulkos* invented by Heron of Alexandria (1st cent.) and employed by Galen (Fig. 15)<sup>87</sup>. A similar, if cruder, injector/syringe going by various names was probably known to classical surgeons and certainly, for treatment of bladder stones, to Albucasis (II.6 & II.49) and through him to Bruno (*Ars Chirurgica* II.1, p. 129, *quod dicitur syrxinx*). This type involved a tube with a plunger pushing a rolled piece of cloth or a bit of sponge<sup>88</sup>. With these antecedents available to Theodoric, a piston driven syringe might well have found its way into his instrumentarium<sup>89</sup>.

When it comes to fistula, the first priority for Theodoric, as for his antecedents, is to understand the depth, direction and complexity of the fistulous canal. To this end he says it should first be cleared by irrigation several times with appropriate water (e.g. ash, sea, or salted) and then probed. If necessary one can inject a *clyster* (*si non vales cum alio [sc. modo], saltem clysteribus*). The desired probe should be of lead (*tenta plumbea*) to insure flexibility, a requirement going back as far as the Hippocratic treatise *Fistulas* 4 (Potter). If the opening of the canal is small, Theodoric directs the operator to enlarge it with a cutting instrument (*cum incisorio elargetur*); or, if the patient



fears the knife (*ferrum*), with a probe<sup>90</sup> of heart wood (*aut cum tenta de medulla sambuci*), or a stalk of elder (*vel stipatis medete*) or, better yet, with the pith of reed (*quae melior est, id est de canna syrici*). Then he should dry out and necrotize the canal with a sharp medication smeared on lint (*medicamen acutum in licinijs involutum*). Vinegar should be added to make the medication runny enough to penetrate to the fistula's base and through its branches. Should the fistula be merely subcutaneous and not deep, the surgeon should first run a wooden probe (*intromissa prius tenta lignea*) to its base and fully open the canal (*secetur usque ad finem*). Then the corrupt tissue should be eliminated with a razor (*auferatur cum novacula caro putrida et corrupta*), or sharp medication (*administra medicamem acutum*), or a cautery (*cauterizetur*), described as the ultimate remedy (*ultimum remedium*). Finally, Theodoric warns against being deceived by the depth of the fistulous canal and failing of its complete elimination<sup>91</sup>.

We may add a few additional details from Bruno's chapter on fistula (*Ars Chirurgica*, I.15 pp. 111-114; Hall pp. 108-111), which closely follows Theodoric's. He too sees cauterization as the most successful treatment, but only as a last resort. For probing he will use even brass or silver models (*oportet...ut accipias tentam auricalici vel argenti*; see Fig. 18 for cauteries of precious metal). In cure by incision he makes it clear that the wooden probe is used as a director for the scalpel (*intromissa prius tenta lignea...[fistula] secetur usque ad ultimum ipsius ita ut ipsa tenta liberetur et auferatur cum novacula caro putrida...*).

Citing Avicenna, Theodoric asserts (III.7) that cancer is an *apostema* arising from hot black bile (*apostema ex melancholia adusta materia choleric*). It occurs, he says, especially in the breasts of women experiencing *amenorrhea* (*praecipue in mamillis mulierum quae non purgantur naturaliter*). Early detection and treatment allows for a cure (*cancer quanto antiquior, tanto peior*). Approaches include diet, purg-

es, phlebotomy and stimulation of the menses, the latter if the lady be under the age of fifty<sup>92</sup>. A more adventuresome surgical approach is described in III.6, where we are told a cancer arising from factors like a hot *apostema* or wound, can be exposed by incision and burnt away in fleshy places (therefore presumably breasts), where veins and muscles do not present an obstacle<sup>93</sup>. If the cancer is well established, various oral medications, poultices and purges may be tried to dissolve and expel it. If, after these remedies, the body suffers from excess (*si corpus sit pletoricum*), then let it be bled (*fiat phlebotomia*); if that is not the case, a cup should be placed on the most proximate source (*ponatur ventosa in proximo fonte, sc. cancri*). If the area reddens or is inflamed, leeches can be applied (*ponantur sanguisugae*).

The approaches described by Theodoric and Bruno in these chapters require knives, probes of various materials, cauteries, cupping vessels, a standard *clyster* mechanism consisting of a tube attached to a bladder and, possibly, a piston driven syringe for irrigation.

We may note in addition parasurgical items, especially in Theodoric's chapter on fistula. These include a mortar and spatula for mixing plaster (*mortarium, spatula*), treated new sponge (*noua spongia*) and a shears/scissors (*forfex*)<sup>94</sup>.

Curiously, the one chapter of the *Cyrurgia* specifically directed to the breast turns out to focus again on male pecks which are flabby and therefore effeminate. Theodoric's description of the operation (III.32) is basically a rephrase of the accounts of it in Paul and Bruno (*Ars Chirurgica* II.8, p. 124: *De nacta [= lipoma] et de inflatione quae apparet in mamillis quorundam hominum*). It is interesting that this particular surgery had also attracted the attention of Islamic authorities, chief among them Albucasis (II.47), who follows closely Paul's account. The manuscripts of Albucasis also provide illustration how both the single and double cuts should look.

I note in passing that the male breast is also the focus of cauterization for maladies of the chest (such as breathing difficulties and

liver disease) in a series of illustrated manuscripts in Latin and *Landessprachen* collected by Karl Sudhoff<sup>95</sup>. The citations from these manuscripts refer to points of cauterization *super mamillas et sub mamillis*. The illustrations occasionally also involve, or appear to involve, females (Fig. 10). The required cautery is round (*cum rotundo*).

A contemporary of Roland, William of Saliceto<sup>96</sup> (1210–1277) completed his *Grand Surgery* or *Chirurgia Magna* a bit later in 1275. Five books plus an appendix make up William's opus. Of interest to us re the female breast are three chapters in the first book. The first two deal respectively with the familiar issues of *apostemata* (I.33) and cancer (I.34). The third (I.35), treats such conditions of the breast as caking, overflow lactation and stringy exudation from the nipples (*De lacte coagulato et superfluiditate pilosa in mamilla*). Some of these conditions we have already seen in Aëtius 16. They are mainly combatted with topical applications. William's strictly surgical concern is that bad milk may result in pus and an *apostema*, in which case incision and draining are called for<sup>97</sup>.

In confronting *apostemata* William distinguishes two types, the hot (*calidum*) and the cold (*frigidum*); i.e., those that are red and inflamed as opposed to those that are not. Most attention is given to the hot type, on which I will focus exclusively in William and his successors, as the cold type involves little beyond topical applications. William's object in treatment is either to resolve the infection or, as usual with his predecessors, to bring it to a head (*resolvertur aut maturabitur*). He recommends, first, bleeding from the cephalic vein on the side opposite the infected breast (*patiens phlebotometur de cephalica contrariae manus*), if the condition of the patient allows; if not, the practitioner can apply cups to the shoulders after scarification (*scarificetur in spathulis cum ventosis*). The theory of *antispasis* may lie behind these directives, phlebotomy and cups with scarification pulling the elements of the infection to one place. Fomentations,

and plasters may also be used. At this point the pus pocket may be lanced with an incision of appropriate dimensions by a phlebotome or a razor (*tunc facta sanie aperiatur cum phlebotomo vel rasorio*) and, as we have heard before, its contents drained at a rate commensurate with the general condition of the patient. Subsequent hemorrhage and discomfort are treated with appropriate pharmaceuticals used also in treating *apostema* of the armpit.

As noted, William's views on mammary cancer are set down in I.34 (*De scroffulis, duritie et cancro in mamillis*) which, as its title shows, deals also with 'scrofules' and 'induration'<sup>98</sup>. For these problems he recommends purges and medicaments described in previous chapters (i.e. I.23 & 26). As to cancers, he outlines two approaches. One he calls 'mild' (*cura blanditiva*) because it favors diet, purges and topical application of oils containing analgesics, like *mandragora*, opium and *hyoscyamus niger* (henbane). The alternative approach is reminiscent of his ancient predecessor, Leonides: surgical amputation with an especially sharp knife (*membrum incidatur totum cum tota aegritudine cum ferro incidente optime*) followed by cauterization to check the hemorrhage (*deinde cauterizetur locus cum ferro ignito*). Application of pharmaceuticals called 'mondificans' (cleansers), incarnatives (promoting new tissue) and consolidatives' (causing tissue to adhere) that he has recorded in previous chapters complete the intervention. To his credit William clearly prefers the 'mild' or palliative treatment, even though he admits it is no cure. Radical mastectomy he properly regards as extremely difficult to execute. And, even if one could perform it successfully, as there is no cure for an advanced cancer, he does not recommend it. The honest surgeon, he says, should avoid meddling with it<sup>99</sup>.

As to the instruments used for *apostema* and cancer, William adds little to what we have heard so far. To the cups and phlebotome required for abscesses, he also allows for a razor. The knife/scalpel used for mastectomy must be 'perfectly honed' (*ferrum incidens op-*

time) and the cautery fired red hot (*ferrum ignitum*, but also *cauterium* elsewhere in the chapter), no surprise in either case.

The focus now switches from Italy to France as we come next to William's student Lanfranc of Milan (ca. 1250–1306), variously called Guido Lanfranchi, Lanfranco or Alanfrancus<sup>100</sup>. He too produced a *Chirurgia Magna* in five books in 1296, distinguished from the opus of his master by its full title *Practica quae Dicitur Ars Completa Totius Chirurgiae*.

We proceed immediately to III.3.5, where Lanfranc treats diseases of the breast, including excessive fatness and size (*De aegritudinibus mamillarum, scilicet pinguitudine, et magnitudine praeter naturum*). Though his chapter heading covers a lot of ground, Lanfranc is concerned in the main with *apostemata*. The influence of his master, William, can be seen in a number of details. Like William, Lanfranc recognizes two distinct types: hot and cold. And, like William, for the hot type he prescribes cupping of the shoulders (*ventosatio in spatulis*) and phlebotomy, though his preference is to open the basilic as opposed to the cephalic vein<sup>101</sup>, and he does not specify on which side of the infected breast. However, he adds, if the cause of the abscess is *amenorrhoea*, the bleed should be from the saphenous vein<sup>102</sup>; i.e., the long subcutaneous vein in the leg. Similarly, when the *apostema* comes to a head, it should be lanced, drained and cleansed<sup>103</sup>. Lanfranc cites an Hippocratic aphorism (Jones 5.40) in support of his view that failure to do so can result in insanity<sup>104</sup>. Should this occur, the remedy is to shave the lady's head, strengthen it with applications (*caput radas et conforta caput*) and regulate diet. At this point he tacks on a specific case in which his advice was ignored to the detriment of a female patient. Unlike William, Lanfranc is vehemently sensitive about the placement of a pledget or suppository (*tenta, villus*) in the wound, particularly a long heavy one<sup>105</sup>. An overload of tents, he argues, will distend the breast, resulting in pain and a lengthier convalescence.

The name of the instrument used for lancing, *sagittella*, suggests a small puncturing instrument shaped like an arrow<sup>106</sup>. An illustration of a lancet shaped like an arrow head and labeled *sagittellum* can be found in the margin of the earliest of the manuscripts of Roger Frugard<sup>107</sup>. See Fig. 6 for a fine classical model.

Lanfranc says little about cancer in this chapter, just that he seems to find its cause in cool material which, if dark and hard, should not be treated with hot remedies, lest the result be a cancer<sup>108</sup>. In the event of actual cancer, like William and other predecessors, Lanfranc considers mastectomy a futile endeavor (*labor vanus*). In fact he frankly admits that, although through God's grace his expertise is sufficient to deal with *apostemata* and ulcers, he never has been able to cure a cancer<sup>109</sup>. He also condemns those fools (*stolidi*) who extirpate *glandulae*, by which he may mean William's 'scrofulae and indurations', perhaps fibrocystic mastopathy and its benign masses<sup>110</sup>.

Mammary ulcers are treated like other types, with diet, various pharmaceutical applications and phlebotomy at unspecified points<sup>111</sup>.

Next Lanfranc raises again the issue of inverted nipples. His remedy is to substitute for the heated *cuffa* prescribed by Roger an acorn shell smeared with pitch or resin (*cupula glandis*), heated and bound to the nipple<sup>112</sup>. There is a curious addition to this remedy. If the acorn shell treatment does not work, Lanfranc recommends creation of a *sycia* (*fac fieri syciam*) proportioned to fit over the nipple. This is then fired (*cum igne*) to create the vacuum for retraction. The term *sycia* closely resembles the usual Greek term for bleeding cup *sikya* (σικύα, also σικυία). If this is what Lanfranc means, one wonders why he avoids *ventosa*, the usual term for cup, which he uses elsewhere (e.g. II.3.5, *ventosa cum igne*) and the one used by his successor Guy de Chauliac for this situation (see below). The answer may be that he viewed this retracting device as especially small, created on the spot, and differing significantly in purpose. Since it was distinct from the usual *ventosa*, he chose another name for it, viewing

the Greek term for bleeding cup, however he knew it, as kindred and suitable.

As reflected in the chapter's title, Lanfranc, again discusses reduction of effeminately large breasts in males. But he also deals with the same condition in young women (*virgines*), a situation that he asserts is unbecoming (*non decet*). His treatment is a mild one, based completely on solutions or plasters featuring vinegar laced with the shavings of whetstones (*lapides cum quibus acuuntur cultelli*), heated and bound on loosely. He claims this application will prevent enlargement and even promote reduction<sup>113</sup>.

Milk caked breast also makes a brief appearance in this chapter. Ointment and plaster are again the remedies brought to bear<sup>114</sup>.

We will not be shocked to see mammary *apostemata* again receiving the attention of the most important French master after Lanfranc, his pupil Henri de Mondeville (ca. 1260 – 1316), whose by now familiar title, *Cyrurgia*, appeared in 1312.

Henri's chapter on the subject, *De cura apostematum communium mamillarum* (III.2.18, Pagel pp. 496-498, esp. p. 497) commences with the usual division into hot/warm and cool/cold types. The characteristics of each and their underlying causes are treated at length before we come to actual treatment of the hot, which is, basically, reflective of Henri's antecedents, especially Lanfranc. He again orders bleeding from the cephalic vein on the hand opposite the affected breast. If that is not an option, cups (*ventosae*) are to be fixed on the shoulders, but also on the buttocks and the back. If the cause is *amenorrhoea*, he recommends bleeding from the saphenous vein (III.1.3, Pagel, p. 366). Recommendations for diet and topical applications follow; and, if the infection is unresolved and comes to a head, the surgeon, as usual, is urged to release the pus gradually (*sanies huiusmodi apostematis non debet violeter educi nec tota simul et semel extrahi*). The incision should be made at a lower point in the swelling (*in loco ipsius [sc. apostematis] magis dependenti*<sup>115</sup>). In keeping with

Lanfranc, Henri insists long drains should be avoided (*numquam imponatur hujusmodi apostematibus longa tenta*). Post surgical treatment involves irrigation with honey water, and cleansing the wound with wine of myrrh. If these directives do not result in a cure, then, as with Lanfranc, the Hippocratic aphorism (Jones 5.40) re madness is invoked as a reason for shaving the lady's head, anointing with oil of roses and vinegar and applying a diet suited to fever<sup>116</sup>.

Like many of his predecessors, Henri (III.1.4, Pagel, pp. 384, 386) recommends *antispasis* by cupping of the breasts for heavy menses and nosebleed. He, however, favors placement under the breasts (*super radicibus mammillarum ad restringendum fluxum*). In this case the breasts had to be elevated for the purpose: *quandocunque ventosa ponitur sub mammillis, eleventur sursum, si dependeant donec recte sibi sub radicibus ipsarum possit poni et infigi*.

A misfortune for the focus of this survey was Henri's inability, due to poor health, to write III.3. This would have contained a section on *Diseases of the Breast*. It is calculated that he planned at least fifteen topics<sup>117</sup>, many of them familiar from his predecessors. These included cosmetic issues like *gynecomastia*, excessively large breasts in females, their faulty development (in a girl), and even unwanted hair at the nipple. He also intended to treat such problems in lactation as engorgement, pain, caseation, and clotted milk. Of greatest interest, of course, would have been what he had to say about ulceration, cancer, fistula, scrofula or other masses, and retracted nipple. We can at least recover some of his pharmaceutical recommendations for excessively large breasts in females at III.1.13 (Pagel, p. 404). These include *terra sigillata* and clays mixed with vinegar bound on for three days. But, considering the involved treatment of the topics that Henri did finish, he would likely have dealt with these issues more extensively than did any of his antecedents.

Finally, we come to Guy de Chauliac or Guigo De Caulhiaco (ca. 1300 – 25 July 1368), who lived through the Great Plague and who



is regarded as marking, with his summary of all that came before him, the chronological terminus of medieval medicine.

Unsurprisingly, Guy's *Inventarium sive Chirurgia Magna* (ca. 1363) includes conditions with which we are by now quite familiar at II.2.5 (McVaugh-Ogden, Vol. I, pp. 121-122). Following Lanfranc and Henri he classifies *apostemata*, as usual, as hot and cold and attributes their cause especially to *amenorrhea*, which itself is to be treated by provoking menstruation and bleeding from the saphenous veins (*provocacio eorundem [sc. menstruorum] atque flebotomia saphenarum*). He expands on Henri's warning, based on Hippocratic aphorism Jones 5.40, that *amenorrhea* leads to madness by noting that Lanfranc had seen such a case. However, he himself has not (*ego autem numquam vidi*) and notes that Galen too had never observed one<sup>118</sup>.

Should induration, arising from a cold *apostema*, result in cancer, Guy, again following Lanfranc, advises against radical mastectomy and recommends only palliative care, adding that this cautious approach avoids ill reputation (*diffamia*).

To bring hot *apostemata* to maturity, applications like warm/hot rose oil with a bit of vinegar or a combination of water and vinegar can be applied. These may be followed by plasters (one recommended by Avicenna) featuring, for example, bean meal (*farina fabarum*) and sesame and almond oil (*olio sisamino aut amigdalarum*). When mature, Guy maintains the *apostema* should be opened, as Albucasis directs, with a lunate incision at its base (*aperiatur in bassiori loco secundum formam lunarem*)<sup>119</sup>. To avoid discomfort, again following Lanfranc and Henri, he discourages insertion of a large pledget.

When we come to VI.2.5 (McVaugh-Ogden, Vol. I, p. 367) of the *Inventarium*, we find recurrence of a situation treated by Lanfranc and advertised for treatment by Henri, excessively enlarged breasts in young women (*in iuenculis*). Again, the remedy, here attributed to Galen and Rasis, (see McVaugh-Ogden, Vol. II, p. 309) is

application of a band containing substances like vinegar, clay and alum. The same section recalls the lunate incisions to correct excessively effeminate pecks in men, which we can trace back through Lanfranc, Theodoric and Bruno to Paul of Aegina and Arab authorities. Basically Guy repeats Albucasis' account of the operation.

There follows a situation we have encountered in the texts of Roger Frugard and Lanfranc, inverted nipples (*papillus profundatus*) that prevent an infant from suckling<sup>120</sup>. Several of the remedies are familiar. Either the operator can place a heated small cup (*ventosa parva*) over the nipple and retract it with the vacuum created or, as Lanfranc, one can use the heated cap of an acorn (*cupola glandium calefacta*) to the same effect. Novel is the suggestion that one can position a tube (*canula*) on the nipple and create the vacuum by sucking. The type of tube is not specified. Plain tubes of metal occur in classical surgical texts (e.g., Celsus 15.1-2; Paul 6.50.2-3), but a simple section of reed would do just as well. (For use of a tube in sucking, see Aëtius, 6.76.6-10.) Specimens of metal recovered from classical sites and graves appear essentially the same as the models illustrated by Scultetus (see below).

We note in passing the usual application of cups to regulate menstrual flow. With Galen as his source (*In Hippocratis aphorismos commentarii vi*, 17bK.842.6-843.3) Guy recommends large cups below and not on the breasts (VII (*Antidotary*), 1.1, McVaugh-Ogden, Vol. I, p. 400-401). Caked breast or stagnation mastitis (*De coagulacione lactis*) is treated with topical applications. Among them he repeats a plaster (*emplastrum*) touted by Lanfranc (III.3.5) containing these ingredients: grains of pure wheat, barley meal, fenugreek, linseed, root and leaves of marshmallow, and rocket<sup>121</sup>.

To round out this essay, I focus briefly for purposes of comparison on one Renaissance treatise, that being the *Armamentarium Chirurgicum* of Johannes Scultetus (Johannes Schulte, 1595-1645). Broadly speaking, Scultetus combines the best aspects of both the

classical and medieval traditions. For example, as the authors of the Hippocratic *Epidemics*, he often describes cases at length and in detail. And, like Galen and his medieval predecessors, he injects himself personally into his case histories<sup>122</sup>.

Scultetus' individual case descriptions, called *observationes*, are accompanied by plates (*tabulae*) with good drawings of the instruments deployed plus detailed instruction on their use by way of accompanying explanations (*declarationes*). Since mamillary cancer was treated quite cautiously from Roger thru Guy de Chauliac, Scultetus' account of a radical mastectomy in *Observatio 52* offers a stark contrast, including his claim that the patient lived.

The case involves one Anna Sibylla, the ca. 47 year old head abbess of a religious community at Ulm. Afflicted with an ulcerated cancer of the left breast, the poor women endured several painful treatments administered by two incompetents<sup>123</sup> before coming under the care of Scultetus. He advised complete amputation (*totius mammae abscisio*) and was given her consent for the surgery. This was performed on 26 June 1641 after administration of an anesthetic or analgesic<sup>124</sup>. *Tabula XXXVIII* = Fig.16 shows the steps described in Scultetus' narrative. His first was to draw at cross angles two thick threads of twisted linen through the base of the breast. The threads were pulled through with two needles, each with a large eye<sup>125</sup>. The needles removed, he then tied together the four ends of the threads and elevated the breast by pulling up on them. Next Scultetus marked out clearly with black ink (*atramento scriptorio*) the base of the breast, thus distinguishing it from the underlying pectoral muscle. At that point the breast was cut through at its base with a quite sharp knife (*acutissimo scalpello*) and, when removed and suspended by the threads, was discovered to weigh 6 pounds. Scultetus completed the operation by 'gently' (*leniter*) staunching the hemorrhage with a fired cautery (*ferrammento candente, cauterio ignito*). He goes on to say that, after a period of recovery, the abbess left Ulm on 6 October 'in high spirits

and excellent health' (*laetissima et sanissima*). Clearly she survived the surgery. Whether the cancer returned, we will never know. As stated, we are fortunate in having good drawings of the instruments deployed. Tabula XII, Fig. VIII = Fig. 17 illustrates the eyed needle used to draw the threads of linen and Figg. VI and VII the sharp scalpels for the amputation. These are described as 'two edged with points shaped like myrtle leaves' (*scalpelli ancipites qui ad extremitatem referent foliorum myrti*). Tabula XXXVIII depicts the cautery used, a model with a broad branding surface, the type suggested above for the non specified model deployed by Leonides.

#### *Final Remarks*

It is received opinion that medieval surgeons did little more than rediscover, especially through Islamic sources translated into Latin, the level of surgery achieved over the course of the Roman Empire. The surgeries discussed in this essay, focused exclusively on the breast, generally bear this out, especially where fistula, *apostema* and cancer are concerned. At the same time our sources supply a few novelties. Note, for example, concern for a situation we do not see in surviving classical sources, inverted nipples, a condition that surely afflicted lactating mothers before the Middle Ages.

With the recovery of classical precedent in medieval surgery also came the tools used to perform it. For breast surgery in particular we have found references to cupping vessels, cutting and puncturing instruments (scalpels, phlebotomes, lancets, razors), cauteries, probes/directors of metal and wood, needles, plain tubes, clysters formed of tubes and bladders and, perhaps, even a piston driven syringe. And accompanying primary tools we find mention of parasurgical items, including spatulas, mortars, sponges, scissors, and tents/drains of cloth. But here too there occur minor novelties: e.g. in the preference for glass cups and in application of devices not mentioned or, at least, not used in the same way in classical sources. I think here of the tiny

cup, acorn shell, and tube to create the vacuum necessary to retract inverted nipples, devices anticipating the modern breast shell. We also find some new or preferred names for standard classical instruments and paraphernalia: *incisorium* for knife, *tenta* for probe as well as tent, *stuellus* for tent, *ventosa*, *cuffa/cupha/scufa* and *sycia* for bleeding cup, *sagitella-um* for lancet, and *syrinx* for clyster.

Unfortunately, we cannot be more specific about the tools deployed for the surgeries we have reviewed. This is disappointing, given that generally speaking we are fairly well informed about both classical and medieval instrumentation. For the former there exists an abundance of tools recovered from houses, baths, shipwrecks and, especially, burials over the course of the Roman Empire, along with literature replete with names and descriptions of various tools<sup>126</sup>. In contrast, few actual medieval instruments survive. On the other hand we are compensated by ample depictions of them in the manuscript tradition<sup>127</sup>. In spite of this reasonably good picture, when it comes to the precise nature of a knife or cautery type for, say, mammary cancer as dealt with by Leonides, William or Lanfranc, we have nowhere near the precise detail and quality of illustration we enjoy later with Scultetus. The one exception may be the special knife types called *surringotomon* for treatment of fistula, as attested in classical and, if rarely, medieval sources<sup>128</sup>. However, these are never mentioned in connection with the breast; nor do they really need to be applied in other cases of fistula<sup>129</sup>. An ordinary straight or bellied scalpel like those in Fig. 8 might do just as well. We can be most precise, I think, in concluding for both periods that the cups, tube and bladder driven clysters (Fig. 14), tubes/*cannulae* (Fig. 17), and lancets shaped like arrow heads (Fig. 6) attested for mammary conditions from classical through medieval times were pretty consistent in form. Likewise, the preferred scalpel/razor and the cautery used as a hemostat in extirpating breast cancer, if and when extirpation was performed, most likely involved the types recovered at Colophon and illustrated by Scultetus (Figg. 9, 16 & 17). This is probably as far as we can go.

*Lawrence J. Bliquez*



Fig. 1. Cupping vessel, Thebes. Ht. 14.8 cm. Ca. 500 BCE



Fig. 2. Cupping vessels, Pompeii. Ht. of largest (with ring) 13 cm

*Surgical Treatment of Breast*

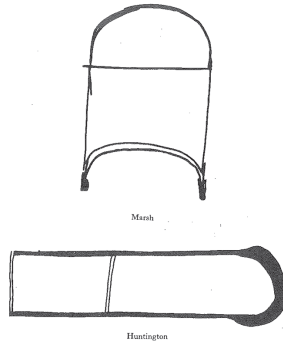


Fig. 3. Cups described by Albucasis, as reproduced by Spink from Bodleian Library, *Oxford Mss. Marsh 54*, 1271-2 and *Huntington 156*. 1465-6 CE



Fig. 4. Cupping scene (copied from a manuscript of Guy de Chauliac), *BL, Sloane Ms 6, f. 177v*, British Museum. Among relevant instruments, lower rt. are a knife and three cauteries for anal fistula. 15th century. As edited by Alexander Hollmann





Fig. 5. Detail of *BL, Sloane Ms 6, f. 177v*, British Museum



Fig. 6. Spatula probe, lancet-cautery combination, allegedly from Ephesus. L. of spatula 15.2 cm. 1st half, 3rd cent. CE. Römisch-Germanisches Zentral Museum, Mainz. 0.37850



*Surgical Treatment of Breast*

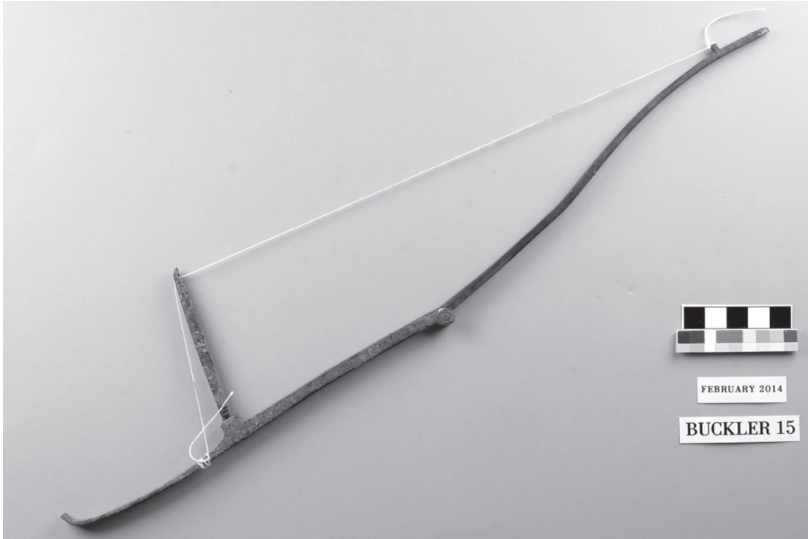


Fig. 7. Drill bow, allegedly from Colophon. Johns Hopkins Archaeological Museum, Inv. Buckler 15. L. 39 cm. 1st – 2nd century

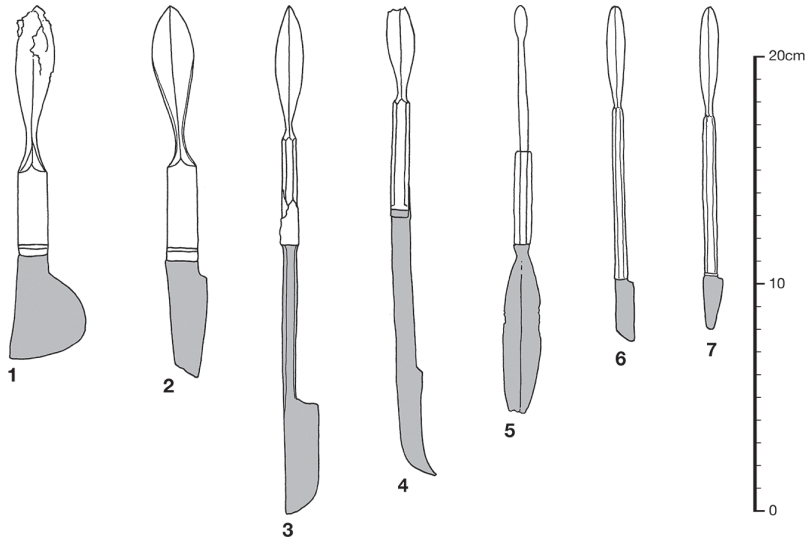


Fig. 8. Scalpel types, Domus 'del chirurgo,' Rimini. 3rd century. Drawings by Ralph Jackson



Fig. 9. Cautery, allegedly from Colophon. Johns Hopkins Archaeological Museum, Inv. Buckler 16. L. 16.8 cm. 1st – 2nd century



Fig. 10. Cranial intervention. After *Trinity College, Cambridge, Ms. 0.1.20*. 13th century. Drawn by Alexander Hollmann

*Surgical Treatment of Breast*

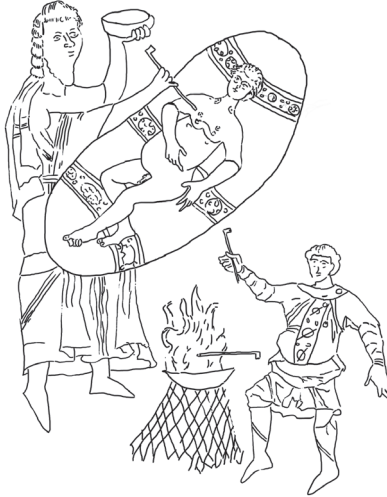


Fig. 11. Cauterization. After *MS Plut. 73.41, f. 122, Biblioteca Laurentiana, Florence*. 9th – 10th cent. Drawn by Alexander Hollmann



Fig.12a. Mammary cancer. After *BL Ms. Sloane 1977, British Museum*. 14th century. Edited and drawn by Alexander Hollmann



Fig. 12b. Mammary abscess. After *BL Ms. Sloane 1977, British Museum*. 14th century. Drawn by Alexander Hollmann

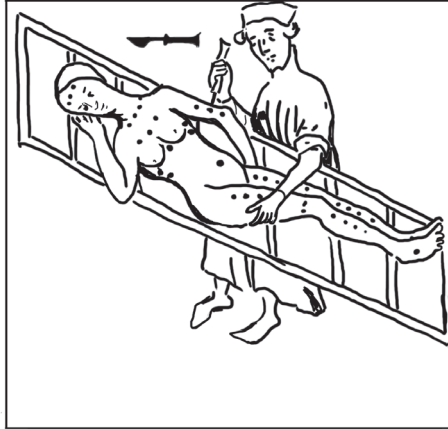


Fig. 13. Cauterization. After *Laudianus Miscellaneus* 724 Bl. 3r Oxford. 14th century.  
Drawn by Alexander Hollmann

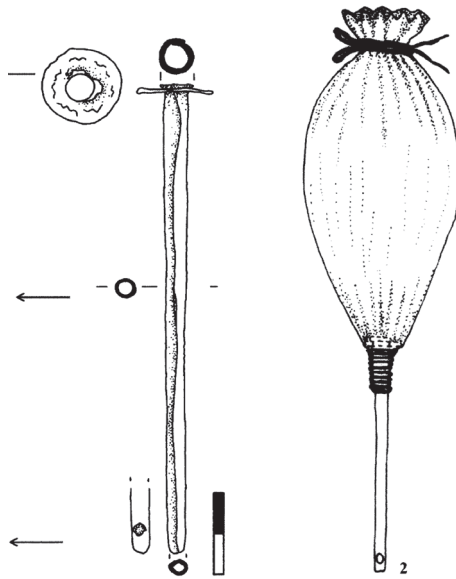


Fig. 14. Cannula, perhaps also clyster tube, Allianoi (Turkey). L. 11.5 cm. Late 1st to mid  
3rd century

*Surgical Treatment of Breast*

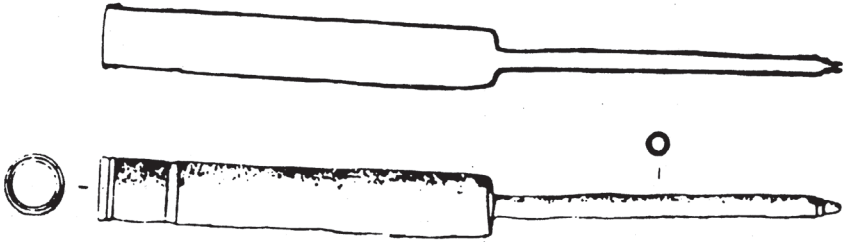


Fig. 15. Injection tube, likely *puoulkos*, Nea Paphos. L. 20.2 cm. Mid 2nd - early 3rd century



Fig. 16. Scultetus' illustration of mastectomy in his *Armamentarium chirurgicum*. Photo University of Washington

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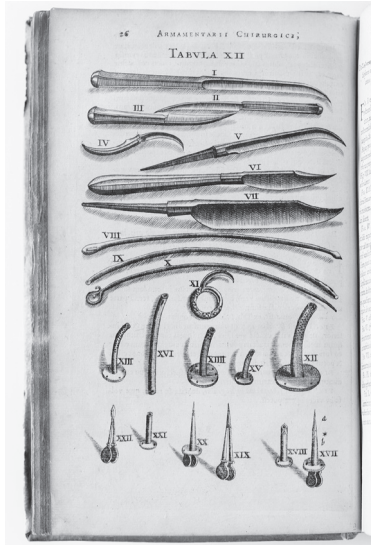


Fig. 17. Scultetus' illustration of knives and tubes, *Armamentarium chirurgicum*. Photo University of Washington

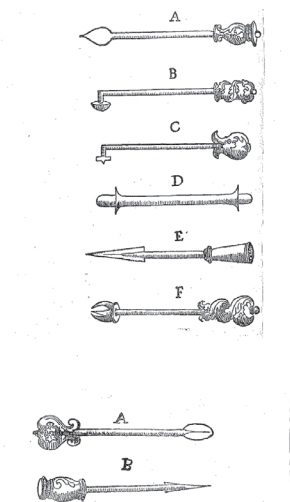


Fig. 18. Cauteries advertised by William of Saliceto. The two lower models labeled A & B are of gold or silver. After Pifteau.

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1. [Hippocrates], Aër, Jones 17 echoed by Galen, In Hipp. Aph. comm., 18a.148 (Kühn, hereafter K). Herodotus (4.117) knows of these warlike Sauromatian women but leaves out their cauterization.
2. The fact that Democedes may have had no instruments at the time (3.131) presents no obstacle to lancing. Any appropriate knife would do, the usual term in Greek for 'scalpel' among practitioners of the period being *μαχαίριον* ('little knife'). See Bliquez L, *The Tools of Asclepius, Surgical Instruments in Greek and Roman Times*. Leiden: Brill; 2015. pp. 27-28.
3. See VM, 22.23-26 (Jones), picked up by Galen, In Hipp. Aph. comm., 17b.842K. When I examined an archaic (therefore 'Hippocratic') cup from Thebes (Fig. 1) in May of 2002, I noted that it was considerably heavier than the two other specimens of the same period in the National Museum, Athens.
4. Short up to date biographies of these figures can conveniently be found in alphabetical order in: Keyser PT, Irby Massie GL (eds.), *The Encyclopedia of Ancient Natural Scientists*. London and New York: Routledge; 2008.
5. He also allows for placement at the groin with scarification (cute incisa).
6. See esp. *De meth. med.*, 10.316 and 925-926K. Also *Ad Glauc. de meth. med.*, 11.51 and 54K; *De hirudinibus etc.*, 11.319-20K; *Comm. Hipp. Aph.*, 17b.842K. The theory of antispasms is picked up by Paul, 3.62.2.15 and much later by Guy de Chauliac, VII (Antidotary), 1.2 (McVaugh-Ogden, Vol. I, p. 400).
7. Soranus of Ephesus should probably be noted as well. As a good Methodist, he deals with 'flux' by 'metasyncritic cupping'; i.e., cupping to alter the state of the pores. See *Gynaec.*, 3.13.72. Most likely his cups are applied to the breasts, though he does not specify. For Soranus, see Keyser and Massie, ref. 4.
8. Oribasius also produced a syncopated version of this text in *Syn.*, 5.4.5, copied almost word for word by Paul, 1.4.1.11.
9. Keyser PT, Irby Massie GL (eds.), ref. 4.
10. *ταῖς δ' ἄν καὶ σικύα προσβαλλομένη παράσκοι τὸ δέον.*
11. E.g., Henri de Mondeville, *Cyurgia*, III.I.4 (Pagel, p. 383); Guy de Chauliac, VII (Antidotary), I.2 (McVaugh-Ogden, Vol. I, p. 402).
12. Bliquez L, ref. 2, pp. 25, 56-63 for details. Wood cups are attested by the great Arab surgical authority, Albucasis (II.96).

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15. Bliquez L, ref. 2, pp. 118-121.
16. Bliquez L, ref. 2, p. 189.
17. A fillet is not what I usually think of as a lemniscus, but that seems the meaning of the term here. Bliquez L, ref. 2, p. 312.
18. Keyser PT, Irby Massie GL (eds.), ref. 4.
19. This recipe for the condition goes back to Soranus of Ephesus, *Gynaec.*, 2.3.
20. The presence of pus suggests an abscess and that is what I generally assume; but the term apostema is more elastic; see note 58 below.
21. So also Oribasius, *Coll. Med.*, 44.5.7, who depends on Antyllus and Heliodorus.
22. Keyser PT, Irby Massie GL (eds.), ref. 4.
23. Keyser PT, Irby Massie GL (eds.), ref. 4.
24. *Ad Glauc. de meth. med.*, 11.140-141K. The passage may not be sound. My understanding of it is influenced in part by the comments of Francis Adams (see under Translations) on Paul 6.45.2; see also *De meth. med.*, 10.979K.
25. Specific applications to dull the pain of the parts cut (*desecanda*) are given in the *Physica Plinii Bambergensis*, 67.2.
26. ὅς γε καὶ χειρουργούμενος χεῖρον διατίθεται, ποτὲ δὲ ἐλκούμενος.
27. Keyser PT, Irby Massie GL (eds.), ref. 4.
28. Bliquez L, ref. 2, pp. 319-324, 326-328 for further details on use of these materials.
29. Bliquez L, ref. 2, pp. 166-173 for further references and illustration of these cautery forms.

30. Note that J. Scultetus (see below) figures such a straight knife in his account of mastectomy (Fig. 17).
31. Paul provides the most useful account (6.78). He describes it as having a blade without a handle and shaped like a sickle with a sharp point (τῆ ἀκμῆ τοῦ δρεπάνου), which was drawn through an open fistulous canal to divide it. The type seems rarely used and there are no survivals.
32. τὰ δ' ἀμφήκη τῶν μαχαίρων ἢ κατὰ τὸ πέρασ ὀξέα παντὶ τρόπῳ φευκτέα.
33. Also treated in Paul's chapter on anal fistula (6.78.4).
34. ἐπικόπου τε ὄντος τοῦ ἐλάσματος ὅλη διαιρείσθω ἢ σύριγξ τῷ ἡμισπαθίῳ ἢ σπαθίῳ συριγγοτόμῳ.
35. Galen, Hippocratic Glossary = *Linguarum seu dictionum exoletarum Hippocratis explicatio*, 140.13K.
36. For fuller treatment of the classical types of suringotomon see Bliquez L, ref. 2, pp. 104-106. The views expressed here re the spathion suringotomon are a revision of those expressed there.
37. Bliquez L, ref. 2, pp. 30-32, 158.
38. Of course, tools of copper alloy primarily intended for other purposes were also used for cauterization. These survive in abundance, including spatulas, the tiny scoops called *ligulas*, and needles (e.g. Fig. 6).
39. Bliquez L, ref. 2, Figg. 2 & 36 for the Naples and Bingen specimens and Jackson R, *A Set of Roman Medical Instruments from Italy*. *Britannia* 1986(17):25 & Fig. 3(25) for the model in the British Museum. The iron model in Naples may now be lost, as I could not find it while working in the National Museum in 1985.
40. As opposed to, e.g., removing offending eyelashes by burning with a dipyrrene probe (for which see Paul 6.13.1).
41. Johannes Scultetus figures such a cautery in his account of mastectomy (Fig. 16).
42. As done for lacrimal fistula at Aëtius, 7.88.5-10 and Paul, 6.62.4.
43. οὔτω καὶ τούτων τὰς λαβὰς ἐνελίπτω ῥάκασιν (*De simpl. med. temp. ac fac.* 12.267K; cf. Aëtius, 2.95.19-23).
44. Jackson R, ref. 39, p. 128(25), 156.
45. Bliquez L, ref. 2, pp. 108-146 for discussion and names.
46. Bliquez L, ref. 2, pp. 113-116.
47. ἀναστέλλειν χρῆ τὴν τῆς σύριγγος ὑποφορὰν διὰ πυρήνος μήλης...
48. Bliquez L, ref. 2, pp. 147-157 for details.

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49. For Leon see Bliquez L, *The Surgical Instrumentarium of Leon Iatrosophistes*. *Med. Secoli* 1999;11(2): 291-322, esp. 318. To arrest menses he places cups κατὰ τῶν μαζῶν. Like Galen, he promotes the menses by applying cups to the groin and hypogastrium (6.16). John also applies cups below the breasts to arrest white and red ‘fluxes’; *De meth. med.*, 4.8, p. 155 (cucurbitula sub mamillis defixa). A Greek edition of the *De methodo medendi* has not yet appeared; hence we are still forced to use the Latin translation of Masithius (Venice, 1554).
50. This is not to say that general surgical expertise declined in the Byzantine east. See Bliquez L, *Two Lists of Greek Surgical Instruments and the State of Surgery in Byzantine Times*. In: Scarborough J (ed.), *Symposium on Byzantine Medicine*, *Dumbarton Oaks Papers*. 1984(33). pp. 207-204, esp. 193 and Bliquez L, ref. 49, pp. 291-322, esp. 318.
51. See Green’s Preface to her edition and translation of the Trotula as cited under *Principal Texts Consulted*, p. xii.
52. *De nimio fluxu menstrorum*.
53. The full remedy reads: et ponantur ventose ignite inter mammillas, ut sanginem superius trahant.
54. So too the anonymous, roughly contemporary to Trotula, *Bamberger Surgery* (In: Sudhoff K, *Beiträge zur geschichte der chirurgie im mittelalter; graphische und textliche untersuchungen in mittelalterlichen handschriften*. 2 vols. Leipzig: A. Barth; 1914-1918). Vol. 2, p. 146, 1230-1231: in mulieribus quoque fluxum ventris patientibus sub mamillos posita (ventosa) idem (arresting the flux) facit. For a handy short summary of the place of this treatise in the history of surgery, see Green M, <https://remedianetwork.net/2015/10/13/crafting-a-written-science-of-surgery-the-first-european-surgical-texts/> (Accessed 5 June 2018).
55. The name cucurbita is occasionally found in contexts that may designate the classical bleeding cup (e.g., *De aegritudinum curatione*. In: *Collectio Salernitana II*, pp. 140, 164-5, 360). But in at least one instance (*Glosulae quatuor magistrorum super Chirurgiam Rogerii et Rolandi*, also in *Collectio Salernitana II*, p. 607) it is clear we are literally dealing with a gourd used as such. This compromises the meaning of cucurbita in *De aegritudinum curatione*.
56. *Orig.* 4.11: Guva, quae a Latinis a similitudine cucurbita, a suspirio ventosa vocatur. The first attestation to ventosa as a noun is found in Theodorus Priscianus, *Euporist.* 2 (*Logicus*), 17 & 87.

57. Sloane MS 6, f. 177v; see Tabanelli M, *Tecniche e strumenti chirurgici del XIII e XIV secolo*. Firenze: Olschki; 1973. Fig. 83. See also Jones P, *Medieval Medicine in Illuminated Manuscripts*. London: British Library; Milan, Italy, Centro Tibaldi; 1998. p. 88, Fig. 81. According to Jones the drawings derive from a manuscript of Guy de Chauliac. A similar scene can be found in Sudhoff K, ref. 54, Vol. 2, Taf. IX (32).
58. De apostemate mamillarum. The term apostema, transliterated as aposthem/a (sometimes imposthume or emposthume) generally means any swelling or tumor. Cf. Theodoric Borgognoni III.11: apostema est tumor vel inflatio membri praeter naturam. It need not, therefore, necessarily mean abscess. The range of tumors, swellings, etc. covered by the term apostema in the Middle Ages can best be appreciated by perusing Guy de Chauliac's *Chirurgia Magna* II.1.1-2 (McVaugh-Ogden, Vol. I, pp. 57-77).
59. This caveat for draining empyema and ascites/dropsy can be traced all the way back to the Hippocratic Aphorisms (Jones 4.6.27). See also Celsus, 7.15.1-2, Paul, 6.50.3, and subsequent medieval authorities like Theodoric (III.33), who drains with a brazen or silver tube, and Guy de Chauliac, II.2.6 (McVaugh-Ogden, Vol. I, p. 126), where he relies on Avicenna.
60. Bliquez L, ref. 2, pp. 84-87.
61. Such handles do appear among the illustrations E. Nicaise included in the second appendix to his French translation of Guy de Chauliac (see Translations). However, these scalpels (Pl. III, 63, 65-68) have nothing to do with Guy or medieval surgery, being recovered in the Pompeian excavations and, therefore, coming to light no earlier than the 18th century.
62. Often in medieval medical texts, tenta, like stuellus, refers instead to a pledget, tent, or suppository: see below, notes 76, 90, 105.
63. The *Practica* is thought to have first been initially compiled from lecture notes by Roger's students. The titles of Roland's edition include *Chirurgia Rogerii cum additionibus Rolandi* and *Rolandina*.
64. Sudhoff K, ref. 54, Vol. 2, pp. 218-19, following manuscripts in Monaco and Florence, prints all three chapters as one (III.28).
65. According to L. Rosenman Roger and his successors seem to be describing true cancer as it applies to the breast. See the cautionary note on p. 85 of his rendering (see Translations).
66. I add Rosenman's exegetic note on this curt narrative in his translation of Roger, p. 120: 'Rather than cut into the mass, the chary surgeon 'ate his way' through the skin and panniculus with corrosives. Or, if the cancer had eroded and ulcerated, the corrosives would act on it. Rare successful ablations have been reported'.

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67. Based, he thinks, on the fact that menstrual blood, if not converted to milk, results in induration of breast tissue.
68. Ms. Sloane 1977, *Cirurgie Mestre Rogier de Salerne*. Valls H, *Studies on Roger Frugardi's Chirurgia*. PhD dissertation. Toronto: U. of Toronto; 1995. pp. 208-209; Sudhoff K, ref. 54, Vol. 1, p. 28. Valls adds another version of the cancer scene from Montpellier MS H-89 (Latin). I note also two similar illustrations found on Codex 3, Mss. Latini, Bibliotheek der Rijkuniversiteit, Leiden, a witness to the *Chirurgia* of Theodoric Borgognoni. These are shown in Lyons A, Petrucci R, *Medicine: an illustrated history*. New York: H.N. Abrams; 1978, repr. New York: Abradale Press/Abrams; 1987. pp. 326-327, ill. 490 and 498.
69. *apponenda est cuffa super capitellum*.
70. Roger uses a cuffa again at III.25 to straighten a fractured rib. Two names for bleeding cup suggest a distinction. But the two seem equated in the text of Roland I.30 preserved in the commentary of the so called 'Four Masters' (Coll. Salern., II p. 676: *Cuffa quidem est quod ventosa ferri...*) and by William of Saliceto who employs a *magna cufa seu ventosa* to raise a depressed sternum (*Chirurgia Magna*, III.4). Nor can size be an issue because we find William of Saliceto also employing a large cuffa (*cum cuffa magna*) to evert the vagina, a more restricted area, better to see lesions needing intervention; see his *Summa Conservationis: Chirurgia*. Piacenza, Johannes Petrus de Ferriatis, 1476, I.168.
71. VII (Antidotary), 1.1 (McVaugh-Ogden, Vol. I, p. 399): *Est autem ventosa instrumentum pixideum cum orificio stricto et ventre spacio et secundum Albucasim fiunt ex cornibus et ere atque vitro*. I here pass by horns used as cups.
72. VII (Antidotary), 1.1 (McVaugh-Ogden, Vol. I, p. 401): *...ventose que apponuntur sunt duorum modorum...quedam sunt de cornu, que applicantur sugiendo; quedam de vitro, que applicantur igniando...* The latter he heats with coarse flax fired with a candle: *stuppa sicca carpinata et cum candela incensa inflammatur*.
73. *Institutiones Chirurgicae, etc. Amstelaedami, Apud Janssonio-Waesbergios, 1739, p. 491, Tab. XII. Fig. 1*). The specific cylindrical form illustrated there can be traced no earlier than the 15th century. KÜNZL E, *Ventosae cucurbitae romanae? Zu einem angeblich antiken Schröpfkopftypus*, *Germania* 1982;60:513-32.
74. Oribasius, *Coll. Med.*, 7.16.13 and Paul, 6.14.2 (both derived from Antyllus); *Albucasis* II.96.

75. Trinity College Cambridge MS 0.1.20. The illustrations are reproduced by Hunt T. *The Medieval Surgery*. Woodbridge, Suffolk, Rochester, NY: Boydell Press; 1992, repr. 1994 and 1999, pp. 37 (head wound), 63 (facial tumors), 79 (ear ache, but surgery uncertain); cf. also 99 (fistula?). These pictures also appear in Sudhoff K, ref. 54, Vol. 1, Taff. V-VII.
76. Cf. e.g. II.1 *stuellus de panno immittatur* (wounds of neck). Linen cloth is sometimes stipulated: see the *Bamberger Surgery*, In: Sudhoff K, ref. 54, Vol. 2, p. 140 (95) 1063: *stuellos lini duros... ponimus*. Such drains/tents might be medicated with substances like lard or egg white, as in Roland's addendum to Roger II.1.B (Coll. Salern. II, p. 454): *vel due stuelli fiant de panno et liniantur lardo et intromittantur* and to Roger II.2 (Coll. Salern. II, p.455) *pannum infusum albumine ovi*. Both passages also deal with neck wounds.
77. Bliquez L, ref. 2, p. 311. Use of a retracting thread also is found in medieval authorities; e.g. Guy de Chauliac, III.2.5 (McVaugh-Ogden, Vol. 1, p. 198): *tenta...ligata cum filo ut si caderet posset extrahi*.
78. Also known as *Teodorico dei Borgognoni*, and *Theodoric of Lucca*. He is generally considered the son of Hugh of Lucca whose own views may have been incorporated into *Theodoric's* treatise.
79. *Theodoric* does have a chapter (III.20) specifically devoted to *apostemata* of the breast and penis (*De apostematibus mamillarum et virgae*), but it is short and involves only topical applications (*localia*).
80. To Roger's chapter (above) on breast cancer Roland added a recipe for a corrosive powder that he claimed was also effective on *fistula*; but that is as far as he went. *Henri de Mondeville* intended to include *fistula* in a projected chapter on breast diseases for [Tract.] III. [Doctr.] 3, but he only completed the prologue of III.3.
81. *in ipso principio (apostema) repercutiendum in contrariam partem trahendum...vel per exercitium in opposito factum vel per ventosam attrahentem*.
82. *necesse est a principio ut fiat phlebotomia a parte contraria secundum positionem materiae; ab initio phlebotomia in parte oppositiva*.
83. *quandoque necessaria est scarificatio, praecipue quando apostema est multae materiei; scarificamus locum, non tamen pluribus neque profundis plagis...*
84. *deinde locum scalpella; maturato ap., ponantur rumpentia, vel secetur sanies...*
85. Bliquez L, ref. 2, pp. 208-211.
86. E.g., Galen, *Ad Glauc. de meth. med.* 11.125K, *De comp. med. per gen.* 13.499-500K; *Albucasis* II.83. For Guy see VI.2.7 (McVaugh-Ogden, Vol. 1 p. 384).



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87. Bliquez L, ref. 2, pp. 217-218. At least one Greco-Roman specimen of the puoulkos has come down to us. Guy de Chauliac, III.2.5 (McVaugh-Ogden, Vol. 1 p. 199) is familiar with the instrument, surely through Galen.
88. Bliquez L, ref. 2, pp. 214-217 for an argument made for classical authorities. Albucasis and Bruno mention models with tubes of silver or copper alloy.
89. Nicaise (see under Translations, Henri de Mondeville, pp. 514, 689-691) envisaged a piston driven syringe lurking behind the cannula in Guy de Chauliac's application, via Galen, of a powder to the uvula cum cannula aut cum digitis seu cocleari (see Guy VI.2.2, pars 5 McVaugh-Ogden, Vol. 1 p. 362 and Vol. 2 p. 303). The passage in Galen must be De comp. med. sec. loc. 12.984.14-985.8K (Asclepiades). However, all applications there only involve, in addition to fingers and a spoon, just a simple tube/reed (καλαμίς) for insufflation.
90. So translated by Campbell. But Henri de Mondeville (III.2.17, Pagel p. 496) asserts that a tenta of heart wood can be friable (frangibilis) and therefore requires a tail (cauda) for retraction. This may mean that the 'probe'/tenta here is more like packing or a suppository to enlarge and open the canal, in contrast to the lead and wooden tentae used for exploration.
91. Verum oportet ut caveas ne in quantitate profunditatis ipsius decipiaris et diversitatem eius cum cauterio non possis attingere.
92. et mulier si fuerit aetatis congruae, menstrua vehementer provocabis. Quia si quinquagenaria quae patitur, minime hoc facere poteris.
93. si vero cancer in locis carnis fuit ubi de veinis et nervis timendum non sit, usque ad sanam carnem incidatur et accendatur post modum, sicut de fistulis dictum est, curetur.
94. Bliquez L, ref. 2, pp. 263-267 (mortar), 118-123 (spatula), 339-343 (sponge), 107-108 (scissors/shears) for discussion and illustration of classical types.
95. Sudhoff K, ref. 54, Vol. 1, pp. 81-110, esp. 84-85, 89 and Taff. XV-XXXVIIA upper right; also pp. 54-55, 118 and Taf. X.23 (Bodleian Library, Oxford, Laudianus Misc. 724). Tabanelli M, ref. 57, Fig. 55.
96. Properly Guglielmo da Saliceto; other names: Guillaume de Salicet; Latin: Guilielmus de Salicetum
97. si autem tale lac in saniem converteretur... tunc incidatur apostema et sanies extrahatur.
98. These may be fibrocystic disorders; so Rosenman conjectures. See his translation of William, p. 54.
99. (membri abscisio) non videtur mihi bonum nec utile nec honestum medico. Roger, Bruno and Theodoric must have felt the same way as they do not

- entertain the subject of radical mastectomy. The Bamberger Surgery (ed. Sudhoff K, ref. 54, Vol. 2) similarly expresses caution: pp. 123, 514-515: *cancro qui in mamillis mulierum fuerint per incisionem et cauterium minus curari intelleximus. Albucasis too avoids extirpation of advanced cases, admitting that he has never been successful and knows of no one else who has (II.53).*
100. For political reasons Lanfranc was exiled from Milan to France in 1290 where, established in Paris, he became a primary figure in the development of French surgery.
  101. *phlebotomia de basilica*. The former lies on the outer side of the arm, the latter on the inside.
  102. *vel si esset (sc. apostema) cum retentione menstruorum, ipsorum provocatio vel minutio de saphena (sc. cura est).*
  103. *si vero saniam fecerit (sc. apostema), cum sagittella aperi, et sanie expurgata, cum uno mundificativorum mundifica dicendorum.*
  104. The aphorism asserts that blood collecting in a woman's breasts signifies madness. Shaving the head is prescribed as a remedy, apparently as the head is regarded as the seat of madness.
  105. *nec ullo modo ponas ibi tentam grossam nec longam, sicut faciunt stolidi.*
  106. The term for arrow, *sagitta*, as used in phlebotomy, goes back at least to the late classical veterinary authority Vegetius (*Mulomed.* 1.22.4; 1.25.5). It is unclear whether Vegetius had in mind a special knife or an actual arrow.
  107. Sudhoff K, ref. 54, Vol. 2, p. 11 and p. 176 = Sudhoff's edition of Roger XXXVII, line 681 [*nasal issues*] *sagittella incidatur*. Roger uses the same language in general treatment of *apostemata* (*Coll. Salern.* II.5, p. 457). Clearly he too might have lanced a mammary *apostema* with the *sagittella*.
  108. *Si vero materia (sc. frigida) versus duritiem et nigritudinem tenderit vel livorem, tunc medicamina callida valde cave, quoniam locus ille cancrum libenter generat.*
  109. *Quamvis per Dei gratiam satis sciam de curandis apostematibus et ulceribus, nullam tamen de uno cancro curare potui.*
  110. So Rosenman's view in his translation of Lanfranc, p. 173: *sunt etiam multi stolidi qui reperientes in mamillis glandulas nituntur eas extrahere dicentes quod sit caro superflua.*
  111. For the relevant applications Lanfranc actually refers the reader to III.3.1. There he deals with eye conditions but also has a general section on ulcers.
  112. ...*habeas cupulam glandis vel aliud instrumentum ad eius factum formam et illam terebintha vel pice linias interius et callidum supra capitelum applica et fortiter liga*. Albucasis connects nutshells and cups at II.46: 'Sometimes

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- of this class (cups) small instruments like nutshells are made'. They are to be used only on fleshy places, including breasts. Curiously, the illustration figured with this remark in Ms. Marsh resembles a small rhombus.
113. *nam hoc mamillas augumentari prohibet, et augmentatas minuit donec formam recipiant naturalem.*
  114. *lac in mamilla coagulatum propter caliditatem curatur cum olio, rosa et aceto.*
  115. For this use of *dependeo*, cf. Guy de Chauliac's remedy for mammillary apostema below. We find *dependeo* in this sense as far back as Roger's stipulation, *re apostemata arising from wounds of neck and throat, that incision of the pus pocket should be made ubi magis dependet* (II.5, p. 455 in Coll. Salern. II; Sudhoff reads *ubi magis pendet* (Sudhoff K, ref. 54, Vol. 2, p. 190 VIII, line 135).
  116. *tunc prius rasum caput ungitur unguento dicto de oleo rosaceo et aceto ...et febricitantis regimen injungatur.*
  117. I depend here on Rosenman's list (Vol. II, p. 921) based on L.'s stated intentions for III.3 elsewhere in the *Cirurgia*.
  118. Guy must be thinking of In Hipp. Aph. comm., 17b.832.13-14K.
  119. The chapter of Albucasis referred to must be II.40. There Albucasis deals generally with 'tumors'. As he speaks of releasing their pus, 'tumors' surely allows for abscesses. In some cases (unspecified) Albucasis recommends a lunate or curved incision to open them.
  120. Given the nature of the cure, *papillus profundatus* can only mean sunken nipples.
  121. *Rx mice panis mundi, farine ordeï, fenugreci, seminis lini, ana unc. 1; radices malvavisci, foliorum malve, eruce, ana M 1; colligantur.*
  122. One recalls, e.g., William of Salecito's lengthy account of a child born with a swollen scalp (I.1) and Lanfranc's tirade against a foolish practitioner (*quidam laicus chirurgus*) when his advice, based on an Hippocratic aphorism, was ignored to the detriment of a female patient who went mad (III.3.5).
  123. Described as a *barbitonsor* and a *balneator*.
  124. *potiuncula ex confect. Alkerm, aquis cordialibus et cinamomi.* The bowl held by the physician in Fig. 11 is said to hold, or at least symbolize pain relief. Jones P, ref. 57, p. 77, Fig. 69.
  125. *duobus acibus quae filum ex lino contortum trahunt.*
  126. Bliquez L, ref. 2, p. 5.
  127. Cited survivals include those in the Museo di Storia della Medicina dell' Università, Roma shown by Tabanelli M, ref. 57, Figg. 53, 93-95. Some of these may be reconstructions. For the manuscript tradition and its attendant

problems, especially with accurate representation: Jones P, ref. 57, esp. pp. 76-94; Hunt T, ref. 75, esp. pp. 37, 79. An example: one notes that classical cauteries are equipped with quite plain handles (e.g., Fig. 9), as generally is the case in medieval illustrations (Figg. 4, 11, 13, 16). This suggests that the gaudy, therefore impractical productions associated with William of Saliceto (Fig. 18) are stylized for show.

128. Albucasis (II.80) knew of this knife through Paul; and Guy de Chauliac (IV.2.7, McVaugh-Ogden, Vol. 1, p. 247) through Albucasis. Their manuscript illustrations differ substantially.
129. Paul in fact admits that even anal fistulas can be treated with ordinary scalpels (6.78.2).

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Articoli/Articles

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,

*Key words:* Breastfeeding - Infant exposure - Wet nurses - Soranos/Soranus

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 Rome<sup>1</sup>. This paper is an effort to explain how medical standards on breastfeeding affected the lives of women and infants. Soranos of Ephesos (fl. early 2<sup>nd</sup> century CE) is the chief authority for this study, due to his preeminence in the fields of gynecology and pediatrics and lasting influence<sup>2</sup>. 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 (5<sup>th</sup> century CE), and in Greek by Aëtios of Amida (6<sup>th</sup> century CE). Despite theoretical differences, Soranos and Galen of Pergamon (fl. late 2<sup>nd</sup> 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 (4<sup>th</sup> century CE) followed Galen’s lead and was in turn a direct source on gynecology for Paul of Aegina (7<sup>th</sup> 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 concern<sup>3</sup>. 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 hire<sup>4</sup>. 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 slaves<sup>5</sup>. 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 child<sup>6</sup>. The terms of wet nursing contracts in Roman Egypt were undertaken by women under severe economic duress<sup>7</sup>. To fulfill them, a woman might be obligated to give up her own infant<sup>8</sup>. 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 classes<sup>9</sup>. 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 workers<sup>10</sup>. 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 classes<sup>11</sup>. As in other aspects of Greek influence, this trend countered venerable Roman tradition and was met with resistance<sup>12</sup>. Breastfeeding mothers (*matres nutrices*) were honored while living and memorialized in death<sup>13</sup>. “Grumpy conservatives” inveighed against the use of wet nurses when the mother was herself capable of breastfeeding<sup>14</sup>. 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?”<sup>15</sup> Traditionalists feared that a wet nurse might gain primacy within a child’s affections, debasing or corrupting it<sup>16</sup>. Despite their disapproval, the use of household wet nurses persisted<sup>17</sup>. Class affirmation overcame the dread of “class contamination<sup>18</sup>”.

### *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 words<sup>19</sup>. Serving the interests of families possessing the luxury of choice, he warns that nursing is aging and deforms the breasts<sup>20</sup>.



He insists that no mother attempt it who fails to meet the standards of a good wet nurse<sup>21</sup>. He instructs mothers who choose not to nurse on how to bind their breasts<sup>22</sup>. 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 others<sup>23</sup>. 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 child<sup>24</sup>.

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 conceive<sup>25</sup>. Weaning in Rome was a gradual process initiated at eighteen months and not completed until infants were two or three years old<sup>26</sup>. Resorting to wet nurses permitted a couple promptly to resume sexual relations rather than defer them for up to three years<sup>27</sup>. In antiquity it was understood that lactation inhibited conception<sup>28</sup>. 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 reproduce<sup>29</sup>. 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 wealth<sup>30</sup>. 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 own<sup>31</sup>.

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 birth<sup>32</sup>". In addition, guided by the written standards of physicians, professional midwives assisted parents in the selection of wet nurses<sup>33</sup>.

#### *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 rectitude<sup>34</sup>.

A wet nurse is to be chosen who is neither old nor young, in good health, with a fresh complexion<sup>35</sup>. 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 her<sup>36</sup>. Soranos dismisses the notion that it is better for her to have borne a male, but Oribasios and Paul consider this important<sup>37</sup>. 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 onto<sup>38</sup>. 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])<sup>39</sup>. 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 Greek<sup>40</sup>.

Some wet nurses, like Sergia Cornelia Sabina and Claudia Cedne, were beloved, as attested in funerary inscriptions<sup>41</sup>. Some who were slaves were rewarded with manumission<sup>42</sup>. 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 milk<sup>43</sup>. Wine might or might not be permitted to the nurse, since alcohol could provoke infantile convulsions or other deleterious effects<sup>44</sup>. 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”<sup>45</sup>. She would be encouraged to breastfeed with her body in a state of calm<sup>46</sup>. She would be required to labor by day and night, and criticized for failure to maintain cleanliness and order<sup>47</sup>. She would be expected to put forward a cheerful demeanor<sup>48</sup>. She was forbidden to have sex, which might spoil her milk and alienate (ἀποψύχειν) her affections from the nursling<sup>49</sup>. 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 examination<sup>50</sup>. 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 maternity<sup>51</sup>.

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 twelve<sup>52</sup>. Medical consensus put the average age at menarche at fourteen, although anecdotal evidence would largely have been derived from the better-fed upper classes<sup>53</sup>. Pre-pubertal marriage would not have been uncommon among the upper classes even when observed at the legal age<sup>54</sup>. 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 nursing<sup>55</sup>.

Were girls who became household wet nurses generally married? Wealthy parents preferred their own offspring to be nursed by free or freedwomen, who might marry<sup>56</sup>. Yet monogamous unions outside legal marriage did not impede respectable maternity in late Republican and early imperial Rome<sup>57</sup>. Slaves could not legally marry<sup>58</sup>. *Vernae* were fed by their mothers or by other slaves, or sent away to independent wet nurses like Erotarion<sup>59</sup>. 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 unattached<sup>60</sup>.

Tandem nursing was customary, if Rawson's opinion is correct, but it did not conform to the medical ideal<sup>61</sup>. 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

charge<sup>62</sup>. 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 disposal<sup>63</sup>? 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 dealers<sup>64</sup>? The power to break up the maternal/infant dyad maximized labor flexibility and expressed and maintained dominance<sup>65</sup>. 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 exposed<sup>66</sup>. 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 empire<sup>67</sup>. This dynamic was enabled by the expansion of wet nursing<sup>68</sup>.

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 prime<sup>69</sup>. All physicians agree that that a woman forty to forty-five years old should no longer nurse<sup>70</sup>. A woman in her forties was nearing or had reached menopause<sup>71</sup>. What was the fate in Rome of a *nutrix* aged past use? Did she remain within the household as a lifelong retainer<sup>72</sup>? If a slave,

was she rewarded with freedom? Or was she sold on, like Cato the Elder's aging slaves<sup>73</sup>? Was she given a plot of land, like Pliny the Younger's former wet nurse<sup>74</sup>? 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 structures<sup>75</sup>. 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 gynecology<sup>76</sup>. Soranos' phrase: τὸ [βρέφος] πρὸς ἀνατροφὴν ἐπιτήδειον, Temkin translates as: "the newborn that is worth rearing"<sup>77</sup>. 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"<sup>78</sup>. 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 killed<sup>79</sup>. 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"<sup>80</sup>. 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 fate<sup>81</sup>. Unusual births and extraordinary phenomena were religious and state concerns in Rome<sup>82</sup>. Human *prodigia* (τέρατα) embodied a disturbance to the *Pax deorum*, the (unwanted) irruption of divinity into the terrestrial, and portended disaster<sup>83</sup>. Guilt was manifest in their existence and demanded ritual expiation<sup>84</sup>. Neighbors might report an anomalous birth to the haruspices, who conveyed their judgment to the Senate to act upon<sup>85</sup>. 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)<sup>86</sup>. Infants unusual in size may be added as a sixth category<sup>87</sup>. *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 conjoined<sup>88</sup>. Precocious infants were not “unfit” who spoke remarkably early<sup>89</sup>. Some attitudes changed. Hermaphrodites, for example, were regarded with especial horror as *prodigia* in Republican Rome<sup>90</sup>, becoming objects of prurient fascination in the early empire<sup>91</sup>. Medically, they would have been “unfit” only if both sets of genitalia were detected at birth<sup>92</sup>. 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 classifications<sup>93</sup>. 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 converged<sup>94</sup>.

### *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 earth<sup>95</sup>. 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 obstruction<sup>96</sup>. 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 stimuli<sup>97</sup>. These criteria are repeated by Caelius Aurelianus (5<sup>th</sup> century)<sup>98</sup>.

The midwife’s evaluation was critical<sup>99</sup>. If the newborn were deemed worthy to be nurtured, she would lift it from the ground<sup>100</sup>. 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 skin<sup>101</sup>. It would be bathed and handed over to its mother; this was a symbolically charged moment depicted on sarcophagi<sup>102</sup>. Swaddling would follow. Soranos is precise about his method for this, separating the limbs to prevent ulceration<sup>103</sup>. The newborn would be placed



on a bed of the correct contour and firmness, and covered<sup>104</sup>. 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 birth<sup>105</sup>.

### *Rejection*

A condition contrary to the above indicated that a newborn was unfit to nurse<sup>106</sup>. 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..."<sup>107</sup> 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 indefinitely<sup>108</sup>.

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 Principate<sup>109</sup>. Yet the authenticity of the *ius vitae necisque* has been challenged in recent scholarship<sup>110</sup>. 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 child<sup>111</sup>. 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 intervene<sup>112</sup>. In any case, the midwife made the critical initial evaluation and participated in the decision and its aftermath<sup>113</sup>.

This must be executed swiftly; rejection had to occur before the ritual acceptance of the neonate by the family<sup>114</sup>. 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*<sup>115</sup>. Greek territories had similar rites, the *Amphidromia* and *dekate*, at which the midwife was a central participant<sup>116</sup>. Rarely was a child exposed or killed having been named<sup>117</sup>. It is no longer assumed that newborns with apparent medical problems were necessarily rejected<sup>118</sup>. 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 life<sup>119</sup>.

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 bifida<sup>120</sup>. People sought explanations and assigned blame. It was understood that heredity could cause problems, as with congenital blindness<sup>121</sup>. 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 swaddling<sup>122</sup>. 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 anomaly<sup>123</sup>. 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 neglect<sup>124</sup>. The more extreme the anomaly, the more likely that a newborn would be seen as not merely “unfit” but prodigious, and killed outright<sup>125</sup>.

### *Expositio*

Infant exposure (*expositio*, ἔκθεσις), the denial of nourishment, and active infanticide were not uncommon in antiquity, although their frequency cannot be known<sup>126</sup>. As Evans Grubbs has reflected, the “thought processes and emotions” of parents who made these grim decisions are irrecoverable<sup>127</sup>. 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 disorders<sup>128</sup>. Notions of honor, shame and ritual impurity and a scale of human worth affected outcomes. So did time and place<sup>129</sup>. 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 nurtured<sup>130</sup>. As mentioned, most surviving *expositi* ended up in slavery, sometimes sex slavery<sup>131</sup>. 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 unclaimed<sup>132</sup>”. 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 exposed<sup>133</sup>.

*Expositio* was practiced at all social levels. Poverty, illegitimacy, gender, birth order, divorce, the death of the father, and estate concerns were all predisposing factors<sup>134</sup>. I would add compulsion to the list, as in an employer's or owner's demand that a wet nurse expose her own infant<sup>135</sup>. Once picked up, *expositi* would need immediate sustenance and slaves were assigned or wet nurses hired to feed them<sup>136</sup>. 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 household<sup>137</sup>. Until the 4<sup>th</sup> 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 enslaved<sup>138</sup>. 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 otherwise<sup>139</sup>. Circumstances and outcomes, like motives for exposure, varied<sup>140</sup>. How neonates were exposed was crucial to their survival<sup>141</sup>. 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)<sup>142</sup>. 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 away<sup>143</sup>. Conversely, unfortunate or unvalued newborns, including the "unfit", were abandoned at insalubrious spots, or where they might not be found or were irretrievable<sup>144</sup>. 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 claim<sup>145</sup>. 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 covered<sup>146</sup>. A child abandoned naked was probably marked for death<sup>147</sup>. (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 birds<sup>148</sup>”. 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 squalor<sup>149</sup>. Illness, prematurity, disability or deformity would further set it apart, minimizing its chance of rescue by the exploitative or the compassionate<sup>150</sup>. It might be put out having already succumbed to lethal neglect<sup>151</sup>. 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 defect<sup>152</sup>. 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 sewers<sup>153</sup>.

### *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 her<sup>154</sup>. 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 are<sup>155</sup>. 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 extinguiumus, 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, *Ei Πάντα τὰ Γινόμενα Τέχνα Θρεπτέον*: 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 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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VARIA



*Varia*

LA REAL CASA DEI MATTI DI PALERMO E IL MITO  
LETTERARIO DEL BARONE PISANI

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*SUMMARY*

*THE REAL CASA DEI MATTI OF PALERMO AND THE LITERARY  
MYTH OF THE BARON PISANI*

*This story is about a government, which considered the management of madness not a medical issue but a matter of law and order, and a 64 years old official who became the director of a madhouse having no medical nor managing expertise in mental disease, but just humanity and dedication. But most of all it's the story of their attempt to project an image of themselves and of what they had done, that turned out in something completely different: a literary myth which went so far to reach the pen of Alexandre Dumas and Edgar Allan Poe.*

*Introduzione*

La Real Casa dei Matti, struttura psichiatrica fondata a Palermo nel 1824 per iniziativa governativa e affidata alla direzione del barone Pietro Pisani, rappresenta un'interessante testimonianza tardiva dell'applicazione di un approccio terapeutico - il trattamento morale - in un clima politico e sociale profondamente diverso da quello della Francia di Pinel, ove tale tipo di trattamento era stato per la prima volta teorizzato e applicato.

*Key words:* Madness - Pisani - Real Casa dei Matti - Palermo

L'esperienza siciliana ebbe scarsa risonanza nel mondo medico-scientifico, soprattutto italiano<sup>1</sup>, ma stimolò invece la nascita di un vero e proprio mito nel mondo letterario e nei salotti della mondanità europea, per via dell'aura di esotismo che circondava la vicenda del barone Pisani.

La storia di questa struttura psichiatrica e del suo primo direttore rappresenta pertanto uno straordinario esempio di come sperimentazione terapeutica, letteratura e architettura si intreccino formando un'unica trama storica che merita di essere letta e tenuta in considerazione. Si tratta infatti della storia di un governo, che considerava la gestione della follia non una questione medica ma una questione di ordine pubblico, come spesso avveniva all'epoca, e anche uno strumento di accentramento del potere; della storia di un anziano funzionario appartenente alla piccola nobiltà, che divenne direttore di un istituto manicomiale senza avere alcuna competenza medica specifica né tanto meno alcuna esperienza di gestione di strutture simili, ma che era dotato di umanità e grande dedizione. Ma soprattutto si tratta della storia del tentativo da parte del governo e del barone Pisani stesso di costruire un'immagine dell'istituzione e del proprio operato, che finì col trasformarsi in qualcosa di radicalmente diverso: un vero e proprio mito letterario che arrivò a raggiungere la penna di Alexandre Dumas e di Edgar Allan Poe.

### *Antefatto*

Secondo la testimonianza del canonico Antonino Mongitore, contenuta in un suo manoscritto rimasto inedito<sup>2</sup>, i pazzi in un primo tempo ricoverati allo Spedale Grande di Palermo alla fine del XV secolo<sup>3</sup>, coerentemente con il consueto processo di spostamento di cronici e incurabili negli ospedali minori, furono mandati all'Ospedale di San Giovanni, a sud delle mura urbane, ove già a partire dalla metà del XII secolo erano ospitati i lebbrosi<sup>4</sup>. Tale consuetudine risulta definitivamente fissata nei nuovi capitoli ospedalieri del 1553<sup>5</sup> e rimane invariata per circa tre secoli.

Nel 1802, durante il soggiorno forzato della corte borbonica a Palermo causato dalla caduta del Regno di Napoli in mani francesi, avviene un primo cambiamento. Secondo la tradizione la regina Maria Carolina, recatasi in visita all'Ospedale di San Giovanni e mossa a compassione dal pietoso stato dei ricoverati, ne dispone il trasferimento nell'ex Noviziato dei Teresiani Scalzi, presso la borgata dei Porrazzi, poco fuori le mura settentrionali di Palermo. La nuova sede prende il nome di Ospizio di Santa Teresa, "Spedale de' matti, de' tisici e di altri morbi contagiosi"<sup>6</sup>. Questa versione della storia in realtà risulta poco credibile: la regina infatti si era allontanata da Palermo già due anni prima per recarsi a Vienna, e non sono presenti tracce di un suo interessamento alla vicenda nella sua corrispondenza (poi pubblicata alla fine dell'Ottocento). È probabile dunque che tale intervento le sia attribuito solo per adulazione. In ogni caso ciò che più conta è che le condizioni dei ricoverati rimasero sostanzialmente invariate anche dopo il trasferimento nella nuova destinazione, coerentemente con un quadro di profonda arretratezza del sapere medico e dell'organizzazione sanitaria nel Regno di Sicilia agli inizi del XIX secolo<sup>7</sup>.

La situazione invece era diversa a Napoli, dove gli intellettuali illuministi si erano dimostrati consapevoli del significato sociale dell'assistenza sanitaria e del ruolo degli ospedali, e le vicende storico-politiche dell'età murattiana avevano fornito concreta realizzazione ad alcuni importanti progetti, tra cui quello della realizzazione del manicomio di Aversa (1813). Esso nasce come primo tentativo di importare il modello del manicomio moderno e si ispira al trattamento morale elaborato da Pinel nel suo *Traité médico-philosophique sur l'aliénation mentale* (1801), sebbene tale filosofia terapeutica fosse criticata negli ambienti della medicina accademica italiana. La nascita del manicomio di Aversa è frutto, così come sarà nel caso di Palermo, di un'iniziativa politica voluta dal governo nell'ambito di un programma di riforme che esclude dal progetto la classe medica

napoletana<sup>8</sup>. Dopo la Restaurazione nel Regno di Napoli la riforma delle istituzioni sanitarie borbonica si pone in continuità con quella murattiana, nel quadro di una politica moderata e senza eccessive rotture rispetto al decennio precedente; in Sicilia invece la situazione è profondamente diversa. Al Congresso di Vienna la diplomazia borbonica ha ottenuto mano libera per creare un unico Regno, cancellando il Regno siciliano come entità politica indipendente e abrogando la costituzione del 1812. A un'opera di cancellazione delle istituzioni siciliane e di annientamento delle velleità indipendentiste della nobiltà, si accompagna una politica riformista volta però a una subordinazione delle strutture amministrative e delle istituzioni al controllo dell'autorità centrale, in un nesso inscindibile tra riformismo e repressione<sup>9</sup>. In tale contesto si inquadra in Sicilia anche l'opera di riorganizzazione dell'assistenza sanitaria in cui, di fronte alle richieste di innovazioni tecniche, i governanti risposero per lo più attuando modifiche istituzionali.

In questo clima politico e sociale nasce il progetto per la realizzazione di un nuovo manicomio a Palermo, di cui troviamo traccia già nel 1816 in una lettera del principe ereditario Francesco di Borbone rivolta ai rettori dello Spedale Grande di Palermo<sup>10</sup>. Tale ospizio per i pazzi avrebbe dovuto seguire il modello di quello già edificato ad Aversa e a tale scopo veniva inviato ad Aversa dai rettori l'abate Giovanni Cirino, soprintendente dell'Ospizio di Santa Teresa, per raccogliere tutte le informazioni necessarie alla realizzazione del progetto. Ancora una volta i regnanti borbonici si appropriavano dell'eredità riformatrice francese e la portavano avanti estendendola alla Sicilia che, al contrario del Regno di Napoli, non ne era stata toccata direttamente.

Il progetto di realizzazione di un nuovo ospedale per i matti a Palermo era destinato però a subire una battuta di arresto a causa di un conflitto di competenze tra il governo centrale e i rettori dello Spedale Grande, che rappresentavano gli interessi del Senato e



dunque della nobiltà palermitana, la quale cercava di resistere a un progressivo processo di espropriazione della propria autorità e delle proprie competenze.

All'indomani della seconda restaurazione borbonica conseguente al moto separatista del 1820, la stretta repressiva più forte e il più marcato centralismo decisionale danno nuovo impulso al progetto, che a questo punto diviene iniziativa esclusiva del governo centrale nella persona del nuovo Luogotenente del Regno, il marchese Pietro Ugo delle Favare. Egli, interessatosi alla questione dell'assistenza ai pazzi per motivi di ordine pubblico, nel luglio del 1824 scrive al Ministero dell'Interno a Napoli e ottiene che venga nominato come amministratore unico dell'Ospizio il barone Pietro Pisani, anziano funzionario del suo ufficio, il quale avrebbe risposto direttamente all'ufficio del Luogotenente per il proprio operato<sup>11</sup>.

#### *Le Istruzioni del barone Pisani*

A questo punto è utile comprendere chi fosse il barone Pisani, perché il suo profilo personale influenzerà notevolmente la storia e la fortuna della Real Casa dei Matti di Palermo. Pietro Pisani (Palermo 1761-1837) era un barone della piccola nobiltà, laureato in Legge, il quale una volta perse le rendite derivanti dalla sua carica di Regio Percettore al momento dell'abolizione di tale ufficio nel 1812, aveva ottenuto, in quanto appartenente a una famiglia tradizionalmente fedele ai Borbone, di rivestire la carica di ufficiale capo del Ripartimento dell'Interno presso la Real Segreteria del Luogotenente Generale, che si occupava dell'amministrazione civile, delle prigioni, dei beni culturali e della sanità<sup>12,13,14,15</sup>.

Ma soprattutto, oltre che uomo fedele alla corona, Pietro Pisani si sentiva uomo di cultura, grande appassionato di musica, erudito dilettante e stravagante con buone conoscenze negli ambienti colti: amico di Domenico Scinà e del poeta Giovanni Meli, forse proprio grazie al suo interessamento aveva potuto sposare Maria Antonia

Texeira de Albornoz, esponente di una delle più nobili famiglie siciliane<sup>16</sup>. Interessato alla musica, al teatro e alle antichità, il suo salotto era luogo di incontro di nobili ed eruditi e non mancavano i contatti con importanti esponenti della cultura europea. Sebbene alcune vicende ed esperienze personali avessero potuto porre Pisani a contatto con il tema della follia<sup>17</sup>, di fatto risulta immediatamente evidente che il barone fosse del tutto privo di qualsiasi competenza specifica in ambito medico e sanitario, così come nell'ambito della cura della pazzia. La sua nomina era dovuta probabilmente al fatto che fosse il funzionario più alto in grado in un ripartimento che si occupava di salute pubblica. Non solo Pisani non aveva alcuna specifica competenza in campo medico, ma ostentava disprezzo e timore nei confronti dei medici, che riteneva dei ciarlatani e degli assassini<sup>18</sup>. La scelta del barone per la direzione dell'ospizio è dunque segno del fatto che i funzionari governativi erano i protagonisti della riforma, senza alcun interessamento da parte di una classe medica che in Sicilia era ancora molto arretrata e per niente stimata<sup>19,20</sup>. Prendere le distanze dalla classe medica è un chiaro atto politico: laddove la scienza medica a partire da Pinel e Chiarugi aveva reclamato a sé la cura della follia come oggetto del sapere medico, guardando all'alienazione mentale come malattia che non doveva essere gestita dalla polizia o dalla giustizia ma dalla medicina, revocare invece quest'ambito all'azione governativa è al contempo un chiaro atto di sfiducia nei confronti della classe medica siciliana e un atto di accentramento del potere nella gestione di una questione che era ritenuta sia sanitaria che sociale. Dunque se l'oggetto (l'alienazione mentale), il luogo (il manicomio) e il metodo (la cura morale) coincidono con quanto proposto da Pinel o Chiarugi qualche anno prima, l'ispirazione di fondo è profondamente diversa e in questo senso si può giustificare il fatto che Pisani e la pubblicistica filogovernativa attribuiscono all'istituzione della Real Casa dei Matti di Palermo un primato che appare ingiustificabile altrimenti: il richiamo all'e-

sperienza palermitana come alla prima applicazione del trattamento morale in una struttura pubblica va forse interpretato nel senso di una prima applicazione del trattamento in una struttura pubblica da parte dello Stato stesso e dei suoi funzionari, i quali ritengono di potere agire al meglio, guidati da un empirismo filantropico e lontani dall'intromissione di una scienza medica che continua a dimostrarsi inutile e inadatta. Nonostante ciò Pisani continuerà per il resto della sua vita a sentire il peso dell'esclusione dalla comunità scientifica e di un mancato riconoscimento del valore della sua opera da parte degli addetti ai lavori.

Fin dal proprio arrivo Pisani diede segno di grande efficienza e nel giro di pochi mesi diede avvio all'opera di riorganizzazione dell'ospizio: ottenne il trasferimento dei malati affetti da altre patologie in altra sede e diede inizio all'opera di ristrutturazione dei locali, ritenuti angusti e mal disposti<sup>21</sup>, affidando il progetto di ampliamento e ristrutturazione dell'edificio all'architetto del Senato Nicolò Raineli e la materiale realizzazione delle opere murarie ai malati stessi<sup>22,23</sup>. Il progetto di riforma istituzionale dell'Ospizio di Santa Teresa e la sua trasformazione in Real Casa dei Matti (decreto regio dell'agosto del 1825)<sup>24</sup> ebbe come cardini:

- La creazione di una dotazione finanziaria per l'istituzione;
- L'apertura delle ammissioni ai malati di mente di tutta la Sicilia (non più solo ai palermitani);
- La creazione di un accurato e dettagliatissimo regolamento interno (le *Istruzioni* del 1827)<sup>25</sup>;
- I lavori di ampliamento e ristrutturazione dell'edificio.

Le *Istruzioni*, stilate da Pisani stesso in un'epoca in cui molti manicomi ne erano ancora privi, definivano le norme istituzionali e le indicazioni per il trattamento terapeutico dei malati di mente.

Pubbligate nel 1827 e accompagnate da una breve *Descrizione*, in cui Pisani ricostruisce la storia dell'istituzione, esse sono uno dei più particolareggiati regolamenti manicomiali del primo Ottocento. Oltre a specificare in dettaglio le norme della Real Casa, contengono indicazioni e spiegazioni teoriche a giustificazione delle regole stesse. La prima parte è dedicata agli aspetti dell'organizzazione amministrativa e gestionale del servizio sanitario. La figura del direttore amministratore, nominato direttamente dal re su proposta del Luogotenente, cui il direttore poi risponde direttamente, è prevalente su tutte le altre e concentra in sé funzioni amministrative, ma anche di gestione degli aspetti relativi alla "cura morale" dei pazienti. Non sono indicati requisiti specifici per rivestire la carica, né previste alcun tipo di competenze mediche, dal momento che di fatto nella "cura morale" l'aspetto medico è considerato una delle componenti della cura, ma non quella prevalente. Il trattamento morale, cui Palermo aderì molto strettamente, veniva dunque in questa realtà completamente sottratto alle competenze dei medici, per ricadere esclusivamente nelle mani del direttore. La seconda parte delle *Istruzioni* è invece dedicata alla descrizione delle norme da seguire nella gestione dei ricoverati, dall'accoglimento alla dimissione. Se ne evince che la decisione del ricovero era affidata a un ambito puramente amministrativo e poliziesco e alle autorità governative. Ciò dimostra ancora una volta come la gestione della follia fosse ritenuta più un problema di ordine pubblico, che una questione di carattere medico e che come tale dovesse essere oggetto di una gestione centralizzata da parte del governo.

Nella storia che funge da introduzione alle *Istruzioni* Pisani stesso narra di essersi da subito prodigato per migliorare le condizioni di vita dei ricoverati e per abolire tutti i mezzi di costrizione tipici dell'epoca, con la sola eccezione della reclusione nella propria stanza e dell'uso della camicia di forza per i *frenetici* e i *furiosi*<sup>26</sup>. In ciò Pisani si distingueva rispetto alla pratica seguita ad Aversa

e nella maggior parte dei manicomi italiani, che allora prevedevano anche l'uso di macchine rotatorie, letti di forza e altri mezzi di contenzione.

Il modello di riferimento per la cura della follia era per Pisani il “trattamento morale” proposto da Philippe Pinel in Francia. Come è noto il trattamento morale si distingueva per l'introduzione di metodi più umani, con la conseguente distinzione dei matti dagli altri ammalati, l'abolizione di catene e bastoni, l'utilizzazione terapeutica degli svaghi, la pratica dell'ergoterapia<sup>27</sup>. È però interessante notare come nel caso oggetto di studio il trattamento fosse interamente affidato alla figura del Direttore e sottratto alla competenza dei medici, i quali comunque presenti all'interno della struttura (un medico consultore e due medici ordinari, di cui un chirurgo e un fisico), secondo le *Istruzioni* dovevano occuparsi per lo più dei “morbi avventizj”<sup>28</sup>. Ulteriore prova dell'estromissione dei medici dalla gestione della pazzia è il fatto che la decisione del ricovero, contrariamente a quanto era avvenuto fino ad allora in Sicilia, fosse affidata alle autorità governative, ricadendo dunque in un ambito puramente amministrativo e poliziesco.

Senza dilungarsi troppo nella descrizione della ben nota filosofia terapeutica portata avanti prima da Pinel e poi da Esquirol, così come da Leuret, ci limitiamo a sottolineare alcuni dei suoi principi cardine che influenzarono direttamente la strutturazione fisica, così come l'organizzazione e la gestione della Real Casa:

- L'isolamento dal mondo esterno e la creazione di uno spazio terapeutico definito, caratterizzato da una precisa organizzazione degli ambienti;
- L'esistenza di un regolamento rigoroso e l'importanza attribuita alla disciplina;
- L'utilità riconosciuta all'ergoterapia;
- L'esistenza di un'autorità unica, quella del direttore.

Se questi erano i fondamenti della cura, è evidente però che la sua messa in pratica era ben lontana da qualsiasi arte medica e addirittura da qualsiasi tecnica definita, essendo affidata per lo più al buon senso e alla sensibilità del singolo. Per questa ragione le descrizioni del trattamento morale sono rimaste affidate per lo più agli aneddoti e ai resoconti che alle cartelle cliniche e ai registri.

Ma non erano solo Pinel ed Esquirol le fonti cui Pisani si ispirò; come egli stesso spiega nell'introduzione alle *Istruzioni*<sup>29</sup>, altri suoi modelli di riferimento erano:

- Thomas Arnold, alienista inglese che nella seconda metà del Settecento sosteneva fosse possibile traslare i principi del trattamento gentile della pazzia dalle strutture private a quelle pubbliche;
- Francis Willis, il pastore anglicano noto per il suo grande carisma e la sua autorevolezza, doti che gli furono essenziali nel curare la follia del re Giorgio III d'Inghilterra;
- William Tuke, il quale allo York Retreat aveva sviluppato dei metodi terapeutici destinati a diventare emblematici di una determinata concezione del trattamento morale.

È interessante rilevare l'imponente influenza su Pisani delle fonti inglesi, inusuale nella psichiatria italiana dell'epoca, e forse imputabile al forte influsso culturale e politico dell'Inghilterra sulla Sicilia degli ultimi anni del Settecento. Questa forte influenza del modello inglese determinò almeno in parte l'inserimento di Pisani in quel filone del trattamento morale ancorato a una visione empirica e anti-medica, che era già all'epoca in declino di fronte alla sistematizzazione teorica operata dalla scuola francese di Pinel ed Esquirol. Anche in Inghilterra stessa negli anni Venti del XIX secolo i medici avevano vinto la loro battaglia per avere autorità indiscussa nel campo della cura della follia. Pisani più volte affermò con convinzio-

ne nelle sue *Istruzioni* che il trattamento da lui praticato fosse stato adottato solo in stabilimenti privati, tanto da parlare dell'esperienza di Esquirol non nei grandi manicomi parigini della Salpêtrière o di Charenton ma della Maison des Aliénés che egli gestiva privatamente. Da ciò Pisani trasse l'idea che la Real Casa fosse la prima o una delle prime istituzioni pubbliche ad adottare il trattamento morale in modo fedele. Per tale motivo egli diffuse, grazie al sostegno della propaganda governativa, un'immagine della Real Casa che era quella di un'impresa rivoluzionaria, cosa che contribuì ad accrescere la curiosità nei confronti dello stabilimento, ma che di fatto non rispecchiava la realtà.

#### *La struttura architettonica*

Le scelte terapeutiche di Pisani influenzarono anche la nuova struttura architettonica e l'articolarsi degli spazi in relazione alla loro funzione, tema che è stato oggetto di attenti studi negli ultimi decenni<sup>30,31</sup>. Secondo i dettami del trattamento morale infatti la disposizione degli ambienti in cui si svolgeva la cura aveva un'importanza fondamentale, così come la necessità di isolare completamente i ricoverati ed evitare qualsiasi tipo di contatto col mondo esterno fino a quando non fossero stati prossimi alla guarigione. La ristrutturazione del fabbricato, che tradiva la sua origine conventuale nella pianta quadrata con quattro corridoi lungo i quali si aprivano le celle, portò al rifacimento del vecchio edificio, che rimase come nucleo centrale, e all'aggiunta di un corpo posteriore che si affacciava su un ampio giardino. Il corpo anteriore conteneva una serie di locali che facevano da tramite tra l'esterno e il manicomio: portineria, vestibolo, parlatorio, stanza di ricevimento per i visitatori e stanze di osservazione. Tutto il pian terreno poi si articolava intorno a un grande cortile centrale, in fondo al quale si apriva la scala per accedere ai piani superiori. Attorno al cortile si sviluppavano i locali dedicati ai servizi comuni (refettori, cucine, bagni, stanze da lavo-

ro), il gabinetto anatomico con la sala medica e le stanze dei matti poveri (donne a destra e uomini a sinistra). Il piano superiore era formato da quattro corridoi su cui si aprivano le stanze dei *malati pensionanti*, quelle riservate ai *malinconici*, le stanze dei medici di guardia, l'appartamento del direttore e quello del soprintendente, e attigue a questi le stanze dei convalescenti. Isolata dalle altre vi era poi una camera di sicurezza con le pareti cusciate. Al di là del corpo principale, separate da esso da un cortile lungo e stretto vi erano le nuove costruzioni. Esse consistevano in un edificio a un solo piano, simmetricamente diviso in due parti, destinato a ospitare i *maniaci*, uomini e donne.

Non solo Pisani curò con attenzione l'organizzazione e la strutturazione degli ambienti secondo i criteri previsti dal trattamento morale, ma pose anche una particolare e bizzarra cura negli elementi accessori e decorativi<sup>32</sup>, che riteneva non un lusso ma un elemento indispensabile della cura morale. Nel quadro di un'attenzione tipica del trattamento morale per l'isolamento e l'ordine, Pisani aggiunge la convinzione che l'amenità dei luoghi possa garantire un ulteriore giovamento. Passione per l'arte e gusto scenografico lo spinsero ad abbellire lo stabilimento con statue (quelle del prospetto principale furono realizzate da Valerio Villareale), affreschi (quello del prospetto principale, a guisa di un bassorilievo era stato realizzato da Vincenzo Riolo, mentre alcuni all'interno erano stati realizzati dai malati stessi), iscrizioni, tutti ispirati al tema della follia. Egli inoltre fece realizzare un giardino all'italiana, che è esempio perfetto del suo gusto eccentrico e della sua fantasia megalomane, degno delle note ville dell'aristocrazia palermitana settecentesca. L'accesso al giardino era realizzato attraverso una porta che immetteva in un sotterraneo lungo circa 80 metri, sistemato in modo da sembrare una caverna con finte stalattiti, statue e acqua che grondava da pareti ricoperte di conchiglie in perfetto stile *rocaille*. All'interno del giardino stesso poi erano presenti un teatro, una vasca e tutti gli altri elementi



tipici della moda del tempo: un angolo alla “cinese”, affreschi *trompe l'oeil*, cascate artificiali, gabbie con uccelli. In tutte queste opere trasparivano alcuni elementi simbolici ricorrenti che volevano sintetizzare il senso dell’operato di Pisani e la sua ispirazione: il trionfo della ragione sulla follia come frutto dell’opera benefica del sovrano. Sorprende dunque rendersi conto di quanto questo messaggio sia poi stato profondamente trasfigurato.

### *La trasfigurazione letteraria*

Ma quanta notorietà l’esperienza palermitana riuscì a ottenere - pensiamo al fatto che Aversa all’epoca godeva di una certa fama - sia nel mondo medico-scientifico, che più in generale nella cultura europea? Il barone cercò sempre di dare il massimo della visibilità possibile al suo operato, pubblicizzandolo sulla stampa, accogliendo con favore ospiti in visita nella struttura e coltivando una fitta corrispondenza con personaggi illustri in Italia e in Europa. Egli incoraggiava apertamente la diffusione all’esterno di notizie tramite la pubblicazione di resoconti di visite, lettere e opuscoli.

Negli anni in cui veniva istituita la Real Casa dei Matti si registrava in Italia un risveglio dell’interesse scientifico nei confronti della follia e un cambiamento nella sua gestione sociale, che a sua volta suscitava interesse e attenzione da parte di altre nazioni europee<sup>33</sup>. Al contempo, altre esperienze di applicazione del “trattamento morale” venivano portate avanti negli anni seguenti anche in altre parti d’Italia<sup>34</sup>. Nonostante ciò nell’ambito della comunità medica europea e soprattutto italiana l’esperimento di Pisani trovò scarsissima eco<sup>35</sup>, sia perché Palermo era alla periferia del mondo culturale e scientifico europeo, sia perché il trattamento morale in sé era una pratica poco sistematica, affidata più alle capacità e alla sensibilità del singolo che a un protocollo definito, e pertanto difficilmente condivisibile sia in termini di tecnica che di risultati. Ma soprattutto la comunità scientifica medica dell’epoca in quegli anni cominciava a

muoversi in altre direzioni nello studio della follia<sup>36</sup>, mentre la psichiatria andava progressivamente affermando la propria dipendenza dalla neurologia<sup>37</sup>. Per tali ragioni il trattamento morale alla metà del secolo cominciò a subire una battuta d'arresto, per essere poi ripreso in forme diverse nel secolo seguente<sup>38</sup>.

Nel mondo letterario e nei salotti della mondanità europea invece l'eco dell'esperienza palermitana giunse più forte, sebbene profondamente trasfigurato dall'aura di esotismo e stranezza che circondava tale storia fino a trasformarla in un mito.

Il primo a diffondere un'immagine idealizzata dell'asilo palermitano fu Pisani stesso, in senso però totalmente diverso dalla mitizzazione che ne fecero poi i letterati soprattutto stranieri: il barone, congiuntamente al governo borbonico, con fini propagandistici mirava a diffondere sulla stampa locale un'immagine dell'istituzione come di un'impresa rivoluzionaria, che per prima aveva portato nell'ambito di una struttura pubblica la versione più pura e fedele del trattamento morale impiegata fino ad allora solo negli asili privati. Tale propaganda trovò eco in una serie di scritti di eruditi locali, per i quali la Real Casa dei Matti si ergeva a simbolo del primato della cultura siciliana. Cominciando proprio da un'analisi degli articoli sulle riviste locali dell'epoca, ci rendiamo conto che l'opera di Pisani trovò grande spazio sui giornali che erano organi semiufficiali del governo in mano a letterati ed eruditi e quasi nessuna menzione nelle riviste mediche e scientifiche. Del resto fin dall'inizio sia Pisani che i suoi sostenitori non mancarono di sottolineare quanto proprio la lontananza dalla scienza medica fosse stata il punto di forza del suo operato, basato sulla rinuncia "alle speculazioni dell'arte"<sup>39</sup>. Il *Giornale di scienze lettere e arti per la Sicilia*, che non a caso aveva sede nei locali della polizia, pubblicò numerosi articoli che trattavano dell'innovativa impresa di Pisani, con il chiaro intento di appoggiare e dare lustro a un'iniziativa governativa. Già nel 1825 la rivista pubblica una *Lettera sullo spedale de'pazzi di Dublino*, in cui si accenna alla

riforma in corso a Palermo, e più tardi una *Epistola all'ornatissimo amico Barone Pietro Pisani*. Nel 1829 Antonino Greco, medico ordinario della Real Casa, pubblica sempre su questa rivista alcuni articoli che raccontano del suo viaggio di studio in Europa e delle sue visite ad alcuni importanti manicomi in Francia e Inghilterra. Un saggio di Greco, dedicato alla statistica medica della Real Casa viene inoltre favorevolmente recensito sulla rivista stessa nel 1833<sup>40</sup>. Inoltre nel 1832 Pompero Inzenga, bibliotecario del principe di Villafranca pubblica sempre sullo stesso giornale una *Breve descrizione della Real Casa de' Matti di Palermo, e del nuovo metodo tenuto dal barone Pietro Pisani nel curar la follia*<sup>41</sup>. La dettagliata descrizione della struttura fatta da Inzenga è incentrata sulla funzionalità, l'ordine e la salubrità degli spazi e, seppure sottolinei la bellezza dei giardini e di alcune decorazioni, fa pochi accenni alle esotiche decorazioni che verranno poi minuziosamente descritte dai visitatori. Inzenga si limita a tale riguardo a sottolineare che molte di queste opere di decorazione erano frutto del lavoro dei ricoverati stessi e che come tali, lungi dall'essere "superfluità d'irragionevole lusso" contribuivano alla terapia, impegnando i ricoverati in lavori manuali e al contempo garantendo loro lo svolgimento della terapia in un ambiente ameno e accogliente. Ciò evidentemente non è un caso, dal momento che alla propaganda filogovernativa poco interessava sottolineare l'esotismo o le eccentricità del luogo. A supporto della validità del metodo impiegato da Pisani, Inzenga porta la citazione di alcune parole di Pariset in una lettera a Raoul Rochette<sup>42</sup> e soprattutto il grande numero di guarigioni, che saranno sempre la pubblicità più importante per Pisani, il quale fece addirittura affiggere delle tavole nell'atrio con scritti i nomi dei matti guariti. Se i riferimenti fatti da Inzenga a riconoscimenti da parte del mondo scientifico sono vaghi e inconsistenti, quelli provenienti dal mondo della cultura e della politica sono invece precisi e puntuali. Gli altri riconoscimenti all'opera di Pisani riportati da Inzenga sono tutti quelli di

funzionari governativi di altri stati (il barone Ende, al servizio della corte di Baden e il signor Hunkler, svizzero) che guardano all'opera del governo borbonico e di Pisani come a un esempio da imitare<sup>43</sup>. In ultimo Inzenga cita la lettera del marchese Gargallo, pubblicata sulle Effemeridi scientifiche e letterarie per la Sicilia<sup>44</sup>. Il Gargallo, poeta ed erudito illuminista, recatosi a visitare l'ospizio, ne tesserà le lodi in una lettera indirizzata a Pisani stesso e pubblicata nella suddetta rivista, in cui associa la creazione della Real Casa a un passo avanti nel processo di affermazione illuminista della ragione e della civilizzazione sulla barbarie. Nel 1833 Inzenga poi pubblica sempre sulla stessa rivista *Poche considerazioni sul dubbio, se la cura morale della follia introdotta dal Pisani nella real Casa de'matti di s. Teresa sia stata prima messa in opera a Vanves presso Parigi*<sup>45</sup>. Anche questo articolo è interessante nella misura in cui ci aiuta a comprendere come la propaganda locale mirasse a dar lustro all'opera di Pisani in stretta connessione all'intervento del governo; secondo Inzenga il vero problema infatti non è individuare chi per primo abbia inventato il trattamento morale, che è di per sé un'idea già ben nota, ma comprendere chi sia riuscito a metterla davvero in atto. E qui sta la parte interessante: sebbene si riconosca il grande valore di medici come Pinel o Esquirol si insiste sul fatto che, a causa del persistere dei pregiudizi essi non riuscirono a mettere in pratica una cura dolce, forse anche proprio a causa del fatto di essere dei medici, incapaci di "abbandonarsi intieramente alla sola cura morale". Se una testata filogovernativa come il *Giornale di scienze lettere e arti per la Sicilia* dava dunque ampio spazio a notizie collegate alla Real Casa, al contrario le riviste mediche locali vi davano scarsa o nulla attenzione. Il *Giornale di scienze mediche per la Sicilia*, con la sola eccezione di una recensione al saggio di Greco, non si occupò quasi per nulla del tema della pazzia e affatto dell'esperienza di Pisani, mentre l'altra rivista medica dell'epoca, le *Effemeridi scientifiche e letterarie*, pubblicarono solo una recensione poco favorevole al saggio di Greco.

Fuori dalla Sicilia troviamo eco dell'esperienza palermitana nell'*Antologia* di Viesseux (1828)<sup>46</sup> che recensisce le Istruzioni pubblicate da Pisani l'anno precedente e, dopo la morte di Pisani, anche in una rivista scientifica, il *Giornale di scienze mediche di Torino* (1840)<sup>47</sup>, che recensisce un *Saggio sulla Statistica medica della Real Casa dei matti di Palermo*<sup>48</sup>, scritto da Francesco Pignocco, medico della Real Casa. In tale recensione, fatto unico, viene detto esplicitamente che mentre Aversa aveva dimostrato col tempo di non essere all'altezza delle aspettative create, al contrario la Real Casa di Palermo si era dimostrata un'istituzione adatta a soddisfare appropriatamente il fine cui era destinata. Tuttavia non si manca di sottolineare che, sebbene le Istruzioni stilate da Pisani contenessero "molti saggi ed utili provvedimenti", esse di fatto erano state stilate da "persona alle scienze mediche estranea, e guidata da opinioni non ben fondate sulla natura della pazzia, non danno le medesime al medico quell'importanza che deve avere in tali ospizi. [...] dimostrando di poco conoscere tutto ciò che l'anatomia patologica, più specialmente ai nostri tempi coltivata, ha insegnato sulle cagioni delle aberrazioni mentali."

La prima menzione significativa dell'asilo palermitano giunge al pubblico colto europeo attraverso le parole di Michele Palmieri di Miccichè, fuoriuscito siciliano, fuggito dopo i moti del 1820, frequentatore dei salotti letterari di Ginevra e Parigi, amico di Stendhal. Nel primo volume dei suoi *Pensées et souvenirs historiques et contemporains*<sup>49</sup>, pubblicato nel 1830, Palmieri dedicava alcune pagine al "superbo stabilimento". Tuttavia, sebbene il suo intento fosse quello di elogiare la struttura, il messaggio generale era profondamente diverso da quello che volevano trasmettere Pisani e soprattutto il governo borbonico: secondo Miccichè in una Sicilia caratterizzata da profonda arretratezza economica e culturale e da totale mancanza di libertà, la Real Casa dei Matti si ergeva come straordinario esempio di progresso e filantropia, superiore perfino a quelli di Parigi e Londra. Paradossalmente Miccichè, pur essendo siciliano non aveva

mai visitato lo stabilimento in prima persona perché era fuggito dalla Sicilia nel 1820 e vi sarebbe tornato venti anni più tardi; dunque quanto da lui narrato era frutto dei racconti del filantropo svizzero Jean-Marie Huber-Saladin<sup>50</sup> e della lettura delle Istruzioni stilate da Pisani. Egli non manca di rimarcare l'amenità del luogo, funzionale alla riuscita della cura stessa, e si dilunga nella descrizione dei giardini e degli affreschi che lo decorano, specchio della stranezza di Pisani stesso e di quel tocco di follia che in lui stesso alberga. Il racconto di Miccichè risulta estremamente utile, perché costituisce una testimonianza dettagliata sulla personalità e il metodo di Pisani, e mette in luce il carisma di questa figura così come l'assoluta empiricità del metodo da lui adottato. È interessante notare che con Miccichè ha inizio quel ribaltamento della realtà che porterà a vedere in Pisani un filantropo che opera da solo, invece che un diligente funzionario governativo animato da buona volontà e buon senso. Miccichè non snatura, come faranno altri più tardi, le notizie a sua disposizione, tuttavia rimarca con più forza il ruolo di Pisani al punto da dare l'impressione che egli non agisca su mandato del sovrano ma con la protezione del viceré, e che dunque l'istituzione sia frutto di una sua iniziativa, che gode della protezione del marchese delle Favare. Miccichè mostra un certo imbarazzo nell'elogiare il viceré, funzionario di un governo dispotico, e si giustifica col fatto che in fondo è meglio che il potere si trovi nelle mani di un uomo che mira a fare il bene, per quanto nel quadro di un contesto di dispotismo. Ma soprattutto la testimonianza di Miccichè ci aiuta a comprendere quale sarà nel mondo culturale e letterario europeo l'immagine che la Real Casa proietterà di sé. Egli, così come gli altri autori dopo di lui, punta la propria attenzione sugli aspetti più strabilianti e curiosi dell'istituzione, inquadrandola nello scenario di una Sicilia affascinante e mitica, piena di contrasti, meraviglie e orrori: è il mito letterario iniziato alla fine del Settecento da Goethe, che rende la Sicilia una tappa immancabile del *Grand Tour*. La citazione della Real Casa

nel libro di Miccichè giovò a diffondere la conoscenza della struttura all'estero, fornendone però l'immagine che poi permarrà più forte, quella di uno strano fenomeno di costume, una testimonianza di eccentricità da un paese in cui la scienza moderna non era ancora giunta. Palmieri di Miccichè dunque fornì materiale per la costruzione di un mito che avrebbe ispirato molti autori stranieri, i quali erano addirittura in diretto contatto con lui, come Alexandre Dumas.

Comprendere a fondo il senso del racconto di Miccichè è la chiave di volta per comprendere come l'esperienza di Pisani sia stata trasfigurata in mito: egli è un esule che con nostalgia e risentimento vuole dipingere un'immagine della Sicilia come di un luogo mitico teatro di profondi contrasti. Miccichè vuole restituire un'immagine della sua terra affascinante e malinconica, vuole dare lustro ma al contempo rimarcarne l'arretratezza, sottolinearne la follia ma anche i tratti di modernità. Nel descrivere la Real Casa Palmieri di Miccichè vuole mettere in risalto l'iniziativa di Pisani e renderla centrale, mettendo in ombra l'importanza dell'intervento del sovrano, ma al contempo non vuole inimicarsi un governo da cui più tardi cercherà di ottenere il permesso di rientrare in patria. Egli descrive una Sicilia affascinante, teatro delle sue follie passate e delle follie dei suoi pari, terra di uomini animati da spirito filantropico ma vessata da un governo che toglie ogni libertà.

All'epoca proprio questa Sicilia affascinante e ricca di contrasti continua ad attirare numerosi viaggiatori e la Real Casa con il suo eccentrico direttore divengono meta per ospiti illustri, che lasciano testimonianza della propria visita nei propri scritti. Tra questi vi fu nel 1827 il duca di Buckingham, pari d'Inghilterra; egli descrive l'opera come frutto di un'iniziativa governativa, ma al contempo parla del barone come di un non professionista guidato da spirito filantropico, che agisce per pura umanità senza alcuna remunerazione. Il duca lasciò una descrizione molto colorita e dettagliata della sua visita, ma non poté influenzare direttamente i suoi contemporanei perché il suo diario fu pubblicato molto tempo dopo (1862)<sup>51</sup>.

Un'altra testimonianza importante che però non ebbe eco tra i contemporanei è quella del medico tedesco Eduard Güntz. Colpito da improvvisa malattia egli fu ospitato e fatto curare da Pisani; dopo la guarigione Güntz rimase con il barone per alcuni mesi tra il 1827 e il 1828 e si interessò molto alla Real Casa dei Matti. Egli si occupava prevalentemente di ginecologia, ma si interessava anche alla cura della pazzia e aveva frequentato alcuni degli esponenti della nascente psichiatria tedesca, tra cui Ringseis (che aveva visitato Palermo nel 1823) e Pienitz (1777-1853), allievo di Pinel, che nell'istituto di Sonnenstein, fondato nel 1811 in Germania, aveva adottato il trattamento morale. Ecco dunque un altro possibile influsso su Pisani da parte di ambienti culturali europei: quello tedesco, che all'epoca aveva pochi contatti con l'Italia nell'ambito della cura della pazzia. Tornato in patria e abbandonato il campo della ginecologia, Güntz fondò un manicomio privato a Thonberg. Egli dedicò all'istituzione palermitana una relazione accademica e un libro pubblicato nel 1878 e rimase in corrispondenza con Pisani<sup>52</sup>. Güntz riferì a Pisani delle sue visite ai più importanti manicomi di Francia e Germania, scrisse ripetutamente che l'asilo palermitano non aveva nulla da invidiare a quelli d'oltralpe e parlò dell'esperienza del barone allo stesso Esquirol<sup>53</sup>. Pisani sperava che ciò gli avrebbe procurato un riconoscimento da parte dell'alienista francese e magari una sua visita, ma ciò non avvenne mai, sancendo ancora una volta l'esclusione del barone dalla comunità scientifica europea. A poco valse anche il resoconto dei due medici tedeschi Mandt e Rust<sup>54</sup>, incaricati dal ministro prussiano di riferire sui progressi dei manicomi in Italia, Germania e Francia. Il loro giudizio risultò estremamente positivo, l'istituzione fu paragonata alla casa di cura privata di Esquirol a Ivry, ma il rapporto rimase per quasi un secolo non pubblicato.

Le visite si fecero sempre più frequenti negli anni Trenta, man mano che le notizie sulla Real Casa andavano diffondendosi, al punto che



nelle numerose guide della città di Palermo<sup>55</sup>, pubblicate in quegli anni di crescente interesse nei confronti della Sicilia, la Real Casa era annoverata tra le attrazioni cittadine. A quel punto i libri di memorie e i resoconti di viaggio che parlano di questa istituzione si moltiplicano<sup>56-59</sup>. Le testimonianze sono tutte accomunate dagli stessi tratti: la figura del barone è trasfigurata in quella di un nobile eccentrico che ha sperperato tutte le proprie ricchezze per trasformare il “castello” di famiglia in un asilo per i matti; ne viene così delineato un ritratto coerente con lo stereotipo dell’eccentricità della nobiltà siciliana (basti pensare al principe Gravina di Palagonia con la sua “villa dei mostri” e al principe di Butera con il monastero di monaci di cera, entrambi più volte citati nelle stesse opere).

L’unico resoconto di viaggio che pare discostarsi dai precedenti è quello inedito dell’alienista francese Joseph Guillaume Desmaisons Dupallans, il quale durante un viaggio nel 1840 per i manicomi d’Italia aveva raccolto una ricca serie di appunti e stilato una sorta di vero e proprio catalogo comparativo, per individuare quale potesse essere la struttura a suo parere più efficace che potesse fungere da modello per l’istituto che si apprestava a costruire nei pressi di Bordeaux. Il materiale, rimasto inedito, è stato recentemente pubblicato in traduzione italiana<sup>60</sup>. Quello di Desmaisons è il punto di vista di un medico e pertanto presenta notevoli differenze rispetto agli altri resoconti: egli non manca di lodare l’efficienza e l’organizzazione dello stabilimento, ma la sua non è l’ammirazione acritica di chi vuole fare propaganda filogovernativa, né tanto meno la ricerca della curiosità e del meraviglioso di un qualsiasi altro viaggiatore straniero. Desmaisons analizza analiticamente l’organizzazione e la struttura dello stabilimento, i suoi punti di forza e le sue debolezze. In controtendenza con tutti gli altri, il medico francese non apprezza affatto l’eccesso di ornamenti, decorazioni e affreschi, reputandoli inutili e addirittura “di cattivo gusto”. Nell’analizzare l’organizzazione della struttura egli non manca di sottolineare che il ruolo dei medici, così

come ad Aversa, è del tutto marginale, mentre la figura centrale che racchiude in sé tutta l'autorità è quella del direttore, *longa manus* di un governo molto accentratore. Nel caso di Palermo la struttura funziona solo in ragione del grande carisma e della dedizione di Pisani, il quale però opera con passione e buon senso ma senza alcuna preparazione specifica in campo medico. Secondo Desmaisons di fronte all'incapacità dell'epoca dei medici di fornire un rimedio efficace per la follia, la soluzione di Pisani era stata quella di adottare un metodo basato esclusivamente sui "mezzi morali" ampiamente mutuato da Esquirol, escludendo del tutto l'impiego di "mezzi fisici". Già nel 1826 però il professore Portal, chirurgo dello stabilimento nonché docente di Chirurgia della Regia Università di Palermo, in una sua opera dedicata all'alienazione mentale osservava: "non vi ha per la cura della pazzia da preferire né il trattamento puramente morale, né il trattamento puramente fisico"<sup>61</sup>.

L'esigenza di esercitare un controllo su quanto veniva scritto dai visitatori fu a un certo punto così fortemente sentita da Pisani e dalle autorità, da spingerlo alla pubblicazione di una sorta di guida<sup>62</sup>. Si trattava di un libretto che veniva distribuito a tutti i visitatori, contenente una descrizione ufficiale della Real Casa dei Matti, scritta da uno dei ricoverati che era poi guarito. Non abbiamo prove della reale esistenza di questo paziente - che pare essere più che altro frutto di una finzione letteraria -, ma sappiamo per certo che l'opera fu pubblicata a nome di Pisani.

Nonostante gli sforzi di Pisani e del governo, l'immagine della Real Casa tratteggiata per la prima volta da Palmieri di Miccichè e da molti altri dopo di lui rimase la più forte e influenzò anche gli scrittori successivi: si trattava di una testimonianza di eccentricità e filantropia proveniente da un luogo in cui la scienza moderna non era ancora arrivata, un mito romantico destinato a colpire i lettori. Questo mito riuscì a giungere anche nelle pagine di due grandi scrittori: Alexandre Dumas padre ed Edgar Allan Poe.

Il primo visitò la Real Casa nel 1835 e lasciò traccia della sua visita nel registro dei visitatori, sul quale scrisse una lunga poesia, in cui definendo emblematicamente l'istituzione “*l'asile où regne la folie*”, trasfigurava nella sua descrizione l'incontro con pazienti realmente esistiti tratteggiandoli con parole mitiche e fiabesche<sup>63</sup>.

Dumas scrisse poi una descrizione completa della sua visita in un libro di viaggi del 1842 in cui leggiamo<sup>64</sup>:

*Un signore siciliano che aveva visitato molti stabilimenti del genere, disgustato dal modo in cui gli sventurati malati erano trattati, si decise a consacrare il suo palazzo, la sua fortuna e la sua vita alla guarigione degli alienati. Molte persone diranno che il barone Pisani era altrettanto folle degli altri, ma almeno la sua follia era una follia sublime. Il barone Pisani era ricco, aveva una magnifica villa, aveva l'età di appena trentacinque anni; sacrificò la sua giovinezza, il suo palazzo, la sua fortuna.*

Se in qualche modo possiamo reputare possibile che Dumas, il quale aveva visitato personalmente la struttura e conosciuto il barone, non sapesse che il barone non era un ricco possidente ma un funzionario della piccola nobiltà dalla cui carica dipendeva il suo sostentamento, pare più difficile credere che davvero pensasse che la struttura del convento riadattata fosse stata la villa del Pisani o che egli avesse trentacinque anni al momento della creazione dell'istituzione (ne aveva ben sessantaquattro). Forse Dumas, viaggiatore professionista, abile nel fondere insieme elementi della realtà e di fantasia, ignorò volutamente la realtà dei fatti e assecondò la creazione di quel mito esotico che meglio si confaceva alle sue esigenze letterarie.

Dumas parla del barone anche in una pagina del *Conte di Montecristo* attribuendo al conte l'intenzione di investire le proprie ricchezze in un manicomio come quello di Pisani<sup>65</sup>:

*“Sapete a quale scopo il conte di Montecristo ha acquistato una dimora a Auteuil?”.*

*“Certo, visto che me l'ha detto”.*

“A quale scopo?”.

“A quello di farne un ospizio per alienati nel genere di quello fondato dal barone Pisani a Palermo. Conoscete quell’ospizio?”.

“Di fama, sì”.

“E’ un’istituzione meravigliosa”.

Potremmo chiederci come mai Dumas nel suo romanzo non si rifaccia ad esperienze più vicine a lui: infondo il trattamento morale era nato proprio in Francia. Forse perché l’esperienza di Pisani era circondata da un’aura di esotismo che meglio si prestava ai suoi scopi: la Real Casa già nella decorazione aveva un che di mostruoso e di gusto dell’orrido che meglio si prestavano alla finzione letteraria. Nella trasfigurazione avvenuta nel mondo dei salotti e della letteratura di viaggio europea l’asilo di Palermo era divenuto un simbolo del gusto per gli eccessi tipico dell’immagine della Sicilia che si trasmetteva a quel tempo: ricca di contrasti e contraddistinta da una commistione di antiche credenze e intuizioni moderne, paternalismo aristocratico e attenzione democratica alle istanze sociali, empiria e mancanza di scientificità, ma al contempo umanesimo, gusto per un’estetica eccentrica ma efficiente strutturazione degli spazi.

Le parole di Dumas alimentarono ancor di più la leggenda che già in vita aveva trasformato un anziano e solerte funzionario borbonico in un eccentrico filantropo, divorato dalla follia al punto tale da dedicare interamente sé stesso e i propri averi alla cura degli altri folli: l’ennesimo di una lunga galleria di “pazzi siciliani”. Quello della follia siciliana è un *tòpos* letterario di lunga tradizione, che ha origine nel Settecento con la “*folie palagonienne*” descritta da Wolfgang Goethe - il quale dipinge le morbose e allucinate aberrazioni di alcuni nobili siciliani - e che ha continuato ad alimentare le fantasie letterarie degli autori del Novecento.

La leggenda del barone filantropo, pazzo tra i pazzi, che ha preso piede nei salotti letterari europei riesce ad arrivare oltre oceano grazie al racconto di un viaggio fatto a Palermo nel 1832 dallo scrittore

e giornalista americano Nathaniel Parker Willis, assiduo frequentatore dei salotti letterari di New York, nonché amico e collega di Edgar Allan Poe al *New York Mirror*. Proprio su questa rivista nel 1833 Willis pubblica, in forma di lettera, un resoconto del suo viaggio<sup>66</sup>, e l'anno successivo trae ispirazione dalla sua visita alla Real Casa per la pubblicazione di un racconto intitolato *The Madhouse of Palermo*, su *The Metropolitan Magazine*<sup>67</sup>. Nella lettera del 1833 Willis descrive Pisani come “uno stravagante barone siciliano che ha dedicato il proprio tempo e la propria fortuna” alla Real Casa, un uomo dall'aspetto gentile, abbastanza in là con gli anni, dai modi garbati, che si definisce lui stesso come “il primo pazzo di Sicilia”. Dal resoconto emerge con forza il carisma che il barone è in grado di esercitare sui ricoverati, la sua capacità di calmarli e l'abilità dimostrata nell'aver creato un ambiente sereno in cui le energie dei malati vengono indirizzate verso il lavoro. Altro elemento posto in risalto è l'amenità e la stranezza dei luoghi, il gusto per l'esotico e lo stravagante delle architetture, che non potevano non suscitare la curiosità dei viaggiatori stranieri. Nel racconto dell'anno successivo tutti questi caratteri sono ancora più marcati e romanzzati: Pisani è diventato un vecchio conte siciliano che ha deciso di convertire il proprio castello in un ricovero per malati di mente e che ha interamente devoluto il proprio tempo e tutto il proprio patrimonio a questo singolare “passatempo”. La descrizione dell'amenità e della singolarità di luoghi e personaggi è ancora più dettagliata, e non stupisce il fatto che la scelta di visitare la Real Casa si ponga in alternativa a quella di vedere la famosa Villa “dei mostri” del principe di Palagonia a Bagheria o il monastero di monaci di cera del principe di Butera. La ricostruzione di Willis non si discosta sostanzialmente da tutte le altre precedentemente menzionate, ma gode del merito di avere appassionato a tal punto Edgar Allan Poe da indurlo, anni dopo, a trasformarla nella trama narrativa di un racconto<sup>68</sup>. Tale tipo di argomento del resto era confacente agli interessi di Poe, il quale

era incuriosito dal tema dell'alienazione e della follia. Lo spunto fornito da Willis viene però profondamente rielaborato e combinato con suggestioni provenienti da altre storie, coerentemente con la tendenza di Poe a combinare in modo assolutamente originale suggestioni e ispirazioni per creare trame innovative. Come appropriatamente evidenziato da Patrick Quinn<sup>69</sup>, la singolarità e la stranezza delle storie di Poe non può essere analizzata riducendola ai materiali da cui ha preso avvio e dagli spunti che ha utilizzato. Le sue storie prevedono situazioni simili a quelle dei romanzi gotici di derivazione, al loro interno sono individuabili prestiti di materiali, ma Poe sceglie di prendere alcuni elementi e tralasciarne altri creando trame che riescono ad avere un successo duraturo, mentre i testi da cui prende spunto sono già caduti nell'oblio. Poe selezionò e combinò storie forse più di quante non ne inventò, ma è nella maestria della selezione e della combinazione che il suo genio si manifesta<sup>70</sup>. Nasce così nel 1845 *The System of Dr. Tarr and Professor Fether*<sup>71</sup>, che è stato appropriatamente definito "an absurd madhouse grotesque"<sup>72</sup>. In questo caso il personaggio ormai trasfigurato e mitico di Pisani fa da spunto per la creazione di una storia brillante, tenebrosa e ironica, ambientata in un immaginario manicomio privato della Francia. Il protagonista, accompagnato da un amico come nel racconto di Willis, narra della sua visita alla Maison de Santé, nota per il singolare metodo di cura gentile per i malati di mente. Egli appena arrivato viene presentato al direttore della struttura, monsieur Maillard, il quale presenta numerosi tratti fisici e caratteriali affini alle descrizioni pervenuteci di Pisani. Questi gli fa da guida negli ambienti ameni del suo palazzo e intrattenendosi con lui gli confessa di avere dovuto abbandonare il metodo di cura dolce della follia, sostituendolo con uno più duro e restrittivo. Giunto il momento della cena, il più teatrale dell'intero racconto, fanno la loro apparizione personaggi sempre più stravaganti e stralunati, in una successione di dialoghi grotteschi ed esilaranti che lasciano stupito e confuso

il protagonista. Ad un tratto nella sala della cena irrompono però i veri collaboratori di Maillard, i quali sono riusciti a sfuggire alla prigionia cui li aveva costretti il direttore stesso. Quest'ultimo impazzito e in combutta con i pazienti, in un totale ribaltamento della situazione li aveva rinchiusi e sottoposti a un trattamento singolare: incatramati e impiumati giornalmente, come previsto dal sistema di due inesistenti scienziati, il dottor Catrame e il professor Piuma, che danno il nome al racconto. Si assiste dunque a un totale ribaltamento dei ruoli, con i medici e gli infermieri nel ruolo di pazienti e viceversa. Va evidenziato che a un certo punto del proprio racconto Willis aveva scritto:

*The people were dressed in their ordinary clothes, and all employed in some light work or amusement. It was like what it might have been in the days of the Count's ancestors - a gay chateau, filled with guests and dependants, with no more apparent constraint than the ties of hospitality and service.*

Non possiamo non indulgere nella suggestione che proprio queste parole di Willis abbiano suggerito a Poe l'idea del ribaltamento dei ruoli, così come può avere fatto lo stesso vezzo di Pisani di presentarsi come il primo dei pazzi. È evidente che il livello letterario dell'opera è di tutt'altro spessore rispetto a quello delle numerose memorie di viaggio: in essa il mito del barone trova la sua definitiva trasfigurazione in un personaggio letterario, Monsieur Maillard. La storia della fortuna e della notorietà del barone Pisani e della sua creatura ha così un epilogo del tutto diverso da ciò che il governo borbonico o lui stesso avevano desiderato.

### *Epilogo*

La potenza del mito letterario di Pisani continua a riverberarsi anche nel XX secolo, in saggi, romanzi e articoli di giornale di autori più o meno informati. Se ancora nel 2015 Mary De Young, professore di

sociologia alla Grand Valley State University, parla di Pisani come di un filantropo che aveva convertito la propria villa di campagna in un asilo psichiatrico<sup>73</sup>, c'è chi, come Leonardo Sciascia, ha cercato di comprenderne più profondamente lo spirito, non trasfigurando completamente il senso e la storia del suo operato.

Ne “La corda pazza” Sciascia, senza negare l'afflato umanitario che pervadeva Pisani, non manca però di sottolineare come il suo operato fosse frutto di una perfetta aderenza alle aspettative e alle esigenze della corona. Al contempo però, secondo Sciascia, il senso profondo del modo di operare del barone e delle sue scelte va colto utilizzando come strumento di lettura la teoria delle tre corde di Pirandello. La chiave di lettura fornita dallo scrittore è quella della prevalenza in Pisani della “corda pazza”<sup>74</sup>:

*Saggio al punto da riconoscersi folle, e abbastanza folle da ritenersi tra i folli il più saggio, in questa contraddizione diede vita ad una comunità armoniosamente articolata ed attiva, irripetibilmente realizzò un'utopia, un'opera d'arte, un teatro che era destinato a morire con lui.*

Tuttavia l'eccentricità dei modi e il vezzo di Pisani di presentarsi come “il primo pazzo di Sicilia”, che tanto hanno affascinato il pubblico, non devono occultare un'altra caratteristica prevalente dell'operato del barone: il suo afflato umanitario che ancora oggi rappresenta un esempio e un'ispirazione nella gestione del disagio mentale. Pisani si distingue per la capacità, pur con assoluto dilettantismo, di uscire fuori dagli schemi e andare oltre, guardando ai malati di mente con occhi diversi da quelli della maggior parte dei propri contemporanei, specialmente in Sicilia. A testimonianza di ciò, oltre il suo operato troviamo le sue stesse parole<sup>75</sup>:

*Dovendo qui dare un'idea della cura morale fa d'uopo manifestare in prima, che la medesima non si può a regole generali sottoporre. Essa unicamente consiste nello sviluppo dei principi della umanità a prò di una sventurata classe di uomini, incapaci per loro stessi a sostenere la vita.*



Ucciso dal colera del 1837, dopo avere scelto di non allontanarsi dalla Real Casa nonostante il rischio di contagio, l'esperienza di terapia da lui inaugurata sarà destinata a terminare presto.

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## LEONARDO'S CORNER





*Leonardo's Corner*

LITERARY RESUSCITATION. A NARRATIVE PROJECT IN S.  
MARIA DELLE CROCI HOSPITAL IN RAVENNA, ITALY

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SUMMARY

LITERARY RESUSCITATION

*This article shows a qualitative experience achieved in Santa Maria delle Croci Hospital in Ravenna, Italy, named Literary Resuscitation of Intensive Poetry. The results show how literature, art, music and storytelling positively affect hospitalization. Furthermore, the study is useful to the healthcare professionals in order to understand the emotive, cognitive and relational needs of the patients. The authors underline the importance of creating spaces that encourage participation in the responsible and shared care path.*

*Introduction*

If the concept of hospital-company has become a reality, the proper functioning of this entity should not however be based much on the criteria of expense-revenue and number of services, according to a concept of accounting economics, but rather in terms of investment and production of health according to criteria of economic ethics. It is here, at its base, that the concepts of efficiency and effectiveness should be placed where efficiency means the performance of a healthcare activity seen in terms of mortality, suffering and inequal-

*Key words:* Narrative Medicine - Medical Humanities - Hospital - Poetry

ity in presence of illness, and for effectiveness it is considered the same activity to modify the course of a disease for the better<sup>1</sup>.

As Augé and Good<sup>2</sup> have stated, illness is both the most social and the most individual of events both in personal life and in society. Everything in it is also social, not only because the institutions take charge of some steps of the evolution of the disease but also because the possible patterns to identify it, give it a name and treat it, are eminently social. Thinking about your illness already means referring to others<sup>3</sup>.

Starting from this premise, the purpose of this paper is partly to take up the debate raised by several authors<sup>4</sup> on central disciplines contributing to Medical Humanities, and on the privileged role of Narrative Based Medicine. The question discussed here is not about the centrality of one discipline to another, but in which way they can be useful to patients and health professionals.

One thought runs on history and literature because Narrative Medicine is the subject of initiatives and projects tested at local and national level, with interesting results. The proposed reflection focuses on the Ravenna experience, with the aim of giving visibility and stimulating a share, without claiming to be exhaustive, of this successful experience, which has been recognized abroad and also at a Senate congress in 2019.

What has been carried out in the Hospital of S. Maria delle Croci in Ravenna has led to results to the extent that the narrative was used as a tool for understanding the experiences of people in facing hospital pathways of illness. And if in the United States Narrative Medicine has now been formalized also within universities, in Italy for some years the hospital of Ravenna has started an important initiative that has led to a series of conferences and projects at international level of which Literary Resuscitation wants to be the starting point<sup>5</sup>.

### *Narrative Projects: Literary Resuscitation*

Coming hence and forth hospitals for relatives and friends it is not hard to realize that hospitals, diseases, sorrow have always been part

of songs, movies, books and literature in general but not the opposite. In fact songs, films, and books rarely enter hospital rooms to do what Art generally does that is to relieve, to bring lightheartedness and happiness and most of all hope.

Who doesn't recognize in the song "Just a spoonful of sugar and the medicine go down" the powerful word medicine? Who can't remember films like Philadelphia or Patch Adams or Autumn in New York? And film series like Dr House and Gray's anatomy? Who has never read books in which hospitals, diseases or doctors are characters or are books written by authors who were at the same time patients: just one for all, Virginia Woolf. And what about Frieda Kahlo's paintings where wounds are shown with sharp precision? Why hospitals and patients are so often inside Art and not vice-versa?

In the theory of *Non lieux*, carried out by Marc Augè, there are spaces which become anthropological places or symbolic ones: they are supermarkets, stations, airport waiting areas, social meeting places in general like squares, gardens and theme parks. Nowadays they are so liquid that the recognizable features of identity and relationship are lost. The Hospital, quoting Augè, is the place where we are given birth and where we die and in between we just transit in interstitial places where we are considered only users of specific services through a credit card or an identity document, not as real people. Hospitals too, can be considered places in which the human beings can become numbers or are defined through their disease. Hospitals, according to this theory, belong to the fragmented places where there is no border area between life and death, between being an active character in society or being helped and considered sometimes even a burden, between having an identity and a story to tell and being an anonymous patient. And thus communication, the real, deep one, is lost. And homogenization is the figure.

The evolution from surgery to soulgery in S. Maria delle Croci Hospital started from an urge that led to the idea<sup>6</sup> to bring literature so

books, art and music inside the premises of the Hospital. In the project, the mayor of Ravenna was involved in addition to the head doctor in order to create a cultural department there, a kind of Words Ward. A survey was made and it was found a room close to the oncology ward which fit the needs. It was far from the department enough not to disturb patients but at hand to be reached in case someone wished to join the show. In order to make the room more welcoming it was contacted the headmaster of the Arts High School and the students were invited to paint and draw motivational sentences on the cold walls of the room and then a name was invented. It is Literary reanimation of intensive poetry.

Another reached objective was to contact several publishing houses asking for authors to send there right on Sundays because that is the moment in which time is suspended and patients are most of the time alone. Big names of the Italian writing scenario as well as singers, bands, poets, journalists and artists in general who keep joining us week after week For two hours a hospital room would turn into a Soulgerly or the Words and art ward.

The Hospital and the Municipality have strong supported both the planning and the organization of the different activities, believing in the potential healing power and already in 2015 it was inaugurated the first afternoon activity with an emotional show by Parole Note of Radio Capital. From that moment on, it has never stopped.

In the light of the encouraging results obtained, the municipality decided to build a real library inside the hospital and it was inaugurated on last June under the name of Enrico's Library<sup>7</sup>. Now some of the activities are carried out there.

This resident library too was the result of a strong synergy of different realities: municipality, hospital, sponsors, citizens. In fact a great number of citizens donated the books that are brand new inside the library and are still more than 1500 with audiobooks, and magazines and newspapers as well, now. More than this, the library is entirely

run by volunteers who open it every morning while, on Sundays, many lectures are held there. It is 100 square metres and it is bright orange and white in the corner of the hospital building.

Two places then: the “*WORDS WARD*” and the library, that Sunday after Sunday, event after event, have become a solid appointment inside the hospital.

Last but not least to mention is “fundraising”. How much does the entire operation cost to the local hospital and city administration? Not a single penny so far. Artists and authors come for free and all the things offered are for free. It is like a call for papers that turns to be a call for solidarity.

A good reason for this goal is because everybody knows how naked and weak we feel when we are sick. Pain and suffering are universal shared experiences and this place is a crossroads of lives, sufferings, cure, happy moments and suspended times: the feelings are amplified by a space which identifies as an external stream in which the patient is absorbed and sometimes trapped.

For this reason reading, music, poetry become a fundamental part of a therapy which amplifies the power of medicine and drugs in the general sense, in a place where time sometimes is felt as a burden because it shrinks, expands or fastens while waiting for a positive outcome of a therapy or of an intervention or just a hospital admit and check.

Patients can elaborate sorrow only if hope is considered a fundamental element of the therapy. Volunteers are doing the best to add to the irreplaceable cures given by the hospital and hospital workers, the potential healing power of smiles, musical notes, colours and words. Medical Humanities, bibliotherapy, several case studies about the benefits of music, reading and the timeless thaumaturgic power of writing and story telling, all together, should contribute to offer a new and more human perception of hospitals, cures and medicine in general.

### *Conclusion*

The problem we are facing today is to free ourselves from the stratigraphic model, according to which a man is composed by overlapping levels, which are to be browsed one after the other and to opt for a new model, still in reality not fully defined, that allows the integration of knowledge and within which there are spaces for negotiation and dialogue<sup>8</sup>.

It is now known that medicine must take into account all those emotional aspects that characterize the person and affect more or less directly the state of the disease<sup>9</sup>. Within these objectives, all the knowledge derived from the experience flourished in the Hospital of Santa Maria delle Croci in Ravenna, allowed to create a real therapeutic alliance that led to the real consideration of redefining possible lifestyles.

This contribution highlighted the new strong bond that has been created between medicine and existence, proposing qualitative tools and methodologies that allow us to really listen to existential projects and reduce suffering.

Moreover, the Literary Resuscitation project is part of the logic of integrating Evidence Based Medicine with Narrative Based Medicine, seeking to promote the continuity of care and the centrality of the individual, with a look at the need for continuous training of health workers.

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  6. On 15th April 2019 Resuscitation was invited at the Senate of the Italian Republic to talk about the experience carried out from 2015.
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