

Galen and the widow. Towards a history of therapeutic masturbation in ancient gynaecology*

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In a book published in 1999, *The Technology of Orgasm*, Rachel Maines argued that therapeutic masturbation had a very long history even before technological change enabled the development of the object at the centre of her research, the vibrator. She states that “Massage to orgasm of female patients was a staple of medical practice among some (but certainly not all) Western physicians from the time of Hippocrates until the 1920s, and mechanizing this task significantly increased the number of patients a doctor could treat in a working day”¹. The purpose of this paper is to assess her claim of continuity by examining the place of desire, orgasm and masturbation in the Greco-Roman world and, to a much lesser extent, the Middle Ages and Renaissance².

* — My thanks to the anonymous referees for their supportive and helpful comments, and above all to Andy Isaacson for making me think about these issues, and re-examine the primary sources in even more detail.

1 — Maines 1999: 3.

2 — For a summary of criticism of Maines’ claims for Victorian history, see; <http://www.lesleya-hall.net/factoids.htm#hysteria> accessed 29 May 2011.

“It doesn’t matter, you know?”

Trained as a classicist, Maines is a former director of the Center for the History of American Needlework whose PhD in textiles was submitted in 1983. She has described how she came upon advertisements for vibrators in the early twentieth-century women’s magazines she was studying for her doctorate; advertised as massage devices to improve relaxation, stimulate the circulation, and relieve aches and pains, their real purpose appeared to her to be to produce orgasms. She has also expressed her belief that her work on this topic was not taken seriously in the scholarly community and had a negative effect on her career, despite her book winning two awards³. In an online interview recorded on 6 June, 2010, discussing the enthusiastic popular reaction to her work, she reflected on the ten years since her book had come out, stating that “people just loved my hypothesis and that’s all it is really, it’s a hypothesis, that women were treated with massage for this disease, hysteria, which has supposedly existed since the time of Hippocrates, 450 B.C., and that the vibrator was invented to treat this disease. Well, people just thought this was such a cool idea that people believe it, that it’s like a fact. And I’m like, ‘It’s a hypothesis! It’s a hypothesis!’ But it doesn’t matter, you know? People like it so much they don’t want to hear any doubts about it”⁴.

She is certainly right about this. Her “hypothesis” has become fact for many people. For example, in a review of her book we read of “a parade of physicians going back to Galen of Pergamon (ca. A.D. 129-200) and beyond, who with complete sincerity advised the genital ‘massage’ of female patients as a temporary cure for ‘hysteria’”⁵. Later in the 2010 interview, Maines suggested that the earliest vibrators were water-based and added “it’s possible that even Roman women knew about this; we’re not sure”⁶. This last remark is based on the claim in her book that “Roman bath configurations usually included piped water that could have been used in this way, but evidence is lacking”⁷. Only one reference is given in Maines’ book to support this: she cites the whole of Barry

3 — Maines 1999: xiv-xv and; <http://www.austinchronicle.com/books/1999-09-10/73756/> accessed 10 February 2011. The book received awards from the American Historical Association and the American Foundation for Gender and Genital Medicine and Science; http://www.news.cornell.edu/Chronicle/00/3.30.00/Maines_book.html accessed 14 March 2011. Maines gives links to reviews of *Technology of Orgasm* on <http://courses.cit.cornell.edu/rpm24/technologyOfOrgasm.html> accessed 30 August 2011.

4 — <http://bigthink.com/ideas/18073> accessed 28 February 2011.

5 — <http://www.citypages.com/1999-02-24/books/sexual-healing/> accessed 4 April 2011.

6 — <http://bigthink.com/ideas/18075> accessed 28 February 2011. While Maines’ words are clear in the audio, the transcript of the interview wrongly reads “it’s possible that even *normal* women knew about this, we’re not sure”.

7 — Maines 1999: 13.

Cunliffe's article "The Roman baths at Bath: the excavations, 1969-1975" in *Britannia* 7 (1976), 1-32⁸. Yet in this detailed account of the stages of development of this bath complex, there is nothing whatsoever on the water pressure or on the use of the baths by women, so the inclusion of the reference to the article is entirely unwarranted. There is simply no evidence at all.

Maines combines insistence that her claims about the use of therapeutic masturbation in the ancient world are only speculation with further suggestions that are then taken more seriously than they deserve by those who use her work⁹. The transcript of an interview Maines gave on Australian radio channel Radio National's *Late Night Live* show on 11 May 1999 has her saying "There had always been in Western medicine since the time of Hypocrites [sic] a belief in this disease called 'hysteria', which means womb disease, that was caused by the uterus complaining about neglect. Plato tells us that the uterus is an animal within an animal and that it gets out of control and you have to appease it supposedly"¹⁰. "Plato tells us"? The description of the womb as "an animal inside an animal" (less emotively translated as "a living thing inside a living thing") is in fact from Aretaeus' work, written around 500 years after Plato¹¹. The error also features in Maines' book, and was repeated by her in a piece written for a catalogue of a recent exhibition of modern artists' responses to "hysteria"¹². Maines' claims that "hysteria" is a single disease entity with a continuous history, made in both the interview and the 1999 book, do not reflect the scholarship of the 1990s, which instead insisted on the complexity of the history of this diagnosis¹³. In the aftermath of the appearance of Maines' book, her assumptions about "this disease, hysteria" were taken up by the science writer and broadcaster Vivienne Parry, who claimed a similarly continuous history, stating that "From earliest times there was a recognised women's complaint characterised by nervousness, fluid retention, insomnia and lack of appetite"¹⁴. Maines belie-

8 — Maines 1999: 133 n. 53. A recent article exposes the difficulties of integrating literary and archaeological evidence for Roman baths; see Henderson 2007.

9 — For examples of the dissemination of Maines' claims without the caveat, see Vivienne Parry's 2008 article on the history of vibrators at http://women.timesonline.co.uk/tol/life_and_style/women/article4032852.ece accessed 18 March 2011.

10 — <http://www.abc.net.au/arts/headspace/rn/lnl/vibrator/part2.htm> accessed 12 March 2011.

11 — King 1993: 26-7; Aretaeus 2.11, CMG 2, 32.28-33.1, ὀκοῖόν τι ζῶον ἐν ζῶῳ.

12 — Maines 1999: 23; Maines 2009: 53, "as Plato expresses it in the *Timaeus*, like 'an animal within an animal'".

13 — Maines 1999: 23: "In the Hippocratic corpus, hysteria is a disease of the womb, treatable with exercise and massage". See further below.

14 — http://women.timesonline.co.uk/tol/life_and_style/women/article4032852.ece accessed 18 March 2011.

ves that “many of its symptoms are those of chronic arousal”, so “hysteria” for her is not a disease, but a misunderstanding of normal female desire¹⁵.

In the present article, I would like to concentrate on the general suggestion that “Roman women knew about this”. I will discuss the classical sources used by Maines, leading up to the reception of the Galenic story of a widow who expels retained “female seed”; how has this story been used and abused in the later history of medicine? Galen’s name features in articles based on Maines’ work, such as Parry’s 2008 piece which describes him as claiming that “hysteria” “was caused by sexual deprivation, particularly in passionate women, and was noted in nuns, virgins, widows and occasionally in married women whose husbands were not up to the job”¹⁶. This level of anachronism – nuns in the second century AD? – is typical in the reception of Maines’ book. A further example would be Karen Coyle’s review of Maines, which includes the sentence “Already in the times of Galen, a doctor who lived around the time of Jesus, medical experts recommended a ‘massage’ of the genital area of women suffering from this malady, which relieved the symptoms and restored the women to health”¹⁷. The disregard of ancient history is casual, and alarming, here. “Around the time of Jesus”? It is as if those interested in the story of women’s sexual pleasure feel that a couple of centuries are irrelevant when the story is such a big one. While ancient pedigrees are enthusiastically claimed, actual chronology “doesn’t matter”.

Maines and her history

Despite her own insistence that, for ancient history at least, she offers nothing more than a hypothesis, the Maines story has taken on a life of its own since its publication, with a 2008 film based on it, as well as a comedy by Sarah Ruhl, “In the Next Room”, usually glossed as “or the vibrator play”¹⁸. This opened in 2009; it was reviewed in the New York Times as “A fanciful but compassionate consideration of the treatment, and the mistreatment, of women in the late 19th century”¹⁹.

15 — Maines 1999: 3 and 8.

16 — http://women.timesonline.co.uk/tol/life_and_style/women/article4032852.ece accessed 18 March 2011. Based on Maines 1999: 8, Parry has merged two different points from Maines.

17 — <http://www.kcoyle.net/forbidden.html> accessed 12 March 2011.

18 — Film: “Passion and Power”, <http://www.technologyoforgasm.com/index.asp>.

19 — Play review by Charles Isherwood; <http://theater.nytimes.com/2009/02/18/theater/reviews/18vibr.html>. The play was nominated for three Tony awards, including best play, in 2010; <http://lct.org/showMain.htm?id=189> accessed 1 June 2011, and was a finalist for the Pulitzer Prize. While it did not in fact win any awards, this level of interest may reflect the topic as well as the play itself; <http://broadwayworld.com/shows/?showid=324692>, accessed 1 June 2011. The 2011 film, “Hysteria”, based on the Victorian vibrator, apparently went into production without any connection to “In the Next Room”; <http://www.tbd.com/blogs/tbd-arts/2010/08/-maggie-gyllenhaal-s-hysteria-vs-the-vibrator-play--862.html> accessed 4 June 2011. The trailer for “Hysteria” was

I have already commented on Maines' gratuitous use of a reference to Cunliffe's article on the baths at Bath. This is one example of a more general point: at first glance, and particularly to non-specialists, her book may look authoritative, superficially conforming to the scholarly rules of the game. Commenting on a discussion of the book on the discussion board H-Histsex in July 1999, for example, one contributor referred to "Maines' evident scholarship"²⁰. How is "evident scholarship" to be identified? Apparently, by the bibliography and the notes. Alongside its 123 pages of text, Lindsay Lane's article in *The Austin Chronicle* described *The Technology of Orgasm* as having "an arsenal of a bibliography. (The bibliography she first sent John Hopkins was 100 pages long. The published one is 50 pages long.)"²¹. As historians of sexuality should realise, size is not everything. Yet the issue of quantity of references also featured in Maines' earlier publication on vibrators in *Technology and Society* (1989); in her own post-mortem on the horrified reception of this article, she states in her defence, "The nine-page article had fifty-one footnotes to more than 160 sources, some of them in Latin and Greek"²². Maines' BA was in Classics, and she claims a reading knowledge of Latin and Greek, but, as we shall see, there are serious questions raised by her use of the primary as well as the secondary sources cited²³. Her knowledge of Greek appears very slight; in her 2009 essay, for example, she incorrectly identified *cholera*, yellow bile (χολή), as "blood" and treats the genitive *spermatos* as if it were the nominative²⁴.

One example of the shortcomings of Maines' scholarship would be her uncritical use of Ilza Veith's *Hysteria: The Story of a Disease* (1965), which she labels as "magisterial", stating that it "provides a comprehensive and well-documented overview of the evolution of a disease paradigm"²⁵. However, Veith's book is now seen as a historical document, creating a history that will build up to its peak in the work of Freud²⁶. Where

available online in August 2011; <http://www.cinemablend.com/new/Trailer-For-Maggie-Gyllenhaal-s-Vibrator-Comedy-Hysteria-26240.html>, accessed 17 August 2011.

20 — <http://homepages.primex.co.uk/~lesleyah/hsxarch6.htm> accessed 30 May 2011.

21 — <http://www.austinchronicle.com/books/1999-09-10/73756/> accessed 10 February 2011.

Actually there is no separate bibliography; the notes, to which Lane is clearly referring, comprise 44 pages, but this sort of minor exaggeration is typical of the reception of the book. Maines herself claims to have "consulted over five hundred works" in writing *The Technology of Orgasm* (Maines 1999: 171).

22 — Maines 1999: xvi.

23 — Maines 1999: ix; Maines' cv; http://courses.cit.cornell.edu/rpm24/docs/Maines_vita_2009.pdf, accessed 26 February 2011.

24 — Maines 2009: 37. She also modernises her texts by "identifying" this substance as Bartholin's fluid rather than understanding that this represents the ancient concept of "female seed".

25 — Maines 1999: 22.

26 — Micale 1995: 38-41. Veith wrote an account of her recovery from a severe stroke, in which she describes how she tried to understand what had happened to her in line with her research

Veith used the Hippocratic texts, she read them through the prism of the mid-nineteenth century French translation by Emile Littré, whereas I have shown elsewhere that Littré added his own section headings which selected some passages as making sense in the context of ideas of hysteria current in his own day, labelling these passages “Hystérie”, and thus establishing what Andrew Scull has called the “modern fable” of hysteria in the Hippocratic corpus²⁷. Much of Maines’ analysis is now simply dated; for example, “Ancient physicians from the fifth century B.C. until well after the end of the classical era, whether Greek, Roman, or Egyptian, were in fairly close agreement of what hysteria was”²⁸. This point comes from Veith, but as Micale has pointed out the Greco-Roman authors “reveal a greater internal variety than previously realized”²⁹.

I do not mean here to suggest that women’s voices from the ancient world can easily be heard, or their sensations be reconstructed, even though a superficial reading of the medical texts may suggest that this is possible. For example, in the Hippocratic treatise *Fleshes*, there is a claim to have appropriated women’s insider knowledge; the writer tells us that he has learned from the public prostitutes about early abortion, and from “women of experience” about the sensations of conception³⁰. The writer of the tenth book of *On the History of Animals* – who may be Aristotle – describes the need for the man and the woman to emit seed simultaneously; but even here, this may not be a concession to female pleasure, as this may be seen as necessary because the woman’s emission of seed opens up her womb, or because in some other way it creates a favourable environment for conception³¹. Galen similarly describes how, as part of his enquiry into the role of semen in pregnancy, he asked women what happened when they became pregnant, and they reported “that they feel a certain movement in the uterus, crawling, as it were, and slowly contracting into itself, when they grasp the semen”³². I have argued elsewhere that we should be wary of taking claims such as these entirely at face value; they may instead be the trump cards in a game of knowledge in which all the players are male³³.

However, it is to the variety of male views of the female body, and to Maines’ neglect of this, that I shall now turn.

on hysteria (1988: 24-5). See further Showalter 1993: 331.

27 — King 1993: 7-8; Scull 2009: 14.

28 — Maines 1999: 22.

29 — Micale 1995: 38.

30 — *Fleshes* 19 (Loeb vol. VIII, 160).

31 — Aristotle, *HA* 636b6-10; on the authorship, van der Eijk 1999. See also *On the Generation of Animals* 739a32ff, van der Eijk 1999: 500.

32 — Galen, *On Semen* 1.2.6 (CMG V 3.1, p. 67).

33 — King 1995b: 206.

a) Hippocrates

What does Maines say about the earliest Greco-Roman texts on women's diseases, those of the Hippocratic corpus, which date from the fifth and fourth centuries BC although they may well reflect earlier oral tradition? She persists in seeing "hysteria" as one "set of symptoms that varied greatly between individuals" without engaging with the scholarship of the 1980s and 1990s that shows how misleading it is to merge under a single label the various descriptions of the effects of womb movement to different parts of the body³⁴. As I have shown elsewhere, the label "hysteria" is never used in these early texts, but there is instead a condition called "suffocation of/from the womb", thought to be due to the womb actually moving to various locations in the body; even here, however, it is important to note that the symptoms vary considerably according to the place to which the womb travels. Maines, oblivious of these differences, further argues that what she insists in seeing as "The disorder" was regarded as "a consequence of lack of sufficient sexual intercourse, deficiency of sexual gratification, or both"³⁵. On the Hippocratic texts specifically, she states that "In the Hippocratic corpus, hysteria is a disease of the womb, treatable with exercise and massage"³⁶. Her source here is Ann Hanson's 1975 translation of some extracts from Hippocratic treatises; but this article never mentions "hysteria" at all. Maines gives no page numbers within this article but, if she was looking for massage, only two possibilities are present in Hanson's translated extracts.

First, in *Diseases of Women* 1.35, a description of retention of menstrual blood or of the lochia, the writer states that the doctor should prescribe "rubbing her head with oil of lilies", and she should anoint her womb generously with oil, as should always be done before the patient is given a vapour bath (πύρις)³⁷. Not only is there is no "hysteria" here: there is no womb movement either. The only "massage" taking place is of the head. The verb used for the application of oil to the head is "to anoint" (λίπαίνειν); while "rub with oil" is another way of expressing this, I suspect that Hanson's perfectly valid translation as "rubbing" has led Maines to read more into this passage than is valid.

The second reference to massage, in *On Generation* 4, may look more promising for Maines' thesis. Here, rubbing the vagina during sexual intercourse is described as producing the following results: "a kind of tingling sensation affects her and it produces pleasure and warmth in the rest

34 — Maines 1999: 23; cp. King 1985, 1993, 1995a, summarised in Micalé 1995: 41-46 as "impressive textual detective work".

35 — Maines 1999: 23.

36 — Maines 1999: 23.

37 — Hanson 1975: 581; for the "rubbing", Littré 8.82, line 19.

of her body”³⁸. The verb used here is τρίβειν, to rub. Pleasure is clearly associated with rubbing; but is women’s pleasure seen only in the context of conception? In an important article, Lesley Dean-Jones has explored the different models of female sexual pleasure in the ancient medical writers. The Hippocratic *Airs, Waters, Places* 9 says that women do not suffer as much from bladder stones as men do, because they have a shorter and broader urethra, they do not masturbate, and they drink more³⁹, but this does not mean that women did not masturbate at all; the text literally says “Nor does she rub the αἰδοῖον with the hand as the male does”, thus leaving open other possibilities⁴⁰. However, in *On Generation* 4 the rubbing is clearly from heterosexual sex rather than from masturbation: “when a woman’s vagina is rubbed and her womb is moved *during intercourse* (my italics)”. In this case, then, too, Maines’ reference is highly misleading. The texts given by her source, Hanson’s article, do not discuss hysteria, let alone remedies for it, and nor should they be taken as examples of therapeutic masturbation.

Maines next claims that “By the time of Celsus and Soranus in the first century A.D., genital massage and exercise, usually passive, were *standard prescriptions* for hysteria. Soranus advocated manipulating the groin and pubic area: ‘We... moisten these parts freely with sweet oil, keeping it up for some time’ (my italics)”⁴¹. I will discuss these claims in turn.

b) Celsus

First, Celsus, *On Medicine*, part of a larger encyclopaedia probably written during the reign of the Roman emperor Tiberius. The reference given by Maines to the passage in which she detects therapeutic masturbation is confused; she cites “vol. I, chap. 4, 20.307” in the Loeb edition but this is in fact book 4, ch. 27⁴², a discussion of a “violent disorder” (Lat. *vehemens malum*) arising from the womb. The cure is first of all bloodletting or, if the patient is too weak to endure this, cupping; then foul smells to arouse the sufferer, and eventually “hot moist plasters applied to the external genitals as far as the pubes”. If the woman faints,

38 — Hanson 1975: 582; τρίβειν is used at Littré 7.474, line 14. Interestingly, Littré’s French translation does not take account of the Greek ἐν τῇ μίξει, “during sexual intercourse”.

39 — *Airs, Waters, Places* 9 (Loeb vol. I, 96-98).

40 — ...οὔτε γὰρ τῇ χειρὶ τρίβει τὸ αἰδοῖον ὡς περ τὸ ἄρσεν... The term used here is applied to both men’s and women’s bodies so is usually translated as “genitals” or “private parts”; the Greek word includes the notion of shame.

41 — Maines 1975: 23.

42 — Maines 137, nn. 9 and 10. “vol. I, cap. 4, 20.307” is in the Loeb 4.27 (20). The reference to vol. 1 is presumably to this being in the first volume of the Loeb edition, rather than to the traditional divisions of Celsus’ work; the number “307” makes no sense, as the passage is on p. 446 and the translation on p. 447.

an extinguished lamp wick or other strong smell is used to bring her round. There is no suggestion here of orgasm as producing a cure. The plasters are indeed accompanied by “rubbing” (Lat. *perfricare*), but the parts rubbed are the hips and backs of the knees.

As for the person who carries out this rubbing, the text uses the impersonal form, *oportet*, “it is necessary that”. We thus cannot know whether the hips and knees are rubbed by the doctor, the patient, or an intermediary. After the attack has passed, daily friction (Lat. *frictio*) is recommended, again not to the genitals, but to “the whole body, particularly to the abdomen (Lat. *uenter*) and behind the knees”, as well as mustard plasters. Again, it is not correct to diagnose this text as “hysteria”, nor to enlist it as an early example of therapeutic masturbation.

c) Soranus

What of Soranus, whose *Gynaecology* was written in around 100 AD? While Maines gives the whole of the page range 140-70 in her endnote, I am assuming here that she means “140 and 170”, which would make more sense; although p. 140 does not form the start of a section, p. 170 does come at the end of a discussion of how to treat a flux of “female seed”⁴³. Because they need to account for resemblance between children and their mothers, many ancient medical writers include female seed in their model of the body, and therefore believe that, like men’s seed, it can flow in excess (the original meaning of the term “gonorrhoea”). In Galen, for example, women’s seed is thinner and colder and acts as “a kind of nutriment for the semen of the male”⁴⁴.

P. 140 of Temkin’s English translation of Soranus occurs in the long section on how to cure suppressed menstruation; that is to say, it does not feature in either the section Soranus provides on “hysterical suffocation” or in that on womb movement. In book 3 of his *Gynaecology*, from which this passage comes, Soranus discusses diagnoses as varied as menstrual retention, painful menstruation, an inflamed womb, satyriasis, hysterical suffocation, tension of the womb, air in the womb, swelling of the womb, the false pregnancy called the “mole”, and so on. Rather than being seen as a single female disorder that can be labelled “hysteria”, these are presented as separate conditions.

According to Soranus, menstrual suppression is to be treated by diet, bloodletting (including cupping, and leeches) and poultices rather than the drugs prescribed by previous ancient physicians to “draw down the blood”, administered either orally or by what Temkin’s translation calls

43 — Maines 1999: 137 n. 10.

44 — Galen, *On Semen* 1.7.5 (CMG V 3.1, p. 86).

“suppositories”; the context makes it clear that these are administered vaginally, so “pessaries” would be better here. Were these intended as a sexual substitute? I think not, but in any case Soranus does not approve because he believes that these drugs produce inflammation, which only makes the condition worse⁴⁵. We should note that here he is explicitly distancing himself from previous writers, “the ancients”, which further undermines Maines’ claims for “fairly close agreement” among Greek, Roman and Egyptian writers. The only pessaries Soranus recommends for menstrual suppression are very gentle ones, best of all being wool soaked in warm olive oil, aimed to relax the parts very gently; this recalls the Hippocratic reference to anointing the womb with oil before a vapour bath⁴⁶. The aim, in menstrual suppression, must be to relax, because Soranus’s “methodist” brand of medicine is about classifying diseases as constricting, relaxing or mixed, and then applying the opposite remedy⁴⁷.

Soranus then discusses “passive” exercise; after relaxing pessaries, one can move to swings in the hammock, and after a successful menstrual period further “restorative treatment” is needed⁴⁸. This comprises “rocking” (again this means in a hammock) and walks, full body massages as well as massage in the area around the womb⁴⁹. When he talks about this last part of the treatment, I would like to emphasise that to label this “masturbation” does not give a fair sense of what is happening; the patient is sitting in a bowl, with sea sponges around her, and the massage is the gentlest possible – rather than using one’s hands, which are said to risk bruising the patient, one should gently press the sponges against her body and move them back and forth⁵⁰. The opening and the neck of the womb – and here we may seem to be entering a more masturbatory context – should be smeared with scented oils, but even here it is important to note that this is only one part of a therapy involving diet, pessaries, hammocks, and massage, and there is no mention of anything that could be interpreted as orgasm⁵¹.

Who is carrying out these treatments? The terminology is always indirect – “one must use” (χρηστέον), “one should advocate” (δοκιμαστέον), “one must apply” (παραληπτέον)⁵². While the identity and gender of the personnel remain (deliberately?) vague, at one point in the discussion of

45 — Soranus, *Gyn.* 3.2, Budé p. 13, lines 206-8; Temkin 3.12, p. 140.

46 — 3.2, Budé p. 13, lines 209-210; Temkin 3.13, p. 140.

47 — On Methodist medicine and Soranus, see Hanson and Green 1994.

48 — 3.2, Budé p. 13, lines 225-226; Temkin 3.14, p. 140.

49 — 3.2, Budé p. 14, line 231; Temkin 3.14, p. 140.

50 — 3.2, Budé p. 14, lines 234-239; Temkin 3.14, pp. 140-1.

51 — 3.2, Budé p. 14, lines 241-242; Temkin 3.14, p. 141.

52 — E.g. 3.2, Budé p. 13, line 218 and p. 14, line 229 (χρηστέον); p. 14, line 239 (δοκιμαστέον); p. 14, line 243 and line 252 (παραληπτέον).

treatments for menstrual suppression Temkin's translation suggests that "one should also employ the services of an experienced anointer" in the periods of remission between attacks in a chronic case⁵³. In the more recent Budé translation, this becomes "en s'assurant les services d'un masseur expérimenté"⁵⁴. The Greek term is ἀλείπτης, usually meaning a masseur or gymnastic trainer⁵⁵. However, "masseur" may give the wrong impression here, as the noun comes from the verb ἀλείφω, to anoint the skin with oil, and the role of the ἀλείπτης is to rub olive oil on to the skin to prevent or to ease muscle strains. As what is anointed here is the whole body, including the area around the womb⁵⁶, one would perhaps expect a midwife to be used, but instead it seems that a male specialist is employed.

How should we contextualise the use of a man to provide massage to a woman in the ancient world? In a Roman context, the *aliptes* was part of the rituals of the bath, rather than those of the γυμνάσιον⁵⁷. Notoriously, in Juvenal 6.422-3 a masseur provides sexual services to a woman whose arms are exhausted by using heavy dumb-bells; *callidus et cristae digitos inpressit aliptes/ac summum dominae femur exclamare coepit*, translated by Rudd as "the clever masseur (*aliptes*) presses his fingers into her fringe and brings from the top of the lady's leg an explosive reaction"⁵⁸. The word translated as "fringe", the Latin *cristae*, literally means "cock's combs" and Adams describes its use here as "an ad hoc metaphor" for the clitoris⁵⁹. The spin given to this passage by earlier translations is interesting; the translators fully understood that this was to be read as masturbation to orgasm, but seem to be trying to save the woman's reputation by suggesting that it was not wanted by the woman. For example, it was translated in 1789 by Martin Madan as "And the sly anointer has played her an unlucky trick, By taking undue liberties with her person"⁶⁰.

This passage from Juvenal features in a later section of Maines' 1999 book, where she uses it to illustrate "the characteristic male fear and disgust at the ability of women to have intercourse repeatedly without reaching orgasm, and their ability to achieve orgasm with external stimu-

53 — Temkin 3.15, p. 141.

54 — Budé p. 14, lines 254-255.

55 — A masseur is the patient in the Hippocratic *Epidemics* 7.9, Littré 5.380; it is interesting that his main symptom is "weakness in the arms and legs", clearly a problem for a man who makes his living in this way.

56 — The masseur/anointer is being used here to carry out the "restorative cure".

57 — On the wide range of activities carried out in the Roman baths, and the differences between Roman baths and Greek gymnasia, see Fagan 1999.

58 — Tr. Niall Rudd 1991: 52.

59 — Adams 1982: 98 cited in Allen 2005: 289.

60 — Madan 1789: 287.

lation alone”⁶¹. Maines takes the passage very literally – “those seeking physical therapies in ancient and medieval times employed manual massage providers, as did Juvenal’s subject”⁶² – but does not appreciate the genre: this is satire, not a documentary. As Paul Allen Miller notes, the statements made in Satire 6 are “characterized throughout by hyperbole, self-cancelling propositions and rhetorical anticlimaxes” and the poem is concerned as much with class boundaries as with gender⁶³. Thomas McGinn has suggested that Juvenal could be providing a “reverse reading [of] a service provided to male bathers”⁶⁴. In this case, it cannot be read as telling us anything about the realities of women’s lives in the ancient world.

Returning now to Soranus, the place massaged by the “anointer” is not confined to the area around the womb, and there is no reason other than the Juvenal satire to think that it is focused on the patient’s vulva. The reason for massage is to relax the whole body, and is emphatically not to produce orgasm. The aim of the treatment is instead to release menstrual blood.

As for the second passage cited by Maines – if her “pp. 140-170” does indeed mean p. 140 and p. 170 of Temkin’s translation – then it is worth underlining that, unlike the section in which p. 140 features, this concerns treatments not for menstrual suppression, but an entirely different condition affecting women: chronic flowing of female seed without any sensation of desire. In the terms of Methodist medicine, this is the opposite of the condition discussed on p. 140, menstrual suppression: it is a disorder of flux, *status laxus*, rather than of retention. The treatment for a new case of this condition involves a “dry” diet, sitz baths in cool astrin-gent substances, using a firm bed with only a thin covering, vomiting, rubbing the upper part of the body⁶⁵ “whereas the affected parts should be neither greased nor heated”, and avoiding looking at sexually stimu-lating pictures or discussing sex (συμπλοκή). If the condition becomes chronic, then the recommendations are fewer: exercise to produce sweat, massage, cold baths, “and continually anoint (χριστέον)⁶⁶ the lower abdomen and the loins with rose oil”⁶⁷. The Greek makes it clear that the parts to which the oil is applied are very precisely the lower abdomen

61 — Maines 1999: 60.

62 — Maines 1999: 68.

63 — P.A. Miller 2005: 272.

64 — McGinn 2004: 24 n. 70.

65 — Before rubbing the upper body (the verb used is τρίβειν) the reader is advised to γυμνάζειν this part of the body. Temkin translates γυμνάζειν as “exercise”: the Budé edition, p. 51, prefers “mettre à nu” here.

66 — Translated “anoint” by Temkin p. 170, but “frictionner” in the Budé, p. 51.

67 — Temkin 3.45-6, pp. 168-170. It is from this last quotation that Maines 1999: 23 herself quotes.

(τὸ ἤτρον)⁶⁸ and the lower part of the back. So this passage does not concern “hysteria”, nor is it describing therapeutic masturbation. Indeed, the problem here is that the seed is coming out when it should not come out, and one would not want to encourage an already weakened woman to lose any more.

Thus, while there are recommendations in Soranus that involve applying substances to “the mouth of the womb”, and so involve someone – the doctor? the patient? an intermediary? – touching women’s genitals, these are not the first line of attack, and here feature in conditions very different from “hysterical suffocation”. Maines is performing a typical sleight of hand (no pun intended) in order to provide a long historical pedigree that does not exist.

One ancient passage remains to be discussed, and this is the key one in terms of its influence. This is Galen’s story of the widow who applied “the customary remedies”, and I will argue that the “custom” here could derive from popular tradition rather than from medical men.

d) Galen

Galen and the widow

Maines states that Galen (characterised by her as “the physicians’ physician”) “describes in detail a genital massage therapy... His account is literally the classic description of massage therapy for hysteria, which was to be repeated almost verbatim in later texts and to be regarded as therapeutic gospel in some medical circles until the end of the nineteenth century”⁶⁹. These are wide-ranging claims. Winfried Schleiner has correctly described the “notoriety” of Galen’s story of the widow in Renaissance medicine, where it featured in discussions of precisely where a Christian physician should touch a female patient, but these readings do not necessarily represent what Galen in fact wrote⁷⁰. I would again challenge as anachronistic Maines’ use of the term “hysteria”, and I shall demonstrate here that Galen’s “description” is less straightforward than she suggests.

The central Galenic account features in the treatise *On the Affected Places*, in Book 6, chapter 5⁷¹. As Rebecca Flemming notes, this is a diagnostic treatise organised by the parts of the body, from head to foot, and in this chapter Galen considers both men and women in whom there is a natural “polyspermacy”; that is, they tend to produce more

68 — Budé, p. 51, line 39.

69 — Maines 1999: 24.

70 — Schleiner 1995: 118.

71 — Kühn (hereafter K) 8.413 ff.

seed than other people do⁷². Galen believes that both women and men experience desire; based on his treatise *Medical Definitions*, Flemming has shown that for both sexes he operates with “an essentially spermatic model of this desire”, in which desire is seen as needing seed, so that, if women feel desire, then they must have seed. Women as well as men are regarded as subject to an excessive flow of seed⁷³. It is important for both sexes to avoid a build-up if they are to remain healthy. As Monica Green has pointed out, what is new in Galen is the notion that it is the excess of the woman’s *own* seed that can cause symptoms in the female patient, rather than her illness being due to the absence from her womb of a *man’s* seed⁷⁴. Galen includes examples from male experience, and concludes that retained semen is even more damaging for women than retained menstrual blood. Widows are a particularly high-risk group; as Flemming puts it, for Galen, “Retention of seed is entirely related to having a sexual history but no sexual present”⁷⁵.

In this section of *On the Affected Places*, Galen emphasises variation; some individuals suffer far more seriously than others when their semen is retained. He also underlines the range of symptoms that can be caused, ranging from apparent death – no pulse, no movement or reason, no indication of respiration – to “suffocations” or contractions (εἴτε πνίγες, εἴτε καὶ συνολκαί)⁷⁶. It is while reflecting on this range that Galen writes about a woman who had been a widow for a long time and who was told by a midwife (μαῖα) – not by Galen – that her symptoms were due to her womb being “drawn up”. The widow made use of “the customary remedies” (ἐδοξε χρῆσασθαι βοηθήμασιν οἷς εἰώθασιν εἰς τὰ τοιαῦτα χρῆσθαι) and then expelled much thick seed after feeling the sensations of “pain and pleasure” associated with sexual intercourse⁷⁷.

Maines’ use of the phrase “describes in detail” for Galen’s account of the therapy here is very misleading; the description lacks any detail whatsoever, as it neither specifies what “the customary remedies” are, nor gives the precise location of their application, nor states who applies them: the woman patient, or someone else. Maines goes on, “Rudolph Siegel’s translation has often been quoted: Following the warmth of the remedies and arising from the touch of the genital organs required by the treatment, there followed twitchings accompanied at the same time by

72 — Flemming 2000: 333-335.

73 — Flemming 2000: 202-203.

74 — Green 2001: 24.

75 — Flemming 2000: 337.

76 — K 8.417.

77 — K 8.420. Flemming 2000: 335 n. 115 notes Galen’s “coyness and circumlocutions” here, in contrast to when he describes male masturbation.

pain and pleasure after which she emitted turbid and abundant sperm. From that time she was free of all the evil she felt”⁷⁸.

This citation should act as a warning against accepting Maines’ claims for her referencing too seriously. Quantity does not equal quality. Although Siegel’s 1976 translation of *On the Affected Places* is credited in the note at the end of this extract (with no page numbers given), and again credited in Maines’ 2009 article⁷⁹, this is not in fact the source of the translation she gives. Siegel’s translation instead reads: “On application the heat of this medicine and the contact with her sexual organs provoked [uterine] contractions associated with the pain and pleasure similar to that experienced during intercourse. As a result the woman secreted a large quantity of heavy semen and thus lost the bothersome complaints”⁸⁰.

The translation Maines attributes to Siegel is in fact that of Ilza Veith, and was correctly given as Veith’s in a 1971 article on the history of hysteria by Knoff⁸¹. Philosophers Allison and Roberts, writing five years before Maines, also correctly credited the translation to Veith, but put their own modernising spin on the diagnosis, stating that the woman was “one of his patients, a widow who was a post-menopausal hysteric”. However, even to assume that the patient was one of Galen’s own is to read too much into the original. After quoting the passage used by Maines, they continued with the rest of Veith’s translation: “From all this it seems to me that the retention of sperm impregnated with evil essences had – in causing damage throughout the body – a much greater power than that of the retention of the menses (Veith, 1965, p. 38)”⁸².

However, the claim that Veith’s translation is that of “Siegel” is not confined to Maines. Later scholars have simply copied Maines’ book without checking her alleged sources for themselves⁸³. Sometimes their approach is even more casual than hers. In his book *Solitary Sex*, Laqueur gives “twitching accompanied at the same time by pain and pleasure after which she emit[s] turbid and abundant sperm. From that time on she [will be] free of all the evil she felt”. He states “I adapted this translation from that by Rudolph Siegel”⁸⁴. As it is not Siegel’s translation, this is clearly not what happened: rather, Laqueur “adapted” it from Maines,

78 — Maines 1999: 24.

79 — Maines 2009: 39 and 41 n. 5.

80 — Siegel 1976: 185. Correctly quoted from Siegel in Schleiner 1995: 117.

81 — Knoff 1971: 157-8, “Ilza Veith’s translation...”.

82 — Allison and Roberts 1994: 243.

83 — E.g. Michael Shanks’ site; <http://documents.stanford.edu/67/2884>, accessed 5 April 2011.

84 — Laqueur 93 and 442 n. 17.

whose book is cited in the notes to this section with approval as a “previously lost history of sexual pleasure”⁸⁵.

Veith, however, did name her sources. She made it clear on the preceding page that her source for Galen was not the Greek text, but Galen “as quoted in Henri Cesbron, *Histoire critique de l’hystérie* (Paris: Asselin et Houzeau, 1909)”⁸⁶. Her English is thus a translation of Cesbron’s French. In an article published in 1973, Vern Bullough also cited the Veith translation of this text, although incorrectly attributing it to Henri “Cesbron”⁸⁷. Elsewhere in this article, he did use Veith directly, so was clearly aware of her book. In order to trace further what is happening in the secondary scholarship, we need to understand how the use of Cesbron has affected readings of the story of the widow with retained seed.

Here is the passage from Galen as given by Cesbron:

A la suite de la chaleur des remèdes et partie par les attouchements que la médication nécessitait aux organes génitaux, il survint des tiraillements accompagnés à la fois de douleur et de plaisir à la suite desquels elle rendit un sperme épais et abondant. Elle fut dès lors délivrée des maux qu’elle ressentait. Il me parut donc résulter de tout cela que la rétention du sperme imprégné de mauvaises humeurs avait, pour produire du dommage dans tout le corps, une plus grande puissance que la rétention des règles⁸⁸...

This is clearly the origin of Veith’s influential English version of the passage⁸⁹. But the situation is not as straightforward as it may appear. Cesbron, in turn, explicitly copied the translation of Galen made by Charles Daremberg. Cesbron was interested in the emergence of what, to him, was the “modern” theory of hysteria, so he described Galen’s theory of the dangers of retained female seed and blamed humoral theory for holding back medical progress in understanding hysteria⁹⁰. However, comparison between these two French translations shows that Cesbron omitted sections of Daremberg’s translation.

In particular, Cesbron – and thus Veith, and in turn Maines – consistently left out the references to female medical practitioners. Galen states that he has seen many *hysterikai* women, adding that this is how they describe themselves, and what women healers (ιατρίναι) have called

85 — Laqueur 442 n. 19. Again, “People like it so much they don’t want to hear any doubts about it” (above, p. 2).

86 — Veith 1965: 37 n. 45.

87 — Bullough 1973: 496.

88 — Cesbron 1909: 44.

89 — Veith 1965: 38. The same is true of Veith’s other quotations from Galen, and indeed of her interpretation of them.

90 — Cesbron 1909: 42-3.

them⁹¹. When repeating Daremberg's translation, Cesbron cuts the reference to women healers here, and his text has no ellipsis at the relevant point to alert the reader to the omitted matter⁹². Further on in this section, Cesbron again removes the midwife (μαῖα) from the story of the widow who uses the "customary remedies". In Cesbron's version, we move straight from the length of the patient's widowhood and her symptom of "des distensions des nerfs" to "A la suite de la chaleur des remèdes et partie par les attouchements que la médication nécessitait aux organes génitaux..."⁹³. When describing the sensations of pain and pleasure felt by the widow, Cesbron also omits Daremberg's "semblables aux sensations qu'on éprouve pendant le coït"⁹⁴. While this last omission could be simple censorship, the absence of midwives is more interesting. Cesbron is wrongly suggesting that Galen is the only medical practitioner involved in these cases.

While women in healing roles faded away from the story, the focus shifted to the treatment that Galen was supposed to have used. In her introduction to the case of the widow, Veith says that the treatment "involved the application of warm substances and digital manipulation"⁹⁵. This is going rather further than the Greek, and is the partial source for Bullough's comment in a piece written twenty years after his reference to Cesbron. Bullough states that Galen "proposed a remedy. First he applied warm compressors to the labia and then he used his fingers to masturbate the client" and summarised as "Galen, however, clearly advised masturbation as a cure"⁹⁶. Here, warmth has become the more technical "warm compressors" and "digital manipulation" has been renamed "masturbation". In the original Greek, the warmth is clearly that of the (unspecified) "customary remedies" and the treatment's element of touch of/contact with the "female places", thus the genital organs⁹⁷. "Galen's fingers" are never mentioned.

91 — K 8.414; Siegel translates as "an expression which the midwives used in earlier times, and I believe that the women heard this term from the midwives" (1976: 183). Flemming 2007: 258-259 treats the *iatpivai* as equivalent to the Latin *medicae*, being the female version of the doctor, associated with written medical texts, and thus differing from the *μαῖα/obstetrix*.

92 — Daremberg 1856: 686, compare Cesbron 1909: 43. Ellipsis is used elsewhere in the section on Galen in Cesbron.

93 — Cesbron 1909: 44; compare Daremberg 1856: 689.

94 — Cesbron 1909: 44; compare Daremberg 1856: 689.

95 — Veith 1965: 38.

96 — Bullough 2003: 22. Here, the "twitchings" translation is attributed to Bullough 1976: 10.

97 — K 8.420, καὶ τῆς κατὰ τὴν θεραπείαν ψαύσεως τῶν γυναικείων τόπων, translated as "the touch of the genital organs" (Veith) or "the contact with her sexual organs" (Siegel).

Galen and the midwife

So, to summarise the emerging stemma here, Maines' reliance on Veith's use of Cesbron's abridgement of Daremberg's French translation has had the effect of reducing the role of the midwife and making this into a story about men in contact with the female body. As a result of this, Galen has moved to the centre of a story in which, originally, he did not even feature. But we still need to think more carefully about the role of the *μαῖα* in the original version given by Galen. To do that, it is necessary to consider the status of the story of the widow and the midwife in Galen's argument.

There is no suggestion that Galen ever saw the patient. The story is introduced by a statement that Galen "met" this story – not the patient – while he was thinking about the topics he is discussing in this chapter⁹⁸. It follows his comments on Diogenes the Cynic, who did not bother to wait for the prostitute he had summoned, but evacuated his excess seed by masturbation⁹⁹. "The widow and the midwife", then, is not a "case history", but rather a story that helps him with the broader topic of this section, namely the idea that seed needs to be eliminated for there to be health, and that retained seed is more treacherous for female health than are retained menses. Armelle Debru has discussed the relationship between this chapter of *Affected Places* and a section in the sixth-century AD writer Aetius' book on diseases of women which is closely based on Galen¹⁰⁰. Aetius appears to be moving Galen's story of the widow into his own personal experience: "I myself saw a woman..."¹⁰¹. Debru noted that the use of the first person in a medical account does not necessarily mean that the writer really "saw" what is described; as stories moved from one writer to another, they could pick up an "I myself saw" that was not in the original. In Galen, a "case" may be representative, exceptional, or taken from his own first-hand experience; sometimes he uses the ambiguous "I know" (*οἶδα*) rather than "I saw"¹⁰².

The story Galen repeats is unclear about how the midwife came to give advice to the widow. Presumably the widow has consulted the midwife, rather than simply meeting her socially, although this is not

98 — K 8. 420; the Greek ἐν ταύταις μού ποτε ταῖς ἐννοίαις ὄντος ἐφάνε τοῖόνδε συμβῆν ἐκ πολλοῦ χρόνου χηρευούση γυναικί is characterised by Debru 1992: 87 as indicating that Galen only knows this story indirectly.

99 — K. 8.419. The terminology of masturbation is that of *Airs, Waters, Places* 9 (above, p. 8).

100 — Aetius 16.68; Ricci 1950: 71; Zervos 190: 98 line 1; Ricci's translation is based on the Latin of Cornarius 1542; a better edition of the final volumes of Aetius is in preparation with the *Corpus Medicorum Graecorum*.

101 — *Ego quidem mulierem vidi*, Aetius 1534: 131, here given as 16.70; Debru 1992: 85-9; King 1993: 46; Mattern 2008: 37-8.

102 — Debru 1992: 86.

stated¹⁰³. Midwives in antiquity had a much wider range of interests than just childbirth, so it would not be surprising that one would be consulted for this problem¹⁰⁴. In the story, the midwife gives a *diagnosis* – that the womb is “drawn up” – but no *treatment*, for the range of symptoms presented to her¹⁰⁵. This may sound like the midwife is presenting one theory – that the womb has moved in the body – and Galen another – that the symptoms are due to retained seed. This would make it a story of female error and male wisdom. But in fact the situation is more complicated. The diagnosis given by the midwife is very Hippocratic, and on several occasions in the Hippocratic corpus this verb is used in gynaecological cases.

For example, in *Diseases of Women* 1.46, in a discussion of how to expel the chorion, we are told that if the cord is cut too soon due to the ignorance of the woman who cuts it, the womb will “draw up” the afterbirth¹⁰⁶. In *Superfetation* 2, the chorion is “retained and drawn up and remains in place”¹⁰⁷. In *Diseases of Women* 3.217, a passage repeated in *Superfetation* 29, one cause of infertility is if the mouth of the womb is “drawn up”, while in *Superfetation* 22 the neck of the womb is “drawn up” when the menstrual period is about to start¹⁰⁸. So, in the Hippocratic corpus, various parts of the female reproductive organs have the power to “draw up” something else, or can themselves be “drawn up”. The midwife’s diagnosis deviates from that of Galen and, if we keep in mind that Galen regards this story as evidence for his views on the dangerous power of retained seed, then we could see it as concerning a remedy used for one condition (a drawn-up womb) actually having an effect in another one (seminal retention). The midwife is using old-fashioned Hippocratic ideas about the womb really moving, but Galen is congratulating himself on knowing that in fact the issue is not a mobile womb, but retained seed – as the expulsion of the seed proves.

However, Galen does not distance himself altogether from the “drawing up” of the womb. Later in this chapter, he says that when *ιατρίναι* touch the womb (*ταῖς ἀπτομέναις... ιατρίναις*), they will find that the neck of the womb feels like it is completely “drawn up” (*ὡς ἀνεσπασμένης*) or slanted¹⁰⁹. In Siegel’s translation, this is modernised,

103 — Widows are often seen as a problem in ancient medicine; Hanson’s chapter “Widows too long in their widowhood” (2000), a study of young widows in papyri from Roman Egypt, picks up the words of the Hippocratic *Diseases of Women* 2.127 (L 8.272-4).

104 — King 1998: 179.

105 — The verb used here for the drawing up of the womb is *ἀνασπάω*.

106 — L 8.106.

107 — L 8.476.

108 — *Diseases of Women* 3.217 (L 8.418); *Superfetation* 29 (L 8.494); *Superfetation* 22 (L 8.488).

109 — K 8.425.

so that it becomes “when the midwife performs a thorough manual examination” and he then goes on to translate as “sometimes it appears to the examining nurse as if the neck of the uterus were completely drawn upwards”¹¹⁰. This “examining nurse” is entirely absent from the Greek text, while for the *ιατρίνα* Galen reports what she feels – “*as if* totally drawn up”, using the Greek *ὥς*. He is not saying that the womb *is* drawn up, but rather that it feels like it is drawn up.

The diagnosis given by the midwife to the widow thus differs from that of Galen, but is not an unusual one in ancient medicine, and it may depend on internal examination of the patient. What of the treatment? Flemming writes that “when treated by a *μαῖα* for a contracted womb and various other ailments, [the widow] responded to the manual application of the customary remedies to her genitals by ejaculating an abundance of thick seed”, and refers to this story in terms of “the odd midwifely rub”¹¹¹. Mattern classifies Galen’s personal involvement here as “Unclear” but states that it is the midwife who treated the patient¹¹². But is this correct? The text does not say that the “customary remedies” were recommended by the midwife. In addition to leaving open the source of the treatment – from the midwife? or something already known to the widow? – it also glosses over the question of whose hand is applying the remedies. For Maines this is “the classic description of massage therapy for hysteria”, but in the original Greek it appears to be self-therapy. It is the woman herself who applies “the customary remedies” (no list is given, which suggests Galen’s readers, like the patient herself, know precisely what these are). Galen does not tell us exactly how she applied them, but he goes on to explain that, due to the heat and the touching (*ψάυσεως*) of the “female parts” the woman experienced “pain and pleasure similar to that of sexual intercourse (*συνουσία*)” and this releases much “thick seed”¹¹³. Is this performed in the presence of the midwife, who then tells Galen the story? Or is it the patient on her own, who then reports what happens to a third party?

In terms of the history of therapeutic masturbation, the story of Galen and the widow is thus far from straightforward. Indeed, Galen seems to be distancing himself from the practice. It is not a doctor, but a midwife, who diagnoses the case; it appears that it is not a doctor who actually does the deed, but the patient herself.

110 — Siegel 1976: 187.

111 — Flemming 2000: 339 and 335.

112 — Mattern 2008: 184.

113 — K 8.420.

The “woman not breathing”

Things are rather different in Aetius’ text, and we need to ask whether his version, newly-personalised as “I myself saw”, is no more than a simple rendition of Galen’s story of the midwife and the widow. The woman here is simply “a woman”, not a widow, and although there is a midwife in the account, she is not giving advice, but instead administering the treatment. Furthermore, although in Ricci’s translation the woman “collapses”, “fell down dead” would perhaps be a better translation of the Latin *decidisset*¹¹⁴. All these features suggest to me that Aetius has merged Galen’s story of the midwife and the widow who expels the thick seed with another one, given earlier in this chapter of *On the Affected Places*. This is attributed by Galen to Heraclides of Pontus (c. 390-310 BC), and it is to this that I shall now turn.

Here a woman (not specified as a widow) lies as if dead, cold and with no pulse, for some days; seven, or thirty, in the various surviving references to this story¹¹⁵. She then returns to life; nothing in the surviving fragments of Heraclides suggests that this was as a result of treatment, masturbatory or otherwise. This is certainly not a case Galen has seen; he attributes the account to Heraclides, in his lost book *Apnous* (“The Woman not Breathing”)¹¹⁶. This may be part of a dialogue called *On Diseases*¹¹⁷. In his summary of this work, Galen says that some doctors who saw this woman wondered if she was indeed dead; others suggested putting pieces of wool under her nose, or a basin of water on her chest, to see if there was any movement. These tests are repeated by Aetius, in an earlier part of the chapter in which he gave the “I myself saw” story¹¹⁸. Galen speculates about whether this condition was similar to a form of hibernation, and then goes on to say that most women affected are widows, especially those with previously regular menstruation, experience of pregnancy, and enthusiasm for sex¹¹⁹. In another treatise, *On Difficulty of Breathing*, he also alludes to the Heraclides story of the woman not breathing. Here, he gives no details, assuming that the story is well-known to his readers, but refers to the story as an example of how a patient who appears to be dead, due to the coldness of the body and the apparent absence of both

114 — Ricci 1950: 71; the Latin is *Ego quidem mulierem vidi cum hoc morbo decidisset et ab obstetrice relaxantia odorataque praesidia admoverentur, intimique pudenda recessus digitis perfricarentur, tum praesidiorum calore, tum digitorum attractu...* (Aetius 1534: 131).

115 — Van der Eijk 2009: 238.

116 — Galen, K 8.414-5. For the remaining fragments of *Apnous* see Wehrli 1953; Schütrumpf 2008: 168-177.

117 — On whether this was a dialogue, Mejer 2009: 32-3; van der Eijk 2009: 241.

118 — K 8.415; cp. Aetius 1534: 130-1; Ricci 1950: 70.

119 — K 8.417.

breath and pulse, may in fact be alive¹²⁰. Philip van der Eijk warns that “we need to be careful in labelling Heraclides’ breathless woman as a case history of hysterical suffocation – i.e. claiming that this is how Heraclides intended it to be understood”¹²¹. Instead, he suggests, the story may have originally been part of a section on conditions in which consciousness is affected, or featured within a discussion of how the body can continue to function while the soul is absent, the story subsequently being used by different writers for different purposes¹²².

There are thus two different stories here; one from Heraclides, in which a woman – who is not specifically described as a widow – lies as if dead, and another from an unspecified source in which a long-term widow is not lying as if dead, but having various symptoms for which she seeks advice before expelling the seed which caused the problems. In the “woman not breathing”, there is no midwife, but for Aetius’s version of it a midwife performs the treatment: in the second story, a midwife is involved with the diagnosis.

And there is still a third story that needs to be read alongside these two. This is given in another treatise of Galen, *On Semen*, and is the account of a woman suffering “from hysterical diseases” (ὑπο νοσημάτων ὑστερικῶν); a better translation would be “from disorders of the womb”. A long-term widow (χρόνον δ’ αὐτὴ συχνὸν χηρεύουσα), she suffers tensions in the loins, hands and feet, similar to convulsions. These tensions (τάσεις) coincide with the expulsion of seed, at which “she said” (ἔλεγε) that the pleasure (ἡδονή) she feels is like that of sexual intercourse (κατὰ τὰς συνουσίας)¹²³. For Mattern this is “the same story” as the widow and the midwife and for Flemming “the same story told to different effect”¹²⁴. There are indeed important differences in how it is told; in *On the Affected Places* the woman speaks to a midwife, while in *On Semen* no midwife is mentioned. In *On Semen* there is no description of any treatment at all; the widow expels the seed during a convulsion, with no reference to the “customary remedies”. As for the status of this story – eye-witness account, or heard from another source? – in *On Semen* it is introduced as “observed now” (ὡφθη καὶ νῦν)¹²⁵.

120 — *On Difficulty of Breathing* 1.8, K 7.773.

121 — Van der Eijk 2009: 245.

122 — Van der Eijk 2009: 247-9. Pliny, *Natural History* 7.52 also links the story of the woman not breathing to a medical condition, “turning of the womb” (Lat *conversio volvae*).

123 — Galen, *On Semen* 2.1.25-6 (CMG V 3.1, p. 150, lines 6-11).

124 — Mattern 2008: 217 n.123; Flemming 2000: 335 n. 115.

125 — Galen, *On Semen* 2.1.25-6 (CMG V 3.1, p. 150, line 6).

Looking further at the points of contact between the three accounts suggests the following table :

	On the Affected Places	Heracleides	On Semen
Presence of midwife	✓		
Patient is a widow	✓	?condition <i>mostly</i> affects widows	✓
Caused by seed	✓	?not stated	✓
Treatment applied	✓		
Feels "sexual" pleasure	✓ and pain		✓
Lying without breath, "as dead"		✓	

After Galen

As Stefania Fortuna has shown, Galen's *On the Affected Places* was a central text in medical education from the mid-thirteenth century, when it was known at Montpellier; it entered the Bologna medical curriculum in 1405, and was the subject of many commentaries in the sixteenth century¹²⁶. But the story Galen repeats from the lost *Apnous* of Heracleides was already well-known before *On the Affected Places* was widely available, and I will end by giving a few examples of the longevity of this story in particular, but also noting the potential for the merger of the three different accounts which has already been identified in Aetius.

For medieval medicine, Monica Green's work has shown that male practitioners were far more involved in the treatment of women's gynaecological problems than has previously been recognised. Over the period from the twelfth to the sixteenth century, they gradually entered gynaecology, largely by treating sterility¹²⁷. So to what extent was it acceptable for a male practitioner to touch a female patient's genital organs, and how were Galen's stories used here? Masturbation was mentioned in medical texts, but not as performed by a doctor on a female patient. Among the

126 — Fortuna 1993.

127 — Green 2008.

writers of the twelfth century associated with Salerno, for example, John of Saint Paul used midwives to touch or treat his female patients; he also stated that, where widows are suffering from an intense desire for sex as a result of genital itching, they are to masturbate¹²⁸. Sometimes it is not clear from the text whether the touching of the woman's genital organs specified as necessary in treatment of various conditions is being performed by a male practitioner, the patient, or a female intermediary. For example, Green notes that the *Book on the Conditions of Women* attributed to Trotula uses the passive when describing remedies for hysterical suffocation; "the vagina should be anointed" (*debent uulue earum inungi*)... The woman ought to be anointed inside and out with oils and ointments of good smell (*debet etium inungi oleis et unguentis boni odoris intus et extra*)¹²⁹. In passages like this, the "use of the passive voice obscures agency"¹³⁰. In the work of William of Saliceto (written 1268-75), it is acceptable for a man to touch a female patient so long as this is done through using an instrument; direct contact is not, however, acceptable¹³¹. Here we are as far from therapeutic masturbation by the physician as we were in Greco-Roman antiquity.

One retelling of a Galenic story features in ps-Albertus *On the Secrets of Women, De secretis mulierum*, dating from the late thirteenth to early fourteenth century, where chapter 11, "Concerning a defect of the womb", says:

The great doctor Galen tells about a certain woman who was suffering a suffocation of the womb so serious that it prevented her from talking, and she fell down as if she were dead, with no sign of life... Galen then came on the scene, considered the cause, and freed the woman from this illness¹³².

Lemay comments on this section, "he leaves out the graphic description of how manual manipulation of the patient's genitals led to orgasm and an abundant flow of poisonous sperm"¹³³. However, as we have seen, those aspects did not feature in this particular story as told by Galen;

128 — British Library, MS Additional 16385, f.57r, cited in Green 2008: 44 n. 41; *Vidua: immittat sibi manum et alleuiabitur*.

129 — Green 2001: 84-5.

130 — Green 2008: 43.

131 — *Summa conseruationis* Book 1; the chapter on uterine suffocation includes masturbation, and has a midwife as intermediary; Green 2008: 99.

132 — Lemay 132. *Galenus enim magnus in medicina, narrat de quadam muliere, suffocationem matricis patiente, quod ex illa causa patiebatur tantum, quod non potuit loqui, et cecedit ac si mortua esset, quia nullum signum vitae habuit, et vocati sunt medici plures, qui videntes ipsam, et causam ignorantes, dixerunt eam vericater esse mortuam. Galenus autem superveniens causam consideravit: et mulierem a passione illa liberavit* (Lyons edition, 1596, BL 1477.cc.22).

133 — Lemay 1992: 5.

ps-Albertus is summarising not “Galen and the widow”, but rather the story of the woman not breathing, attributed by Galen to Heraclides. Ps-Albertus has made it into a story about Galen, rather than Heraclides, but I would argue that it remains a separate story from “Galen and the widow”. Sarah Miller stated that here it is Galen (not a midwife) who performs the treatment; that the woman is not described as a widow; and that in ps-Albertus this becomes a story about menstruation, when in Galen it is about female seed, seen as a different fluid¹³⁴. This final point is a valuable one, but in her other comments she, too, is confusing the two stories told in *On the Affected Places*. They are separate, and Galen is not “leaving out” details which are actually part of the other story.

In fifteenth-century texts, where male practitioners became even more involved in women’s health, the norm remained that men used midwives “whenever there is a need to insert a hand into the female patient”¹³⁵. This affected their interpretation of the Galenic stories. Anthonius Guainerius, in his *Treatise on the Womb* (1440), appears to have had in mind the story of “Galen and the widow” – but with a more active midwife – when he described the treatment of suffocation of the womb in a way that is clearly dependent on the Galenic notion of retained seed: “The rubbing, which should be done with the midwife’s finger, will cause the womb to expel the sperm or corrupt humours and free the patient from disease”¹³⁶. Unlike Galen, he also gave the details of the substance to be rubbed on; this is closer to Aetius’ version, in which fragrant ointments are specified¹³⁷. Monica Green has raised the question of Guainerius’ relationship with midwives; did he use them to assist him, and how far did he try to set himself apart from their remedies by using less familiar substances in his *materia medica*¹³⁸? In his *Practica maior*, written in the 1440s and 1460s, Michele Savonarola repeated Galen’s view that suffocation of the womb was due to seed rather than to menstrual blood, and he too described the midwife (Lat. *obstetrix*) inserting a finger to move the womb, make “thick seed” come down, and thus cure the patient¹³⁹.

These references to the midwife’s finger appear to originate in Aetius’ merger of the Galenic stories, even though such female intervention was not found in Galen¹⁴⁰. Humanist gynaecological writers in this period

134 — S.A. Miller 2010: 82.

135 — Green 2008: 253.

136 — Guainerius 1481: x4r; Lemay 1992: 6.

137 — Zervos 1901: p. 98.1-8; cf. p. 99.18-22; Ricci 1950: 72-5.

138 — Green 2000: I, 63; Green 2008: 253.

139 — Savonarola 1560: tractatus VI, cap. XXI; including whether it is necessary to masturbate the woman patient; p. 258, *contingit, ut obstetrix digitis commoveat matricem spasmosam, et faciat descendere sperma grossum, et sanatur*.

140 — Above, p. 20.

would continue to merge Galen, Aetius, and the seventh-century Paul of Aegina, often read through the Arabic writer Ibn Sina (Avicenna) whose section on hysterical suffocation was based on Aetius¹⁴¹. An example of the results can be seen in Jacques Houllier (Hollerius), who clearly identified as hysterical suffocation the condition of lying as if dead associated with Heraclides' "woman not breathing"¹⁴². Here is the Roman Catholic physician François Ranchin, writing in 1600:

Very serious and extremely important is the difficulty mentioned, namely whether one is allowed to rub women or handle their parts in their hysterical paroxysm. Those who approve do not lack authorities and arguments. First Galen puts forth the story of some widow restored to health by a midwife inserting her finger in her womb and thus evacuating her semen. From this grew the practice that most [women] use instruments skillfully hollowed out and similar in form to the male penis in order to provoke voluntary pollution and guard against hysterical symptoms. Secondly, Avicenna recommends that midwives insert a finger into the vulva and rub it diligently until the seminal material is expelled¹⁴³.

Ranchin, however, did not "approve", at least for virgins; as far as older women were concerned, it was on their consciences rather than on those of their physicians¹⁴⁴. The distinction between treatment for virgins and for mature women is commonly drawn; for example, in Houllier, the midwife's finger touches the *os uteri* in virgins, but in other women it passes into the womb¹⁴⁵.

One final example, this time from Delft rather than Montpellier, comes from Petrus Forestus/Pieter van Foreest, the gynaecological volume of his 32-volume series of *Observationes* being first published in 1599, two years after his death¹⁴⁶. I have chosen to end with this example of reading Galen because it is so significant in Maines' book, where it forms the opening section. She presents the passage given there as his advice for cases of "the affliction commonly called hysteria... and known in his volume as *praefocatio matricis* or 'suffocation of the mother'"¹⁴⁷. In fact, as the

141 — King 1993: 52.

142 — Houllier 1571: 262v: *...in qua passione, sine motu, sine sensu quasi mortuae iacent...*

143 — Ranchin 1627: 423, translated Schleiner 1995: 120.

144 — Schleiner 1995: 121.

145 — Houllier 1571: 262r: *...ut inde intinctis digitus obstetrix afficet os uteri in virginibus: in aliis etiam interior.*

146 — On the significance of *observations*, shifting its meaning from "observance" to "observation" over the second half of the sixteenth century, see Pomata 2010. She links this focus on case histories – one's own, but also those of others collected alongside them – to "a new tolerance and indeed almost a preference for the limited, the provisional, the transitional" in medicine (2010: 198).

147 — Maines 1999: 1. Maines, using the 1653 edition, presents this as "vol. 3, bk. 28" (1999: 125, n. 1). Schleiner uses an earlier edition, the 1599 one, in which this is vol. 28, *observatio* 26 (1995: 113 and 154, n. 17). I have also used the 1599 edition.

translation given by Schleiner of the same section, Observation 25¹⁴⁸, makes clear, this is not – as Maines presents it – a summary of “a standard treatment for hysteria”, but a specific case history – an *observatio* – from 1546 of a 44-year-old widow with suffocation of the womb due to retained seed. In this case history van Foreest contrasts his actions with those of the women present at the bedside, who are trying to arouse the patient with wine, thus wrongly using sweet odours at the top of the body¹⁴⁹; he has some of the woman’s hair burned beneath her nostrils, rubs her feet in a “painful” way¹⁵⁰, has her hips bound to prevent vapours moving up her body, and “because of the urgency of the situation, we asked a midwife to come and apply the following ointment to the patient’s genitals, rubbing them inside with her finger... For such titillation with the finger is commended by all physicians, including Galen and Avicenna, particularly for widows and persons abstaining like nuns...”¹⁵¹. Van Foreest’s “we asked” is rather different from Maines’ translation of the same words, “we think it necessary to ask”¹⁵². He further makes it clear that this remedy should be seen as one of last resort only, when everything else has failed; it is certainly not the “standard treatment”¹⁵³.

The story of the “woman not breathing” features in a later *observatio* in van Foreest’s collection, no. 27, “De muliere praefocata, et pro mortua habita, tandem in vitam revocata”¹⁵⁴. Here, Pliny is cited as the source for the story from Heraclides; Pliny simply wrote that “This topic [recovery from apparent death] is the subject of a book by Heraclides, well known in Greece, about a woman who was seven days without breath but was called back to life”¹⁵⁵. In treating this condition, van Foreest recommends internal application of sweet-smelling substances by women (they are not called “midwives”)¹⁵⁶. Van Foreest also has a further case of a young girl (Lat *puella*) who lies *semimortua* (half-dead), able to hear but not to speak, suffering from retention of a mixture of menstrual blood and seed¹⁵⁷.

148 — Schleiner 1995: 154 n. 17 gives this as *observatio* 26, but my own use of the 1599 edition shows it is no. 25 (1599: 151-6).

149 — Schleiner 1995: 115.

150 — Lat. *frictiones dolorosas*.

151 — Tr. Schleiner 1995: 113. The treatments suggested here are very much the traditional ones; compare Lemay 1992: 134, commentary B on *De secretis mulierum*.

152 — Maines 1999: 1. The Latin is *Dum haec fiunt, necessitate urgent, obsetricem accersiri iussimus, ut intus fricando cum digito muliebria sequenti oleo inungeret* (given in full, Schleiner 154 n. 17).

153 — *Id tamen non nisi re valde urgente, aliis praesidiis non iuvantibus faciendum duco*.

154 — Van Foreest 1599: 168.

155 — *Natural History* 7.52; King 1993: 34.

156 — *Et odorifera intus per mulieres imponi iussimus*, van Foreest 1599: 169.

157 — Obs. 26, Foreest 1599: 159.

Conclusion

By the sixteenth century, then, some physicians openly discussed the application of substances to the vagina or the womb. Scented substances were used in gynaecology from the time of Hippocrates, including applications internally, but this was not intended to produce orgasm; rather, it was intended to bring the womb back into its proper place. The modern sense of “masturbation” should be interrogated closely here. Ancient writers talk about “friction” or “rubbing”, but we should not assume that this is done to produce any sensation of pleasure, even “expulsive pleasure”, in the woman patient. “Rubbing” is often of parts other than the genital organs, and is often done to cause pain rather than pleasure; for example, Houllier describes treatment for hysterical suffocation due to retained seed, recommending “especially rubbing of the shins with salt or vinegar, or similar substances”¹⁵⁸.

Maines cannot be held responsible for all the errors made by those who have taken what she has defined as speculation and hypothesis into the realm of supposed reality. However, her neglect of the hysteria scholarship of the 1990s and her very casual attitude to the ancient sources have not helped. Maines’ claims for ancient women’s sexual practices are without foundation, and often based on taking all the sources – medical texts, satire, case histories, philosophical discussions – at the same level. In her wish to provide an ancient pedigree for therapeutic masturbation, she has merged texts on menstrual suppression and excess flow of seed with those of hysterical suffocation, ignoring the complexities of ancient diagnostic categories. She has selected texts that can be made to fit her hypothesis, glossing over the finer points. Her one-sided account has made it more difficult to understand the complex lines of transmission within the ancient sources, and in their later reception; it is, for example, useful to acknowledge the role of Aetius in merging the different stories told by Galen into a single “case”.

Furthermore, Maines’ work obscures female agency. She uses a translation of Galen from which female healers and midwives are absent. Galen presents women’s desire as based on expelling semen: Maines too assumes that this is all about an orgasm modelled on the male, playing into a male fantasy of passive women waiting for men to give them pleasure. In addition to the misleading readings of her chosen texts, her work is also flawed by its assumptions of continuity in women’s sexual expectations and practices. It is, however, precisely these assumptions that have proved so appealing to modern readers.

158 — ...frictiones maxime crurum ex sale et aceto, vel similibus... Houllier 1571: 261v.

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