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Pregnancy Through Childbirth: A Midwife's Perspective of Gynecological Practices in 2nd Century AD Greco-Roman Society

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Pregnancy Through Childbirth:
A Midwife's Perspective of Gynecological Practices in
2nd Century AD Greco-Roman Society

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Abstract

The purpose of this essay is to discuss the role of a midwife during pregnancy and delivery in the Roman Empire. I approach this topic uniquely because I chose to write a first-person narrative by creating a character for myself. I will take on the identity of a midwife named Coelia Hagne, who lived during the second century AD in a small coastal town on the Italian peninsula. I created a personality for my character as she practices gynecological medicine as a midwife. I follow the cases of four women in particular to highlight all aspects of pregnancy and childbirth. Through the observations of my character, I will discuss the recommended treatments by the leading physicians for various diseases of pregnancy and insert my own opinions of their efficacy. I will discuss the standard procedural techniques in a normal delivery, the implication of unwanted children, the treatment and prevention of miscarriage, and the surgical methods of abortion.

I chose to pursue a topic relating to gynecology and childbirth because it is a topic of special interest to me. I am pursuing a degree in medicine beginning in the fall of 2013. I hope to become an obstetrician after completing medical school. I wanted to unite my interest in medicine and classical studies, and therefore, chose to work on a project relating to ancient midwifery and childbirth.
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To the gods of the dead. To Coelia Hagne, midwife. Marcus Ulpius Zosimus (dedicated this) to 
his most blessed wife.¹

¹ Epitaph of Coelia Hagne. Puteoli, 2nd cent. AD. CIL X. 1933. L.
To my fellow women, dear friends, and colleagues: this is my account of my medical knowledge and expertise of the female body as it relates to childbirth. My name is Coelia Hagne and I am a practicing midwife. My duties mainly involve the day to day care of pregnant women through their labor and delivery. I am imparting my knowledge of the steps required to care for a pregnant woman, perform a delivery, and provide treatments for complications. Before I describe the details of my work and expertise, I will tell you more about myself.

My hopes are that you will first discover who I am as a person so that you may understand and trust my skills as a medical professional.

My family comes from a coastal city of Italy called Puteoli, named for the sulfuric smell of the town due to our proximity to the volcano called Vesuvius. Despite this, we are proud that our city is an important trade route for the Empire. We experience many different languages and cultures through the commerce brought to us by our port. I was raised into a poor household, but my father held a respectable job to support the family. I am grateful that I was raised as a free woman, which gave me an opportunity to choose my work. Because of this privilege, I honor the value of dedication to my work. I always knew in my heart that I would serve others when I was an adult. With strong moral values and a passion for life, I was prepared for the next phase of my life: adulthood.

I began work as a midwife at the age of fifteen, following the training I received from my own mother and grandmother. To continue my training I sought out other midwives and observed their surgical practices. Once I was confident in my skills, I began to work for my local community. I was married to Marcus Ulpius Zosimus when I was eighteen, after which I continued my work, expanding my patient base. I am privileged in that I can maintain a professional life as well as a domestic one. My husband is a kind and loving man who has
achieved great things. Though he is a freedmen, he is a trained doctor, who worked for the great Emperor Marcus Ulpius Traianus, his namesake. I greatly respect my husband’s accomplishments for he has earned his status as a freedman through his intelligence and loyalty. Though people might look down on me for marrying a freedman, they are fools since Zosimus has more wealth and power than most in this city. He is proud of his position and success in life, and I love him for all he has provided me.

I proudly served the women of Puteoli for many years, during which I delivered thousands of babies to smiling mothers. I have also experienced tragedy and loss through work and in my personal life. It always challenges me as a professional when complications occur. I know that two lives are at stake and so I must strive to do my best and put forth my full effort. However, some things are outside my capabilities, and it takes a great deal of humility to admit that I cannot save all patients. This is even more difficult to comprehend from the perspective of the mother. One cannot pretend to understand what loss during childbirth feels like unless it is experienced firsthand. I have been pregnant four times, and only my second child made it to full term, but later passed away days after his birth.\(^2\) I know fully the dangers of pregnancy, and bring this understanding into all of my actions and decisions as a medical professional. The more I strive to learn about the state of medicine, the more lives I can save from needless suffering and pain, or worse, death.

As I speak to you, my fellow professionals and aspiring midwives, I will strive to tell you what I know about the noble work of midwifery, so that you might be inspired to improve yourselves constantly. The following sections feature cases of women through their pregnancies to the births of their children. I included in detail emergency situations and ways to approach

\(^2\) Bagnall, Roger S., Frier, Bruce W. 1999. *The demography of Roman Egypt* 87. Populations of the past experienced much higher [infant mortality] rates; quite commonly over 20 percent of newborns died in their first year of life, and levels as high as 30 or 35 percent are not unknown.
treatment in hopes that we as midwives and physicians can learn from our mistakes and failures for the good of medicine. For my fellow women, I give my experience as a woman in service for you.

**Characteristics of the Ideal Midwife**

Before I began my work, I completed training to ensure that I was fully prepared for my work as a midwife. This meant that from childhood, I needed to learn to read. While other girls were playing in the streets, I was busy studying with my school master, but I didn't mind since my parents paid a huge amount to educate me and I knew this would benefit me in the end.³ My ability to read allowed me to consult discussions regarding medical practices and information about the role of a midwife. Moreover, my husband Zosimus, who is himself a Greek, taught me to read and speak Greek.⁴ This has been especially valuable since the best physicians are Greeks. Plus, many of my patients speak Greek in this town, so it is beneficial for me to be able to communicate with them. One Greek text in particular included all the necessary prerequisites that a woman seeking a position as a midwife and caretaker should possess. I consulted the recently published *Gynecology*, by a physician named Soranus from Ephesus. I find his texts both fascinating and useful for comparing knowledge of various diseases and for contrasting the cures it recommends with my own arsenal of remedies. I am also amused and flattered by his

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³ Bonner, Stanley F., *Education in Ancient Rome* 27. From the late Republic onwards, there is considerable evidence that girls were often well read, especially in poetry, both Greek and Latin, and merited the compliment of being called *docta puella*.

⁴ Adams, J.N., *Bilingualism and the Latin Language* 7. Identifying fluent or balanced competence in two languages from the written record of antiquity is not easy, though where Greek and Latin speech is concerned there is anecdotal evidence of individuals competent *utraque lingua*.
descriptions of the ideal midwife.\textsuperscript{5} Comparing myself to Soranus' ideal midwife, I find that I share many of the qualities. In order to understand a patient's medical condition and prescribe treatment, I must be able to think and deduce quickly, which comes from a sound and nimble mind. Furthermore, I believe that it is necessary to love one's work, especially in a position of service to others. It is interesting that he indicates that a midwife must be respectable, with which I agree. Presenting myself honorably in the eyes of others builds a strong working relationship between myself and my patients as well as with other practicing midwives and physicians. I have an obligation to my husband and myself to work honestly, which will honor our family. As an individual who prides herself on values and ethics, I would not want to lose the trust and respect of others through misconduct and selfish gain.\textsuperscript{6} There is a certain amount of sensitivity to the subject of pregnancy and childbirth. I must treat my patients with respect and keep their history and conditions confidential, such as when the pregnancy is complicated or when the identity of the father is in question.

One aspect of the position that is often understated, but in my opinion, just as vital as any other qualification, is the ability for a midwife and physician to connect on a more personal level with the patient. A midwife may share many similarities with her patients: gender, socio-economic status, and experience of childbirth. Many of these factors allow us as professionals to sympathize with the women. And though it is not absolutely mandatory for a midwife to have experienced childbirth prior to work, it is vital that she can connect with the patient undergoing

\textsuperscript{5} Soranus, \textit{Gynecology} 1.3. A suitable person will be literate, with her wits about her, possessed of a good memory, loving work, respectable and generally not unduly handicapped as regards her senses, sound of limb, robust, and accordingly to some people, endowed with long slim fingers and short nails at her fingertips.

\textsuperscript{6} Soranus, \textit{Gynecology} 1.3. She must be respectable since people will have to trust their household and the secrets of their lives and because to women of bad character the semblance of medical instruction is a cover for evil scheming.
treatment. Without this, the patient cases would seem more like a drudgery of tasks to be completed. This level of care and true concern for the patients demands true passion for work and love for learning new information and constantly improving one's skills as a medical professional. Soranus defines this passion as "manly," which I interpret as extraordinary and beyond expectations - qualities which I am just as happy to attribute to women as to men.

In theory, these principles can help determine if one is suitable for the position. As I took in all of this information, I understood that I was qualified for the position, but I had not proved to myself that I could physically undertake the duties of a midwife. To be able to respond to a call from a patient requires a certain amount of flexibility, and to assess her condition quickly and efficiently to perform the treatment calls for a determined and capable mind. Soranus describes the extent to which a midwife must be prepared in all situations to make the correct diagnosis or prescribe the right cure. In his text on the training of midwives, he explains, "Now generally speaking we call a person the best midwife if she is trained in all branches of therapy (for some cases must be trained by diet, others by surgery, while still others must be cured by drugs)... she will not change her methods when the symptoms change, but will give her advice in accordance with the course of the disease." A midwife must have the proper medical knowledge to respond to a variety of complications and offer the correct type of cure.

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7 Soranus, Gynecology 1.4. And it is not absolutely essential for her to have borne children, as some people contend, in order that she may sympathise with the mother, because of her experience with pain; for [to have sympathy] is not more characteristic of a person who has given birth to a child.

8 Soranus, Gynecology 1.3. She must love work in order to persevere through all vicissitudes (for a woman who wishes to acquire such vast knowledge needs manly patience).

9 Soranus, Gynecology 1.4.
What is also noteworthy for my own approach to patient care is confidence in my own abilities. A midwife must not be afraid of the unexpected.\textsuperscript{10} As a figure of authority in the medical profession, I cannot change my practice if something unexpected occurs. Rather, I must remain steadfast through the whole process, which maintains trust and strength in my relationship with the patient. In order to ascertain properly the root of the problem, a midwife must be in tune with her senses and maintain her own health.\textsuperscript{11} I have learned through my practice to appreciate an understanding of my own bodily needs and limitations. If I am not completely focused on my patient physically or emotionally, I cannot fully serve her. I could not, in good conscience, treat another when my own illness or fatigue could lead to the patient's suffering. This dual responsibility of a midwife to act as both a source of knowledge and healing as well as compassion is the challenge and the reward of my job, and the reason that I am passionate about it. Soranus describes this as something willingly taken on by the midwife, and even acknowledges the difficulties it poses.\textsuperscript{12}

One aspect of my position that is difficult to discuss is discretion in how I approach patients and the implications on my practice. Soranus sums this up by explaining, "She will have a quiet disposition, for she will have to share many secrets of life."\textsuperscript{13} Everything that one does during care of the patient is a serious matter and should not be taken lightly. Furthermore, when I am handling more private aspects of the female body, I must remember that I have a special bond

\textsuperscript{10} Soranus, \textit{Gynecology} 1. she will be unperturbed, unafraid in danger, able to state clearly the reasons for her measures, she will bring reassurance to her patients, and be sympathetic.

\textsuperscript{11} Soranus, \textit{Gynecology} 1.3. She must not be handicapped as regards her senses since there are things which she must see, answers which she must hear when questioning, and objects which she must grasp by her sense of touch. She needs sound limbs so as not to be handicapped in the performances of her work and she must be robust...

\textsuperscript{12} Soranus, \textit{Gynecology} 1.3. for she takes a double task upon herself during the hardship of her professional visits...

\textsuperscript{13} Soranus, \textit{Gynecology} 1.4.
with the patient based on trust. Confidence between myself and my patients is essential, I cannot
stress enough the importance of secrets. This discretion also allows me to determine what
treatments and cures to prescribe according to my moral code. While I have an obligation to cure
and serve those who suffer, I also have a duty to preserve life, and therefore cannot offer an
abortive procedure. Soranus, with whom I agree, states that this decision to protect life in all
capacity or with conditions must be made with the intention for good, and not personal gain or
advancement. One also cannot be swayed by superstitions and outward influences, which affect
our professionalism and integrity as workers.\footnote{Soranus, \textit{Gynecology} 1.4. She must not be greedy for money, lest she give an abortive wickedly for
payment; she will be free from superstition so as not to overlook salutatory measures on account of a
dream or omen or some customary right or vulgar superstition.}

These qualifications that a midwife should ideally possess give us a standard we should
all strive towards. While I do not possess every characteristic of Soranus' description, I believe
that I am working towards becoming the best midwife possible. I include these quotations so that
any potential readers and fellow midwives may ascertain what is most important and use it to
better their own practice. The purpose of this information is two-fold: that those who are experts
in their field may identify with it and that new midwives in training may be inspired.\footnote{Soranus, \textit{Gynecology} 1.4. It is necessary to tell what makes the best midwives, so that on the one hand
the best may recognize themselves, and on the other hand beginners may look upon them as models, and
the public in time of need may know whom to summon.} These
characteristics enlighten what is important for any midwife in practice, but also excludes those
who are not suitable for the position. With this in mind, I am reminded of another passage, in
which he states that his work is, "of use to prevent fruitless work and teaching of unfit persons
too accommodatingly."\footnote{Soranus, \textit{Gynecology} 1.3.} While I encourage people to pursue their aspirations in life, it requires
a specific type of person to become a great midwife. Those who cannot handle the severity of the
position should not waste their efforts in training and education. The people will be served by only the most passionate and best qualified individuals. I recall an example of such a midwife who was loved and treasured by those who knew her. Her epitaph reads, "Phanostrate, a midwife and physician, lies here. She caused pain to none, and all lamented her death." This is what anyone wants to work towards in their professional life, a legacy remembered and immortalized for all to see. My greatest pursuit in life is to be remembered and loved as a great healer.

I will discuss in great detail my role and duties as a midwife to four women through the course of their pregnancies up to the delivery of their children, if they carried to full term. I will highlight all the stages of pregnancy and the complications that arise. I will conclude with the case that mainly involve the care and treatment for unwanted pregnancies.

Pre-Natal Care

I began work today just before noon. After I leave the house, I go to the first consultation with a patient, named Tertia at her home. I was asked to oversee her pregnancy by her husband Caius Iulius Dama, a freedman of the imperial freedman Malchio. When I met with Tertia, I notice that she was very shy and timid. She confesses that she was nervous because this is her first pregnancy. I begin to question her to determine a more complete physical examination, as well as any current discomforts and unusual symptoms. In order to keep track of the pregnancy and when to expect various changes, I need to know how many weeks she was into her pregnancy. She recalled that her last menses occurred well over a month ago, indicating that she

17 Kaibel 45 = Pleket 1.G. Epitaph of a midwife and physician.

18 Annee Epigraphique (1913) 216. [This epitaph from Puteoli is dedicated to Caius Iulius Dama, a freedman of the imperial freedman Malchio, and of his wife named Tertia.]
is most likely with child. I determine that she is about 6 weeks on, but I would need to come back to check on her.

However, it is important to note that one must also be aware of false signs. The body's failure to menstruate does not always indicate pregnancy. With the knowledge available to me, it is only possible to know once the abdomen swells and movement can be felt, contrary to Soranus' opinion. He says, "Now one must realize that some people have said that [conception] cannot be recognized. Yet in our opinion, one must work out the evidence for conception for the many signs lumped together and by their differentiation."\(^{19}\) He describes a variety of ways that one can determine if conception has happened, including signs observed at various stages of pregnancy. The signs of conception observed during early pregnancy involve the moisture of the vagina as well as the reaction of the body immediately following intercourse.\(^{20}\) These physical signs are not as evident as Soranus argues. I cannot observe changes in my patient's vagina during and immediately following intercourse. Nor can I observe its shape or direction as it is folded into the body, protected from the external world. I find these methods of diagnosis impractical and not useful. Rather, I make initial observations of my patients and provide a follow-up visit a few weeks later to observe more obvious changes.

\(^{19}\) Soranus, *Gynecology* 1.44.

\(^{20}\) Soranus, *Gynecology* 1.44. For instance from the facts: that at the end of intercourse the woman has been conscious of a shivering sensation, that the orifice of the uterus is closed but soft to the touch and lacking in resistance (for in coldness and inflammation it closes too, but there is roughness and hardness), that the vagina is not kept moist by the seed or only slightly, the whole of the moisture [or] its greatest part having been directed upward.
Two weeks after my visit with my first patient, I received another offer to care for a young Greek woman through her pregnancy. I was told that Julia Eutychides, the wife of the respected Ulpius Harpocration, understands little Latin, and therefore needs a midwife who can speak to her directly. I was sought out specifically for my proficiency in the Greek language, in addition to Latin, which allows me to market myself to more wealthy and affluent clients, like my patient's husband. Julia's primary concern is the maintenance of this pregnancy. She informed me that she is about 12 weeks pregnant, which is later than I usually begin overseeing my patients. She also said that she miscarried during her last pregnancy around the twelfth week, which forces me to make decisions very carefully. Plus Julia is only 15 years old, and has already experienced trauma in her first pregnancy. If her miscarriage was caused by her actions during the early phase of her pregnancy, it is critical for her to follow my instructions in order for the child to survive. In order that this does not happen again, I will do everything necessary to ensure that her body is ready to sustain pregnancy.

In order to help her through this difficult stage of pregnancy, I once again consult the literature. Soranus divides the care of pregnancy into three phases: preservation of the injected seed, alleviation of subsequent symptoms, such as pica, and the perfection of the embryo and preparation for parturition. Here, I will focus specifically on the first phase, as it pertains to my patient. It is important to maintain a calm and relaxed lifestyle in order to support growth of the

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21 Annee Epigraphique (1949), 212. Julia Eutychides is 17 years old when she dies and is commemorated by her husband Ulpius Harpocration: D(is) M(anibus). Iuliae Eutychidi, ann(orum) XVII, Iulius Iulianus 5 patronus et Ulpius Arpocration contugi b(ene) m(erenti) f(ecerunt). [The same inscription is recorded at CIL X. 2593.]

22 Soranus, *Gynecology* 1. 46.
child. Any major trauma or stress in life can be a cause of a miscarriage.\textsuperscript{23} I advise Julia Eutychides to take the utmost care in all her actions during this phase of pregnancy. According to current knowledge, it seems possible that the fetus' attachment to the interior of the abdomen may be destroyed by any number of things, including pungent odors and foods which cause intestinal upset, rigorous exercise, and intercourse.\textsuperscript{24} During this phase of pregnancy, a woman will be most sensitive to smells and tastes, so she must take care to eat food that will not disagree with her stomach.

Soranus notes that as the pregnancy progresses the woman may be strong enough to do passive exercises, such as leisurely walks to maintain her own strength. However, this is only possible if the fetus is properly secured, just as a broken bone can only support weight if its parts have been fused together.\textsuperscript{25} He suggests slowly building up to longer walks each day to build endurance. Any abrupt disruption to the body through shaking, intercourse, or exercise will upset the body. He comments, "For just as the stomach when quiet retains the food, but when shaken often ejects through vomiting what it has received, so also the uterus when not shaken holds fast the seed; when agitated, however, discharges it."\textsuperscript{26} I prescribe a daily regimen of gentle exercise, warm baths, and an intake of foods and drinks that will not upset the stomach for Julia, as

\textsuperscript{23} Soranus, \textit{Gynecology} 1.46. When conception has taken place, one must beware of every excess and change both bodily and psychic. For the seed is evacuated through fright, sorrow, sudden joy and, generally, by severe mental upset; through vigorous exercise, forced detention of the breath, coughing, sneezing, blows, and falls, especially those on the hips...everything inducing a forcible movement by which a miscarriage may be produced.

\textsuperscript{24} Soranus, \textit{Gynecology} 1.46.

\textsuperscript{25} Soranus, \textit{Gynecology} 1.46. For just as the parts of broken bones, if not moved, become fused, so the seed becomes fused, so the seed too becomes implanted securely and firmly in the uterus, if not shaken by moving agents.

\textsuperscript{26} Soranus, \textit{Gynecology} 1.46.
Soranus suggests. These prescriptions both promote a healthy life for the mother and support the life of the fetus. I will come back to follow up this visit in a few weeks to check the status of her pregnancy.

This week, I have been trying to visit my patients to check on their conditions and states, specifically if they were experiencing uncomfortable symptoms and unusual cravings. I first visited Tertia, observing her condition compared with the visit about 6 weeks ago. I see that she now has a small protruding abdomen, confirming my initial surmise that she is pregnant, by about 12 or 13 weeks. Even Soranus confirms that this, in addition to other physical changes to the body, indicate conception has occurred, and consequently pregnancy is achieved. With this information, I see that her abdomen is larger and should continue to swell through her pregnancy as well as her breasts.

Another condition indicative of pregnancy is having unusual and variable cravings, referred to as pica (kissa). According to Soranus, the origin of this term relates to the variegated plumage of the Kissa bird or perhaps from the varied way in which ivy wraps around an object. This condition is supposed to begin approximately around the 40th day and lasts for several

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27 Soranus, *Gynecology* 1. 46.

28 Soranus, *Gynecology* 1.44. Later on also from the facts: that the monthly catharsis is held back or appears only slightly, that the loins feel rather heavy, that imperceptibly the breasts swell, which is accompanied by a certain painful feeling, that the stomach is upset, that the vessels of the breast appear prominent and livid...And still later, from the appearance of the pica and from the swelling of the abdomen in proportion to the passage of time...

29 Soranus, *Gynecology* 1. 48. pica (kissa) has thus been termed metaphorically from a certain bird, the Kissa, for just as the winged Kissa varies in its plumage and its voice, so the present condition is also productive of a varying appetite. Others, however, say that it has been termed this from the ivy (kissos), for it twines around in a way which also varies.
months, so it is important to check on my patients and make sure that they are dealing with the symptoms correctly. Tertia complained that she was constantly desiring food, and sometimes had strange cravings. Soranus supports these side effects, such as: upset stomach, nausea, "appetite for things not customary like earth, charcoal, tendrils of the vine, unripe and acidic fruit." Following Soranus' suggestions, I advised that she be cautious of certain foods which cause stomach and abdominal discomfort. One must refrain from eating more than usual just for the sake of the baby. I came across a passage with which I frequently advise patients, "And one must not pay attention to the popular saying that it is necessary to provide food for two organisms. For food which is not given to the body suitably decomposes and not only does not nourish but, in addition, harms the recently congealed seed just as it does the adult body." He claims that excess food taken in actually harms the growing seed, rather than providing nourishment. I agree with his statement in that women should control what and how much they eat, but I disagree with his reasons why eating in excess should be avoided. I advise my patients to make responsible choices in the amount and the types of food they eat, as it supports both mother and child together. Appetites for foods that will not benefit the body will also harm the growing child. Soranus outlines some acceptable foods that will be agreeable and nutritious in his discussion.

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32 Soranus, *Gynecology* 1. 49.

33 Soranus, *Gynecology* 1. 53. One must oppose the desires of pregnant women for harmful things first by arguing that the damage from the things which satisfy the desires in an unreasonable way harms the fetus just as it harms the stomach; because the fetus obtains food which is neither clean nor suitable, but only such food as a body in bad condition can supply.

34 Soranus, *Gynecology* 1. 51. But above all one must take care to prescribe foods which are good for the stomach, easy to digest, and not readily decomposed, like soft boiled eggs, groats of spelt prepared with cold water...Of vegetables: raw as well as boiled endives, parsnips, purslane, plantain, wild asparagus. Of those from the store room: olives pickled in brine, apples, quinces, and these preferably baked...
Today, I had an appointment with Julia Eutychides to follow up after the initial visit. She is now about 18 weeks pregnant and has succeeded in maintaining her pregnancy with few if any complaints. I ask what her daily routine had been throughout the last 6 weeks, just to ensure that she had not been doing anything to harm the growing child. Her routine consisted of a restricted diet, light exercise, and frequent baths. I emphasize that many of these treatments have a two-fold purpose: to help maintain pregnancy to prevent miscarriage and to help relieve stress and anxiety. I firmly believe that mental and spiritual well-being are quite important in the scope of childbirth as well as everyday life. I prescribe the same daily regimen as well as more rigorous exercises to promote relaxation, including baths and massages with oils to prevent stiffness and stretching, according the methods described by Soranus.35

This week, I received several requests for consultations by my patients complaining of pica and general discomfort. I busy myself by visiting my two clients to assess the severity of their pica and nausea. I refer to Soranus, who gives a detailed list of symptoms by which to recognize pica in patients, including, "the appearance of undernourishment, constipation; some also have gastric distention, or pain in the thorax; the same persons sometimes also show very slight fever and swelling of the breasts (the swollen vessels are greenish in some, livid in others) and some display jaundice."36 Using these descriptions, I could quickly diagnose the pregnant women with pica, allowing me to find cures for their particular ailments.

35 Soranus, Gynecology 1. 49. After the first days [of the pica phase] the woman should take a comparatively hot bath, a little weak wine, and passive exercise, by means of a movement in a litter and a sedan chair first, and then in a carriage drawn by animals. She also ought to promenade, exercise the voice and read aloud with modulations, take active exercise in the form of dancing, punching the leather bag, playing with a ball, and by means of massage...For thus the body is easily relieved from the evils of the pica...

36 Soranus, Gynecology 1.48.
I visit Julia Eutychides today, now about 25 weeks into her pregnancy. She presented today with nausea and abdominal discomfort. So, I advise, according to Soranus, a treatment of fasting for a few days, which would allow the stomach to return to a more calm state.  

A few days later, when I visited Tertia, she presented with similar symptoms, but had tried to fast for a few days to restore her appetite. After the fast, it is necessary to slowly work up to a normal diet. In order to become strong again, Soranus advises, "And in addition to bread she should eat any of those dry substances which are apt to strengthen the stomach." The purpose of this exercise is to take in neutral, bland foods like bread so that the stomach isn't upset any further. One may work back up to a normal diet once the nausea goes away.

Today, I visited Julia Elpidia, a woman in her early to mid twenties, who was seeking a midwife for her pregnancy and childbirth. She is only 8 weeks into her pregnancy but expressed concern for the course of her pregnancy, because she was already suffering from severe discomfort and nausea, which usually occurs weeks later. She worried that she was suffering a miscarriage. After completing an examination of her body, especially for the presence of a bloody discharge, I determine that no miscarriage had occurred. I prescribe for her a set of treatments for her to support the life of her growing child to prevent miscarriage, while alleviating symptoms of pica at the same time. I specify that I will be routinely checking on her to ensure that the pregnancy is properly maintained.

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Soranus, *Gynecology* 1.49. Now at the first sensation one must fast for one day so the stomach not being set in motion as is natural, may be kept undisturbed through rest.

Soranus, *Gynecology* 1.49.
Today, I visit a young woman named Maria Quarta,\textsuperscript{39} the fourth patient I am following, who was anxious about her pregnancy. She is the wife of the wealthy Claudius Tryphonius, a tradesman of silver vessels, and holds a respectable position as an Augustalis of the imperial cult. She informed that she was about 7 weeks pregnant, and had already experienced pain and discomfort, as well as pica. She had severe nausea and couldn't accept any food or nourishment without expelling it. She also complained of problems with her digestion. The food she didn't vomit up caused extreme discomfort as it passed through her body. During onsets of severe digestive problems in between visits, I prescribe a course of an astringent made from oils of olives, roses, quinces, myrtle, etc., to cleanse the abdomen. Vomiting, in particular requires further action, in the form of plasters, made from dates soaked in wine or vinegar used in addition to the astringents typically used to calm the stomach.\textsuperscript{40} To relieve her present symptoms, I had to call on the aid of a fellow midwife to perform further aid as outlined by Soranus.\textsuperscript{41}

Quarta also expressed that she was concerned about the course of her pregnancy. She had already lost so many children through miscarriage and childbirth that she was afraid for the child she was carrying now. Speaking from experience, I try to console her through her anxieties. Death and pain often accompany this process.\textsuperscript{42} Even from my own experience, I know the

\textsuperscript{39} Annee Epigraphique (1996) 416. Epitaph of Claudius Tryphonius, a silver tradesman and Augustalis, and his wife, Maria Quarta: D(is) M(anibus) M(arco) Claudio Tryphoni Augustali dupliciario, negotiatores vasculario argentario, et Marie Quartae uxori eius M(anius) Nummeius Euathlus amicus et10 heres Claudi Tryphonis

\textsuperscript{40} Soranus, \textit{Gynecology} 1.50.

\textsuperscript{41} Soranus, \textit{Gynecology} 1.50. But if the vomiting and rejection of foods persist, it will be advisable to bind the extremities (for by their constriction the stomach is also affected) [or] to immerse them in hot water (for this too has a constrictive action on account of its strength)...\textsuperscript{41}

\textsuperscript{42} Athanasius, \textit{Life of Syncletica} 42. Most women have a hateful time in the world. They give birth in pain and danger, they suffer breast-feeding, when their children are ill they are ill too. They endure this without any end to their hard work... When they give birth they are damaged by labour, and if they do not, they are worn down with the reproaches of barrenness.
dangers and realities of pregnancy. I assure her that I take my job with the utmost seriousness and care. I will do my best to take care of her through her pregnancy to the delivery of her child. Yet, she still seems doubtful. Regrettably, I cannot do more at this point to comfort her.

This marked a period where I saw several patients each week undergoing the final stages of pregnancy. Soranus describes this period in the course of pregnancy as the preparation for parturition. He notes that the same types of activities that are advised during the pica phase are also recommended to promote relaxation, a large focus for the final stages.43 It is important that I emphasize to my patients that certain exercises are only suitable for those who can handle the intensity. If you are sufficiently diverted through resting and massage, it is not necessary to overexert yourself. This time is critical for a woman to prepare for a difficult and serious trial.

Today, I visited with Tertia and observed that her pregnancy was coming near to its term. She is now 35 weeks pregnant and has had few to no complications up to this point. I expect her labor and delivery to occur without any complications as well. I recommend treatments of continued rest and frequent bathing as well as massage and rubbing directly the enlarged breasts, to alleviate discomfort, being careful not to irritate them further.44

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43 Soranus, *Gynecology* 1.54. Thus in proportion to her strength she must undertake various passive exercises, promenades, vocal exercises, reading aloud, anointing, massage; she must partake of more plentiful food (provided she can handle what is offered), drink wine, indulge in the customary baths, and generally divert her mind, and obtain sufficient sleep.

44 Soranus, *Gynecology* 1.54. If, however, the breasts are considerably enlarged, one must take care, in rubbing, not to squeeze the tips, for being easily irritated, they are apt to develop an abcess.
After a visit with Julia Eutychides, now quite large at 38 weeks into her pregnancy. I can see quite clearly that she is nearly ready to begin labor. Over the course of the last 13 weeks, I have visited her at regular intervals, and determine that she had a simple and ideal pregnancy, with few if any complications, and successfully carried the growing child with no danger of miscarriage, perhaps due to my treatment. I also believe that her time in labor will be brief and effortless.

However, I cannot emphasize enough the importance of a proper preparation. Soranus supports this saying, "At this time one must take care lest the chorion burst on account of too much tossing, and the fluid accumulated in it be evacuated and the fetus, drawn down in dry pregnancy, be endangered together with the gravida." As the next several weeks progress, I must ensure that she is aware of what complications can arise and what to expect immediately preceding parturition. I described to these women a passage from the works of Hippocrates on the dangers and pains that can arise during the eighth [last] month of pregnancy. I also consulted Soranus’ advice for other actions one can take to prepare for the imminent pains of childbirth, such as: fasting to relieve stomach pains, refraining from bathing and sexual intercourse, and loosening their breastbands to alleviate the pain due to enlargement of the

45 Soranus, Gynecology 1.55.

46 Hippocrates, On the Seventh-Month Child 3.2. When the membranes are stretched and the umbilical cord is pulled, it gives pain to the mother. The foetus, once released from its old binding, becomes heavier. Many women develop fevers when this happens, and others even die, along with their foetuses. All women agree on this point. For they say that during the eighth month it is most difficult for them to carry their bellies, and they are correct.
breasts.47 One treatment in particular, which I give personally, is massage to enlarged portions of
the body with oils to prevent ripping and tearing of the skin.48

At this point in the pregnancy, my job transforms itself from advice and prescriptions to
active and direct interventions related to labor and delivery. Soranus states that during this last
month of pregnancy, "the midwife should herself dilate the orifice of the uterus, anointing it
with her finger at frequent intervals."49

Labor and Delivery

Before a woman begins labor, I prescribe steps that she can take to prepare through
relaxation for the pains of labor. Soranus gives suggestions to aid this process, including
loosening bandages50 to allow the unsupported weight to drive the baby towards the opening of
the uterus leading through the vaginal canal.51 The baths suggested will keep the membranes
flexible and lubricated, so that everything flows smoothly and easily. I also insist that the warm
waters alleviate the contracting pains that come during childbirth. Soranus insists on further
relaxation techniques locally by "fomentations, sitz baths with decoctions of linseed or fenugreek
or mallow, injections of sweet olive oil, and furthermore with vaginal suppositories of goose fat

47 Soranus, *Gynecology* 1.55-56.
48 Soranus, *Gynecology* 1.56. One should also anoint the enlarged abdomen all over with a cerate
containing oil made from unripe olives and myrtle, for if the skin is toned up it does not break, but is kept
unwrinkled.

49 Soranus, *Gynecology* 1.56.

50 Soranus, *Gynecology* 1.56. A bandage is a linen strip of cloth used to support the weight of the growing
abdomen by wrapping around the front and connecting to the back and shoulders.

51 Soranus, *Gynecology* 1.56. After the eighth month, one should loosen the bandage since parturition is
probably already imminent, and the weight will help towards a quicker delivery. The woman should
indulge in baths more frequently in order to provide for relaxation of the parts and should swim in sweet
warm water...
and marrow.\footnote{Soranus, \textit{Gynecology} 1.56.} I do recommend fomentations with a moist compress, however, I find no benefit to placing goose fat and marrow in the vaginal canal or injecting oil into the canal. I believe these treatments do little medically to ease pain, and only persist in the literature due to tradition and superstition.

Today, I received an urgent message that Julia Eutychides had started experiencing contractions. After arriving at her house, I met with the servants, and quickly examined her. I assessed the size of the orifice and her condition thus far. When my patient's labor pains have only begun, I like to visualize the position of the fetus spatially and its location along the canal in relation to the dilation of the orifice. I can follow the course of the labor through the delivery by tracking these details. I came across medical writings \textit{On the Natural Faculties} by Galen of Pergamon, a Greek physician, which reveal the work of the body to expel the fetus during childbirth.\footnote{Galen, \textit{On the Natural Faculties} 3.3. In the case of the opposite (the eliminative) faculty, the os opens, whilst the whole fundus approaches as near as possible to the os, expelling the embryo as it does so; and along with the fundus the contiguous parts- which form as it were a girdle round the whole organ- cooperate in the work; they squeeze upon the embryo and propel it bodily outwards.} I am privileged to have received a strong education, allowing me to read this influential work. Galen describes that it is the uterus which contracts on itself to force the fetus from the body. I describe to my patients this cooperative process, where the muscles and organs work together to produce the expelling motion strong enough to push out the fetus. I emphasize that she must be mentally focused to endure this pain, so that labor doesn't last too long. Soranus suggests to the midwife to have all her materials at hand for when the time comes, including oils,
hot water, sponges to clean up (or "wipe off") the fluids, and soft clothes for swaddling the infant.  

I begin the process of helping Julia Eutychides through her labor. I have her lie down to examine the dilation thus far of her orifice. I use my gentle hands to continue to help the dilation of the orifice. Soranus describes that my role as a midwife calls for drawing forth the amniotic sac by inserting my finger into the orifice using oils. He describes precisely, "she should put in her forefinger (with the nail cut) of her left hand, and by gently drawing it arrange the opening so that the accessible part of the amniotic sac falls forward, and with her right hand she should apply oil to the area." I guide her through her ever quickening pains, which become more severe and intense each time. I give her my hand to squeeze during the pains, while at the same time wiping sweat from her forehead and neck. During this time, the most important action I must perform is to observe the growth of the orifice. If the rate of dilation slows, I must palpitate the opening to move the process along, steps supported by Galen. I do not allow any movement until the orifice is large enough, so that she both remains comfortable while promoting downward contractions to aid childbirth.

After several long hours, Julia Eutychides' orifice has been sufficiently opened. I consider moving her to an upright position to further the effect of weight on the movement of the fetus out

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54 Soranus, *Gynecology* 1.67. For normal childbirth have the following ready: oil for injections and cleansing, hot water in order to wash the infected area, hot compresses to relieve the labor pains, sponges for sponging off; wool for covering the woman's body, and bandages to swaddle the baby in...


56 Galen, *On the Natural Faculties* 3.3. The midwife, however, does not make the parturient woman get up at once and sit down on the [obstetric] chair, but she begins by palpating the os as it gradually dilates, and the first thing she says is that it has dilated "enough to admit the little finger," then that "it is bigger now," and as we make enquiries from time to time, she answers that the size of the dilatation is increasing.
of the body, as Galen suggests.\textsuperscript{57} He adds that the epigastric muscles further aid the expulsion in addition to the uterine muscle. However, I warn Julia here that we must be careful in approaching these contractions as violent pains can cause the uterus to collapse, preventing it from it from proper use.\textsuperscript{58}

A woman also cannot be overexerted during this process because the forceful contractions are controlled by deliberate breathing, which can only be done when conscious. Timing is key in order to coordinate the pains with the breaths. Soranus describes that the breaths induce a driving force which moves the contractions in a downward motion. He adds that failure to do so causes tumors.\textsuperscript{59} Though I agree that strong purposeful breaths allow for effective contractions and expulsion of the amniotic sac, I am conflicted about the effects of shallow breaths. These breaths also keep the rate of the heart beats controlled and keep her as calm as possible during the labor process. The only other comment I have to make about this passage is the prevention of screaming. Though Soranus does not consider screaming effective, I do think that if the pain reaches the ultimate threshold, there should be no reason to restrain the sound. I consult Soranus once more on what I consider most important in this passage. He notes, "Thus

\textsuperscript{57} Galen, \textit{On the Natural Faculties} 3.3. And when it is sufficient to allow of the transit of the foetus, she then makes the patient get up from her bed and sit on the chair, and bids her make every effort to expel the child. Now, this additional work which the patient does of herself is no longer the work of the uterus but of the epigastric muscles, which also help us in defaecation and micturition.

\textsuperscript{58} Galen, \textit{On the Natural Faculties} 3.3. And, in many women who exercise such a faculty immoderately, violent pains cause forcible prolapse of the whole womb; here almost the same thing happens as frequently occurs in wrestling-bouts and struggles, when in our eagerness to overturn and throw others we are ourselves upset along with them; for similarly when the uterus is forcing the embryo forward it sometimes becomes entirely prolapsed, and particularly when the ligaments connecting it with the spine happen to be naturally lax.

\textsuperscript{59} Soranus, \textit{Gynecology} 1.70. Next, one must advise her to drive her breath into the flanks without screaming, rather with groaning and detention of the breath. For some inexperienced women, keeping the breath in the upper parts and not driving it downwards have brought about a tumor of the bronchus.
one must advise the women to compress their breath and not to give in to the pains, but to strain themselves most when they are present.”

I choose to leave my patient lying down so as to not cause strain, but I was not convinced of the effectiveness of this position or the other. So, I referred to another passage of Soranus' works about positions during this phase of pregnancy, when the chorion is visible through the orifice. The evidence reveals that those too weak to stand and endure labor pains must remain in a relaxed position. This gives me a little more confidence that my choice will better suit Julia. Since she had complications with her last pregnancy, I have taken every precaution for her health. I have used the so called "midwife's stool" for other cases, but I feel that having to be seated on this during intense pain would be less comfortable than a bed or cot. While I believe that the weight of the fetus has a strong effect on inducing and aiding labor, the power and drive of breaths combined with resistance from something to push against, must also be considered. A woman can undergo delivery in a reclining position, regardless of her strength.

With these techniques, I support Julia Eutychides through the intense contractions, each one bringing us closer to the birth of her child. I assure her that the pains do have a purpose and will end once the child is delivered, and they are to be endured with strength and courage. As a midwife, I must work with the purpose of delivering the infant safely and speedily, but I remember that this woman is undergoing both physical pain and mental anguish. I believe that midwives should consider the dual nature of their role. Soranus writes on this sensitive position,

60 Soranus, *Gynecology* 1.70.

61 Soranus, *Gynecology* 1.69. And when the accessible part of the chorion attains the size [of an egg] below the orifice of the uterus, if the gravida is weak and toneless one must deliver her lying down since this way is less painful and causes less fear. If, however, she happens to be strong, one must make her get up [and] place her on the so-called midwife's stool.
"Then it is good for the midwife to be able to see the face of the mother, so she can calm her fears and assure her that there is nothing to worry about and that the childbirth is going well." 62

They are trained to guide the birthing process, but also must be a source of comfort and reassurance. I boost her confidence in the status of the birthing process and encourage her to push through her breaths. When I finally see the crown of the child's head, I prepare for the expulsion, promising Julia that it is almost over.

I assumed my position at the orifice and place my hands in a ready position. Every pain that Julia Eutychides experiences allows the head to be more exposed. Once the shoulder is visible, I place my hands gently on either side of the baby to guide it out of the vaginal canal, while supporting the head and neck. I then wait for the afterbirth expulsion of the lochia. One last contractive force brings it from the body, with a little help from my own pulling. After a piercing cry, I happily inform Julia that her child is female and appears to be healthy, though she is small and feeble. I quickly wrap her in a blanket to keep her warm and prepare for severing the umbilical cord. Soranus advises using a sharp edge, like an iron knife, to prevent unnecessary pain to the mother.63 Once the cord has been severed, I clamp down on either side of the cut to close it through ligation, so that the mother and baby do not suffer from bleeding (or hemorrhaging). Soranus gives an explanation for this procedure, "To ligate the part, as we have indicated, is necessary, however, lest danger of hemorrhage arise, since the vessels here served to convey the blood and pneuma from the gravida to the body of the infant... so that by the one ligature we may prevent hemorrhage of the newborn and by the other, hemorrhage of the mother.


63 Soranus, *Gynecology* 1.80. One must cut off the navel cord at a distance of four fingerbreadths from the abdomen, by means of something sharp-edged, that no bruising may arise. And of all material, iron cuts best.
for the afterbirth is still attached to her." I observe that most of the time, the lochia detaches easily from the mother with little danger of bleeding. I do tie off the sections just in case, allowing the umbilical cord to detach safely. I take the child and set her on my lap, having been covered in a soft woolen cloth, which helps keep the baby warm to swaddle. I present the baby to her mother once she had recovered a little from the birthing pains. For a little while, I was happy that this dear child was delivered safely and quickly with few complications.

However, I regret to say that the baby's future is grim. When Ulpius Harpocration came to see the newborn, I announce the gender and state of health, but I did add that she is small and delicate. Soranus reports that it is the midwife's job to determine whether a child is worth raising, depending on its health and physical appearance. Though it is an obligation to determine whether the child should be reared, I defend the right of the child to live. Though she is small, she may well survive and thrive. No matter what my opinion is, the final decision falls on Julia's husband, who, unfortunately, decides that he would have the child exposed. I encourage my patient to convince her husband of alternatives. However, the husband has made his final

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64 Soranus, *Gynecology* 1.80.

65 Soranus, *Gynecology* 1.83. The midwife should put the newborn down gently on her lap which has been covered entirely with wool or with a piece of cloth so that the infant may not cool down when laid bare while every part is swaddled.

66 Soranus, *Gynecology* 1.79. And the infant which is suited by nature for rearing will be distinguished by the fact that its mother has spent the period of pregnancy in good health...Furthermore by the fact that when put on the earth it immediately cries with proper vigor; for one that lives for some length of time without crying, or cries but weakly, is suspected of behaving so on account of some unfavorable condition. Also by the fact that it is perfect in all its parts, members and senses...

67 Harris, W.V., *The Journal of Roman Studies* 1. The exposure of infants, very often but by no means always resulting in death, was widespread in many parts of the Roman Empire... It was much the commonest, though not the only, way in which infants were killed, and in many, perhaps most, regions it was a familiar phenomenon. While there was some disapproval of child-exposure, it was widely accepted as unavoidable.
decision. The fate of this child is death due to exposure with a slim chance of being adopted into a rich household as a slave.\textsuperscript{68} This is truly one of the hardest situations that I experience in my job. There are few things that upset me more severely than delivering an unwanted child. If I could change the situation, I would prevent any unnecessary infant deaths by preventing their exposure to the harsh world. All I can do is hope for the best and wish my patient well for the future.

Several weeks later, I received a notice that Tertia, now about a week past full term, was experiencing severe cramping and pains. After an examination, I determine that she would be going into labor soon due to the dilation of her orifice and the rate of the onset of her pains. She had been waiting anxiously for the contractions to quicken for the last week and she was nervous that the child wouldn't survive. I shared my concerns with her. Late deliveries are worrisome, because the growth of the child will cause pain and trauma for the mother. I inform Tertia that if she is not brave and determined, the delivery would fail, and I would lose two lives. Soranus explains how labor can become difficult saying, "Of the said causes of difficult labor some strike you by themselves, others do not. For excessive grief [which] renders the body loose and flabby, and the other psychic causes were discovered upon inquiry not to be conducive to an easy labor. Torpor and lethargy on the other hand are manifest causes."\textsuperscript{69}

\textsuperscript{68} Harris, W.V., \textit{The Journal of Roman Studies} 1. Exposure served to limit the size of families, but also to transfer potential labour from freedom to slavery...

\textsuperscript{69} Soranus \textit{Gynecology} 4.58.
If the fetus grows too large, it will be very difficult to deliver through the birth canal, due to the size of the head. Soranus describes in more detail the dangers of a fetus that has grown large.\(^7^0\)

While contractions are intense and exhausting, I am more concerned with the course of the delivery when Tertia is ready. This labor has already been challenging, but I realize due to the amount of time that the labor has already taken that this birth will be difficult and will require medical expertise beyond what is normally required. I recall a passage from the Hippocratic work on the *Diseases of Women* stating, "If in the case of a pregnant woman the time for birth is already past, if labour pains are present, and if for a long time the woman has been unable to bring forth the child without injury to herself, usually the child is coming in lateral or breech position - yet it is better for it to come out head first."\(^7^1\) If it comes out breech, the rear end of the fetus presents first, forcing the body to double up, thus requiring a larger dilation of the orifice. Normally, I try if at all possible to deliver infants head first to prevent tearing and extreme pain as the head is the most inflexible part of the baby's body. Once the head is free of the mother's vaginal orifice, the rest comes smoothly.

Since the pains have been coming for hours now with no progress, I must consider that the baby is in an unsuitable position, perhaps breech. If it were possible to examine the interior of the womb, I could determine with more certainty that this is the cause of the struggle to give birth. Soranus gives more information, which helps to understand the dangers of other fetal

\(^7^0\) Soranus, *Gynecology* 4.55. As far as the parturient is concerned, such are the causes of difficult labor; but as far as the child is concerned, they are the following: when it is extremely large, either in whole or part, e.g. if it has a large head, or thorax, or a full belly, as it happens in those suffering from hydrocephalus. For not only normal children become large in their whole body or its parts, but abnormal ones as well.

\(^7^1\) Hippocrates, *Diseases of Women* 1.33.
positions and how to proceed with the delivery.\footnote{Soranus' \textit{Gynecology} 4.55. The following are abnormal positions: if, with the head bent to the side, the infant presses upon the right or left side of the uterus; or, if one or both hands protrude outside, while the legs within are parted from each other... Where one leg protrudes and the other remains inside, or where the infant is doubled up, or presses toward some part of the uterus, correction is needed, as it is where the hands are extended upward. Of the remaining two positions, the transverse is the better one.} I pay most attention to the fact that if a limb is exposed before the head, it will be quite difficult and extremely painful to deliver. I check her orifice, and see that nothing has emerged, so it is impossible to tell the relative location of all the limbs or the orientation in the womb. The Hippocratic work adds that some conditions may cause unexpected pain for the mother, potentially resulting in death.\footnote{Hippocrates, \textit{Diseases of Women} 1.33. The pains are even more difficult if the embryo proceeds feetfirst; many times the women die or the children or even both. A major cause of the embryo not going out easily is if it is dead, or paralyzed, or if there are two of them.} I worry that because Tertia has endured the contractions for so long with no success, the fetus could be in a compromised position or that it might already have died in utero. To be safe, I must perform a manipulation of her abdomen to try to change the position of the baby.

I conduct a series of manipulations on the abdomen and around the pelvic region to see if they have any effect on the dilation of the orifice as well as the distance of the fetus from it. I place my hands on her abdomen and estimated the location of the fetus' head and tried to add pressure in such a way that would cause rotation within the amniotic sac, following the instructions that Soranus gives in detail.\footnote{Soranus, \textit{Gynecology} 4.60. [a list of detailed instructions for manipulations that midwives can use to correct the birthing positions of the fetus before birth, including cephalic, feet first, transverse, as well as doubled up].} Eventually, I notice that Tertia's breaths started quickening and she was sweating profusely. She begins to groan deeply to prevent screaming from pain. I see no limbs emerging, but the crowning of the top of the head, thankfully. I work quickly to help her push through her struggling breaths. Her orifice is simply not large enough for the size of the baby's head, even though it is fully dilated.
This could be attributed to the fact that this is Tertia's first pregnancy and birth. Because this is the first time she has experienced opening and expansion of her pelvic and abdominal regions, the pain is more severe. Hippocrates' work describes the severity of diseases that affect pregnant women, especially first time mothers. As a professional who works with sensitive and private matters, I must approach new mothers carefully. They are quite hesitant to give me such details, but I assure them that I value privacy and confidentiality. Furthermore, as a woman, I possess an understanding of the female through observations of my own body and its bodily processes. I want my patients to trust me completely, so that I can receive honest and meaningful feedback to my questions, a relationship that Hippocrates acknowledges. I appreciate that my work as a female medical professional is valued and necessary for the treatment and prevention of diseases relating to difficult pregnancies and deliveries. This type of medicine in particular is specific to women, so approaching cases with a special regard for women may save lives.

Tertia, by this point, was experiencing fatigue and it was time to force the fetus out and end her suffering. I employ one last technique which may produce enough force to propel the fetus, since the muscles of the abdomen and the breaths haven't been powerful enough to drive the birth: a strong induced sneeze. Soranus outlines this procedure, "Now if the baby wants to go

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75 Hippocrates, Diseases of Women 1.62. All these diseases, then, happen more frequently to women who have not borne a child; yet they also happen to those who have. These diseases are dangerous, as has been said, and for the most part they are both acute and dangerous, and difficult to understand because of the fact that women are the ones who share the sicknesses

76 Hippocrates, Diseases of Women 1.62. For women are ashamed to tell even of their inexperience and lack of knowledge. At the same time the doctors also make mistakes by not learning the apparent cause through accurate questioning, but they proceed to heal as though they were dealing with men's diseases. I have already seen many women die from just this kind of suffering. But at the outset one must ask accurate questions about the cause. For the healing of the diseases of women differs greatly from the healing of men's diseases.
out and is in proper position, but it does not go along easily, administer a sternutative, and have
her sneeze, while taking hold of her nostrils and holding her mouth shut tight, so that the sneeze
may have maximum effect.\textsuperscript{77} I am still doubtful of the effectiveness of this treatment, but I am
willing to try whatever may help. The change was little but seemed to give her a chance to catch
her breath and start with new vigor.

I am pleased to report that after a long and strenuous labor, Tertia gave birth to a healthy
and robust boy. I did have a minor concern about the afterbirth, because of the difficulties with
the birth. I made sure that the lochia was expelled quickly, so there are no side effects
experienced in my patient. Soranus warns of these effects, caused by an inability of fluids to be
removed from her body.\textsuperscript{78} It is truly remarkable, considering the pain that she endured, that she
survived along with her child. I am happy that I can use my skills and resources to provide the
best medical care possible, thereby saving two lives. It is one of the more rewarding aspects of
my work. Furthermore, I was happy and proud to deliver this strong baby boy to his expectant
father. I can leave from here knowing that I made a positive impact on this family.

Reflecting on this case, I have tried to develop my own ideas about the causes of difficult
birth. If I know some of the warning signs early on, perhaps I could prevent some of the
complications seen later on during labor and delivery. Some literature indicates that a difficult
pregnancy can be caused by psychological imbalances. According to Soranus, even extreme

\textsuperscript{77} Hippocrates, \textit{Morb. mul} 1.68 = 8:142.13-20.

\textsuperscript{78} Hippocrates, \textit{Diseases of Women} 1.35. Now I shall discuss the lochia and the things emitted after
delivery. Whenever a woman either does not get rid of the lochia, or menses are not emitted, or her uterus
becomes unyielding to touch, then pain grips her lower back, she suffers from aches in both the flanks, in
the groin, thighs, and feet; her belly swells up and chills rush through her body. After this kind of
suffering, her fever is high.
emotions can cause difficulties for pregnancy.⁷⁹ I have not yet observed this in my patients, but it
does seem possible that stressful events, both psychological and physical, could induce an early
labor, which would be dangerous for the child. He elaborates on the bodily problems that affect
labor negatively, including "indigestion, anorexia, atrophy, dyspnoea, and hysterical
suffocation."⁸⁰ Such conditions cause stress and disrupt the body's natural function, inducing early labor. I would actually recommend relaxation to prevent further strain on the pregnancy, contrary to Soranus' advice. He also describes that another potential cause of difficult pregnancy is the lack of effort or even knowledge of pregnancy.⁸¹ The only way that this would complicate labor is the failure to push through the contractions. Labor will commence regardless of pushing, but any extra effort given will help the dilation process. As to the necessity of pain, it's only benefit is to encourage her to continue to push. If there were a way to alleviate the intense pain from contractions, I would readily supply it.

There are additional characteristics which predispose a woman to a difficult labor and delivery. A tall woman's bodily proportions inhibit the expansion of her hips and orifice to allow for the full diameter of the fetus' head, while one who is heavier set experiences pain due to

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⁷⁹ Soranus, *Gynecology* 4.54. Now difficult labor is occasioned by the parturient, when the cause is [either] in the psychic faculty or in the vital faculty, that is to say in the body. And it lies [in] the psychic faculty, when there is grief, joy, fear, timidity, lack of energy, anger [or] extreme indulgence, (for some women are spoiled and do not exert themselves).

⁸⁰ Soranus, *Gynecology* 4.54. If the cause lies in [this] faculty, [he says.] the condition of difficult labor is brought about when the body is very relaxed, for it cannot respond because of its lack of tonus.

⁸¹ Soranus, *Gynecology* 4.54. Moreover, it occurs because of ignorance of childbearing, [so that they do not] co-operate with the pains of labor. Furthermore, it happens when reason is suspended, or at least when pain is dimmed: (this one may say in the case of apoplectic and lethargic women). Difficult labor also occurs because of the idea of not being pregnant.
constricted ducts.\textsuperscript{82} I often see difficulties in heavier set woman during their pregnancies and deliveries, including pre-term birth and defects with the child.\textsuperscript{83} The physical parameters of a woman's body prevent her from carrying children easily, such as one who is small in stature, as Soranus describes.\textsuperscript{84} I remember that Tertia is a young woman with a slight frame, which could have affected her pregnancy as well. Because this was her first pregnancy, her hips most likely had not expanded to a sufficient width to allow for the expulsion of the fetus through the orifice. She is quite a small girl.

Other "diseases" that can cause problems with labor are ones that involve the uterus itself. Soranus explains, "In addition difficult labor occurs if the body of the uterus is afflicted by disease, e.g. if it is overheated or inflamed, or enfeebled, or paralyzed, or convulsed, or numbed."\textsuperscript{85} If the womb malfunctions due to inflammation or paralysis, it will be difficult to produce contractions strong enough for the process of labor. The diseases cause excess pain and discomfort, not to mention prolonged labor pains. Soranus adds that a misshapen uterus may also complicate pregnancy and labor, because the fetus wouldn't be able to properly exit.\textsuperscript{86} These

\begin{itemize}
\item \textsuperscript{82} Soranus, \textit{Gynecology} 4.54. Or when there is much fleshiness labor will be difficult, for the ducts are narrowed...Tall women have difficult labor as also have those who are broad in the upper parts but narrow in the lower parts; for they do not possess normal body proportions.
\item \textsuperscript{83} Crane et al. (2009). "The Effect of Gestational Weight Gain by Body Mass Index on Maternal and Neonatal Outcomes." This study found that excess weight gain during pregnancy was associated with increased rates of gestational hypertension as well as increased birth weight of the fetus. It concluded that there is an optimal weight gain range for women depending on their pre-pregnancy body mass index, which is associated with a reduction in the risk of adverse outcomes.
\item \textsuperscript{84} Soranus, \textit{Gynecology} 4.56. With regards to the birth passage, difficult labor takes place when the uterus has either a narrow orifice or a small one, or a small neck. Usually women who are of small stature have also a uterus in proportion to the other parts.
\item \textsuperscript{85} Soranus, \textit{Gynecology} 4.54.
\item \textsuperscript{86} Soranus, \textit{Gynecology} 4.56. Difficult labor also occurs because the neck of the uterus is bent, or because flesh has grown abnormally upon the neck or orifice of the uterus, or because there is inflammation, or an abscess, or a scirrhous, or because the chorionic cloak is firm and the fetus unable to break it.
\end{itemize}
conditions, however, would be difficult to diagnose because I cannot observe the deformities of the uterus. I would have to cut open the abdomen, which would certainly cause severe/dangerous bleeding unless the tissue is sewn back together, a skill which I do not have the knowledge to perform.

Miscarriage and Abortion

A few weeks later, I received a notification that Quarta about 12 weeks pregnant, was having difficulties. I visit her directly to assess her condition. I was concerned that she might have suffered a miscarriage, because she informed me that she was experiencing severe pains in her abdomen. I consult Hippocrates on the *Diseases of Women*, specifically regarding pains in the abdomen due to miscarriages.\(^{87}\) The passage also highlights ways to detect a miscarriage through fever and other side effects. A woman can lose her child during pregnancy even without some adverse condition.\(^{88}\) I check for fever, pain, and vaginal bleeding to see if she has miscarried. I notice that she is profusely sweating and flushed. I want to observe her condition throughout the rest of the day and into the evening. Hippocrates also discusses that if the pulse

\(^{87}\) Hippocrates, *Diseases of Women* 1.25. If a pregnant woman feels distressed in her belly or in her lower back, one must fear lest the embryo bring on a miscarriage, since the membranes which surround it have been broken.

\(^{88}\) Hippocrates, *Diseases of Women* 1.21. Now I shall discuss the diseases of pregnant women. Some women conceive a child easily, but are not able to carry it full term; the children are lost through miscarriage in the third or fourth month - even though the woman has suffered no physical injury nor eaten the wrong kind of food... The women's bellies become upset: weakness, high fever, and lack of appetite affect them during the time in which they are aborting their children
changes rapidly, this can indicate problems with the fetus.\textsuperscript{89} If something changes and becomes worse, I want to be there so that I can help. Not only is the child's life in danger, but Quarta could die from the aftermath of a possible miscarriage. I believe that she might pull through, so I continue to seek advice in the literature.

In \textit{Diseases of Women}, I find a passage describing other causes of miscarriages. According to Hippocrates, miscarriages can occur after having strong, pungent drinks, which cause problems with digestion.\textsuperscript{90} If the drinks cause the expulsion of fluids from the body, this can disrupt the normal function of the body. When consulting with my patients, I advise them against behaviors that might induce a miscarriage. Unfortunately, I do not have clear evidence that any of these has a direct influence on inducing a spontaneous abortion. However, when normal body function is disrupted, I fear for the safety of the child. I am already concerned because Quarta was sweating heavily from her whole body and was expelling fluids quickly from her body's orifices. I worry that she is losing fluid too quickly without replenishing it. Hippocrates is also concerned to limit the physical exertion of the pregnant woman.\textsuperscript{91} He describes that miscarriage could also be the cause of an extreme change in activity, which would

\begin{quote}
\textsuperscript{89} Hippocrates, \textit{Diseases of Women} 1.25. [I]f a slight fever afflicts her, in some cases her pulse beat will be faint and becomes weaker and weaker; then it increases more and more and races. Such a woman has no appetite and lacks strength. There is a risk that she will lose her child right away, while she herself will be in danger of dying unless she is cared for when she does give birth, because her belly is diarrhetic. But right away one must restrain this downward flux.

\textsuperscript{90} Hippocrates, \textit{Diseases of Women} 1.25. There are also women who lose their children if they eat or drink something pungent or something bitter contrary to their usual habits if the child is in an early stage of its development. For whenever something happens to a child contrary to its usual habits, it will die when it is little, especially if the mother drinks or eats the kind of thing that strongly upsets her stomach when the child is in an early stage of development. For the womb perceives when a diarrhetic flux comes down from the belly.

\textsuperscript{91} Hippocrates, \textit{Diseases of Women} 1.25. There are many other dangers by which embryos are aborted; if for example, a pregnant woman is sick and weak, and if she picks up a burden with all her bodily strength, or if she is beaten, or leaps into the air, or goes without food, or has a fainting spell, or takes too much or too little nourishment, or becomes frightened or scared, or shouts violently.
\end{quote}
disrupt the position of the fetus, presumably. While I agree that an extreme situation could cause enough strain on the body to induce an early delivery, Hippocrates seems to take this to the extreme. The text even advises against activities like jumping or screaming.

Personally, I do not think that some of these conditions have a strong effect on miscarriage. Whether or not they leaped into the air or drank bitter food, they are losing their children before they reach full term. Hippocrates states that "Nurture is a cause of miscarriage, and so is excessive drink. Wombs by themselves also have natural dispositions by which miscarriage can occur..."92 It is interesting that Hippocrates realizes that the nature of a woman's body causes miscarriage, but there is no more information to elaborate. What I do know is that I often see many women around 8-12 weeks pregnant who suffer a miscarriage.93 It is frustrating, because I do not have a convincing reason with the given medical information why miscarriages occur.94 Furthermore, I cannot prescribe any medicine other than a little rest and a soothing bath to help the mind as well as body to relax. The medical writers place the cause of a failed pregnancy on the woman, whether it be her lack of knowledge, her behavior, or her body's flaws. Even the general public follows these theories, making the whole situation all the more stressful. I recall a letter from Pliny to his grandfather-in-law, Fabatus, in which he describes the regretful situation of his

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92 Hippocrates, Diseases of Women 1.25.

93 "Causes of Miscarriage." Pacific Fertility Center. The Pacific Fertility Center states that the production of progesterone is necessary for maintenance of early pregnancy. Normally, several weeks after gestation, the developed placenta produces enough progesterone to replace the corpus luteum to support gestation. If there is an inadequate production of progesterone, it could result in a loss of pregnancy.

94 See Figure 1. Fora, M. A. 2006. "Corpus Luteum Prolongation." If progesterone levels drop below a threshold of approximately 10 ng/mL, there is a high chance of a first-trimester miscarriage. This occurs if the corpus luteum's progesterone production drops below threshold when the placenta takes over.
wife's miscarriage due to her ignorance and naivety. While I trust that there is true concern for the wife, Pliny, just like any respectable man in this society, is more worried for his future and posterity. A woman may grieve that she lost a child which she was carrying in her womb, but her husband prays that she survives to conceive again. However, while it is possible that a husband may love or care deeply for his wife and family, there is certainly an expectation for children, especially male, to continue the family legacy.

After this, I notice that Quarta begins to groan and whine. She complains that her pains are getting worse. I see that there is a thick pool of blood surrounding her, which seems to be coming from the orifice. I immediately got her out of her soiled clothes and started to clean up the blood. After about an hour or so, the bleeding slowed enough that I could apply cloths to absorb any remaining leakage and let her sleep. I continued to make sure that her condition didn't worsen and that her heart beat remained constant, as Hippocrates describes that this period directly following a miscarriage is dangerous.

When she awoke the next morning, I had to inform Quarta as well her husband that the infant did not survive. The most important fact to take away from this situation is that she survived the ordeal. I encourage them to not lose hope and to keep trying. Quarta is still at a prime age to have children. I tell them one quote from this passage directly: "In fact it requires careful attention and much skill to carry a child to full term, to nourish it properly in the womb,

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95 Pliny Letter 8.10. She had a girl's ignorance that she was pregnant, and for that reason she both failed to take precautions which pregnant women should take, and did things which she ought not to have done. She has paid for her mistake with harsh realization, for her life was in the greatest danger... you must thank the gods that for the time being they have denied you great-grandchildren to preserve your granddaughter; and they will provide those children, for her fertility offers more certain hope of this...

96 Hippocrates, Diseases of Women 1.25. If the discharge after the miscarriage flows more copiously than it ought, such as when the womb has been rather dilated, this will also be dangerous for her.
and to bring it forth at the time of birth without injury to herself.\footnote{Hippocrates, \textit{Diseases of Women} 1.25.} Pregnancy is something which can't be taken lightly. A woman who discovers that she is with child must make her unborn child her first and foremost priority. I continue to have work as a midwife for these women, because there will always be need for someone who can aid the difficult process of childbirth. While it is unfortunate when fetuses die from miscarriages, I continue to improve my skills and expand on my knowledge to prevent as many deaths as possible.

A couple of weeks later, I have a consultation with Julia Elpidia, now about 24 weeks pregnant. She reports that she was having major doubts about her pregnancy. She was having pains and nausea due to pica, so I advise her to restrict her diet to prevent an upset stomach and abdominal cramps. Fearing complications and a difficult birth, she informs me that she wanted to abort the pregnancy early and start again. Because she had already experienced complications early in her pregnancy, she feared that even if she made it to full term, the baby wouldn't survive. To prevent this, she wanted to abort her pregnancy. I attempt to advise her against this procedure, but she seems insistent.

I recall a passage by Soranus about the morality and controversy surrounding this issue. As physicians or medical professionals, we have the obligation to protect life.\footnote{Soranus, \textit{Gynecology} 1.60. For one party banishes abortives, citing the testimony of Hippocrates who says: "I will give to no one an abortive"; moreover, because it is the specific task of medicine to guard and preserve what has been engendered by nature.}
provide it with discretion.\textsuperscript{99} I agree with Soranus in that abortions are not to be given to immoral or loose women or those who consider their pregnancy inconvenient. I would be morally against providing abortive treatments. However, if the life of the mother is threatened, I would consider it as a necessary option. One of the most interesting passages I came across in Soranus' work stated, "For if it is much more advantageous not to conceive than to destroy the embryo, one must consequently beware of having sexual intercourse at those periods which we said were suitable for conception."\textsuperscript{100} One cannot enter into decisions such as having sexual intercourse lightly as this can have serious consequences, like pregnancy. If you are having doubts about your pregnancy, would it have been better to not have conceived at all? I personally believe that every life, unborn included, is precious.

However, Julia Elpidia's case forces me to consider her situation. If her health is compromised by her pregnancy, I suggest a course of treatments that she can perform herself to try to induce an abortion like a forced miscarriage.\textsuperscript{101} Heavy exercise could cause strain and pressure on the fetus and cause it to detach. I also prescribe "diuretic decoctions which also have the power to bring on menstruation, and empty and purge the abdomen with relatively pungent clysters."\textsuperscript{102} These mixtures are strong enough to cause an imbalance which forces the abdomen to release its contents, according to Soranus. I think that the pungent fluids cause a strong

\textsuperscript{99} Soranus, \textit{Gynecology} 1.60. The other party prescribes abortives, but with discrimination, that is, they do not prescribe them when a person wishes to destroy the embryo because of adultery or out of consideration for youthful beauty; but only to prevent subsequent danger in parturition if the uterus is small and not capable of accommodating the complete development, or if the uterus at its orifice has knobby swellings and fissures, or if some similar difficulty is involved.

\textsuperscript{100} Soranus, \textit{Gynecology} 1.61.

\textsuperscript{101} Soranus, \textit{Gynecology} 1.64. In order that the embryo be separated, the woman should have [more violent exercise], walking about energetically and being shaken by means of draught animals; she should also leap energetically and carry things which are heavy beyond her strength.

\textsuperscript{102} Soranus, \textit{Gynecology} 1.64.
imbalance which disrupts the body's normal function, similar to great anxiety or an intense event, causing the body to release the fetus. I do advise her that there could be severe side effects from the induced abortion, including shivering, fever, and even fainting, due to the use of medicine. After this discussion, I tell her to notify me in one week if the pregnancy had not been aborted.

A little over a week later, I received a request to go visit Julia Elpidia again. She was distressed. She had attempted all of the procedures that I recommended. Because none of the procedures had worked, I feared that the pregnancy would certainly have complications if it were to continue. As I suspected, she would need a stronger and more direct approach to end this pregnancy. I could apply traction, involving pulling on the infant through the orifice. However, Soranus outlines an alternate technique: "If the fetus does not respond to manual traction, because of its size, or death, or impaction in any manner whatsoever, one must proceed to the more forceful methods, those of extraction by hooks and embryotomy. For even if one loses the infant, it is still necessary to take care of the mother." I warn her of the dangers of this procedure, including chills, fever, and convulsions.

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103 Soranus, Gynecology 1.59. Besides, in most aborting women there is heaviness and pain of the loins, hips, and lower abdomen, of the groins, head, eyes, joints; a gnawing in the stomach, shivering and profuse perspiration, fainting, sometimes also with a fever with chills, and in some cases hiccup or cramps or loss of voice. And these things mostly occur in women who abort from the use of a medicament.

104 Soranus, Gynecology 4.61.

105 Soranus, Gynecology 4.61. Therefore, one should warn of the underlying danger of supervening fevers, sympathetic nervous troubles, sometimes even of excessive inflammation, and that there is little hope particularly if gangrene appears; in the latter case, there is weakening, profuse perspiration, chills, imperceptible pulse, sharp fever, delirium and convulsions.
According to Soranus’ instructions, I began the procedure quickly to minimize complications.\textsuperscript{106} Having her lie down, I massage her lower abdomen and orifice to help induce dilation. I insert two hooks deep into the cavity and begin to move them around in order to manipulate the position of the uterus and the fetus. I then prepare to perform an in utero embryotomy. After an hour of inserting and gently pulling on the fetus, I carefully extract it piece by piece by separating the limbs at the joints. It would have been much more difficult to remove a moving fetus. So, I am relieved that the embryotomy was relatively simple and thankfully did not cause any further pain or discomfort for Julia. I now needed to ensure that she wouldn't experience side effects later on. I give her a soothing massage and helped her bath to prevent the irritated membranes from inflammation. From this point, I recommend that she refrain from anything strenuous and from intercourse for several months. It would take a little time before her body would be ready to conceive and bear children again.

Reflecting on these patients in the last 4 weeks or so, I am quite saddened. It was exhausting that I spent so much time and expertise caring for these women through their pregnancies for them both to end negatively. If I were able to save more fetuses from miscarriage or abortions I would do whatever it takes. The sad fact is that many pregnancies are terminated early and many fetuses do not survive. The pregnancies that do end with a safe delivery give me hope. If I work to save as many as possible, then I believe that what I am doing is worthwhile. Many people could deliver without my help, but I hope that I am able to alleviate the stress and anxiety of the process in any way I can.

Soranus' treatise on gynecology has been a tremendous source of information for me. This work is recent and specifically highlights medicine for women. I follow the traditional

\textsuperscript{106} Soranus, \textit{Gynecology} 4.62-64.
methods I have learned but am able to supplement these with newfound knowledge from Soranus, who outlines diagnosis and treatment for pregnancies and their complications. In addition to Soranus, I have found the Hippocratic works to be useful. Sometimes, I do not agree with their conclusions about medicine, but even my ideas are just theories. I constantly try to improve my own skills through reading and self-education. By keeping up to date with the current literature, I know that I am offering the best medicine and treatments available. In this way, I hope to offer to my fellow midwives and female physicians information that they can use to improve their own practice. Furthermore, I hope that my work will inspire more young women to become midwives. Read everything critically and do not accept theories as fact just because they are published works. Remember that we have a unique skill as women to empathize and understand our patients in a way foreign to men. Use your skills and experience as both a medical professional and a woman to diagnose, prescribe treatments, and deliver children. I only offer my discussion as a guide, much like anything you will read by Soranus or the Hippocrates. It is up to you, my readers, to decide what you hold valid and true in your own practice.
A shift in progesterone production from the corpus luteum to the placenta occurs at approximately the 7th to 9th week of gestation. The small, shaded area represents the estimated duration of this functional transition.

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