



Ágora. Estudos Clássicos em debate

ISSN: 0874-5498

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Ágora. Estudos Clássicos em debate, núm. 23.1, 2021, pp. 17-48

Universidade de Aveiro

Aveiro, Portugal

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Seeing the bigger picture: what is gynaecology for?

Ampliando o campo de visão: para que serve a ginecologia?

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Abstract: This paper situates Rodrigo de Castro Lusitano's *De uniuersa mulierum medicina* (1603), within the longer history of gynaecology and of the questions raised by having a separate branch of medicine dedicated to women. I argue that the focus of 'gynaecology' has historically been on difference: on women's bodies being seen as fundamentally different from those of men. I argue that one danger of the recent resurrection of a focus on difference is that it could lead to negative changes to women's roles in society.

Keywords: Difference; Hippocratic; binary; hermaphrodite; language; gynaecology.

The question I am posing in the title of this chapter is intended to help us to consider the wider contexts of Rodrigo de Castro Lusitano's *De uniuersa mulierum medicina* (1603), not just within its own world but within the longer history of gynaecology. It is a question that I have been asking throughout my academic career, and it may seem to have a very obvious answer: perhaps on the lines that the purpose of gynaecology is to understand female anatomy and physiology, in order to provide the most effective healthcare for women. But what is it to be a woman? Do women really require a separate branch of medicine, and different treatments to those given to men? Should we focus more on similarity, or on difference? How far does the female body map on to the male body, with analogies between the organs, or is the womb something with no male analogue? Our answers to such questions will also reflect what we mean by 'gynaecology', in terms of both the word and the concept. If we are considering the English word, Roberta McGrath traces it to between 1820 and 1850: if instead we are concentrating on the institutional expression of the discipline, through specialist hospital departments and subject diplomas, then the work of Jeanne Peterson and Ornella Moscucci suggests that this occurred only in the second half of the nineteenth century².

For the purposes of this paper, however, I am using a far broader definition and regarding 'gynaecology' as a concept with a much longer history.

Text received on 11/01/2021 and accepted on 15/02/2021.

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² MCGRATH (2002) 34; PETERSON (1978) 270-271; MOSCUCCI (1990) 5.

I am also bearing in mind that the line between gynaecology and midwifery has been drawn very differently in the past, when the midwife's role has been assumed to extend to women's reproductive health and disease outside childbirth, and also to the diseases of young children. The terms *Gynaecia* and *Genecia* were used in late antiquity and the Middle Ages as titles for Latin works on generation, gynaecology and midwifery, such as Vindicianus' fourth-century AD treatise, or Muscio's fifth- or sixth-century AD treatise which was an adaptation of Soranus; indeed, Soranus's own treatise from the second century AD comes down to us under the same title³. The Hippocratic term *Gynaikēia*, usually translated as 'Diseases of Women' when the treatises known under this title are rendered into English, originally meant several related things: women's genitalia, menstruation, women's diseases and the remedies for women's diseases⁴. 'Gynaecology', as this list of interests suggests, is an approach which places the emphasis on *difference*: on women's bodies as being, to a greater or a lesser extent, fundamentally unlike those of men, in such a way that their healthcare needs to take this difference into account. Writing this from the perspective of 2020, however, I immediately find this focus on difference problematic, and in more than one way. There are competing pressures now, with some arguing for a greater emphasis on difference, and others looking more towards a spectrum of sexual and gender identities. How far does the 'difference' of women's bodies extend, and what if anything does it imply for their social roles?

In this chapter I want to consider what gynaecology has meant historically, but also think about what its focus on difference says to medicine, and to society more broadly, today. After discussing the history of the concept, I will conclude by considering the parallels between historical and current

³ STOLBERG (2003) 288 n. 38. For a summary of the textual history of Muscio, GREEN (2009) 171-181. In addition to the late antique treatises of this name by Theodorus Priscianus, Constantinus Africanus and Muscio, and the *Genecia Cleopatrae*, there was also a Hebrew work entitled *Sefer ha-ém el Gâlinas hû ha-niqra Genicias* (translated as "Galen's Book on the Womb, Which is Called Genicias"), a twelfth-century work partly based on Muscio, translating *De passionibus mulierum* version B (HANSON and GREEN (1994) 1054) and known in late fourteenth or early fifteenth century manuscripts. BARKAI (1998) 56.

⁴ KING (1998) 23.

discussions on the primacy of the male or of the female in anatomical terminology, and on sex change.

The origins of gynaecology

The idea of a book or a medical specialism focused on separating women from men, in terms of their bodies and of the medicine seen as most appropriate to them, reflects a further, related, question: namely, is gynaecology necessary? Are women really so different that they need their own branch of medicine? The earliest written response to these questions occurs in the Hippocratic *Diseases of Women* 1.62, perhaps compiled in the early fourth century BC from earlier texts or ideas. This passage argues that gynaecology is essential, and presents the focus on the ‘difference’ of the female body as having real benefits for women’s health: women should not be treated like men, because “the treatment (*iêsis*) of the diseases of women differs greatly from that of men”⁵. The passage goes on to state that women are ashamed — or, to translate this a little differently, are too modest — to reveal their disorders to men, and find these conditions difficult to understand for themselves, at least until “time and necessity” instruct them as to how their bodies work⁶.

It was Paola Manuli who identified this passage as “the founding act of Greek gynaecology”: it is certainly a clear statement of difference, using the verb *diapherein*⁷. Importantly, this difference is one extending to *all* diseases of women, not merely to those we would now consider associated with the reproductive organs. In earlier chapters of *Diseases of Women* 1, women’s flesh is described as being of a more absorbent texture than that of men, which is why their bodies experience a build-up of blood over the course of the month; blood which must then be regularly expelled, if they are to remain healthy.⁸ Manuli regarded the origins of these Hippocratic texts as lying in punitive male

⁵ In the Loeb translation, this is “for there is a great difference in the treatment of women’s diseases and that of men” (tr. POTTER (2018) 131).

⁶ On the translation of the terms used here as ‘shame’ or ‘modesty’, see KING (2013a) 194-195.

⁷ MANULI (1980) 402; MANULI (1983) 149-204.

⁸ *Diseases of Women* 1.1, ed. LITTRE, 8.10–14.

fantasies and, rejecting any suggestion that the goal of this focus on women's difference was effective healing, saw the treatment recommendations instead as "medical terrorism", more as punishment for women who were not conforming to their roles than as therapy. She focused on those elements of the Hippocratic theory of the female body which to us seem bizarre — the wandering womb, and treatment by fumigations in which smoke is passed in through the vagina — and found it difficult to believe that women would have thought about their bodies in this way. Of course, we cannot know this. Aline Rousselle argued that the Hippocratic texts represented "'women's knowledge', based on observation, which the Hippocratic doctors have copied"; Nancy Demand proposed that it was women who created the knowledge and men who then transmitted it; while Lesley Dean-Jones noted that the medical texts themselves claim to contain "privileged information available only from women"⁹. 'Women's knowledge', however, does not necessarily have to be that different from the wider beliefs of their culture, and I have instead argued that women would have conformed to their culture's image of their bodies, even if they put a different, more positive, spin on it; for example, the medical claim found in *Diseases of Women* 1.6 that healthy menstruation should mean losing blood "like a sacrificed beast" could be interpreted as making women into important channels between mortals and the divine¹⁰. In terms of their health, I have also shown that the system of medical beliefs left a certain amount of agency to women patients who, for example, had the power to end a treatment by embracing the theory of the wandering womb in order to confirm that their wombs were now back in the correct place¹¹.

The *Diseases of Women* treatises are not the only part of the Hippocratic corpus in which difference is emphasised. The grouping together of comments on women in the *Aphorisms* suggests this too; Ann Hanson has noted the similarity in the model of the female body as given in *Diseases of Women* and in *Aphorisms*, and a similar view is found in *Glands* 16, where women's bodies retain moisture because they are loose-textured (*araios*), spongy (*chaunos*) and

⁹ ROUSSELLE (1980) 1094; DEMAND (1994) xvi; DEAN-JONES (1994) 27.

¹⁰ KING (1998) 88-98.

¹¹ See e.g. KING (1995b) 199-218.

like wool (*eirion*)¹². This shared focus on flesh — and thus on the whole body — as the locus of difference forms a contrast with another Hippocratic treatise, *Places in Man* 47, which, at the end of a treatise on an undifferentiated humanity, adds a chapter on women, stating that a particular organ is the issue: “the womb is the origin of all diseases of women”.

In Soranus’s *Gynaecology*, written in the second century AD, the first five chapters of Book 3 ask a similar set of questions about the need for, and the purpose of, gynaecology. Do women have conditions which are unique to their sex? And, if they do, does it follow that they need treatment which is specific to their sex? Soranus usefully summarises the range of answers to these questions given in the preceding centuries; Diocles, Miltiades, Lucius and Demetrius had responded by emphasising women’s difference, while others had disagreed, arguing instead that women’s bodies are made of the same material as men’s. In providing this invaluable overview of treatises which are now mostly lost, such as Diocles’ *Matters Related to Women*, Soranus does not mention Hippocrates by name, or quote from *Diseases of Women* 1.62. However, in a possible echo of *Places in Man* 47, he notes that the womb is unique to women so that anything associated with it will be specific to women. Yet, beyond conditions associated with women’s unique organs and functions, he himself believes that women are, essentially, the same, with their illnesses being caused by the Methodist principles of constriction and flux.

Enter Hippocrates

It was Hippocrates, rather than any of those writers listed by Soranus, whose work survived and who came to be associated with this focus on difference: “the treatment of the diseases of women differs greatly from that of men”. Hence my term for this view is ‘the Hippocratic imperative’, and I have previously identified three historical ‘moments’ when this was followed¹³. One

¹² HANSON (1989); *Glands* 16, ed. POTTER (1995) 124.

¹³ KING (2005) 47-58; KING (2007). The only extant manuscript of Soranus is the fifteenth-century BN Paris Gr. 2153, discovered only in 1830, and that itself is a complex document mixing Soranus with Aetios of Amida’s Book 16. Until then, Soranus’s work was only known through quotations preserved in other ancient medical writers, and through the various translations/adaptations made by Caelius Aurelianus, Theodorus Priscianus and Muscio; HANSON and GREEN (1994) 1043-1057.

such moment was in classical Greece: another in the nineteenth century, as identified by McGrath, Peterson and Moscucci. The impact of menstruation on the body was, in both contexts, seen as immense. For example, Edward Clarke taught at Harvard Medical School; his *Sex in Education; or, A Fair Chance for the Girls* (1873) argued that women who overused their brains, particularly immediately after puberty, would have no more vital force left to supply their reproductive systems, meaning that the education of women threatened the survival of the species. This book went into seventeen editions in the following thirteen years, and his ideas featured in popular works¹⁴.

Between these moments of strong emphasis on women's difference, a further flurry of activity making these claims occurred after the publication in 1525 of Marco Fabio Calvi's Latin translation of the complete Hippocratic corpus, which included all the Hippocratic *Diseases of Women* treatises which had previously circulated only as selected extracts¹⁵. This sixteenth-century rediscovery of the large body of gynaecological works within the corpus meant that Hippocrates became celebrated as the man who had finally categorised the different types of 'woman' and who had made sense of the ways their bodies shifted over the course of a lifetime¹⁶. But this rise of Hippocrates as the gynaecological expert was not immediate. There was a lag not just while these texts were being studied and absorbed, but also while manuscripts written well before 1525 went on being read, combined in new ways and published. For example, when *The Birth of Mankind* (first published in 1540) announced that it was focused on "the reason of many diseases which happen peculiarly to women, and the causes thereof", *Diseases of Women* was not cited in support of this aim, partly at least because *The Birth of Mankind* was based on the 1513 *Rose Garden* of Eucharius Rösslin¹⁷.

The main driver of the sixteenth-century rediscovery of the Hippocratic imperative was not the 1525 translation on its own, but the compendium of ancient and contemporary texts on gynaecology known as the *Gynaeciorum*

¹⁴ WALKER (1997) 39; FREIDENFELDS (2009) 75-77.

¹⁵ CALVI (1525).

¹⁶ KING (1999) 499-515; KING (2007) 33, on DE LA CORDE; STOLBERG (2003) 274-299.

¹⁷ HOBBY (2009) 12, xvi; and see now GREEN (2009) 192, concluding that the *Rose Garden* was "neither *sui generis* nor a work created out of thin air".

libri. First published in 1566 and made possible by the addition of the newly-translated Hippocratic treatises to the existing body of ancient authorities in the field, it brought together a range of treatises from across Europe in which the authors discussed women's medicine. One such treatise was even translated from the vernacular into Latin in order to be included: François Rousset's *Hysterotomotokia*, first published in French in 1581 and included in the second edition of the *Gynaeciorum libri* which appeared in 1586-88¹⁸. This edition also included Maurice de la Corde's commentary on *Diseases of Women 1*; in the preface to the original publication of this commentary, de la Corde described the "immense gulf" between the sexes¹⁹. In Israel Spach's preface to the third and final edition, of 1597, the *Diseases of Women* manifesto on female difference was discussed at length. Spach maintained that the third edition was needed because of the continued demand for these texts devoted to the diseases of women, and thus to difference²⁰. The Hippocratic claim for difference also featured on the title page of Maurice de la Corde's commentary on the text *Diseases of Young Girls*, published in 1574²¹. Monica Green has described Johan Georg Schenk's list of all the many writers of gynaecology known to him, published in 1606, as "a manifesto that gynaecology had 'arrived' as its own special field"²². It was Hippocrates who justified the existence of this learned, male-controlled gynaecology. As Green points out, if it had been Soranus instead whose work had re-entered the medical mainstream in 1525, a rather different gynaecology would have emerged; one in which educated midwives, rather than male physicians and surgeons, were expected to be the main practitioners²³. We could add to that a further point: it would also have been a less dramatic 'gynaecology', one which saw differ-

¹⁸ KING (2007) 3. On ROUSSET, see now FOSCATI (2021). On Michele Savonarola's hope that one of his works, written in the vernacular in around 1460, would similarly be translated into Latin, see GREEN (2009) 182.

¹⁹ KING (2007) 33-34.

²⁰ SPACH (1597), *Gynaeciorum sive de Mulierum tum communibus, tum gravidarum, parientium et puerperarum affectibus et morbis libri Graecorum, Arabum, Latinorum veterum et recentium quotquot extant, partim nunc primum editi, partim vero denuo recogniti, emendati*.

²¹ DE LA CORDE (1574).

²² GREEN (2008) 282.

²³ GREEN (2008) 286.

rence as being focused in the organs of generation rather than in the flesh of the entire body.

While Castro thought that the *Gynaeciorum libri* collections were a mixture of “excellent doctrine and wild speculation” — hardly surprising when they brought together very diverse treatises, including Caspar Wolf’s attempt to merge Muscio, ‘Cleopatra’ and Theodorus Priscianus in his *Harmony of Gynaecologies* — he followed the Hippocratic imperative, and honoured him as “supreme father of medicine”²⁴. Hippocrates is *sapientissimus Hippocrates*, and it is he who had first recognised how the conditions affecting women need to be treated with knowledge specific to their bodies²⁵. In this he is repeating the *Gynaeciorum libri* authors. Luìs Mercado, whose work was included in the second and third editions of the *Gynaeciorum libri*, echoed the Hippocratic founding text when he wrote that “Physicians commit a sin when they cure women’s illnesses in the same way as those of men. The treatment of women’s diseases is very different from that of men’s conditions” and also that women “suffering from a thousand diseases were getting no help, or only that which is useless or inappropriate”²⁶. The “thousand diseases” may be a reference to the letter imagined to have been written by Democritus to Hippocrates, perhaps dating to the first century AD and labelled *On the Nature of Man*, in which the womb is “contributor of myriad difficulties in women”²⁷. While the Hippocratic texts insisted on the difference between the sexes at the fundamental level of the flesh, Mercado –

²⁴ On the *Harmonia* see GREEN (2008) 281 and n. 107; MACLEAN (1980) 29; ARRIZABALAGA (2009) 118, quoting Castro, *Medicus-politicus* (Hamburg: ex Bibliopolio Frobeniano, 1662), 84-5.

²⁵ CASTRO, *Preface*, <https://projectgynecia.uma.pt/wp-content/uploads/2020/10/Pref%C3%A1cio-vol-1.pdf> accessed 4 December 2020; BONDIO and FÖRG (2020) 223.

²⁶ LUÌS MERCADO, *De mulierum affectionibus libri quatuor*, Valladolid: D. Fernandez, 1579, Preface; first translated section from POMATA (2013) 327-329; KING (2007) 32. MERCADO in SPACH (1597) 807: *Sed & medici simul peccant non exacte causam morbi percontantes, sed velut viriles morbos sanantes ... multum enim differt muliebrium morborum ac virilium curatio*; p. 808, *Quae quidem causa dum uterus perperam naturalia munia exequitur, mille morborum fortibus universum foeminarum corpus permit*. See also STOLBERG (2003) 289.

²⁷ SMITH (1990) 105.

like Soranus – deviated from the full Hippocratic imperative by locating it at the level of “the different structure and location of the genitals”²⁸.

The voice of the patient

As Giulia Pomata has pointed out, from the collections of case histories created in the sixteenth century, there is plenty of evidence that the Hippocratic emphasis on difference was not merely a theoretical one but was given practical expression, in that conditions not affecting the reproductive organs called forth different remedies according to the sex of the patient²⁹. Other aspects of *Diseases of Women* 1.62 were repeated widely in the history of medicine, especially the claim that the effective treatment of women is further hindered by shame: they are not willing to speak to their doctors about their illnesses. This is also a key plot line in the popular story of Agnodice, the ‘first midwife’ or ‘first female doctor’, who gains a clientele by showing her embarrassed potential patients that she is in fact a woman in disguise. It is impossible to tell whether it is the Hippocratic passage, the story of Agnodice or a merger of the two which lies behind the many Renaissance and early modern mentions of the ‘shame’ trope, often placed in the introduction justifying the production of a book on women’s diseases³⁰. The trope can justify not just books on the topic, but also the use of female personnel. In the fifth century AD, echoing the Agnodice story, Caelius Aurelianus argued that women doctors were essential because a woman would not show the diseases of her genital organs to a man³¹. The *Dedication* to Hermannus Corbeus, *Gynaecium* (1620), includes a reference to women not daring to consult

²⁸ Cited in STOLBERG (2003) 288 and n. 40: *potentissima causa diuersitatis est diuersa genitalium structura et sedes*.

²⁹ POMATA (2013) 327-329; KING (2007) 34.

³⁰ On the routine of introducing a work on gynaecology or obstetrics with a comment on women being too ashamed to see a male practitioner, see KING (1995a) 187; GREEN (2008) 33 points out that these stories of women’s shame are even being used as “the motivation for *writing down* the traditions of gynaecological and obstetrical knowledge”. I have discussed the story of Agnodice (from Hyginus, *Fabulae* 274) and its reception extensively in KING (2013b).

³¹ DRABKIN and DRABKIN (1951) 1: *hinc denique consultum est ut medicas instituere antiquitas providisset, ne femine pudendorum vitia virilibus offerrentur oculis perscrutanda*; GREEN (2008) 33.

doctors because of ‘*pudor*’: shame³². John Sadler’s 1636 *Sick Woman’s Private Looking-Glass* stated that a woman, “through her modesty, being loth to divulge and publish the same unto the Physician to implore his aide, she conceals her grief and so increases her sorrow”³³.

Giulia Pomata has argued that a further development in Renaissance medicine was a move, at least at a rhetorical level, towards hearing the voice of the female patient criticising male physicians: here, she cites Castro citing Soranus on how women say that men

*write book upon book on the slightest of your afflictions, you fill libraries with heavy volumes, and we meanwhile are tortured with the direst and most grievous pains of which you make not the slightest mention*³⁴.

The origin of this passage is not clear; it does not feature in the work of Soranus which, in any case, was poorly known in the Middle Ages and Renaissance³⁵. It suggests that Soranus is a key player in the development of the Hippocratic imperative, which is odd when Castro makes only one other reference to him in *De uniuersa mulierum medicina*, and that does not concern women and their difference³⁶. The scenario in which women attack men for

³² HERMANNUS CORBEUS (1620), *Gynaecium, sive de cognoscendis, praecavendis curandisque praecipuis mulierum affectibus, libri duo*.

³³ SADLER (1636), *The Sick Woman’s Private Looking-Glass*, Epistle Dedicatory.

³⁴ Tr. POMATA (2013) 331, citing the preface to *De uniuersa mulierum medicina: O male occupatum uirorum genus, occidimur nos non morimur: et ab illis, qui inter uos peritissimi existimantur, perperam curatae, uos uero de qualibet uel leuissima uestrarum affectionum libros ex libris facientes bibliothecas uoluminibus oneratis, de nostris interea diris ac difficilimis cruciatibus, nulla uel exigua, et ea quidem satis oscitanter, mentione facta* (Pinheiro, C. S., Mota, B. & Silva, G. A. F. (2020), O prefácio do volume I do *De uniuersa mulierum medicina* de Rodrigo de Castro Lusitano (edição do texto latino e tradução). Retrieved from <https://projectgynecia.uma.pt/wp-content/uploads/2020/10/Pref%C3%A1cio-vol-1.pdf>, 5-6).

³⁵ KING (2007) 15-16.

³⁶ This is a reference to the reason why children cry at their birth. I owe this reference to Cristina Santos Pinheiro; it appears on p. 217 of the Hamburg edition of CASTRO; *Philosophiae ac Medicinae Doctoris, per Europam notissimi, De uniuersa muliebrium morborum Medicina nouo et antehac a nemine tentato ordine opus absoltissimum; et studiosus omnibus utile, medicis uero pernecessarium (Pars prima Theorica)* (Hamburg: Johann Froben, 1617). On tears see HORSTMANSHOFF, KING and ZITTEL (2012) 6-7, and HORSTMANSHOFF (2014) 305-323, opening with Pliny, *Natural History* 7.1.2 on crying as the first activity of human beings.

their failure to help them echoes the Agnodice story in which, when Agnodice is accused of malpractice, the women of Athens accuse their menfolk of being “not husbands, but enemies, for you condemn to death she who brought us life”³⁷. The claim that there are not enough books for, or about, women also features in other areas of knowledge. For example, Francesco da Barberino’s *Del reggimento e costume di donna* (completed by 1318-20), asserts that, while many books have been written about manners and morality for men, none have been written for women³⁸.

The ‘Soranus’ quotation, whatever its source, is repeated by other gynaecological writers, who most probably copied it direct from Castro. Pomata describes Jacques Guillemeau as using “This same invective” in his *De l’heureux accouchement des femmes*, published in 1609, so only six years after Rodrigo de Castro; but this is less about the same invective as about precisely the same text. In the 1612 English translation, *Child-Birth: Or, the Happy Delivery of Women*, Guillemeau’s *Introduction to the Reader* states that he has been “incited” to write his work “by reading the complaints of women, related by Soranus”³⁹. He quotes the same wording as Castro: “*O male occupatum virorumgenus! Occidimur nos, non morimur: & ab illis qui inter vos peritissimi existimantur perperam curatae. Vos de qualibet levissimi vestrarum affectionum, libros ex libris facientes, bibliothecas Voluminibus oneratas, et nostris interea diris & difficilimis cruciatibus nulla vel exigua mentione facta*” and translates it as

³⁷ Hyginus, *Fabula* 274.

³⁸ BARBERINO (1875) 3:

“Novellamente, Franciesco, parlai

Coll’Onestade,

Ed a preghiera di molte altre donne

Mi lamentai collei,

E dissi, ch’erano molti

C’aveano scritt’ I’libri

Costumi ornati d’omo, ma non di donna.”

I owe this reference to Gabriella Zuccolin.

³⁹ In French, this is a singular ‘complaint’: “lisant la complaincte des femmes recitée par Soranus”; JACQUES GUILLEMEAU, *De l’heureux accouchement des femmes* (Paris, 1609); *Child-Birth or, the Happy Delivery of Woman* (London, 1612). He misses out the phrase *et ea quidem satis oscitanter*. Guillemeau could read Latin and so would have been able to use Castro.

*O men, how ill do you bestow your time and pains? Alas we women die not, but are tormented even to death: for those that are accounted the most expert and skilful among you, take not that care of us which you should: you fill whole libraries with large volumes of every light and trivial disease of your own, making little or no mention of all of our cruel and insupportable torments*⁴⁰.

The identical Latin passage of ‘Soranus’ also features in John Maubray’s 1724 *The Female Physician* where it is introduced with “But now a-days Women may well complain and cry out”, and then summarised as “That Men, in short, study their own Good, and take more Care of Themselves than of the Women.”⁴¹ Maubray is explicitly using Castro and Guillemeau (named here as “Guillaume de Paris”) among his sources, listing them formally and using Castro twice, Guillemeau once, in the text, although neither is cited as his source for this particular section. The passage is also used in the editor’s preface to Georg Daniel Coschwitz’s *De gravidarum et puerperarum ... regimine et affectibus* of 1732, where the summary is *sed quia sciam, quod nunquam satis dicatur, quod nunquam satis discatur, neque boni illam satietatem fieri posse statuam*. It also features, but without the ‘Soranus’ attribution, in the approval from the Real Colegio de Barcelona that prefaces a 1765 work, *Compendio de el arte de partear, compuesto para el uso de los Reales Colegios del Cirurgia*⁴².

Whatever the origin of this ‘Soranus on the complaints of women’ passage, it owes more to the Hippocratic imperative than to Soranus: its message is that women’s diseases, arising from the extent of the difference of their bodies from those of men, have not been taken sufficiently seriously by men. Here, the focus is specifically on the need for books about women’s diseases rather than on the need to treat them differently; in the aftermath of the three editions of the *Gynaeciorum libri*, this seems an odd claim to be making.

Gynaecology for women

The assertion that there is not enough written on women relates to another *topos* which is part of the history of gynaecology: that when books are written for women themselves, about their own bodies – whether this is

⁴⁰ WORTH-STYLIANOU (2007) 370.

⁴¹ MAUBRAY (1724) viii-ix.

⁴² Barcelona: Thomas Piferrer.

for women medical attendants or for women patients – these books need to be in simple language so that women’s minds will be able to cope. For example, in Muscio’s abbreviated version of the Soranus *Gynaecology*,

*But when I saw how large the work was to be, and that women’s spirits could for this reason quickly become exhausted because of the size of it, I decided to follow the brevity of the Cateperotiana, so that I might seem to say everything and yet not compose a large work*⁴³.

The Cateperotiana (from the Greek “According to questioning”) was a question and answer version of Soranus, lost in its original Greek but used by Muscio⁴⁴.

In the Soranus ‘complaints of women’ there are as yet no books at all on women’s diseases: whereas, in Muscio, there are, but the need is for books which women themselves can read. This could mean the simplicity of the language, or even the language itself. A further variation on the need for gynaecology books comes in Jane Sharp’s *The Midwives Book* (1671), the opening section of which includes the famous comment that

*It is not hard words that perform the work, as if none understood the Art that cannot understand Greek. Words are but the shell, that we ofttimes break our Teeth with them to come at the kernel, I mean our brains to know what is the meaning of them; but to have the same in our mother tongue would save us a great deal of needless labour*⁴⁵.

This powerful call for medicine in the vernacular was typical of her period. At the end of the first volume of *The Midwives Book*, Sharp concludes her description of the generative organs of both sexes by again emphasising her avoidance of “hard names” and writing that she has not given “the meaning of them where there is no need, unless it be for such persons who desire rather to know Words than Things”. It is worth noting, however, that despite her disdain for Greek, the cervix is described as follows: “the whole Orifice

⁴³ *Sed cum vidissem grande corpus futurum et posse muliebres animos hac ratione cito prae magnitudine lassari, placuit cateperotianorum brevitatem fuisse secutus, ut omnia dicere videar et non grande corpus perfecisse.* Translation from BOLTON (2015) 59.

⁴⁴ HANSON and GREEN (1994) 1029-1031.

⁴⁵ SHARP (1999) 12-13. On Sharp’s identity and the possibility that a male writer produced the book under her name, see now WALSH (2014) 223-241.

with the slit transverse is like the Greek Letter Theta"⁴⁶. Women's bodies, apparently, speak Greek. Once books were written, then — and Sharp, whoever she or possibly he was, certainly had access to many published books — it was soon being argued that they needed to be in a form which women could use, whether that meant brevity, the use of the vernacular, or both. Sharp used several of Nicholas Culpeper's works, including *Practical Physick* — his translation of the German Daniel Sennert's *Practicae Medicinae* — and his 1662 *Directory for Midwives*, and Culpeper was a strong advocate for medical books in the vernacular⁴⁷.

The expressions of women's difference, and the proper response to it, thus move between: the claim that women's difference is not properly acknowledged; the claim that men are not writing books about the disorders which affect women; the claim that such books, where they do exist, are not accessible, either through their difficulty or through the language in which they are written. A further argument came into play in seventeenth and eighteenth-century Europe: that books were irrelevant, and that experience of the body, as gained in treating women and in particular in attending childbirth, was more valuable than any written text. This was argued not only by women, but also by men: for example, Edward Poeton, *The Midwives Deputie* (written in the 1630s), in which vernacular medical texts are tested against the experience of the birthing chamber, and Percival Willughby's unpublished 1670 *Observations in Midwifery*, which warns of the dangers of a young midwife who has only "read a little in a midwife's book" and who simply shows the pictures to potential clients⁴⁸. Sharp, too, praised "a long and diligent practice" as more important than books⁴⁹. A late seventeenth-century advertisement for the services of Sarah Cornelius de Heusde, widow of Dr Sasbout, criticised those "old Women and Midwives, who sometimes have a little Book, out of which they gather their Sciences", recommending instead her own medical training, acquired from her physician father and husband⁵⁰.

⁴⁶ SHARP (1999) 64.

⁴⁷ SHARP (1999) xxii.

⁴⁸ WILLUGHBY (1863) 72-73 and 341; KING (1993) 121; RICHARDS (2015) 448-449.

⁴⁹ SHARP (1999) 12.

⁵⁰ British Library C.112.f.9 (61).

Difference: danger or solution?

When I began to study ancient Greek gynaecology back in the 1980s, I saw the focus on ‘difference’ for which the Hippocratic imperative argued as a dangerous position to take. When arguments about women’s inability to learn, to think or to participate in civil society have gained ammunition from a focus on women’s physical differences, how can any approach to the female body which foregrounds these be seen as positive? However, in our own time the claim for difference has been resurrected, and it is that which I wish to examine in the second part of this chapter. When giving a paper on Hippocratic gynaecology to a medical audience in Virginia, I expected people to want to consider how things have changed: instead, they praised the medicine I had been discussing precisely because of its insistence on difference.

When my audience was so positive about difference, this was not in the same vein as historical writers who had insisted that women’s ‘difference’ was not necessarily a sign of any inferiority, but was something intended by Nature, or by God, for broader purposes. Clearly referencing Aristotle’s often-misunderstood view of women as ‘deformed’ males, Galen had insisted that “you ought not to think that our Creator would purposely make half the whole race imperfect and, as it were, mutilated (Gk *ateles kai hoion anapêron*), unless there was to be some great advantage in such a mutilation”⁵¹. Galen used the term *atelesteron*, ‘less complete’; women are not as ‘complete’, not as ‘perfect’, as men, due to their lack of heat⁵². For us, ‘deformed’ or ‘less perfect’ remain loaded terms; but for Aristotle and Galen, these words were simply another way of expressing what Rebecca Flemming has called women’s ‘critical inability’, the lack of heat which meant that they could not make semen⁵³. For these ancient writers, what was meant by

⁵¹ On the wording of Aristotle on ‘deformity’, see CONNELL (2016) 338 ff.; Galen, *Usefulness of Parts* 14.6 (Kühn 4.162, tr. MAY, vol. 2, 630); Galen, *On Seed* II 5.69 (*Corpus Medicorum Graecorum* (CMG), 184): it is precisely because women are wetter and colder that they are able to provide nourishment for the unborn child.

⁵² *Usefulness of Parts*, Kühn 4.161-2.

⁵³ FLEMMING (2000) 119: “It is not so much that the female is inferior as that the inferior is female”. See also SIRAI (1997) 4, on Vesalius’s modifications of Galen’s

‘deformity’ was just a different way of producing and using the body’s fluids, rather than the physical appearance of the organs. When some late sixteenth-century writers returned to Aristotle’s views, they rejected them because they were reading through Galen’s eyes. Luís Mercado wrote in 1579 that “I don’t believe that the female is more imperfect than the male ... considering the goal for which woman has been created, I am led to believe that she is equally as perfect as man”⁵⁴.

It was only in the 1980s — at the time when Paola Manuli was writing, and seeing the Hippocratic insistence on difference as a negative feature for women patients — that it began to be realised how far women’s medicine in Western countries is adversely influenced by assumptions about sex difference. Men — and young white men at that — were still the default setting for medicine. And often this remains the case: for example, Caroline Criado Perez’s *Invisible Women: Exposing data bias in a world designed for men* (2019), a popular science book for a general audience, notes how ‘the typical 70 kg man’ remains the standard, from the illustrations in anatomy textbooks, to drug trials. Until 1988, new drugs tested in the United States were almost exclusively trialled on men. Testing drugs on men, and then using them for women, can lead to overdose, as in some cases women’s bodies eliminate key ingredients more slowly than men. There is a circular argument here. Men are seen as being easier to study, with the changes in women’s bodies over the menstrual cycle making them too complicated to include in a drug trial, with the added concern that there could be risks to an unborn child if the women in the trial become pregnant. Yet when a drug goes on the market, it is still used in women, even though its effects in women have not been studied. Furthermore, drugs which could benefit women may be abandoned early in the clinical testing process because they do not seem to help men. The Society for Women’s Health Research, founded in 1990, raised awareness of the exclusion of women from drug trials and other clinical research⁵⁵. They

teleological approach as demonstrated in *Usefulness of Parts*, “the single work to which the *Fabrica* makes most constant reference”.

⁵⁴ MERCADO (1587) 7, using the translation of POMATA (2013) 335. Compare CASTRO, *De uniuersa mulierum medicina*, 126-31; STOLBERG (2003) 293.

⁵⁵ <https://swhr.org/about/history/timeline/> accessed 4 December 2020.

have also studied sex differences in a wide range of body systems and diseases as well as in the response to a range of drugs; for example, in auto-immunity, bones, lung capacity, perception of pain, and cardiovascular disease. Some differences are the result of sex hormones: others of different experiences and lifestyles. Many aspects of this apparently new focus on difference recall earlier moments in the history of gynaecology; for example, on the bones, according to Castro these differ between the sexes “by reason of the womb and the breasts” and due to women’s lesser amount of heat⁵⁶.

The fact that women do not show symptoms or respond to treatments as men do demonstrates an interesting mix of biology and social expectations. For example, women may ignore the symptoms of a heart attack because they expect the dramatic chest pains found in novels and movies, yet in women the symptoms can be genuinely more diffuse: in turn, influenced by the same assumptions as their patients, doctors may not take these symptoms sufficiently seriously to call for further tests. The United States Office of Research on Women’s Health was set up in 1990 to review the effects of the health care system on women, but Bernadine Healy, director of the National Institutes of Health (NIH) from 1991-93, noted that “research alone cannot correct the disparities, inequities, or insensitivities of the health care system”⁵⁷. In April 2001, the Institute of Medicine published a report arguing that “every cell has a sex”: “There is now sufficient knowledge of the biological basis of sex differences to validate the scientific study of sex differences”⁵⁸. Since 2006, there has been an Organization for the Study of Sex Differences (OSSD) which publishes a journal, *Biology of Sex Differences*; the journal website states that “Sex has profound effects on physiology and the susceptibility to disease. The function of cells and organs depends on their sex, determined by the interplay among the genome and biological and social environments. The

⁵⁶ Part 1, Book 1, Chapter 8, entitled *De ossibus, quae in muliere, uteri et mammarum ratione, a viri ossibus dissident*, pp. 228-9; Stolberg (2003) 285 using CASTRO *De uniuersa mulierum medicina*, p. 78.

⁵⁷ SCHIEBINGER (2003) 973-977.

⁵⁸ WIZEMANN and PARDUE (2001); online at <https://www.ncbi.nlm.nih.gov/books/NBK222288/> accessed 4 December 2020.

study of sex differences is a discipline in itself."⁵⁹ That is a very deep level of 'difference'.

As defined by the NIH, 'women's health' now covers a far wider range of areas than reproductive medicine: diseases unique to women, those which are more likely to be found in women, and those which present differently in women⁶⁰. In this, it has returned the notion of 'gynaecology' to what has been its historically broad range. As a result of this work, the focus on difference which I found disturbing when I began working on Hippocratic medicine has now come full circle, to be seen as best practice.

In the final sections of this chapter, I am going to focus on two ways of expressing and of exploring claims of female difference, both of which allow us to construct a dialogue between historical examples and current concerns: the first is the use of anatomical terminology, and the second the claim that sex change is possible.

Naming parts

The Hippocratic focus of sixteenth-century gynaecology was accompanied by a greater interest in difference within female sexual anatomy: not only the 'discovery' of the clitoris, and an emphasis on how the 'female testes' or ovaries differed from those of men in size and texture, but also defences of the womb as a miraculous organ rather than as a 'sewer' in the body and of menstrual blood as nourishing rather than as excrement⁶¹. In his 1990 book *Making Sex* Thomas Laqueur, as part of his claim for a focus on difference emerging only in the eighteenth century, asserted that it is only in modern times that "Organs that had not been distinguished by a name of their own — the vagina, for example — were given one"⁶². As I have argued elsewhere, this before/after model does not work, failing as it does to account

⁵⁹ <https://bsd.biomedcentral.com/> accessed 4 December 2020.

⁶⁰ SCHIEBINGER (2003).

⁶¹ KING (2007) 55. See also STOLBERG (2003) 286 on the ovaries in comparison with the testes, p. 288 on Joannis Varandaeus asking what the noble womb had in common with the "miserable, hanging sack of men" and p. 294 on menstrual blood as pure blood rather than a waste product.

⁶² LAQUEUR (1990) 149.

for the earlier points in history at which the focus has been on difference, and thus for the resurgence of the Hippocratic imperative⁶³. Laqueur's dating of the naming of female parts to the later period — "A specific terminology for the female anatomy was not developed until the 18th century" — has been repeated widely⁶⁴. For example, Katherine Crawford insisted that "Female parts were not distinct enough to merit separate names"⁶⁵.

Yet female parts have long carried a rich range of names, both within and outside medical treatises. The vagina was sometimes 'the neck of the womb' and sometimes the 'womb passage'⁶⁶. Is the name 'vagina' really 'specific terminology' at all, when this means the 'sheath' into which the penis is placed? Whatever sixteenth-century writers claim — and they do claim — the clitoris was not 'discovered' at that time, nor was it named then. Ancient Greeks knew the clitoris as the myrtle-berry, the *nymphê* (also the term for a marriageable girl) or, in Sappho's poem, the sweet apple ripening at the top of the tree⁶⁷. Another possible Sappho reference is the "egg hidden in the hyacinth"⁶⁸. In the ancient world, this body part was also the *kleitoris*, possibly suggesting a small hill. Realdo Colombo, one of several Renaissance medical writers who claimed to have 'discovered' it, in 1559 called it "the love or sweetness of Venus", *amor Veneris, vel dulcedo appelletur*⁶⁹. If, instead of selecting *kleitoris* as the only 'proper' term, as the only 'specific terminology', we take all of these names seriously — as terms "of a technical and traditional nature" rather than as mere poetic language, as Jack Winkler argued for Sappho's usages — then we move towards a very different understanding of

⁶³ KING (2013b).

⁶⁴ LAQUEUR (1990) 149.

⁶⁵ CRAWFORD (2007) 106-108. See also ERIKSSON (1998) 32 (online version <http://baer.rewi.hu-berlin.de/w/files/lspbpdf/eriksson.pdf> accessed 4 December 2020).

⁶⁶ KING (2013b) 57-59.

⁶⁷ Sappho fr. 105a. On the 'myrtle-berry', see Rufus of Ephesus, *On the Names of the Parts of the Human Body*, GERSH (2012) 53.

⁶⁸ WINKLER (1981) 79-84 in particular on Sappho fr. 166.

⁶⁹ On the importance of the clitoris to sex difference in early modern France, see PARK (1997) 171-193). Castro discusses the clitoris in Part 1, Book 1, Chapter 3. HARVEY (2001) 315-346 examines Colombo alongside Federico Andahazí's novel *The Anatomist*, published in English in 1998.

the body⁷⁰. This goes far beyond the vagina and clitoris. In the seventeenth century, for example, Jane Sharp's *The Midwives Book* names the cervix as "the rose, the garland or the crown"⁷¹. The "lips of the privities", which correspond to our labia majora, are "a double door like Flood-gates to shut and open: the neck of the womb ends in this"⁷². Neck, gates, doors: the terminology takes us into another model of the body, about passages but also about closure and opening.

In 1615 Helkiah Crooke published his *Microcosmographia: A Description of the Body of Man*, the first full work on anatomy written in English, accessible not just to physicians but also to surgeons and the public; it included illustrations. This last feature, including as it did the sexual organs, made it controversial, and in 1614 the College of Physicians discussed the proofs of the book, recommending that it should be burned⁷³. As well as objecting to a publication in English, and to pictures of the parts of generation, they were unhappy about the reliance on other publications and, indeed, the text mostly summarises in English two Latin treatises: André du Laurens' *Anatomical Works* and Caspar Bauhin, *Anatomical Foundations*. Du Laurens presented the sexes as very different from each other in their generative organs, while Bauhin focused more on the similarities between men and women⁷⁴. But the book was published regardless of these objections.

Among the terms Crooke used for the clitoris, he included that "properly it is called the woman's yard"; or, in more modern terms, the 'lady-penis'. Here he was translating a Latin treatise by Bauhin, in which it was the *penis muliebris*, "because it corresponds to the virile member". Leaving aside the position here being taken in the discussion of whether it is the clitoris or the vagina which best 'matches' the penis, such relabelling resists women's difference in favour of foregrounding the male body as 'normal'; it also ignores the finding of the full extent of the structure of the clitoris, something that has only been discovered with the use of imaging in the late twentieth

⁷⁰ WINKLER (1981) 79.

⁷¹ MORPHIS (2014), citing SHARP (1999) 65.

⁷² SHARP (1999) 38.

⁷³ KASSELL (2013) 59.

⁷⁴ I have discussed Crooke and his sources in KING (2011) 37-60.

century. In the late 1990s, the Australian urologist Helen O'Connell famously showed how the medical textbooks with which she herself had been trained were still providing very little information on this organ⁷⁵. In a move which recalls the sixteenth-century anatomist Andreas Vesalius correcting the anatomical classics of Aristotle and Galen from his own experience of dissection, O'Connell challenged the textbooks of her own day with newer ways of seeing inside the body. She used not just dissection but also MRI visualisation of living women to gain a better understanding of the structure of the clitoris⁷⁶. Her research showed it to be far larger than the illustrations then being used suggested; along with the small oblong of the visible part — the glans — it includes erectile tissue which engorges with blood on arousal and extends up to 9 cm to form a wishbone-shaped structure⁷⁷.

Bauhin and Crooke's re-gendering of the clitoris as penis recalls how, in 2015, there was an attempt to start instead from the female body and extend terminology to the male. One of the relatively recent discoveries of reproductive anatomy is the claim that women have a 'female prostate', a 'glandular anatomical structure present in every woman' producing a secretion at orgasm and vulnerable to the same diseases as is the male prostate⁷⁸. However, there is also a 'prostatic utricle' in men, a cul-de-sac of the prostatic urethra, which turns out to be lined with cells very similar to those found in the vagina. Should this therefore be renamed 'the male vagina'?⁷⁹ Suggesting this label feels odd, and that is testimony to how we have become accustomed to labels which suggest that men are normal and women are inferior copies. Naming of parts is never neutral, but instead reflects how we view women's difference from men.

Changing sex

What is a woman? Stories of spontaneous sex change and of 'hermaphrodites', whose bodies do not fit into either sex, have long been part of

⁷⁵ O'CONNELL *et alii* (1998) 1892-1897; MOORE and CLARKE (1995) 255-301.

⁷⁶ O'CONNELL and DELANCEY (2005) 2060-2063.

⁷⁷ <http://odile.fillod.free.fr/3DClitEN.htm>.

⁷⁸ PUPPO *et alii* (2008) 152; PUPPO (2013) 134-152.

⁷⁹ PUPPO and PUPPO (2015) 108.

‘gynaecology’ and are part of the discussion of whether women are much the same as men, or entirely different; in the latter case, a change cannot occur. The relationship between penis and clitoris features in these stories.

A number of ancient Greek and Roman writers told stories of women who changed into men — sometimes on their wedding nights — and these were repeated throughout Western medicine⁸⁰. In one of these stories, told by Diodorus Siculus, Heraïs marries as a woman but develops male organs: it is assumed by others that she must be a hermaphrodite⁸¹. Another way of looking at these stories suggests that this is not a change, but the emergence of the ‘true sex’; this is the view of Michel Foucault⁸². In terms of bodies which have the features of both sexes at the same time, following the 1575 work of Ambroise Paré it was standard practice to outline four types of hermaphrodite, only one of them having the functioning genital organs of both sexes⁸³. Castro also has four types of hermaphrodite, and argues that Galen would have seen change from the male to the female as possible: in most models of sex change, it was only possible from female to male, as Nature always tends towards the most ‘perfect’ form⁸⁴. He engaged directly with Luìs Mercado; however, he rejected any ‘one-sex’ model, on the grounds that male and female parts are not the same, and it was not possible to make a penis from a clitoris⁸⁵. Women are perfect within their own kind.

In sixteenth-century medicine, a key story from the Hippocratic materials was the account of Phaethousa of Abdera, who stopped menstruating, grew a beard and had changes to her voice and joints when her husband left⁸⁶. In the original, she is referred to as a woman throughout, using feminine language: this is not ‘sex change’, but an illness which suggests that a wo-

⁸⁰ KING (2013b) 103-107.

⁸¹ Diodorus Siculus 32.10; KING (2013b) 106.

⁸² KING (2013b) 4.

⁸³ Ambroise Paré, *Les oeuvres d’Ambroise Paré, conseiller et premier chirurgien du Roy* (Paris, Gabriel Buon, 1757); discussed by KING (2013b) 81-87.

⁸⁴ Part 1, Book 3, Chapter 12: *De hermaphroditis*.

⁸⁵ CLEMINSON and VÁZQUEZ GARCÍA (2014) 93-95. BONDIO and FÖRG (2020) 230-231.

⁸⁶ *Epidemics*, 6.8.32. The text does not make it clear whether he left, or was sent into exile.

man's body is unstable, needing to be kept properly feminine by maintaining the status of wife. Natalia Tsoumpira described "the traditional medical idea of the female as an unstable object, always in need of being brought into equilibrium and stability"; the Hippocratic version of the story of Phaethousa suggests that regular marital sex is the only possible anchor for this instability⁸⁷. The case history ends with her death, and a warning that this was not the only case of such a woman dying. However, Renaissance and early modern writers who used her story sometimes chose to omit the ending, preferring instead to present her as an example of 'sex change', in this case stimulated by the departure of her husband and the accumulation of menstrual blood in her body⁸⁸. Galen's variation, preserved only in an Arabic translation of the lost chapters of his commentary on *Epidemics* 6, focused on the specifics of Phaethousa's situation. She had previously been highly fertile, to the point where her health depended on regularly giving birth. In the absence of her husband this was not possible; nor, as he was only absent rather than dead, could she enter another marriage⁸⁹. This makes Phaethousa neither a 'sex change' nor a hermaphrodite, but a very specific illustration of the instability of the female body and its need to lose blood in regular menstruation and childbirth.

Currently, while trans and intersex are very different — in the first, the body is changed at the instigation of the individual person to match their sense of identity, while in the second the body is changed without consent to match society's decisions as to the correct size and appearance of the organs — they are both part of a new politicisation of the sexed body. Much of the current debate focuses on women in sport. The question, 'What is a woman?' is very relevant in a context in which sport is highly monetised and divided into two sexes. The extraordinary performances of double-Olympic women's gold medallist Caster Semenya in 2009 led to a shift from chromosome testing to hormone testing, but some women have a natural testosterone level that would be high even for a man, as this is a spectrum rather than a binary. Dutee Chand, an Indian runner who, like Semenya, had been brought up

⁸⁷ TSOUMPIRA (2020) 1-20.

⁸⁸ KING (2013b) 111-125.

⁸⁹ KING (2013b) 51-70; KING (2013b) 108-111.

from birth as a girl, failed a gender test in 2014; she was given an ultrasound (and told it was for her bone density), as well as blood tests, before being banned from the sport on the grounds that she was male. In words which recall the classical 'sex change' stories, Chand commented "How could I just have become a man one day?"⁹⁰

Conclusion

It is clear that, to some extent, the discussion of gynaecology and of the level of difference between the sexes has historically been a textual discussion, based on trading quotations and evaluating different ancient 'authorities'; in this sense, it recalls what Mary Wack has called "the rustle of parchments in dialogue"⁹¹. However, the decision to emphasise the difference rather than the similarity between the male and the female body has, at least partly, been driven by social and cultural concerns. Ancient Greece has many examples of warnings of the potential of women to disrupt society, whether those are monstrous characters such as Medusa, the women of tragedy like Clytemnestra, or the female-run world of the Amazons. It has been argued that the reason why Amazons exist is precisely so that ancient Greek heroes could defeat them and, with them, the dangerous feminine element. Medical models of the body and its functions always played a part in these discussions. In the late sixteenth century, as Protestant ideas brought in different approaches to marriage, debates about companionate marriage and the value of education in a wife could be framed in medical terms, both by those arguing for the inferiority of women and those arguing on the other side⁹². The presence of female monarchs in more than one European country also acted as a challenge to traditional views of women's biologically-ordained roles. In the nineteenth century, of course, moves to improve women's secondary education, admit them to universities and allow them to vote all contributed to the reaction which insisted on their 'difference'.

⁹⁰ <https://www.wnycstudios.org/podcasts/radiolab/articles/dutee>, accessed 4 December 2020.

⁹¹ WACK (1990) 292 n. 6.

⁹² E.g. POMATA (2013).

Insisting on women's difference may also be a way of gaining the edge in the medical marketplace. Although in the classical world one healer would be most unlikely to earn a living by treating only women, in general medicine there may still have been some mileage in claiming that the female body needed to be read according to different criteria known only to particular healers. This focus on difference looked to Hippocrates to validate itself. As Michael Stolberg put it, "Hippocratic medicine thus lent authority and legitimacy to the professional interests of early modern specialists in women's diseases and promoted their preference for female otherness rather than similarity. For the more the female body differed from the male, the more their own expert knowledge, skills, and experience were needed to treat it, and the more valuable, if not indispensable, were the 'gynecological' treatises they wrote."⁹³

Today, many voices call for greater recognition of the difference between men and women as something that extends far more widely than we have previously realised, and which affects their healthcare. I remain uncertain of the implications of such an insistence on difference; will it lead to a backlash against women's greater equality in society? There is also a real contradiction between the intensified claim that "the treatment of the diseases of women differs greatly from that of men", and our growing understanding of sex not as a binary, but as a spectrum, which challenges the existence of a branch of medicine dedicated to women. Current questions include: Does gynaecology cover the trans man? Where within the medical system do trans people go for their health care? What is gynaecology for? Never, I suspect, solely to improve women's healthcare.

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⁹³ STOLBERG (2003) 292.

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Resumo: Este artigo inscreve o *De uniuersa mulierum medicina* (1603), de Rodrigo de Castro Lusitano, na longa história da ginecologia e das questões suscitadas por um ramo distinto da medicina dedicado às mulheres. Argumenta-se que a ênfase da ‘gineco-logia’ tem sido historicamente colocada na diferença, sendo os corpos das mulheres vistos como fundamentalmente diferentes dos dos homens. Sugere-se ainda que um perigo da recente ressurgência deste foco na diferença é que ele pode conduzir a mudanças negativas no que diz respeito ao papel das mulheres na sociedade.

Palavras-chave: Diferença; hipocrático; binário; hermafrodita; linguagem; ginecologia.

Resumen: Este artículo sitúa el *De uniuersa mulierum medicina* (1603) de Rodrigo de Castro Lusitano en la larga historia de la ginecología y de las cuestiones suscitadas por una rama separada de la medicina dedicada a las mujeres. Sostenemos que el enfoque de la “ginecología” se ha situado históricamente en la diferencia, en ver los cuerpos de las mujeres como sustancialmente diferentes de los de los hombres. Sostenemos también que un peligro del reciente resurgir de este enfoque sobre la diferencia es que podría conducir a cambios negativos en el papel de las mujeres en la sociedad.

Palabras clave: Diferencia; Hipocrático; binario; hermafrodita; lenguaje; ginecología.

Résumé : Cet article inscrit *De uniuersa mulierum medicina* (1603), de Rodrigo de Castro Lusitano, dans la lignée de l’histoire de la gynécologie et des questions soulevées par une branche distincte de la médecine dédiée aux femmes. On fait valoir qu’en ce qui concerne la ‘gynécologie’, historiquement, l’accent a toujours été mis sur la différence, le corps des femmes étant considéré comme fondamentalement différent de celui des hommes. Il est également suggéré que la résurgence récente de cet intérêt pour la différence risque d’entraîner des changements négatifs en ce qui concerne le rôle des femmes dans la société.

Mots-clés : différence ; Hippocrate ; binaire ; hermaphrodite ; langage ; gynécologie.