



Gender in the Temple: Women's Ailments in the Epidaurian Miracle Cures

This paper compares the cases of female ailments recorded in the Epidaurian Miracles Cures (*iamata*) with the theory and therapeutics of the Hippocratic gynecological texts as a means of testing the extent of the assumptions shared between temple and Hippocratic medicine. I argue that where temple and Hippocratic practice hold common ground, it is readily explicable through widely circulating and historically rooted cultural presuppositions regarding female physiology and pathology, rather than through scientific borrowings. Rather than representing complementary outlets of medical care in which Asklepios specialized in “hopeless” cases, I suggest that the *iamata* permit us to observe a process in which parallel medical traditions branched out from a common cultural substratum, and that more nuance is required in framing the relationship between Greek naturalist and religious medicine.

[Κλ]εὼ πένθ' ἔτη ἐκύησε. αὐτὰ πέντ' ἐνιαυτοὺς ἤδη κυοῦσα ποὶ τὸν [θε] ὄν ἰκέτις ἀφίκετο καὶ ἐνεκάθευδε ἐν τῷ ἀβάτωι· ὡς δὲ τάχισ[τα] ἐξῆλθε ἐξ αὐτοῦ καὶ ἐκ τοῦ ἱεροῦ ἐγένετο, κόρον ἔτεκε, ὃς εὐ[θ]ύς γενόμενος αὐτὸς ἀπὸ τᾶς κράνας ἐλοῦτο καὶ ἅμα τῷ ματρὶ [π]εριῆρπε. τυχοῦσα δὲ τούτων ἐπὶ τὸ ἄνθεμα ἐπεγράψατο· “οὐ μέγε[θο]ς πίνακος θαυμαστέον, ἀλλὰ τὸ θεῖον, πένθ' ἔτη ὡς ἐκύησε ἐγ γαστρὶ Κλεὼ βάρως, ἔστε ἐγκατεκομάθη καὶ μιν ἔθηκε ὑγιῆ.”

Kleo was pregnant for five years. Since by now she had been pregnant for five years, she came as a suppliant and slept within the sacred area. As soon as she had left there and exited the sanctuary, she gave birth to a

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boy, who immediately washed himself in the fountain, and walked around the sanctuary together with his mother. Having met with this success, she dedicated the following votive, "It is not the size of the dedication which ought to be marveled at, but the act of the god, as Kleo bore a burden in her belly for five years until she incubated and he made her healthy."¹

So goes the miraculous story of Kleo's five-year pregnancy which opens the Epidaurian *iamata*, an antique corpus of inscriptions which record the healing miracles effected by the god Asklepios at his most famous sanctuary in Epidauros.² These inscriptions, discovered by Panayotis Kavvadias during his excavations of the Epidaurian Asklepieion in the late nineteenth century, are contained on four stelai, currently on display at the Epidauros Archaeological Museum. In fact the travel writer Pausanias tells us that in his day there were six such stelai, which themselves were only a fraction of their ancient total.³ Sadly, of the four stones, only the first two still possess substantive amounts of legible text, while the third and fourth remain badly fragmented.⁴ Out of a grand total of seventy narratives, then, we are left with just under fifty from which to reconstruct the sorts of miracles which were offered at the sanctuaries of the ancient Greeks' preeminent healing god.⁵

These stories were almost certainly assembled by temple priests sometime in the fourth century BCE from a hodgepodge of oral and material records deposited in the sanctuary, the provenance of which likely stretches back to the rise of Asklepios' cult there at the very close of the sixth century.⁶ These *iamata* narrate a fascinatingly wide range of feats demonstrating the god's power. Some record daring episodes of invasive surgery, others describe treating blindness or lameness, as well as comically domestic complaints concerning baldness and infestations of lice.

1. Unless otherwise noted, all translations of Greek are mine.

2. *IG IV²* 121–24. Now edited with a translation and commentary by LiDonnici 1995, whose edition of the text is here used.

3. Paus. 2.27.2.

4. The Edelsteins 1945, in their still indispensable collection of the literary and selective inscriptional testimonia for the cult of Asklepios, do not include the fragmentary remnants of the C and D stelai. While the C stele is overall in bad shape, it nevertheless contains legible materials, for which see LiDonnici 1995: 117–31.

5. Later authors like Pliny (*NH* 29.1.4), Pausanias (2.26.8), and Strabo (8.6.15) inform us that inscribed corpora of miracle cures were installed at other major sanctuaries of Asklepios, e.g., Kos, Trikka, and Pergamon, although none have been discovered at these sites. However, there exists a very small handful of 2nd-century BCE fragments from the Lebena Asklepieion on Crete which record similar sorts of stories (*ICr* I. 150; see LiDonnici 1995: 46–47 for their provisionally early date). According to Pausanias (2.26.9), this sanctuary was founded indirectly from the Epidaurian metropole through Balagrai in Cyrene. These kinds of inscriptions appear to have been widely known and exerted an influence on the literary productions of at least one author: the Hellenistic poet and philosopher Posidippos penned a collection of epigrams which were clearly inspired by the *iamata* (see Bing 2004 and Wickkiser 2013 on the relation of Posidippos' *Iamatika* to the Epidaurian *Iamata*).

6. E.g., *IG IV²* 136 and 142, both of which date to c. 500 BCE. Up to that point, the sanctuary had been dedicated to Apollo Maleatas, who continued to receive cult on the nearby mountain, as Asklepios' cult expanded in the plain below (for the sanctuary development and layout, see Tomlinson 1983; for the sanctuary as the primary apparatus of Epidaurian state religion and state formation, see de Polignac 1994; Lambrinouidakis 2002).

That the *iamata* do not represent the historical traces of real patients, devoid of considerable editorial interventions by religious authorities, is by now clear.⁷ Yet questions regarding their functionality and interpretation remain open and contested. For instance, Lynn LiDonnici has pointed out in her critical edition of the corpus that the ubiquity of verbal formulae, as well as the use of stock types and the deliberate grouping of narrative units, points to a high degree of editorial mediation, interpolation, and organization.⁸ Indeed, even a cursory glance at the *iamata* reveals vestiges of intervention operating at nearly every level of representation, marking the corpus as rhetorically subtle and deliberately arranged, open to interpretation and resistant to easy analysis.

Accordingly, more recent scholars have approached the *iamata* willing to understand them as important documents in the history of Greek attitudes towards the religious. In particular, Mathew Dillon, Fred Naiden, and Paraskevi Martzavou have explored the *iamata* as texts which rely upon didactic, legal, or emotional contents and programs.⁹ Such rhetorical or “discourse analyses,” as we might term them, assume that the purpose or function of such a text is to shape the cognitive and affective states of Asklepios’ suppliants. These rich and vital observations are, however, far from being exclusive. This essay therefore constitutes an attempt to move away from issues of functionality and to explore some of the specific cultural mechanics of representation within a very specific grouping of the *iamata*. That is, I am less interested here in the rhetorical strategies this body of texts employs to arouse particular affective states in their readers than I am in examining how these inscriptions offer coherent (or not) constructions of gendered bodies, principally women’s bodies. I suggest that by gathering cases involving female suppliants of the god Asklepios, and by studying this “sub-corpus,” we get a better sense for how the *iamata* can be used as socio-cultural artifacts within the broader framework of Greek ideas about health and the body.

This is because such a sub-corpus allows our inquiry to unfold across two different levels. The first level addresses the important points of contact in the *iamata* with constructions of the female body native to the Hippocratic corpus. The latter is an issue that has been well explored by Lesley Dean-Jones, Helen King, and Rebecca Flemming, who have amply demonstrated how, within the discourse of Hippocratic medicine, the principle foci for articulating female difference were the womb (ὑστέρα, μήτρα(ι), or γαστήρ), menstruation, and, more specifically, the physiological effects of having looser, moister flesh than men.¹⁰ This suite of

7. Cf. Dillon 1994.

8. LiDonnici 1995: 40–49.

9. Dillon 1994; Naiden 2005; Martzavou 2012.

10. E.g., *Mul.* 1.1, 8.12.6–7 Littré: φημι τὴν γυναῖκα ἀραιοσαρκότερην καὶ ἀπαλωτέρην εἶναι ἢ τὸν ἄνδρα· καὶ τοιούτου ὄδε ἔχοντος, ἀπὸ τῆς κοιλίης ἔλκει τὴν ἰκμάδα καὶ τάχιον καὶ μᾶλλον τὸ σῶμα τῆς γυναίκος ἢ τοῦ ἀνδρός. (“I declare that women are of looser flesh and softer than men. As it holds thus, from the cavity a woman’s body draws more moisture and more quickly than a man’s.”) See the similar statement at *Gland.* 16, 8. 572 Littré. See Hanson 1975; Dean-Jones 1994; King 1998 and 2013; Flemming 2013.

anatomical and physiological “facts” made women vulnerable to specific pathologies linked to reproduction and thus cemented their normative social roles as mothers within the Greek world. In what follows, I examine whether disease in the *iamata* is similarly taxonomized by a gendered physiology and, if it is, determine whether assumptions about female difference overlap with those expressed by the medical writings of the Classical period.

Secondly, such a comparative framing permits us to address the wider intellectual debate concerning the relationship between temple and Hippocratic medicine, both in theory and practice. In short, it is today widely accepted that temple and naturalist medicine constituted cooperative and collaborative forms of medical intervention rather than starkly oppositional ones.¹¹ As Robert Parker has written, “the truest explanation for the rise of Asclepius may be that he was, as it were, in partnership with Hippocrates.”¹² That is, one may wonder to what extent “the god learned medicine”¹³ along the model of Hippocratic practice and method, providing a divine model and patron for the doctor’s day-to-day activities, such as we find in other walks of Greek life. A corollary to this question is the claim that, in a world without professional licensure or other forms of institutionally warranted authority, this partnership developed as a means of saving Hippocratic practitioners the potentially career-damaging prospect of taking on “impossible” or “chronic” cases.¹⁴ Indeed, Rebecca Flemming suggests that this incurability problem motivated many of the female suppliants found in the *iamata* to seek cures at Epidauros.¹⁵ While this may very well be true of the *iamata*’s women, on the whole I suspect that the sortition of “curable” and “non-curable” cases, treated in two, non-competing sectors of

11. The literature concerning Hippocratic medicine’s relationship with religion is, by now, considerable. For the concept of τὸ θεῖον within the Hippocratic corpus see Edelstein 1967; Lloyd 1979; Jouanna 1989; Hankinson 1998; van der Eijk 1990 and 1991. For recent extended attempts to think through the relationship between Asklepiian and Hippocratic medicine specifically in the Classical period see King 1998: 103f.; Horstmanshoff 2004a; Gorrini 2005; Wickkiser 2008: 30–42; Nutton 2013: 104–15; Flemming 2013: 585; and now Israelowich 2012 and 2015. Parker 1996: 175–85 weighs in on the issue from the side of popular religion. Baker 2013 addresses the problem from the perspective of medical archaeology with its strengths and weaknesses. See also von Staden 1996 for suggestive affinities between the prescriptions contained in the Hippocratic *Oath* and the exhortation to mental purity inscribed upon the Epidaurian *propylon*. It is beyond the scope of this article to examine the historiography of this consensus in more detail except to say that these scholars tend to point out “overlaps” in healing methods, instruments, regimens, and prescriptions across Hippocratic and religious praxis. To what degree the apparent non-contradiction of methods and materials can be taken as tokens of partnerships, and whether an emphasis on non-contradiction obscures the ways these modes of therapy did differ—especially in the eyes of the suppliant-patient—is an issue I intend to take up elsewhere.

12. Parker 1996: 184. See King 1998; Wickkiser 2008.

13. For the phrase, see the Edelsteins 1945 and now Horstmanshoff 2004a, who is particularly interested in the gradual evolution of Asklepios’ healing methods, from more “direct” modes of medical intervention evinced in the *iamata* to the more Hippocratically inflected models of therapy in Aelius Aristides’ *Hieroi Logoi*.

14. Cf. von Staden 1990; Rosen and Horstmanshoff 2003; King 1998: 102–13 and 2002; Gorrini 2005; Wickkiser 2008; Nutton 2013: 109 (acknowledging there would also have been culturally and personally compelling reasons at play in the decision to seek the god’s aid).

15. Flemming 2013.

care, sustains a contemporary scholarly bias in favor of Hippocratic medicine, one not fully borne out by the evidence.¹⁶ But I do not mean to resurrect the anachronistic notion of a contradictory split between “secular/rationalist” and “supernatural/non-rational” arms of healing. Here, I limit myself to the observation that the assumptions shared between temple and Hippocratic medicine about female physiognomy and pathologies reflect a diffuse, historically rooted set of cultural forces which nurtured, and bound, both medical traditions.¹⁷ Ultimately, I argue that, alongside the “market forces” which drove the proliferation of different styles of care in the fifth and fourth centuries BCE, these branches were deeply socially embedded, and therefore elaborated according to supervening socio-cultural patterns and practices.¹⁸

As noted above, we possess some seventy extant narratives dispersed over fragments from four stelai (large slabs of stone, roughly five feet in height, upon which these texts were inscribed).¹⁹ However, only the first 48 cases inscribed on the A and B stelai (and spilling over to include a small handful of those on the C stele) are legible or reconstructable. Of these 48 only 11 (a little under a quarter) are female suppliants to Asklepios. Of these 11 women, 6 are concerned with obviously gynecological issues like childbirth or infertility and consult the god “concerning the birth of children” (περὶ ὑπὲρ τεκνῶν or παίδων).²⁰ Despite the fact that women form a minority of cases in the *iamata*, they are nevertheless given an important location within the “program” of the text. The first two cases of the A stele—which the visiting pilgrim would have read first (or had read to her by a temple attendant)—present a striking and significant similarity.²¹ Kleo, who had endured a five-year pregnancy, comes to Asklepios seeking his aid in delivering her long overdue child. After sleeping in the *abaton* (the special chamber in which suppliants slept and received their epiphanies),²² Kleo duly receives Asklepios’ aid and delivers her five-year-old boy outside the temenos (piously observing the

16. To use one of Flemming’s (2013: 584) examples, which we shall discuss in more detail below, Asklepios and the Hippocratic practitioner might equally treat cases of “dropsy.” The *iamata* do show a proclivity towards physical disability, but this is hardly exclusive of other illnesses which occur in the Hippocratic corpus, like head pains, kidney stones, and flesh wounds. So too, the widely practiced dedication of anatomical votives, which are typically taken to commemorate the body part that a god had healed, suggest a very wide range of ailments and tend to cut across the notion of “specialized” medicine.

17. For similar arguments about the “culturally diffuse” nature of medical knowledge, especially as it pertains to women, see Totelin 2009.

18. See Nutton 1992 and 1995 for the “medical marketplace.”

19. For description of the stones and their dimensions, see LiDonnici 1995: 16n.7.

20. Entries A1, A2, B11, B14, B19, B22.

21. We are certain that the so-called A stele was the first, as it bore the *incipit* [ιά]ματα τοῦ Ἀπόλλωνος καὶ τοῦ Ἀσκληπιοῦ announcing these as the “the cures of Apollo and Asklepios.” While we cannot be certain, cuttings within the sanctuary *abaton* suggest that the stelai were installed within that building. Consequently it seems that reading was restricted to incubants and formed a special part of the ritual cure, but see von Ehrenheim 2016 on the question whether the *iamata* were more publicly accessible.

22. Also known as “incubation.” For incubatory practice across the ancient world, see now the encyclopedic Renberg 2017.

universal Greek prohibition against birth and death within sacred grounds).²³ As part of the miracle (θαῦμα), Kleo's five-year-old proceeds to wash himself unaided (εὐθὺς...ἐλοῦτο) in the fountain and toddles around the sanctuary grounds together with his mother.

The programmatic qualities of Kleo's tale are clear in establishing the *iamata's* primary aretological function. The god's actions are clearly wonders worthy of marvel and reverence. So too they offer instruction in the correct procedures for incubation and sketch proper dedicatory thanks offering.²⁴ These programmatic and didactic features are neatly interwoven at the *iamata's* sophisticated close, where the text of Kleo's *original* dedication is quoted (preserving its dactylic meter).²⁵ This concluding "text-within-a-text" implicitly exhorts future readers not to marvel at the *pinakes* themselves, but rather at the nature and deeds of the god which they convey (οὐ μέγε[θο]ς πίνακος θαυμαστέον, ἀλλὰ τὸ θεῖον, πένθ' ἔτη ὡς ἐκύησε ἐγ γαστρὶ Κλεῶ βάρος, ἔστε ἐγκατεκοιμάθη καὶ μιν ἔθηκε ὑγῆ). As LiDonnici observes, the entire first decade of narratives establishes a similar pattern. These stories are "theologically" interlinked by broadcasting the "supernatural" qualities of Asklepios' cures in comparison to the procedures which follow.²⁶ This is clear in the way story A2 works in tandem with A1, and, indeed, the two can be regarded as a unit, linked through theme and variation on the travails of childbirth. The suppliant Ithmonika, unlike Kleo, has had initial troubles conceiving, and in this way she is more closely connected with the female suppliants to come. She visits the temple of Asklepios at Epidauros, and having incubated there, meets the god in a dream:

τριέτης [φο]ρά. Ἰθμονίκα Πελλανὶς ἀφίκετο εἰς τὸ ἱερόν ὑπὲρ γενεᾶς. ἐγ[κατακοι]μαθεῖσα δὲ ὄψιν εἶδε· ἐδόκει αἰτεῖσθαι τὸν θεὸν κυῆσαι κό[ραν]. τὸν δ' Ἀσκληπιὸν φάμεν ἔγκυον ἐσσεῖσθαι νιν, καὶ εἴ τι ἄλλο α[ἰ]τοῖτο, καὶ τοῦτό οἱ ἐπιτελεῖν, αὐτὰ δ' οὐθενὸς φάμεν ἔτι ποιθεῖ[ν]σθαι. ἔγκυος δὲ γενομένη ἐγ γαστρὶ ἐφόρει τρία ἔτη, ἔστε παρέβαλε ποὶ τὸν θεὸν ἰκέτις ὑπὲρ τοῦ τόκου· ἐγκατακοιμαθεῖσα δὲ ὄψ[ι]ν εἶδε· ἐδόκει ἐπερωτῆν νιν τὸν θεόν, εἰ οὐ γένοιτο αὐτᾷ πάντα ὅσα αἰτήσαιτο καὶ ἔγκυος εἶη· ὑπὲρ δὲ τόκου ποιθέμεν νιν οὐθέν, καὶ ταῦτα πυνθανομένου αὐτοῦ, εἴ τινος καὶ ἄλλου δέοιτο λέγειν, ὡς ποησοῦντος καὶ τοῦτο. ἐπεὶ δὲ νῦν ὑπὲρ τούτου παρεῖη ποτ' αὐτὸν ἰκέτις, καὶ τοῦτό οἱ φάμεν ἐπιτελεῖν. μετὰ δὲ τοῦτο σπουδαῖ ἐκ τοῦ ἀβάτου ἐξελοῦσα, ὡς ἐξω τοῦ ἱεροῦ ἦς, ἔτεκε κόραν.

A three-year pregnancy. Ithmonika of Pellene came to the sanctuary for a family. Sleeping there she saw a vision. She seemed to ask the god to conceive a daughter, and the god said she would and that if she desired anything else he would see to it as well, but she said she needed nothing

23. Cf. Paus. 2.27.1, with Parker 1983: 33.

24. Dillon 1994.

25. LiDonnici 1995: 81.

26. LiDonnici 1995: 68.

more. She became pregnant and bore the child in her stomach/womb for three years, until she came again to the god as a suppliant concerning the birth. Sleeping here, she saw a vision. The god appeared, asking whether everything she had asked had not happened and if she were pregnant. She had not asked anything about birth when he had asked her to say whether there was anything more she needed and he would do it. But since now she had come to him as a suppliant for this he said he would do it for her. Immediately after, she rushed out of the *abaton* and, as soon as she was outside the sacred area, gave birth to a daughter.

We might describe this narrative as the “careful what you wish for” type: Ithmonika offers a clear caution to prospective supplicants to reflect carefully on what, precisely, it is they want for Asklepios to accomplish. This implicit admonition makes sense considering the wide ambit of cases the god takes on within the *iamata*, not all of which dealt with obviously physical pathologies.²⁷ For instance, narrative A10 tells how Asklepios helps a young slave boy by “healing” his master’s shattered cup which the boy had accidentally broken in a fall. Such stories underline the inclination to conceive of pain and illness as forms of disaggregation and fragmentation and healing as a procedure of somatic and social integration (which runs against the bent of Hippocratic texts to theorize the body as a unified system, even in illness).²⁸ That is, as the cup is healed, so the boy’s social identity is, in some respect, reconstituted. He can return, cup in hand, to his master. Similarly, Ithmonika and Kleo’s stories express bodily complaints which are tethered to their social identities as women and mothers of a household. Ithmonika’s difficulties with language are, *prima facie*, a didactic joke that is acceptable in the end because Asklepios is a kindly and ungrudging god. Nevertheless, the episode encapsulates and powerfully exhibits an awareness of the manner in which episodes of illness and healing are always mediated and configured through the relations of language, power, and the expectations they engender.²⁹ Indeed, language matters as much in the temple as elsewhere, if not more so.³⁰

27. Similarly C3, the longest of this third series (and the only woman who does not easily fit in the overall patterns outlined here), unfolds an extended episode concerning a buried treasure.

28. E.g., *Loc. hom.* 1, 6.276 Littré, where the body is conceived of as a circuit. For the fragmentary body, see Rynearson 2003; Hughes 2008 and now 2017: 25–61 for an engagement with the history of the representations of the body from Homer to the anatomical ex-votos dedicated in Classical healing sanctuaries. Hughes very effectively puts a variety of literary and iconographic representations of the body-in-parts into dialogue with the expressions of bodily suffering conveyed by anatomical ex-votos to argue that pain and illness in Classical Greece were perceived, fundamentally, as a form of fragmentation and dis-integration. Her attempt to read this conception of the body into the Hippocratic Corpus, however, is less compelling, due in part to a failure to discuss the history of the body found in Holmes 2010.

29. See Good 1993; Nijhuis 1995; Israelowich 2012.

30. This is of course especially true of oracular language, perhaps most famously in the case of Croesus (Hdt. 1.53–55). Indeed, Asklepian medicine shared some affinity with oracular responses; cf. *iamata* B4 and C3. These stories do not treat bodily complaints at all, and instead make proclamations

It is clear that at the very least these first two narratives fulfill didactic or preparatory functions on a deep level. But in so doing they also implicitly construct the subjects of their narratives according to a particular model of gender, bundling a certain suite of fears and anxieties arranged around the female body and child-birth. As is well known, infant mortality rates in the ancient world were extremely high—so much so that there was felt a need to normalize their frequency in a medical fashion.³¹ While we cannot recover with precision infant mortality averages for the Classical period, a rate of 50 percent (allowing for regional variation) may ultimately be conservative.³² And so while the elaborated detail that Kleo's child washes himself and wanders the sanctuary appears simply to underline the miraculous or thaumatic nature of the cure, in a very real way this forms that tableau's central concern. The boy is not only born healthy but fully independent; both he and his mother have survived safely the hazards of childbirth, and he the threats of infancy.

Similarly, Ithmonika bears her child safe for three years, protected from disease and danger. Although the tales are fantastic they achieve thematic harmony through the realistic subtext of concern for guarding the child (and mother's) well-being during the dangerous periods of pregnancy, childbirth, and beyond. While the remainder of the cases which treat women who supplicate Asklepios on behalf of children appear more "medically" grounded, these cases also appear oriented toward "realities" coordinated by biology and ideology. As we will see, several of these tales record successful, multiple births. Although the *iamata* may contain more male than female suppliants, the emphatic stress on safe, healthy childbirth in the corpus reveals a pointed concern for women's well-being. At the same time, this concern is framed by and expressed through the well-known ambivalence of Greek men towards the bodies of women as sexual agents/sexualized objects. Although within the polis women guaranteed the stability and maintenance of the social order through the production of the next line of citizens, their bodies and their minds were at the same time always potentially "untamed," subject to eruptions of unruliness and disorder.³³ As we will see, the remainder of the *iamata* which treat female suppliants

about where things can be found in the future. Ithmonika's problem is properly articulating her own experience in a meaningful way, rather than *interpreting* the potentially convoluted response of an oracle, a frequent enough experience for patients even today.

31. E.g., *Mul.* 1.1, 8.12.1–6 Littré; the compound texts forming *Sept.* and *Oct.* attempt to explain infant mortality through elaborate, predictive numerological schemes with the attendant logic of "critical days" which govern all developments in human life. See Craik 2015: 247 for the manuscript tradition of *Sept.* and *Oct.*

32. Gallant 1991: 21; Sallares 1991. No reliably accurate figure can be hazarded, given the challenges of demography in the ancient world, but comparisons with contemporary developing nations are suggestive. Fertility rates are even more elusive, but they must have been much higher than those of modern developed nations in order to achieve anything like substantive gains in population.

33. Pronounced in the representation of women in myth and the tragic stage (e.g., Phaedra, Medea, Antigone), but especially embodied in the figure of the Amazon or the *maenad*, who, in her frenzied revel, ranges outside the orderly space of the *oikos* or *polis* and quite literally dismembers the men she chances upon in the wild.

illuminate some of the ways in which a male culture suspicious of women's sexuality unfolded, particularly within the socially vexing context of the medical encounter.

The four further “cases” which treat women who incubated on behalf of infertility constitute a remarkably homogenous group, bearing more formal resemblance to one another on linguistic and structural levels than to any other tales in the *iamata*. Typically, these reports begin with some variation of the simple explanatory phrase *περὶ παίδων* (“concerning children”), a phrase notable precisely for its neutrality. With the exception of those tales directed toward policing correct ritual praxis, the *iamata* scrupulously ignore physiological and moral etiologies for the illnesses suffered by their protagonists.³⁴ As Rebecca Flemming points out, the god of Epidauros is not as interested in the causes or circumstances surrounding the hopes for children as he is in the bodily fact of it.³⁵ So, inscription B11 narrates how an Epirote, Andromache, came to Asklepios seeking children.³⁶ B14 features a woman who is given the opportunity of selecting the sex of her child—not surprisingly she elects for a boy.³⁷ B19³⁸ and B22³⁹ record similar stories about women seeking children, who, asleep in the *abaton*, dream that they have intercourse with a temple serpent and later conceive multiple children.

These four B narratives appear consistent with the first two suppliants of the A stele in so far as they aim at the birth of healthy children. The unique homogeneity of this group, and their clustering in the final decade of the B stele, further inclines us to view female suppliants as defined by the bio-social *telos* of motherhood. Such an attitude is surely to be found within Hippocratic gynecological texts as well. The treatise *De mulierum affectibus* 1 opens with a programmatic statement—reiterated

34. Contrast with the highly moralizing “confession” stelai of 2nd-3rd-century CE Lydia and Phrygia. See Chaniotis 1995; Hughes 2017: 151–86; Potts 2017: 20–44.

35. Flemming 2013: 586–87.

36. B11: Ἀνδρομάχα ἐξ Ἀπειρο[υ] περὶ παίδων. αὐτὰ ἐγκαθεύδουσα ἐνύπνιον εἶδε· ἐδόκει αὐτῇ π[α]ίς τις ὠραίος ἀγκαλῦσαι, μετὰ δὲ τοῦτο τὸν θεὸν ἄψασθαί οὐ τῇ [χη]ρί· ἐκ δὲ τούτου τῇ Ἀνδρομάχῃ υἱ[ί]ος ἐξ Ἀρύββα ἐγένετο. (Andromache from Epirus, concerning children. When she was incubating here she saw a dream. It seemed to her that a handsome young boy uncovered her, and after that the god touched her with his hand. From this a son was born to Andromache by Arybbas.)

37. B14: [— — —]νία ὑπὲρ τέκνων. αὐτὰ ἐγκαθεύδου[σα] ἐν[ύπνιον] εἶδε· ἐδόκει οἱ φᾶσαι ὁ [θεός] ἐσσεῖσθαι γενεάγ καὶ ἐ[π]ερ[ωτᾶ]σαι εἰ ἐπιθυμῆοι ἄρσενα ἢ θηλυ[τέραν], αὐτὰ δὲ φάμεν ἐπι[θυμῆ]ν ἄρσενα· μετὰ δὲ τοῦτο ἐντὸς ἐν[ι]αυτοῦ ἐγένετο αὐτῇ υἱ[ός]. ([Troizenian woman?] on behalf of children. She incubated and saw a dream. The god appeared and said that she would be pregnant and asked whether she desired a male or female child. She said that she wanted a male. After this, within the year, she had a boy.)

38. B19:]δα ἐκ Κέου. αὐτὰ περὶ παίδων ἐγκαθεύδ[ουσα] ἐνύπνιον εἶδε· ἐδόκει οἱ ἐν τῷ ὑπνῷ δράκων ἐπὶ τᾶς γαστ[ρ]ὸς κείσθαι· καὶ ἐκ τούτου] παῖδες οἱ ἐγένοντο πέντε. ([Unkown woman] from Keos. Incubating here concerning children she saw a dream. It seemed that a snake lay down upon her stomach/womb. After this she bore five children.)

39. B22 Νικασιβούλα Μεσσανία περὶ παίδω[ν] ἐγκαθεύδου[σα] ἐνύπνιον εἶδε· ἐδόκει οἱ ὁ θεός δράκοντα μεθ[— — — — —] φέρων παρ’ αὐτάν, τούτοι δὲ συγγενέσθαι αὐτά· [καὶ ἐκ τούτου] παῖδες οἱ ἐγένοντο εἰς ἐνιαυτὸν ἔρσενες δύο. (Nikasiboula, from Messenia, incubated on behalf of children and saw a dream. It seemed that the god a snake... bring beside her, with which she had sex. From this two boys were born to her within the year.)

variously within the text—that women who have not given birth suffer more intensely from certain ailments, which are mostly related to menstruation or uterine conditions.⁴⁰ In this way, childbirth is figured not only as socially desirable; it is posited as the final stage of a woman’s physiological development and essential to her overall health.⁴¹ The related short text *De virginum morbis* is still more explicit in pathologizing young women in the “season of marriage” whose bodies have started to produce menstrual blood that has not yet found a way to be evacuated from the womb.⁴² The author links extended virginity to this unhealthy accumulation of blood which, because it cannot escape “downward,” moves up towards the chest, throttling the intellectual organ of the heart. The consequences are numbness, mania, and suicidal ideation, the best remedy for which is to quickly find a husband. Indeed, the author closes with the exhortation, “I urge, then, whenever young girls suffer in such a way, that they marry as quickly as possible. For if they give birth, they become healthy.”⁴³ While the text does not say so explicitly, the idea is clearly that the processes of intercourse and childbirth create an exit for the potentially pathogenic collection of fluids. Greek medical texts (consciously or not) produced technical justifications for cultural norms which pressured women to sexual activity geared to childbirth. Such pressures are thus (perhaps not surprisingly) echoed across the *iamata* by the majority of women who incubate on behalf of children.⁴⁴

In point of fact, the domain of religious consultation regarding fertility was subject to its own gendered split. While no men incubate at Epidauros on behalf of children or infertility, the phenomenon was well known in the context of oracular consultation at Delphi and chimes with some of the prevailing assumptions around

40. *Mul* 1.1, 8.10 Littré: φημί γυναῖκα ἄτοκον εὐδσαν ἢ τετοκυῖαν χαλεπότερον καὶ θᾶσσον ἀπὸ τῶν καταμηνίων νοσέειν· ὁκόταν γὰρ τέκη, εὐρωότερά οἱ τὰ φλεβία ἔστιν ἐς τὰ καταμήνια. (I declare that the woman who has not given birth suffers more heavily and readily from menstruation than the woman who has given birth. For, when she gives birth, her vessels are more accommodating for the menstrual flow.)

41. Conversely, *Epid.* 6.8.32, 5.356 Littré records the case of two women whose menses stopped after being abandoned by their husbands. In both cases the doctor failed to reverse the course as the women’s voices grew deeper and their bodies hairier. Biology thus responds to and reinforces social “reality.” See also *Epid.* 5.11, 5.210 Littré. For more discussion on the crucial link between women’s health and fertility, see Flemming 2013: 575–76.

42. *Virg.* 10–11: αἱ δὲ παρθένοι, ὁκόσησιν ὄρη γάμου. For the text of *Virg.* see the edition of Flemming and Hanson 1998. Cognate sentiments at *Mul.* 1.2, 8.20–22 Littré and *Mul.* 1.41, 8.98 Littré; *Nat. Mul.* 3, 8.316 Littré.

43. *Virg.* 41–43: Κελεύω δὴ τὰς παρθένους, ὁκόταν τοιοῦτο πάσχωσιν, ὡς τάχιστα συνοικῆσαι ἀνδράσιν. ἦν γὰρ κηῖσωσιν, ὑγιέες γίνονται. As Dean-Jones 1994: 51 stresses, it should not be thought that the act of intercourse is considered to perforate the hymen, creating an escape of blood through the vagina, but rather that the “moist, warming friction of intercourse will open up” the stoma, which is naturally closed.

44. That Hippocratic physiological schemes absorbed broader cultural tropes that opposed male and female is again illustrated by *Mul.* 1.1, 8.12 Littré. There the principal difference between male and female flesh—namely the spongier, moister flesh of women—are compared to the absorptive qualities of wool and textiles respectively. Such an analogy is visually and rhetorically effective, but it also (re)deploys structural, civilizational stereotypes which saw men as more refined, finished, and here, literally the end result of a *techné* when compared to the raw and unworked stuff of women. See Dean-Jones 1994: 56.

male and female contributions to reproduction.⁴⁵ As Polyxeni Strolonga points out, at Delphi as at Epidauros, men typically managed to dodge responsibility for a lack of offspring, albeit through different cultic mechanisms. The oracle, in both its responses deemed “historical” and “legendary,” presents cures for the condition of childlessness by suggesting alternative routes to paternity, or, in cases like Oedipus’ father Laius, by warning them off from having children altogether.⁴⁶ The Delphic oracle shifts the social onus of infertility onto women by sanctioning new marriages, legitimating children out of wedlock,⁴⁷ or through the creation of other work-around strategies. In some cases this means identifying an extended family member as a legitimate heir. In others, the responses involve a conceptual expansion of procreation and paternity through legacy building, either by commanding the man to go off to settle a colony or by prophesying victory at an athletic contest.⁴⁸

The consultations made at Zeus’ famous oracle at Dodona shed further light on the matter.⁴⁹ Among the various questions regarding whether a man ought to marry, only one explicitly addresses taking another wife and does not state whether it might be related to questions of fertility.⁵⁰ More germane are the cases inquiring about the production of offspring. As at Delphi, the inquirers are mostly (but not exclusively) male and frame their questions in one of two ways: will he have offspring with a specific woman, or, to what god ought he pray so that he may have children.⁵¹ Ultimately, it seems that it was a man’s duty (or interest) to make an oracular consultation, but no cases from Dodona make his infertility the issue at hand; rather they offer a means of forewarning about possible partners. While these oracular questions and responses therefore do not exempt men from the risk of *childlessness*—a risk that could be mitigated through the right sets of ritual consultations—they also do not make men equal partners in bearing responsibility for *infertility*, a responsibility that in these consultations clings to women.

45. *I.Or.* 358 (= *IG* VII 490 + frg/*SEG* 31.431) may also record a dedication made in connection with fertility issues. Similarly, a group of later Athenian dedications to Asklepios (e.g., *IG* II² 1534.2–5; *IG* II² 4470–71) are made ὑπὲρ παίδων. The phrase ὑπὲρ παίδων does not, however, ensure such a request. At B1 (see further below) the young girl is so sick that her mother goes to the sanctuary in order to incubate “on her behalf” (ὑπὲρ ταύτης) and so this phrase within an inscription may record the votive of a family or kin member who successfully dedicated on behalf of sick children (e.g., *IG* II² 4403, made for the continued health of three children; *SGDI* 1588, an oracular inquiry from Dodona concerning a child’s foot).

46. I owe the following observations to her paper entitled “Ritual Space and Gendered Healing: The Delphic Oracle Cures Male Infertility,” presented at the 2014 meeting of the Society of Classical Studies. This article stems from a talk given at the same conference panel.

47. Fontenrose L4 and L5, legendary oracles concerning kings who are encouraged to take new wives. Compare, too, Hdt. 9.33, in which the seer Tisamenus of Elis consults the Delphic oracle concerning children. The oracle responds that instead of children he will win “the five greatest contests,” which the Spartans accurately perceive to be five great military victories.

48. Fontenrose H34; H2. *Iama* B9 features a suppliant who goes on to win the *pankration* at the Nemean games, but had only suffered from debilitating headaches.

49. For the collected, published oracular responses from Dodona, see Eidinow 2007.

50. *SEG* 24 454a.

51. Eidinow 2007: 87–93; Flemming 2013: 582.

Neither the Hippocratic gynecological texts nor the Aristotelian biological works on generation are as univocal about causes of infertility as these cultic ones.⁵² Indeed, there is occasional acknowledgement that men can be at fault, yet this is only rarely pathologized, and often presented as treatable.⁵³ For instance, at *Historia Animalium* 10 [Aristotle] explains that both parties may be responsible, or only the man or the woman.⁵⁴ Nevertheless, within the Hippocratic treatises the degree of attention devoted to the workings, position, and health of the cervix and uterus; the numerous ailments that may befall them; the litany of elaborate and intrusive remedies;⁵⁵ and, ultimately, the concession that a distressing number of such conditions may ultimately terminate in “total barrenness”⁵⁶ is not paralleled in the corresponding literature concerning male fertility or the male’s role in reproduction. Thus, we can begin to understand Hippocratic and cultic responses as mutually deriving from a wider set of cultural values which tend (1) to deemphasize male responsibility in the problems of childbirth and (2) to promote childbearing sexual activity as a/the bio-socially defining performance of female gender.

So too, we should not be surprised to learn that there lurks within the *iamata* and Hippocratic texts a complementary anxiety provoked by women as sexual agents with their own appetites and desires. Several places in the Corpus comment on the inherent dangers which the overindulgence of sexual appetites pose to women’s health.⁵⁷ As Dean-Jones points out, these passages do not figure female desires as connected with the willful submission to a husband’s “lawful” wishes. Rather, the texts convert conscious female impulses into pathological conditions.⁵⁸ Correspondingly, in the *iamata* several of the dreams treating infertility are explicitly sexual. In B11, the god’s healing methods, so frequently tactile, are eroticized.⁵⁹ The god appears not, as often, as a bearded and authoritative doctor, but rather as an

52. *Aër.* 21, 2.80–82 Littré discusses the causes of infertility in Scythian men; so too, *Aph.* 5.62–63, 4.174–76 Loeb, offer complementary explanations of female and male infertility with the implicit notion that these states are corrigible through the application of heat, moisture, cold, or dryness to create a κρᾶσις σύμμετρος.

53. As Rebecca Flemming (2013: 571n.23) eloquently explains, “all the [Hippocratic] authors are, of course, deeply committed to the male contribution to generation; but its dysfunction seems not to be medicalized.”

54. Cf. *GA* 718a23–26 (of more certain authenticity) in which men with long penises are infertile because the life-quickening heat of the semen cools too much before reaching the female. See also Keuls 1985: 73–75 for Greek preferences for “dainty” penises.

55. These concerns, recommendations, and instructions pepper all the texts claiming to deal with women’s ailments. This is particularly so of the works *Mul.* 1 (the last half of which is dedicated entirely to gynecological pharmacology), *Mul.* 2, *Nat. mul.*, and, especially in the case of problems of conception, *Steril.* For sample therapies for infertility, see, for instance, *Mul.* 1.10–13, 8.40–52 Littré; *Steril.* 9–19, 8.424–44 Littré, many of which involve suppositories, fumigation, or digital manipulation of the cervix.

56. E.g., *Steril.* 1, 8.410 Littré.

57. *Mul.* 1.5, 8.28–30 Littré.

58. Dean-Jones 1994: 134. Although *Genit.* 4, 7.474–76 Littré speaks of a woman’s enthusiasm for sex, the pleasure is said to terminate either before or when the man (presumably in this context her husband) climaxes. So too, the author adds that the woman’s pleasure in sex is less than a man’s.

59. Emphasis on his healing hand at, e.g., Herod. *Mim.* 4. 4 and 19.

Apolline “beautiful young man” (ὠραῖος π[α]ῖς) who undresses Andromache (ἀγκαλύψαι) and “touches her with his hand” (ἄψασθαί οὐ τᾷ [χ]η[ρ]ί).⁶⁰ Despite the intimacy of the dream the details are not voyeuristic—the reader is only apprised that after sleeping within the sanctuary Andromache conceived and delivered a child by Arybbis (ἔξ Ἀρύββα), that is, presumably, her husband (who, again, is invisible within the gendered etiology of infertility).⁶¹ More “miraculously,” and activating wider associations with chthonian abundance, B19 and B22 show Asklepios healing infertility as or with his snakey avatar.⁶² The sexual activity of B19 is skirted periphrastically—we are simply informed that the Keian woman dreamt that a δράκων lay upon her belly—but the issue is prodigious: at some point thereafter she gives birth to five children!⁶³ B22 is less puritanical: Asklepios appears to Nikasiboula holding a snake with which she has intercourse (τούτῳι δὲ συγγενέσθαι αὐτά). While the narratives are thus not shy about representing suppliants’ dreams as sexually charged, one can detect a desire to reassure the audience around the sensitive issue of paternity. Asklepios, apparently, ensures or restores fertility, but is careful not to meddle in the affairs of that first and most fundamental social unit—the household.

As with the case of Kleo’s five-year-old, we need not cast about to find a more revealing context for the need to provide assurances that Asklepios as a medical figure was not cuckolding husbands. A well-known passage in the Hippocratic *Oath* speaks to such concerns, as it commits the doctor to moral probity in attending female (and younger male) patients.⁶⁴ The slightly later text *Physician* commends similar caution when entering the household, where doctors can expect “to encounter at all times women, maidens, and valuable possessions.”⁶⁵ So too the fourth-century

60. Compare also A14, in which a man suffering from kidney stones is healed through a pederastic encounter: ἐδόκει παιδί καλῶι συγγίνεσθαι, ἐξονειρώσσω δὲ τὸν λίθον ἐκβάλλει... (he seemed to have sex with a handsome boy, and when he had an orgasm in his sleep, ejected the stone). For the rare verbs ἐξὀνειρώσσω for nocturnal emission, cf. *Genit.* 1, 7.470.27–72.6 Littré; *Morb.* 2.51, 7.78.15–25 Littré; Arist. *GA* 739a23. Of these, only *Genit.* 1 explains the physiological cause of nocturnal emissions, and the process is reversed from what we find in the *iama*. In the Hippocratic text, “frothing” of the blood after vigorous physical exertion during the day leads to ejaculation at night. Erotic dreams are explained as a byproduct of this state of excitement, whereas in the *iama* the erotic epiphany is presented as the cause of the ejaculation which, presumably, clears the blockage.

61. Flemming 2013.

62. Asklepios’ associations with snakes were widely known in antiquity (e.g., Paus. 2.28.1). See Ogden 2013: 410–46 for an exhaustive account of the interrelation between snakes, healing, and abundance in the Greek *imaginaire*.

63. Perhaps an example of internal mirroring. The Keian woman’s five children echo the five-year pregnancy of Kleo with which we began. It is unclear whether this is meant to imply quintuplets or a series of five successful pregnancies.

64. *Jusj.* 18–21, 4.630.14–17 Littré: Ἐς οἰκίας δὲ ὀκόσας ἂν ἐσίω, ἐσελεύσομαι ἐπ’ ὠφελείη καμνόντων, ἐκτὸς ἐὼν πάσης ἀδικίης ἐκουσίης καὶ φθορίας, τῆς τε ἄλλης καὶ ἀφροδισίων ἔργων ἐπὶ τε γυναικείων σωμάτων καὶ ἀνδρῶν, ἐλευθέρων τε καὶ δούλων. (Into whatever house I go, I will go for the benefit of the sick, free from all intentional wrong-doing or harm, and especially from works of Aphrodite against both women’s bodies and men’s, whether free or slave.)

65. *Medic.* 1, 9.206 Littré: καὶ πᾶσαν ὥρην ἐντυγχάνουσι γυναίξει, παρθένους καὶ τοῖς ἀξίους πλείστου κτήμασιν.

historian-physician Ktesias of Knidos presents the sexual misadventures of the Greek physician Apollonides of Kos, a contemporary of Hippocrates serving at the Persian court.⁶⁶ Having fallen in love with his patient Amytis—King Artaxerxes’ sister—Apollonides took advantage of his position within the household by recommending sex as a remedy for a uterine ailment and so successfully became Amytis’ lover. Artaxerxes learned of the doctor’s transgressions and, as we might imagine, Apollonides’ story ends not at all well for the physician. Together, the *Oath*, *Physician*, and the passage of Ktesias illustrate well a specific worry about a class of “professional” males tasked with overseeing and maintaining female sexual and reproductive health and invited into the otherwise carefully regulated space of the *oikos*.

Such norms trickled down into later legend, reflecting how deeply rooted and culturally transposable this anxiety was felt to be. The second-century CE Roman fabulist Hyginus (*Fab.* 274.10–13) reports the story of Hagnodike, the legendary first female physician of Athens.⁶⁷ According to Hyginus, the Athenians had passed a law prohibiting women from practicing medicine within the city. In catastrophic protest, the Athenian women began to fall ill and die, rather than suffer the shame of being attended by a male physician. Hagnodike, allegedly a student of the famous Alexandrian physician Herophilus, from whom she learned specifically the art of midwifery and “discovered health for women,” took it upon herself to respond to the crisis. Cutting her hair short, she disguised herself as a man to gain access to the carefully surveilled women’s quarters, only there revealing herself to the women entrusted to her care.⁶⁸ Her clientele grew so quickly and widely that she aroused the jealousy and suspicion of the other Athenian physicians, who mobbed her with accusations of seducing and corrupting Athens’ virtuous women. In response to the charge, Hagnodike lifted her clothes, revealing her genitals and true sex. The Athenian men then clamored to bring her to trial on the Areopagus for flagrant violation of the law, but at the last moment the Athenian women prevailed in Hagnodike’s defense, accusing the men of callous disregard of their wives’ welfare. Ultimately, the Athenians yielded and changed the law, permitting women to practice medicine within the city.

The historical core of Hyginus’ story clashes with testimonia indicating that female healers had long been practicing within Athens before the time of

66. *FGrH* 3 C688 F14. Apollonides’ behavior is often contrasted with the propriety of his earlier colleague Demokedes, who treated the Persian King Darius’ twisted ankle so effectively that he was permitted to treat the King’s wife, Atossa, for a mammary tumor (Hdt. 3.129–34; Iambl. *Vita Pyth.* 35).

67. See originally King 1986 for the tale’s origins, and King 2013 for the importance of Hagnodike’s shifting roles within the historiography of midwifery and obstetrics (and the gendered body) from antiquity to the 21st century.

68. For the substance of the relationship between Hagnodike and Herophilus as author of the first known treatise devoted wholly to midwifery (ad Soranus *Gyn.* 3.3.4) see von Staden 1989: 38–40; King 2013.

Herophilus, particularly as midwives.⁶⁹ Even if the story as told is an anachronistic fable, that anachronism only makes sense if it resonates with historical concerns, real or imagined, that male doctors could and would take liberties with their female patients. That the divine doctor Asklepios was potentially implicated in, and carefully excused from, such suspicion can be read in these subtle affirmations of the gods' integrity vis-à-vis suppliant wives. Indeed, as we have seen in the case of the Delphic oracle, this peculiar set of circumstances may have arisen as a direct result of the desire to have it "both ways," as it were. Those oracles revealed the gendered double standard inhering to cultic responses to problems of infertility. Men often escaped direct responsibility for childlessness and were thus afforded alternative means of legitimately acquiring children, metaphorical or otherwise. Women, on the other hand, bore this responsibility with and upon their bodies and so were forced to find remedies for their ailments as well. As the cases B11, B14, B19, and B22 above signal, the consequence of construing reproductive agency in this way was, in effect, to push women into the embrace of the healer god. The *iamata* thus offer a clear view onto the inbuilt tensions that arose from conflicting ideological pressures concerning women's social expectations and biological responsibilities even as they attempt to elide such difficulties. The *iamata* narratives mold women along the major contours of Greek male attitudes about women, attitudes mostly, but not entirely, shared by the Hippocratic texts. Cures at the temple find female suppliants in a state of socio-physical disability and marginalization and transform them into normative models: mothers of healthy (mostly male) children. At the same time, these narratives appear to take care to mute potential conflicts regarding paternity, a problem that arises through the asymmetrical pathologizing of the female body.

But what of our five other narratives concerning women? Can these remaining cases be organized through a logic of "female" illnesses, and can they be seen to correspond with Hippocratic materials? We can, I think, answer both yes and no. As we will see, these remaining women do not incubate to remedy problems with the delivery of a child or infertility. At first glance they are a heterogeneous mix of conditions, yet these cases cohere around an epistemological theme, presenting the interior space of the woman's body—particularly in "para-uterine" cavities—as doubly occluded and therefore especially difficult to make correct inferences about. These apparently dissimilar stories reshuffle the central concern of the other *iamata*, maintaining, if subtly masking, the focus on women's bodies as they were defined by the bio-social goal of motherhood.

69. Pl. *Rep.* 452d2 refers to the existence of female and male physicians as an (evidently) serious argument for the equality of the sexes; so too Pl. *Theat.* 149a1-2 sees Socrates claim to be the son of a midwife. See also *IG II²* 6873, a funerary monument for the "midwife and doctor" (μαῖα καὶ ἰατρός) Phanistrate, dated between 400 and 350 BCE (see Dean-Jones 1994: 31–33; Flemming 2007; Nutton 2013: 101).

Returning to the A stele we find only one further female suppliant, the disbeliever Ambrosia of Athens (A4).⁷⁰ Here we learn that Ambrosia is blind in one eye (ἀτερόπτλλος). Blindness is a common complaint among male suppliants in the *iamata* and so Ambrosia appears to violate the pattern of specifically female, specifically reproductive ailments.⁷¹ A4, however, forms a thematic pair with A3 (just as A1 and A2 form an obvious pair), both of which relay mini-dramas about disbelieving suppliants, their recognition of Asklepios' awesome powers, and their ultimate *peripeteiai* or conversions.⁷² Here Ambrosia's partial blindness functions both as a physiological complaint and as an intellectual characterization of her blindness to the god's powers. As Ambrosia tours the sanctuary, she mocks the stories contained in the *iamata* as "unpersuasive and impossible" (τῶν ἱαμάτων τινὰ διεγέλα ὡς ἀπίθανα καὶ ἀδύνατα). As she looks on, half-blind to the truth, she is skeptical that people could be healed *simply by seeing* a dream. Here the emphasis laid on the language of visibility (ἐνύπνιον ἰδόντας, ὄψιν εἶδε) clearly ties into the important interplay of vision, narrative, and revelation which structures the

70. A4 Ἀμβροσία ἐξ Ἀθανῶν [ἀτερό]πτ[ι]λλος. αὐτὰ ἰκέτις ἦλθε ποι τὸν θεόν· περιέρπουσα δὲ [κατὰ τ]ὸ ἱερόν τῶν ἱαμάτων τινὰ διεγέλα ὡς ἀπίθανα καὶ ἀδύνα[τὰ ἐόν]τα, χωλοὺς καὶ τυφλοὺ[ς] ὑγιεῖς γίνεσθαι ἐνύπνιον ἰδόν[τας μό]νον. ἐγκαθεύδουσα δὲ ὄψιν εἶδε· ἐδόκει οἱ ὁ θεὸς ἐπιστὰς [εἰπεῖν], ὅτι ὑγιῆ μέν νιν ποιησοῖ, μισθὸν μάντι νιν δεησοῖ ἀν[θέμεν εἰ]ς τὸ ἱερόν ὕν ἀργύρεον ὑπόμμαμα τᾶς ἀμαθίας. εἶπαν[τα δὲ ταῦτ]α ἀνσχίσσαι οὐ τὸν ὀπιλλὸν τὸν νοσοῦντα καὶ φάρμ[α]κόν τι ἐγγέ[λαι]· ἀμέρας δὲ γενομένης ὑγιῆς ἐξῆλθε. (Ambrosia from Athens, blind in one eye. She came as a suppliant to the god. Walking around the sanctuary she ridiculed some of the cures as unpersuasive and impossible, the lame and the blind becoming well from only seeing a dream. Sleeping here, she saw a vision. It seemed to her that the god stood over her and said that he would make her healthy, but in return she must dedicate in the sanctuary a silver pig as a memorial of her ignorance. After he said these things, he cut out her sick eyeball and poured in a drug. When it became day, she left healthy.)

71. The dedication of votives in the form of eyes is also extremely common at cults of Asklepios (see van Straten 1981 and 1992; Hughes 2008 and 2017; Petsalis-Diomidis 2016). For dedications at Corinth, see Roebuck 1951; at Athens (only recorded in temple inventories), Aleshire 1989; at Oropos, Petrakos 1997. While there is not always a guarantee that such dedications represent ophthalmological diseases for which the suppliant came to be healed—they may equally communicate the desire for divine epiphany—the large number of eye complaints within the *iamata* are suggestive of a wider perception that the temple was an effective place to seek eye-related treatment.

72. A3 ἀνὴρ τοὺς τᾶς χηρὸς δακτύλους ἀκρατεῖς ἔχων πλὴν ἐνὸς ἀφίκετο ποι τὸν θεὸν ἰκέτας· θεωρῶν δὲ τοὺς ἐν τῷ ἱερῷ πίνακας ἀπίσκει τοῖς ἰάμασιν καὶ ὑποδίσυρε τὰ ἐπιγράμμα[τα]. ἐγκαθεύδων δὲ ὄψιν εἶδε· ἐδόκει ὑπὸ τῷ ναῷ ἀστραγαλίζον[τος] αὐτοῦ καὶ μέλλοντος βάλλιν τῷ ἀστραγάλῳ, ἐπιφανέντα [τ]ὸν θεὸν ἐφαλέσθαι ἐπὶ τὰν χῆρα καὶ ἐκτεῖναι οὐ τοὺς δακτύλους· ὡς δ' ἀποβαίη, δοκεῖν συγκάμψας τὰν χῆρα καθ' ἓνα ἐκτείνειν τῶν δακτύλων· ἐπεὶ δὲ πάντα ἐξευθῆναι, ἐπερωτῆν νιν τὸν θεόν, εἰ ἔτι ἀπιστησοῖ τοῖς ἐπιγράμμασι τοῖς ἐπὶ τῶν πινάκων τῶν κατὰ τὸ ἱερόν, αὐτὸς δ' οὐ φάμεν. "ὅτι τοῖνον ἔμπροσθεν ἀπίστεις αὐτο[τ]ις οὐκ ἐοῦσιν ἀπίστοις, τὸ λοιπὸν ἔστω τοι," φάμεν, "Ἀπιστος ὄγ[ομα]." ἀμέρας δὲ γενομένης ὑγιῆς ἐξῆλθε. (A man arrived as a suppliant to the god with a crippled hand, except one finger. Seeing the inscriptions within the sanctuary he did not believe in the cures and derided what was written. But, having fallen asleep, he saw a dream: he seemed to be casting knucklebones below the temple and, as he was about to throw the bones, the god appeared and grasped his hand, stretching out his fingers. When the god left, the man seemed to bend his hand and stretch out his fingers one by one. When all were straightened, the god asked him if he still disbelieved the things inscribed around the sanctuary, and he said "no." The god responded, "Since before you discredited the things which are not incredible, may your name henceforth be 'Un-trustworthy!'" When it became day, he left healthy.)

ritual patterns of pilgrimage. Indeed, the *iamata* repeatedly stress the active gaze of participating suppliant as a key feature of incubatory healing.⁷³

In addition to the conjunction of seeing and knowing as key forms of ritual praxis, I submit that Ambrosia's case foregrounds the problematic link between seeing and apprehending, observing and knowing, which underpins both antique religious skepticism and Hippocratic "empiricism," particularly when it comes to the case of women's ailments.⁷⁴ Relevant in this regard is the attention Brooke Holmes has drawn to the historical emergence of the body as an object of knowledge among the pre-Socratic *physiologoi* and the authors of the Hippocratic Corpus.⁷⁵ She argues that this body (distinct from the embodied *subject*) comes into being as a result of medicalizing techniques of interpreting the specific appearance, sequence, and arrangement of exterior symptoms as a means of making legible unseen processes of illness as they unfold beneath the skin.⁷⁶ For the Hippocratics, the strands of causality linking interior *pathe* and exterior *semeia* are powerfully revealing of events occurring in the body's interior cavities (such as the womb).⁷⁷ Ambrosia, in her "metaphorical" blindness, dramatizes the difficulty in establishing which of the signs around the healing sanctuary are *pithanos*—worthy of trust or credit. Her misevaluation of the *iamata* mirrors the obstacle confronting both the physician and the seer of knowing how to read the body as an occluded, semiological space subject to the chaotic eruption of symptoms and signs.⁷⁸ What is more, the difficulty of effectively soliciting the patient's cooperation in the process of producing a correct diagnosis is a constant complaint among Hippocratic authors.⁷⁹ The diagnostic procedures of reading symptoms are typically represented in the Hippocratic texts as the unidirectional application of a logical *techne* on the

73. The literature treating visibility and pilgrimage is, justly, vast; for its role in structuring the suppliant's experience at healing temples in particular see Petsalis-Diomidis 2002, 2005, and 2010.

74. It should be stressed here that "religious" skepticism in antiquity is not a question of *believing* in the divine but of *believing what* sorts of signs were worthy of credit and how to infer the right kinds of information concerning the future from them (see, e.g., Smith 1993: 129–46; Asad 2011; Harrison 2014 on the changing nature of "belief" after the Reformation and Enlightenment).

75. Holmes 2010, especially chapters 2 and 3.

76. Among the pre-Socratic/pre-Hippocratic writers see Anaxagoras' dictum ὄψις τῶν ἀδῆλων τὰ φαινόμενα ("phenomena are sight of the invisible") DK 59 B21a and Alkmaeon of Croton DK 24 B1.

77. Holmes 2010.

78. See, for example, *Morb. Sacr.* 1, 6.358–60 Littré for an apparently clearly worked out corporeal semiology employed by seers to determine the divinity responsible for a given epileptic episode.

79. *De arte* 11, 6.22 Littré laments that patients' accounts of internal ailments are a matter of guesses rather than sure knowledge of disease (δοξάντες μᾶλλον ἢ εἰδότες ἀταγγέλλουσιν). Indeed, the ignorance of the lay person is a common theme in *De arte*. Later the author lays the blame on patients for failing to do all their therapies require out of general lapses of self-discipline. See, also, *VM* 2, 1.574 Littré, which admits that it is a difficult matter for lay persons (δημότας ἐόντας οὐ ρηϊδίον) fully to learn and understand their own diseases (hence the need for a medical *techne*). See also *Praec.* 2, 9.254 Littré for an endorsement of asking questions among regular folk in the case of therapies. Letts 2015 focuses on the first-century CE physician Rufus of Ephesus' emphatic recommendation *to question* the patient about her experience. The explicit nature of such encouragement suggests that it was not widely practiced, or at least its practical benefits were not unconditionally accepted.

patient's passive, disordered body with little in the way of attending to what the patient has to say about the matter.

Despite the postures of mastery, the interior workings of the female body appear to constitute a particular rupture in the self-fashioning of the disembodied and authoritative doctor.⁸⁰ Some texts do appear to emphasize the practice of actual inquiry and information gathering through deliberate and polite questioning. The need for such questioning was felt to be pressing in the case of female patients because of the inherently occult nature of their most defining cavity (the *ύστέρα/μήτρα*) and their frustrating ignorance concerning their own bodies. A passage from *De mulierum affectibus* 1 illuminates the complicated triangle⁸¹ relating women to their bodies and their physicians (as perceived and articulated by the physician, of course).⁸²

ἐπικίνδυνα δέ ἐστίν, ὡς εἴρηται, καὶ τὸ πούλῳ ὀξεῖα καὶ μεγάλα καὶ χαλεπὰ
ξυνιέναι, διὰ τοῦθ' ὅτι αἱ γυναῖκες μετέχουσι τῶν νοῦσων, καὶ ἔσθ' ὅτε οὐδ'
αὐταὶ ἴσασιν τί νοσεύουσιν, πρὶν ἢ ἔμπειροι νοῦσων γένωνται ἀπὸ
καταμηνίων καὶ ἔωσι γεραίτεραι· τότε δὲ σφέας ἢ τε ἀνάγκη καὶ ὁ χρόνος
διδάσκει τὸ αἴτιον τῶν νοῦσων, καὶ ἔστιν ὅτε τῆσι μὴ γινωσκούσῃσιν ὑφ'
ὅτευ νοσεῦσι φθάνει τὰ νοσήματα ἀνίητα γινόμενα, πρὶν ἂν διδαχθῆναι τὸν
ἰητρὸν ὀρθῶς ὑπὸ τῆς νοσεύσεως ὑφ' ὅτου νοσέει· καὶ γὰρ αἰδέονται
φράζειν, κῆν εἰδῶσι, καὶ σφιν δοκέουσιν αἰσχρὸν εἶναι ὑπὸ ἀπειρίας καὶ
ἀνεπιστημοσύνης. Ἄμα δὲ καὶ οἱ ἰητροὶ ἀμαρτάνουσιν, οὐκ ἀτρεκέως
πυνθανόμενοι τὴν πρόφασιν τῆς νόσου, ἀλλ' ὡς τὰ ἀνδρικὰ νοσήματα
ἰώμενοι· καὶ πολλὰς εἶδον διεφθαρμένας ἤδη ὑπὸ τοιούτων παθημάτων.
Ἀλλὰ χρὴ ἀνερωτᾶν αὐτίκα ἀτρεκέως τὸ αἴτιον· διαφέρει γὰρ ἡ ἴησις
πολλῶ τῶν γυναικῶν νοσημάτων καὶ τῶν ἀνδρῶν.

[These diseases] are dangerous, as I've said, by and large acute, serious, and difficult to understand, since it is women who have a share of the disease, and sometimes they themselves don't know why they are sick, until they have experience of diseases through menstruation and are older. And then both necessity and time teaches them the cause of the trouble. Sometimes women's diseases become incurable before they learn from what it is they suffer, and before the doctor has been taught correctly by the patient from what she suffers. For, even if they know, they are ashamed to say, and seem ashamed because of their ignorance and inexperience. At the same time doctors, too, can err, having not accurately inquired about the cause of

80. For the unidirectional and active gaze of the physician as opposed to the muted voice and passive body of the patient, see Barton 1994; Petsalis-Diomidis 2010; Webster 2015. Disembodied doctor, Holmes 2013.

81. For the so-called "Hippocratic triangle," more properly of *Epid.* 1.5, 2.634 Littré, see Gourevitch 1984; Webster 2015.

82. *Mul.* 1.62, 8.126 Littré. Compare the ambiguous statement at *Sept.* 3, 7.440–42 Littré, in which women do not accurately report to doctors the period of time from conceiving, yet are the surest source of knowledge about what occurs within their own bodies; see also *Genit.* 5, 7.476 Littré.

the disease, but treated it as if it were a male's complaint. I know of many who have perished from such illnesses. But it is necessary to inquire precisely after the cause from the very start. For the remedies of women's diseases and men's are quite different.

This passage develops an unusually rich portrait of the interrogative and interdependent relationship between the practitioner and the female patient.⁸³ It is suggested here that the doctor is *instructed* by his patient concerning the nature of the illness, but such interlocutors are lamentably unreliable (in a way that recalls Ithmonika above). Here I simply want to stress again the double obstacles implicated in the perception of women's ailments. Granted that it was considered the case that most lay persons had difficulty self-diagnosing, there were felt to exist compound communicative and physiological circumstances which threw up barriers for the male practitioner in attempting to treat some of his female patients.

Ambrosia's blindness to what can reliably be known from bodily signs thus establishes a hermeneutical bridge to the final four female cases within the B stele as epistemic quandaries, troubling the bounds of what can be known or inferred by sight alone. As we will see, these four (B1, B3, B5, and B21) share a common pathology in the form of internal disorders which, by their nature, are hidden from sight. Further, these episodes of "internal affections" are almost entirely restricted to female suppliants within the *iamata*.⁸⁴ These texts, like the Hippocratic ones, appear to construe such ailments as especially troublesome for women and do so

83. See Lloyd-Jones 1983: 62–86; Dean-Jones 1994: 26–31; and the important contribution of Totelin 2009 (chapters two and three) for the role of female testimony in the shaping of scientific ideas about the female body. These scholars argue persuasively that Hippocratic texts hew to a middle road when it comes to representing "facts" and "theories" about women's bodies. These texts neither reproduce entirely or exclusively the "female tradition" (which, in any case, was not likely to be monolithic), nor do they simply express Greek male assumptions about women elaborated through schemes of speculation. *Nat. Puer.* 31, 7. 540–42 Littré proves that the author employed the same forms of comparative reasoning from animal anatomy in theorizing the interior structure of the uterus as, e.g., the author of *Morb. Sacr.* 11, 6.382.7–12 Littré, in speculating on the role of moisture in the brains of cattle and goats. At any rate, in order to be successful healers, women and men alike must have recognized themselves and their bodies somewhere within these and the other accounts on offer across the continuum of care.

84. In fact, the two internal ailments experienced by men reinforce widely accepted gender norms. B7 introduces a man suffering from an internal abscess: ἀνὴρ ἐ[ν]τῷ τῆς κοιλίας ἔλκος ἔχων (a man with an abscess in his belly). When the god attempts a surgical removal of the abscess by cutting the man open, he screams and attempts to run away. He has to be forcibly restrained by Asklepios' attendants during the procedure. The man is thus hardly an exemplar of masculine *andreia*. A13 features a man from Torone, suffering from some kind of internal parasite. Like B7 Asklepios slices the man open (this time no screaming) and scoops the animals from the man's chest. In the end, the *iama* explains that his stepmother had slipped the parasites into a potion that he drank unawares (κατέπιε δ' αὐτὰ δολωθεὶς ὑπὸ ματρυνίας ἐγ κικᾶνι ἐμβεβλημένας ἐκπίων). Thus, the etiology of the disease, which itself resembles the conflation of pregnancy and parasitical ailments in the women considered below, is in fact transposed to that arch-villainess of Greek legend, the evil stepmother. Just like women's ailments, women's *action* is here characterized by its being "unseen." See Watson 1995.

by highlighting the link between internal diseases and issues of fertility/pregnancy through a vernacular that pairs cure with cultic vision.

As with the A stele, the B stele commences with a programmatic ailment, one which, I argue, can be taken to pose challenges related to the physiognomy of the female body and the difficulty of recognizing a true pregnancy. So, at B1 we meet Arata and her mother:

Ἀράτα [Λά]καινα ὕδρωπ[α. ὑπ]ὲρ ταύτας ἁ μάτηρ ἐνεκάθειυδεν ἐλ
Λακεδαίμονι ἔσσα[ς] καὶ ἐνύπνιον [ό]ρηι· ἐδόκει τᾶς θυγατρὸς οὐ τὸν θεὸν
ἀποταμόντα τὰν κ[ε]φάλαν τὸ σῶμα κραμάσαι κάτω τὸν τράχαλον ἔχον· ὡς
δ' ἐξερρύα συχνὸν ὑγρ[ό]ν, καταλύσαντα τὸ σῶμα τὰν κεφαλάν πάλιν
ἐπιθέμεν ἐπὶ τὸν αὐχένα· ἰδο[ῦ]σα δὲ τὸ ἐνύπνιον τοῦτο ἀγχωρήσασα εἰς
Λακεδαίμονα καταλαμβάνει τὴν θυγατέρα ὑγιαίνουσαν καὶ τὸ αὐτὸ
ἐνύπνιον ὠρακυῖαν.

Arata of Lacedaimon, dropsy. On her behalf, her mother slept here, while she remained in Lacedaimon, and she sees a dream. It seemed to her the god cut off the head of her daughter and hung the body upside down. After much fluid had run out, he untied the body and replaced the head upon the neck. Having seen this dream, she returned to Lacedaimon and found on arriving that her daughter was healthy, and had seen the same dream.

Here Arata, a Lacedaimonian girl, suffers from “dropsy” (ὕδρωπ[α]). The girl is presumably much too ill to make the journey to Epidauros, and so her mother supplicates the god on her behalf.⁸⁵ As with Ambrosia at A4, Arata’s particular illness seems to stand apart from the general pattern of pregnancy-related complaints. Instead, she is said to be *hydropa*, to be suffering from dropsy, which was something of a catch-all description for any illness characterized by a retention of excess fluids under the skin resulting in a leaky swelling of the flesh.⁸⁶ While this is the only case of dropsy in the *iamata*, it is a common and often fatal condition in the Hippocratic texts, where it is also known as ὕδρωπ[α]. As Helen King points out, one word for womb, ὑστέρα, has been etymologically connected to ὕδρωπ[α].⁸⁷ Such a linguistic genealogy is noteworthy because it gestures to a longstanding conceptual link between the womb and women’s moist bodies, one that perhaps preceded and

85. This is the only such case in the *iamata*, but see n.46 above for parallels from elsewhere.

86. Bronwen Wickkiser (2008: 47) has suggested that the excess fluid that pours from Arata’s body—with its apparently implicit purpose of rebalancing of the bodily fluids—was “almost certainly influenced by humoral theory.” However, that “dropsical” conditions were a collection of fluids in the body is clear to the naked eye and ear. It is more likely that such manifestly liquid conditions like “dropsies” helped to promote and “prove” the existence of otherwise invisible liquid humors. In fact, of the many therapies for “dropsy” within the Corpus, few recommend “cutting” as a means of draining off excess fluid (*Morb.* 2.61, 7.96.1–5 Littré; *Aff. Int.* 23, 7.226 Littré), and these cases specify that this must be done by piercing the ribs, puncturing the lungs. The majority of dropsies, however, are treated through drying regimens or cauterization (e.g., *Acut. Sp.* 20, 2.496–98 Littré).

87. King 1998: 34, following Chantraine 1968 s.v. However, LSJ notes that it is cognate with Sanskrit *uttaras* “upper/back part.”

gave scope to the theories elaborated within the Hippocratic texts.⁸⁸ This stands to reason visually, too, as the liquid swelling which attends dropsical conditions typically occurs around the belly, γαστήρ, which we have seen is a ubiquitous term for the womb. In fact, there are several instances in the Hippocratic Corpus where we encounter dropsies specific to the womb, one of which specifies that these might be mistaken for a pregnancy.⁸⁹ Arata's illness may not be explicitly framed as a matter of (in)fertility. Observably and conceptually, however, this dropsical swelling could be seen to stem from the constellated cultural interests structuring the questions of conception, pregnancy, and safe delivery which motivated the first "class" of suppliants. The problem of discerning "real" pregnancies, triangulated by the dropsical retention of water and moist female bodies, can therefore be taken to align her with the other female "case histories" of the *iamata*.

The case of Sostrata (B5) similarly demonstrates the acute conceptual blurriness between pregnancy and internal disease.⁹⁰ Sostrata is at first said to be either παρεκύησε or θηρία ἐκύησε—meaning that she suffers either from a "false" pregnancy or she is pregnant with some sort of creatures.⁹¹ Whatever the trouble, it is so extreme that she has to be carried into the sanctuary upon a litter.⁹² She incubates at the god's temple but "sees nothing clear" in her dream. Disappointed, she begins the long return journey to her home at Pherai, but meets Asklepios on the road disguised as a fellow traveler. After querying her about her sickness and learning what the trouble is, on the spot he removes two basins full of "creatures" from her belly. After this effortless extraction, Asklepios sews her up, and commands her to send her healing fee to the sanctuary at Epidauros.⁹³

88. King 1998: 24–27 for the Hesiodic connection between women's bodies as a jar and Hippocratic conceptions of the womb as receptacle for excess fluids.

89. *Aēr*, 7, 2.28–30 Littré.

90. B5 Σωστράτα Φεραία[α παρεκύησε. α[ύ]τα ἐμ παντι εἴουσα φοράδαν εἰς τὸ ἱερόν ἀφικομένα ἐνεκά[θ]ευδε. ὡς δὲ οὐθὲν ἐνύπνιον ἐναργ[έ]ς ἐώρη, πάλιν οἴκαδε ἀπεκομίζ[ε]το. μετὰ δὲ τοῦτο συμβολῆσαι τις περὶ Κόρνον αὐτῆς καὶ τοῖς ἐ[πο]μένοις ἔδοξε τὰν ὄψιν εὐπρεπῆς ἀνὴρ, ὃς πυθόμενος παρ' αὐτῶν τ[ῆ]ς δυσπραξίας τὰς αὐτῶν ἐκελήσατο θέμεν τὰν κλίναν, ἐφ' ἧς τὰν Σωστρά[α]ταν ἔφε[ρ]ον. ἔπειτα τὰν κοιλίαν αὐτῆς ἀνσχίσας ἐξαιρεῖ πλῆθος ζ[ω]οφίων ἀμ[ύ]πολυ, [δύ]ε ποδανιπτήρας· συνράμας δὲ τὰν γ[α]στέρᾳ καὶ ποιήσας ὑ[γ]ιῆ τὰν γυναῖκα τὰν τε παρουσίαν τὰν αὐτοῦ π[α]ρευεφάνιξε ὁ Ἀσκληπιὸς καὶ ἱάτρα ἐκέλετο ἀπ[ο]πέμπειν εἰς Ἐπίδ[αυ]ρον]. (Sostrata of Pherai, false pregnancy. This woman, borne the whole way on a litter, arrived at the sanctuary and incubated. But since she saw no clear dream she was carried homeward again. Later, around Kornoι, she and her attendants met up with someone, in appearance a handsome man, who, when he inquired about their misfortune, told them to set down the couch on which Sostrata was borne. Then he cut open her belly and took out lots of the creatures—two foot basins full. When he had sewn up her stomach and made the woman well, Asklepios revealed his presence to her and ordered her to send the healing fee to Epidauros.)

91. LiDonnici 1995: 105 restores παρεκύησε (with Hiller); Herzog 1931 prints θηρία.

92. The relatively rare word φοράδαν may activate overtones of tragedy, where it is only used of the carrying in of a corpse, in order to stress the seriousness of her condition and the miraculousness of her recovery (cf. Eur. *Andr.* 1166; *Rhes.* 888; and Dem. *De cor.* 20).

93. Several of the *iamata*, inscriptions, and *leges sacrae* from other Asklepieia mention healing fees (see *iamata* B2; *IG IV*² 1, 248; *IG IV*² 1, 258; *IG IV*² 1, 126.20; *IG IV*² 1, 560; at Pergamum, see *LP III* 161A.31–32/B.14–16). Here, in B5, moreover, we may also have in Sostrata a rare instance of a true "speaking name" in the *iamata*, since σωστρα, originally a token given in thanks for "safety" or

Aristagora (B3) of nearby Troizen suffers a similar complaint—she has a worm, or leech, in her stomach.⁹⁴ Aristagora in fact incubates at the god’s temenos in Troizen, where Asklepios’ sons botch their initial attempt to remove the parasite by cutting off her head, which they are unable to replace correctly.⁹⁵ Fortunately, Asklepios, traveling from nearby Epidauros, appears in a separate dream the following night to put matters in order. The god deftly reattaches her head, and after correctly identifying the real location of the trouble, “opens up her belly” to excise the worm. Notably, the language of extraction and stitching up is shared between these two *iamata*, where at B3 we read ἀνσχίσσας τὰν κοιλίαν τὰν αὐτὰς ἐξελεῖν...συρράψαι πάλιν and at B5 τὰν κοιλίαν αὐτὰς ἀνσχίσσας ἐξαιρεῖ...συνράψας δὲ τὰν γαστέρα. Like the narrative patterns and lexical formulae linking the fertility cures, we find again narrative and language patterned in such a way as to highlight these cases as related. This relation is all the more striking as B3 shares formal features with B1 as well. Recall that both Aristagora and Arata had their heads removed and replaced upon their necks as a part of their dream therapies (B1: ἀποταμόντα τὰν κεφαλὰν...τὰν κεφαλὰν πάλιν ἐπιθέμεν ἐπὶ τὸν ἀνχένα and B3: τὰν κεφαλὰν ἀποταμνεῖν...ἐπιθείς τὰν κεφαλὰν ἐπὶ τὸν τράχαλον), an operation otherwise unparalleled in the *iamata*.⁹⁶ Of course, in the case of Aristagora this step of the procedure is quite mistaken (almost as if Asklepios’ sons, like the sorcerer’s apprentice, observed the sequence of B1 and

“salvation” (cf. Hdt. 1.118), could, at least by the Roman period, mean also “doctor’s fee” (Poll. *Onom.* 6.186) or, more specifically, thanksgiving made to Asklepios (*IG XIV*, 967).

94. B3 Ἀριστα[γόρα Τροζ]ανία. αὐτὰ ἔλμυθα ἔχουσα ἐν τῇ κοιλίᾳ ἐνεκάθευδε ἐν Τροζ[ᾶν]ι ἐν τῷ τοῦ Ἀσκληπιοῦ τεμένει καὶ ἐνύπνιον εἶδε· ἐδόκει οἱ τοὺς υἱ[οὺς τοῦ θεοῦ], οὐκ ἐπιδαμοῦντος αὐτοῦ, ἀλλ’ ἐν Ἐπιδαύρῳ ἐόντος, τὰν κεφα[λὰν ἀπο]ταμνεῖν, οὐ δυναμένους δ’ ἐπιθέμεν πάλιν πέμψαι τινὰ πο[ι]τὸν Ἀσκλη[πιόν], ὃπως μόλι· μεταξὺ δὲ ἡμέρα ἐπικαταλαμβάνει καὶ ὄρηι ἰαρεὺς ὄρηι [σάφα τ]ὰν κεφαλὰν ἀφαιρημέναν ἀπὸ τοῦ σώματος· τὰς ἐφερποῦσας δὲ νυκτ[ὶ] ὅς Ἀρ]ισταγόρα ὄψιν εἶδε· ἐδόκει οἱ ὁ θεὸς ἴκων ἐξ Ἐπιδαύρου ἐπιθείς τ[ὴν κε]φαλὰν ἐπὶ [τὸ]ν τράχαλον, μετὰ ταῦτα ἀνσχίσσας τὰν κοιλ[ί]αν τὰν αὐτ[ᾶς ἐξ]ελεῖν τὰν ἔ[λμ]υθα καὶ συρράψαι πάλιν, καὶ ἐκ τούτου ὑγ[ι]ᾶς ἐγένετ[ο]. (Aristagora of Troizen. As she had a worm in her belly, she slept in the temenos of Asklepios in Troizen and saw a dream. It seemed to her that the sons of the god, since he was not there but was in Epidauros, cut off her head but they could not put it back on again, so they sent someone to the Asklepieion, so that he would return. Meanwhile the day overtakes them and the priest clearly sees the head removed from the body. When the night finally came again, Aristagora saw a vision. It seemed to her that the god had returned from Epidauros and put the head on her neck, and after that cut open her belly, took out the worm and sewed it together again, and from this she became well.) This story is reported nearly verbatim by Ael. *Nat. Anim.* 9.33, itself derived from the fifth- or fourth-century BCE historian Hippys of Rhegium (=BNJ 554 F2). One suggestion behind the two tales is a “lay tradition,” again evincing a common stock of medical lore from which the *iamata* were elaborated. See LiDonnici 1995: 72–76.

95. For the foundation of Asklepios’ cult in Troizen, see Paus. 2.32.1–4 with Riethmüller 2005 s. v. Troizen.

96. My thanks to the anonymous referee not only for drawing my attention to the head and neck motif here, but suggesting the relevance of the Greek cultural commonplace linking perceived changes to the neck/mouth above and the one below after a girl’s first sexual encounter (particularly, a lowering of the voice and visible changes to the throat: see further Hanson and Armstrong 1986; Dean-Jones 1994: 52). While the procedure of removing the head from the neck is unique to these two *iamata*, such culturally diffuse associations attest the broad concern for developing reliable embodied signs which disclose facts about the status of the interior of a woman’s body.

misapplied the lesson in B3!). Nevertheless, these points of contact serve precisely to draw the apparently dissimilar cases of B1 (a dropsical girl) and B5 (a “false pregnancy”) into dialogue with one another and to establish B1, B3, and B5 as subset of cases unified through theme and variation.

B21⁹⁷ is more lacunose in the beginning than the preceding cases, and so it is difficult to interpret exactly how Erasippa is suffering.⁹⁸ We are not helped much by the verb, for ἐπέπρητο could derive either from πίμπρημι, “to burn up or be inflamed,” or πρήθω “to swell up” or “distend.”⁹⁹ Whatever the case, the phrase “had in her stomach” (εἶχε τὰ γαστέρα) pinpoints the origin of the illness as the interior cavity of the γαστήρ, the troublesome stomach/womb, and so either swelling or fever could be consistent with a complication during pregnancy. During her incubation, Asklepios appears before her, rubs her stomach, and kisses her (ὁ θεὸς τὰ γαστέρα ἀντρίβων φιλήσαι νιν). This moment of tenderness, verging on the erotic, is made all the more surprising as this *iama* is situated between B19 and B22, two cases which overtly emphasized the potency of Asklepios’ serpent through the suppliants’ subsequent, multiple births. Taken together, these initial details and the *iama*’s relative position in the whole text of the B stele would seem to confirm this case as a pregnancy-related ailment. However, as we read further we learn Asklepios commands Erasippa to drink a potion and that from this she throws up, and thus this ailment is not related to a pregnancy at all. Like Arata, Aristagora, and Sostrata, Erasippa suffers an obscure internal ailment and is returned to health by the expulsion of *materia peccans* through the action of a powerful emetic. So too, Erasippa is said to have recovered (ὕγις ἐγένετο) only after *seeing* “the evil stuff” she vomited up. Now, to be sure, part of the difficulty in fully comprehending the nature of Erasippa’s illness stems from the initial epigraphic corruption. Nevertheless, I suggest the difficulty of diagnosis is equally determined by ambiguities in a narrative that initially suggests one kind of condition (problematic pregnancy) to the reader, only to subvert expectations by identifying a separate etiology altogether. While such an interpretation has to remain speculative, it nevertheless seems entirely consistent with the *iamata*’s overall

97. B21 Ἐρασίππα ἐκ Καφυϊᾶν Ἰ[— — — αὐτα — —] εἶχε τὰ γαστέρα καὶ ἐπέπρητο ὅλα καὶ ο[...c.13..... ἐγκα]θεύδουσα δὲ ἐνύπνιον εἶδε· ἐδόκει οἱ ὁ θεὸς τὰ γαστέρα ἀντρίβων φιλήσαι νιν, μετὰ δὲ τοῦτο φιάλαν οἱ δό[μεν, ἐν αἰ φάρμακον] καὶ κέλεσθαι ἐκπιεῖν, ἔπειτα ἐμεῖν κέλεσ[θαί νιν, ἐξεμεσάσας] δὲ ἐμπλήσαι τὸ λώπιον τὸ αὐτᾶς· ἡμέρας δὲ γενομένας ἑώρα πᾶν] τὸ λώπιον μεστὸν ὧν ἐξήμεσε κακῶν, καὶ ἐκ το[ύτου ὕγις ἐγένε]το. (Erasippa from Kaphyiai (??) This woman had [?] in her stomach/womb and was entirely [feverish, swollen?]. She slept and saw a dream. It seems that the god rubbed her stomach/womb and kissed her, and after this gave her a phiale in which there was a drug; he ordered her drink it and then to vomit. Vomiting she filled her robe with the stuff. When day came she saw the whole robe full of the horrible stuff she had vomited and from this she was well.)

98. Both Herzog and the Edelsteins read ἰούλας (worms) after Καφυϊᾶν, although LiDonnici (1995: 115n.58) points out that, as in B3 and B5, the god’s preferred mode of intervention in that case is surgical removal, and not purgative, as here. I would add that in those two preceding cases the presence of the worm or creatures are reiterated in the description of their extraction, while in B21 the *materia peccans* is described only by the vague phrase “evil stuff” (κακῶν).

99. See LiDonnici 1995: 115, who prefers to read the pluperfect of πίμπρημι.

insistence on the limitations of human knowledge, especially as it is related to reading the interior of women's bodies.

All the stories above place thematic emphasis on internal disorders near or in the belly caused by unknown pathogens and the ability to see clearly as a key component to the process of healing or recovery. In B1, the moment of central significance is the mother's discovery that Arata *saw* the same dream (τὸ αὐτὸ ἐνύπνιον ὠρακυῖαν). Here the reduplication of the exact visual narrative confirms its objective reality. Sostrata has a false, deceptive pregnancy, and "sees nothing clear" (ἐναργ[ῆ]ς) in incubation. Only in the process of the disguised god's interrogation (πυθόμενος) is the interior reality revealed not to be a "pregnancy" at all, but an infestation of parasitic creatures—a kind of polluted, perverted pregnancy that requires catharsis. So too, Erasippa's visible symptoms, feverish swellings, are diagnostically inconclusive (both for herself and the reader); her return to health is predicated on her *seeing* the pathogenic matter after vomiting it up. As it takes Asklepios' questioning to divine the nature of Sostrata's illness, Aristagora's first attending physicians have difficulty "seeing" clearly the cause of her trouble and operate on an extravagantly wrong part of the body. Here the theme of visual clarity intrudes spookily, reiterated and displaced onto the temple attendant who "sees clearly" a headless body within the temple (ἰαρεὺς ὀρήϊ [σάφα τ]ἄν κεφαλὰν ἀφαιρημένην ἀπὸ τοῦ σώματος). Aristagora, who sees a dream the following night, cannot really have had her head so removed from her body. And so, as in other dreams, some fragment of the dream appears to have slipped into the fabric of daytime waking reality. The *iama*'s enfolding of what appears in one reality and what is "seen" in the diagnostic dream space again troubles the relation between the senses' ability to apprehend the exterior world in favor of the god's ability to transcend mortal limitations.¹⁰⁰ That the first healers are the "sons of the god"—widely known to be the doctor-heroes Podalarios and Machaon¹⁰¹—could be equally understood as implying mortal physicians, who often called themselves *Asklepiadai*—the children of Asklepios.¹⁰² While the narrative specifies the beginning of her troubles as the

100. Platt 2011: 32–44 describes what I find an analogous procedure of representational conflation and warping in the fifth-century votive reliefs dedicated to Asklepios discovered at the Athenian Asklepieia. These reliefs tend to foreclose direct visual apprehension of the divine, cutting the viewer off just at the cusp of epiphany. A perhaps more closely related example is the "Archinos relief" dedicated to the healing hero Amphiaraos at Oropos (c. 400–375 BCE). This relief creates counterintuitive hierarchies of reality by grouping multiple planes of action within a single frame. The dreaming Archinos is shown in the foreground being healed by Amphiaraos' divine touch while in the background the sleeping Archinos is healed by the gentle bite of a temple snake. Which, then, is more "real"? With which representational reality is the supplicant most closely supposed to identify? As in the case of Aristagora's dream, the ontological status of the cure is "over-determined," or, at any rate, multiply-determined, by the enfolding of dreaming and waking perception into a cohesive, singular episode.

101. For ancient testimony concerning Asklepios' heroic sons, see the Edelsteins 1945: T135–216.

102. The Edelsteins 1945: T217–32 for literary references to doctors as *Asklepiadai*. Other, non-medical groups, however, could also call themselves *Asklepiadai*. See Smith 1990:14–17 (reprinting *LSCG* 42=SEG 41 500) on the so-called decree of the *koinon* of the *Asklepiadai*, which more likely

result of a consultation at the local healing sanctuary at Troizen, such a narrative possibly implies the inferior diagnostic capabilities of men who claim to “see clearly” things which correspond poorly with matters as the gods perceive them.¹⁰³ Outside the boundaries of the healing temple the criteria for distinguishing pregnancy from pathology appear to be elusive indeed.

Summarizing, then, the first two stelai of the Epidaurian *iamata* contain some eleven tales concerning female suppliants. A simple majority of the women who appeal to Asklepios make petitions concerning childbirth or fertility, but a thorough survey of the remaining narratives reveals also the ubiquity of reproductive imagery and a suite of anxieties felt around the occluded interior space of the female body. Unsurprisingly, perhaps, both the *iamata* and Greek medical texts betray an ambivalence related to the paradox that women were felt to be the unruly and unreadable instruments through which social order is reproduced and ensured. Such a sharing of sentiment is not the same, however, as claiming that the *iamata* show a conscious absorption or borrowing of Hippocratic theories, nor is it sufficient to prove that cultic medicine traded on the growing popularity of Hippocratic theory. As we have seen, where the *iamata* overlap with the gynecological texts is entirely on the level of widely shared, culturally rooted assumptions within which scientific schemes of speculation developed.

In the 1970s and 1980s Grensemann made the case for the early nature of at least some of the materials comprising gynecological texts like *Diseases of Women* 1 and 2; *Barrenness*; and *Nature of Women*.¹⁰⁴ Within these treatises he identified compositional layers or strata, based on a variety of criteria, including style, technical vocabulary, therapeutic and physiological orientations, from which he hypothesized five distinct “viewpoints,” ranging in date from the mid-fifth to the mid-fourth centuries BCE.¹⁰⁵ While Grensemann’s methods for establishing the dates and relationships between texts in the Hippocratic Corpus have rightly been criticized, that work was foundational for the following generation of scholars who have seen in gynecological texts an early stratum of medical thought from which later scientific writings took their shape. These scholars take the gynecological texts—especially those with recipe lists—as representing older medical lore that circulated orally and only gradually became fixed textually.¹⁰⁶ This lore may even contain rhetorical, diagnostic, and therapeutic features that disclose links to the

represents a religious association (with parallels at Athens and Colophon) charged with the administration of the Koan Asklepieion than a “guild” or family of physicians.

103. Compare another Troizenian case (C5), in which a man suffering empyema is instructed *not* to submit to the cauterization suggested by local *iatroi*, but rather to incubate at the god’s sanctuary.

104. Grensemann 1975 and 1982 were principally vested in clarifying the relationship between the so-called Knidian and Koan schools of medicine. For the debunking of these as discrete schools of medical thought, see, e.g., Lloyd 1991; Totelin 2009; Nutton 2013.

105. See Hanson 1991; Totelin 2009: 24–29 for the overly philological nature of Grensemann’s methods.

106. Totelin 2009; Asper 2015.

ancient Near-Eastern and Egyptian medical traditions.¹⁰⁷ This is to say, it is very difficult to specify just how representative of widely accepted knowledge the gynecological tracts are. Nevertheless, when the gynecologies and embryologies are compared with some of the more rhetorically and theoretically sophisticated texts such as *On the Nature of Man* or *On the Sacred Disease*, the material dealing exclusively with girls and adult women stands a good chance of retaining medical notions deeply embedded in traditional praxis and cultural commonplaces.

If such is the case, the *iamata* examples should encourage us to think more specifically about the cultural system out of which both temple and later Hippocratic medical systems were developed. Rather than representing complementary outlets of medical care in which Asklepios specialized in “hopeless” cases, I suggest that the *iamata*, among many other things, permit us to observe a process in which parallel medical traditions branched out from a common cultural substratum. Within both traditions we find similar assumptions about the performance of gender roles, which underscore a link between women’s reproductive roles and the “challenging” interiority of their bodies. Nevertheless, there exists enough obvious differentiation in terms of diagnostics, general prognosis, and, not least, therapeutics to understand that this common ground was elaborated differently according to bio-socially specific standards and needs as they were perceived both by patients (and their male relations) and healers alike.

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107. The literature regarding the mutual influence (or lack thereof) of Near-Eastern and Egyptian medicine on the development of Greek “rational” medicine is now considerable. See, most recently, Asper 2015; Lang 2012; Jouanna 2010; Burkert 2004 with bibliographies.

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