Obstetrics and Gynecology in the Ancient World

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Women in the ancient world were subject to ancient practices of medicine. This seems obvious to the reader, however to truly understand what the implications of “ancient practices of medicine” are, one must step out of the realm of today’s technology. Feminine healthcare is something taken advantage of in modernity by many. It has a crucial role in the sustaining of a population, though is frequently overlooked in many cultures of today as nonessential medical practice. This specialization should not be ignored and certainly was not in Ancient Rome. The doctors and midwives and nurses of the time took great care in their work, paying particular attention to cures and remedies that, to the modern reader, may seem absurd and experimental. Primarily focused on pregnancy and birthing procedure, studies of this realm of medical necessity show the primitive nature, with some similarities to how obstetrics and gynecology are practiced today.

Before a woman rears a child, she must first go through puberty and become a woman. This coming of age, is not always a smooth process, as there are often complications that suppress a woman’s hormones or make them hyperactive; diseases that cripple a woman’s uterus to infertility or constant pain; maladies that simply render the womb ineffective. These issues are, unfortunately, not as rare as one would hope; however in most of these cases the issues are not everlasting or life-altering, and more commonly a mere obstacle. In Ancient Rome, it was no different. Women’s reproductive tracks have not changed all too much in the realm of diseases.

Looking to one disease in particular, endometriosis, the Romans knew not what it was but had a general idea of how to treat it. According to the United States National Library of
Medicine, “Endometriosis occurs when cells from the lining of your womb (uterus) grow in other areas of your body. This can cause pain, heavy bleeding, bleeding between periods, and problems getting pregnant (infertility).”¹ Endometriosis can grow anywhere in the abdomen and even as far up as the bottom of the lungs, though this is often rare. The pain comes when a woman’s ovaries send the hormones that induce a menstrual cycle, indicating these endometrial cells elsewhere to enlarge and thicken with blood, and eventually shed as the lining of the uterus does during the cycle.² From this, the body’s muscles constrict in reaction to the internal bleeding, leading to other issues and related diseases that can result. Further from the U.S. National Library of Medicine, “No one knows what cause endometriosis.”³ The fact that modernity has not found a source for the disease would seemingly render it impossible for the Romans to have known the cause. Even today, there is no cure for endometriosis, only a temporary fix to relieve the patient’s symptoms for a short amount of time.

This disease is a prime example for an analysis of the ancient systems of research and diagnosis, as modernity has yet to identify the source, which could possibly give validity to the ancient way of treating the patient. To the ancients, endometriosis was perceived quite astutely as the “wandering womb”, having noticed that the symptoms of a normal menstrual cycle were occurring elsewhere in the body. This ideal of a “wandering womb” comes from the ancient idea that “if a woman did not fulfill the socially proscribed roles of marriage and motherhood her uterus would be deprived of its intended purpose” and ultimately seek its rightful place elsewhere, i.e. the wandering womb.⁴ The similarities in modern research to that of the ancients are profound, beyond this idea of the intent of the uterus and mainly on the pretense that the cells

² Ibid.
³ Ibid.
searched refuge in other locations around the abdomen. As identified by the ancients’ medical text written years prior by the Hippocratics, “the following four factors as highly predictive of gynecologic disease: [1] menstrual dysfunction is a cause of disease, [2] pregnancy is a possible cure, and [3–4] pain and infertility as potential outcomes if the woman is left untreated.”

This is astounding work when set beside modern medical study, however, these symptoms were the standard indicators of any gynecological condition, and not necessarily endometriosis. This impressive understanding of the female anatomy shows particular care and attentiveness in assessing and observing the body’s trends and patterns of pain. Today, obviously, far reaching lengths, miles beyond this simplistic breakdown of symptoms have been made in the study of female anatomy, though it should be of note that the reproductive system was of concern to ancient medics.

In the ancient world, the idea of the “wandering womb” was paired with the idea of “suffocation of the womb”. Thought of by Plato and recurring through generations of medical study, the idea was that the uterus, becoming so agitated from non-use or emptiness would search the body for another place to be used and ultimately block the airways to a woman until the uterus was used, i.e. a woman was pregnant. This is much further from the truth and obviously not the case, though a creative idea nonetheless. In forming this theory through observation and analysis, the men studying noticed the woman in pain “falling to the ground, doubled over into the fetal position,” suffering from “convulsions” on the ground. These reactions are very much so indicative of untreated, severe endometriosis, making it quite plausible that those observing would be led to this conclusion.

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5 Ibid.
6 Ibid., 4.
7 Ibid., 5-6.
The Hippocratics wrote further on female anatomy beyond disorders, but urged women with any complications of the slightest to marry and conceive as soon as possible, as referenced above.\(^8\) While it is true that pregnancy masks many symptoms of many gynecological disease, and in some cases even cures them, it is not a definite fix to any issue and has great potential to worsen or exaggerate preexisting conditions, sometimes becoming fatal to both the mother and the baby, or either one alone. Worse than their recommendations for curing themselves with pregnancy, the ancients prescribed harmful therapies and remedies that more often than not caused further issues. Remedies were usually bizarre concoctions made up to heal the women, hopefully by way of placebo effect, which most probably was the case, if ever these drinks did anything but worsen sickness. From the Hippocratics, “the urine of men or bulls, tar water, chastetree (Vitex agnuscastus), pomegranates, cantharides, or castor oil” were all common ingredients in a mixture.\(^9\) These were general folk medicines utilized for gynecological maladies, though from later medicinal students, lists of prescriptions and their recipes are available. These lists, however, are primarily written for pregnant women, weighing in greatly to obstetrics and care of the mother in labor.

Between Pliny the Elder and Soranus, in their respective works *Historia Naturalis* and *Gynecology*, the spectrum of obstetrical and maternal care is mostly covered. Each work writes to the medical practice; Pliny focusing on the medications, and Soranus writing primarily on the act of child birth. Pliny, according to Valerie French in her article *Midwives and Maternity Care in the Roman World*, wrote of common medical practices that would now be considered ludicrous, especially when used as an aid of child birth. French mentions all absurdity from the difference of placing a hyena’s left or right foot on the shoulder of the mother in labor, to

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\(^8\) Ibid., 4.

\(^9\) Ibid., 6-7
sneezing for relief of a difficult labor. She then twice references the recommendations of wine, a method that would be immediately dismissed in the modern age of restricted and safe childbearing practices.\textsuperscript{10} This folk medicine described by Pliny is on the bottom line absurd to the modern reader, though, again one must remove him or herself from judgment.

Soranus wrote more to the actual event of going into labor. Soranus’s \textit{Gynecology} “synthesized the best of existing knowledge and added to it with his own experience and insights” on the very necessary study of the female reproductive system.\textsuperscript{11} His writings on obstetrics were very in depth, describing the best midwife and environment in which a mother should give birth. Being of sympathetic nature, kind, sterile, literate, and soft in both demeanor and of skin, among others, were some of the preferred if not mandated qualifications for a midwife of Soranus’s standards.\textsuperscript{12}

Soranus also, very completely, writes on the process of giving birth. He calls for a midwife to be present along with three assistants. The mother would sit on the midwife’s stool which she carried with her together with her various tools, should they be needed, in a kit. One assistant stood behind the mother and held her back while the laboring woman held the armrests for support. The other two women stood beside the mother allaying her anxieties and gently relaxing and supporting her. The midwife eased the woman’s pains with hot-water bottles and “bladders filled with warm oil placed against the woman’s sides.”\textsuperscript{13} She then gently rubbed the cervix to induce labor and dilate the opening for the baby to descend through. The midwife then, when the parturient was in delivery, would kneel before the upright woman and instruct her on

\textsuperscript{11} Donald Todman, "Childbirth in Ancient Rome: From Traditional Folklore to Obstetrics." The \textit{Australian and New Zealand Journal of Obstetrics and Gynaecology} 47.2 (2007): 82.
\textsuperscript{12} French, "Midwives and Maternity Care in the Roman World."
\textsuperscript{13} Ibid.
proper breathing techniques and how to push properly in the downward position to allow gravity to help with much of the force.14 These practices and procedures for childbirth seem so primitive, yet when juxtaposed to the delivery rooms in modern hospitals, significant comparisons may be drawn.

As a form of painkiller and relaxing agent, incense were lit in the room, making the atmosphere much less tense, whereas today, the use of an epidural is used in well over 50% of labor in hospitals.15 The vertical position as opposed to the prostrate of today, seems far more painful than childbirth already does, however the accounts of Soranus and Pliny attest to the effectiveness of the prostrate position in aiding the descent of the baby from the woman. One significant method in which the ancients had the process far better than physicians of modernity do, is in the emotional support in the room. Despite Soranus forbidding the father from being in the room with the parturient, the supportive atmosphere offered from the midwife’s assistants far exceeds that of the white colored walls with a call button for a nurse that a lonely, laboring woman is accustomed to today.

In almost all recorded cases, it is women who perform the necessary duties for a woman’s healthcare, and, as mentioned above, only women present at the birth of a child. According to the South Atlantic Association of Obstetricians and Gynecologists, “since ancient times, women have cared for others: providing social and psychological support, medical care, and birth attendance” for fellow females.16 This perspective is accurate historically from the accounts analyzed above, and socially accepted, as women, at their most basic level, are perceived as the more caring and sensitive or emotional of the two genders. Midwives, as written by Valerie

14 Ibid.
French, were highly respected in the ancient Eastern world and for good reason. Their work was
difficult and necessary. Midwifery is, and should always be, respected as one of the most
important occupations in the world, as without them, or even a helper present acting as midwife,
most pregnancies would end in infant or maternal fatality.

An illustration of the importance of midwifery is present in many realms of the Greek
and Roman civilizations. One such example, being of high reverence in the ancient world, was
the birth of a god. Most often, the birth was perceived as a caesarean section, as in the case of
the Greek Asclepius, Apollo’s son, god of medicine. This belief that the gods oversaw
caesarean sections comes from the most common outcome of a caesarean section being death,
implying that if “a newborn sustained the operation, it was believed that the gods must have
intended an outstanding future for this person.” Further speculation on the origin of caesarean
sections comes from the law of the same name by Julius Caesar himself. The Caesarean Law
states that “if a pregnant woman died, the body could not be buried until the child had been
removed.” Regardless of its origins, the caesarean section would be performed by the midwife
on the laboring woman with aid of the gods, only in severe necessity. On the opposite side of
risky, necessitated surgery for child birth, prevention and contraceptive matters were utilized by
the ancients to avoid pregnancy and sometimes lethal labors.

Forms of birth control are of excessive abundance today. Birth control pills, or BCPs as
they are more commonly referred to, are found in the vast majority of women’s wallets across
the United States. Not only used as a contraceptive, the pills may be used as a form of hormone

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19 Todman, “Childbirth in Ancient Rome,” 84.
regulation, a common prescription for diseases such as the aforementioned endometriosis. Condoms are a relatively new form of contraception, first produced in 1855.\textsuperscript{20} In Ancient Rome, birth control and abortion practices are referenced discretely in literature. The birth control methods were most often concoctions, as seen with the remedies above, or plants that were known to counter conception or cause abortion. Soranus points to Silphium as the premier contraceptive herb.\textsuperscript{21} The ancients even developed “quite effective spermicides and pessaries” – a removable device which supports the uterus, still prescribed today.\textsuperscript{22} In terms of abortion, the recommendation was Pennyroyal which was said to induce the expulsion from the womb. The Hippocratics, however, were against abortion as performed by a physician, but offer advice on how to have one at home.\textsuperscript{23} These forms of birth control and abortion were not necessarily effective but significantly notable, as they were so common as to be written about by the Hippocratics and by Soranus in ranking. The ancients were concerned with population and overabundance, as well as the welfare of a child, as shown by the evidence and apparent research of birth control methods.

A much more controversial method of taking care of an unwanted child was infanticide. The choice of infanticide came from the father, as a woman’s child was not legally in her right of ownership, legally belonging to the father. Because the father was allowed to choose what is to be done with a child “infanticide was not made criminal.”\textsuperscript{24} Infanticide was not a new idea by any means, but was much more commonly known as exposure, as can be seen in Sophocles’ \textit{Oedipus Rex}. Exposure meant that the parents of a child would leave him or her in the

\textsuperscript{20} "History of Contraception – Condoms and Sponges: Highlights of the Percy Skuy History of Contraception Gallery," Case Western Reserve University, 2010.
\textsuperscript{21} Todman, “Childbirth in Ancient Rome,” 84.
\textsuperscript{22} Gillian Clark, "Roman Women," \textit{Greece and Rome} 28.02 (1981): 196.
\textsuperscript{23} Todman, “Childbirth in Ancient Rome,” 84.
\textsuperscript{24} Clark, "Roman Women," 196.
wilderness, exposed to the elements for some time. If the baby died, so was the goal completed. Should the baby have lived however, it was thought to be of divine intervention or design, again, as is seen in Oedipus Rex. Although this is a Greek play, it is the basis off of which Roman exposure is built. However, with exposure there is not necessarily the intent of infanticide, the murder of the child, so much as an abandoning. It may be so that the parents intend on the baby to be adopted or taken into slavery, a way in which many slaves in Rome were brought into the trade after the Pax Romana.

In choosing which child would be selected for infanticide, the process is unknown, though speculated. It is most probable that the child in question would be inspected by the midwife and the paterfamilias would decide its fate. Children with birth defects or handicaps were usually subject to exposure and infanticide, though “other potential factors would have included poverty, large families and perhaps unwanted females.”25 No substantial evidence has been offered, however, that can prove selective infanticide based on the gender of the child was necessarily popular. Donald Engels, in his study on the topic, writes, “A high rate of female infanticide in antiquity was demographically impossible” due to the demographic analysis of the ages of women and their general numbers among the population.26 Beyond this, it is of note that infanticide and exposure were a means to the end of unwanted children in a Roman family, no matter what the reasoning.

Sadly, many infants were exposed to death, not of the will of the parents, but of the will of nature. Infant mortality rates, and relatedly, maternal mortality rates, were expectedly high due to the lack of modern technology. Infant mortality rates were high for similar reasons as one would think. “Poor hygiene, sanitation, and maternal nutrition” were all common threats to a

25 Todman, “Childbirth in Ancient Rome,” 84.
baby’s wellbeing. The estimated rate of mortality for infants in the Roman Empire is three hundred per every thousand children born. This rate compared to the modern rates in industrialized civilizations of ten per every thousand births is astronomically high.

With respect to the mothers, it is speculated that “Many [women] must have died in childbirth, from infection or difficult births, or because they were just too young.” This conjecture on the death rates of the mothers is not inconceivable, as the marriage age was typically around the early teens, even as young as 12, due to “the pressure of mortality [as] the underlying reason for early marriage.” Further, according to Soranus, the earliest appropriate age for a girl to be having children was 15 years of age which today would be widely refuted as “most gynaecologists [sic.] now would add three years to that” number. This is even more significant when the factor of life expectancy is added into the data. It is agreed widely among scholars that the life expectancy for Roman citizens was 25 years of age. With a girl being married off approximately ten years before that, and expected to birth children immediately, it puts a hefty strain on the young woman to perform her feminine duties in a short amount of time, and perform them well. Today, it is broadly agreed that the average age of marriage for females is around 26 to 27 years of age, according to the United States Census, and the average age of first birth is 25, according to the CIA. The life expectancy for a woman of today, however, living in the United States, is approximated at 86.6 years. This is astoundingly longer, as some

27 Todman, “Childbirth in Ancient Rome,” 84.
28 Ibid.
29 Clark, 196.
30 Ibid., 201.
31 Ibid., 196.
32 Todman, “Childbirth in Ancient Rome,” 84.
people live to see their great-great-grandchildren in modernity, while in Ancient Rome, according to the average, a woman would not live to see her first child’s tenth birthday.

Causes for the mortality of a woman at birth, beyond the reasoning of her being too young, are the same reasons as for infant mortality. The rate was not high enough to account for a substantial decrease in the female demographics of the time, though they were significant enough to note. It is approximated that the rate of mortality from child birth rests around 25 per every thousand births, a far, far lower number than the 30% rate of infant mortality. Another possible cause of maternal death is most likely that of the diseases aforementioned. Endometriosis carries with it a high rate of mortality when labor is attempted, though, as said, can be masked or even temporarily cured while a woman is pregnant.

The ancients had a captivating collection of medical journals and theories and practices, especially when it came to gynecology. To favor and study the female anatomy, in a time of limited rights and respects granted towards women, is a fascinating thing. The mere fact that they took the time to observe and study and understand the female body is a forward-thinking step which sets apart the Roman ideology, and that of the Greeks for that matter, from the rest. Although the Hippocratics and subsequent researchers down through Rome to Soranus and Celsus had either primitive ideas or completely wrong and bizarre means of treating them, they spent much of their attention on these diseases and the study of obstetrics to provide the best care for their, and Rome’s, future children. Many of their practices have been built upon and, though shadowed, are still used today, especially with the research and theories on endometriosis, the mystery disease of the “wandering womb”, and birth control methods. The ancients’ gentle and

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35 Todman, "Childbirth in Ancient Rome," 85.
emotional nature in all of this study is even more astounding, seemingly having been lost in some areas of modern medicine.
Works Cited


