

2015

(Dis)ease: The Rhetoric of Illness in Depictions of the Healthy Female Body from Hippocrates to the Present

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**(Dis)ease: The Rhetoric of Illness in Depictions of the Healthy Female Body
from Hippocrates to the Present**

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May 2015

Senior Thesis

Submitted in partial fulfillment of the requirements for
the Bachelor of Arts degree in Greek and Roman Studies

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Acknowledgements

I want to thank Rachel Friedman for constantly challenging me to think and write provocatively, passionately, and concisely. You have influenced my writing's style and structure in innumerable ways, and your insightful comments have always encouraged me to think deeply. Thank you for introducing me to Greek, the language that has fed me intellectually and creatively for the past three years. Most importantly, thank you for showing me the beauty and growth that comes from pursuing and embracing an unanticipated path.

I know no woman—virgin, mother, lesbian, married, celibate—whether she earns her keep as a housewife, a cocktail waitress, or a scanner of brain waves—for whom her body is not a fundamental problem: its clouded meaning, its fertility, its desire, its so-called frigidity, its bloody speech, its silences, its changes and mutilations, its rapes and ripenings. There is for the first time today a possibility of converting our physicality into both knowledge and power.

—Adrienne Rich, *Of Woman Born*

What stands fast does so, not because it is intrinsically obvious or convincing; it is rather held fast by what lies around it.

—Ludwig Wittgenstein, *On Certainty*

Introduction

The Ancient Medical Text and the Subaltern Body

This project intends to explore the medical text as a culturally coded, living entity from antiquity to the near present. The biological construction of the female body, via the medical text as medium, has worked to perpetuate female oppression and difference throughout history. The predominant text in question is Hippocrates of Cos' *Diseases of Women*, written c. late fifth to early fourth century BCE. Hippocrates is most revered for his Hippocratic Oath, one of the oldest written testaments that dictated the ethical standards physicians must uphold in treating their patients. The Hippocratic Oath is still taken by graduating medical students today, yet few people are familiar with the other treatises within his Corpus. Furthermore, the Hippocratic "school" of medical thought is not commonly investigated. While several Hippocratic texts will be discussed, *Diseases of Women I*, one of the earliest recorded gynecological treatises from Classical Greece, is the focal point of this project.¹ I will call these treatises "Hippocratic" rather than ascribe them to a singular Hippocrates. While Hippocrates may have existed, several male doctors that operated within a Hippocratic "school" were responsible for the theorizing of the female body and the subsequent recording of these theoretical frameworks. While each Hippocratic male author had a slightly different authorial voice, they functioned collectively under similar regimes of truth and power.

Medical texts from antiquity are often unusual points of scholarly entry due to their inaccessible and seemingly irrelevant nature. Because definitions of science and modes of medical practice have advanced to such an extent, some may question the impetus behind looking at systems of knowledge that have been made obsolete. However, *Diseases of Women*, a

¹ There is a second book of the *Diseases of Women* treatises (*DW II*), but it will not be discussed in this project because there is no English translation readily available.

text written by men about women, seemed like a fruitful point of entry into how female bodies were regulated, wrongly characterized, and written into scientific narratives in Classical Greece. During this particular historical time period, it is important to note that women possessed very little agency. Women in antiquity did not understand their bodies. Nor did the men that were treating and advising them. They could not be their own advocates, and operated within a society that made them virtually immobile. While accounts of laws and examples from sources of literature illuminate women's position in antiquity, I wanted to turn to the medical text for insight into how ancient conceptualizations of the body and health served to characterize female anatomical processes, and by extension, perceptions of femaleness and sexuality. I am particularly interested in how a language of medicine, hidden under an unassuming veil of science and rationality, can work in subtle ways to instantiate verbal violence, oppression, and othering.

Through close readings of excerpts from Hippocratic treatises in the original Greek, I will attempt to better characterize and identify how word choice and syntax have played a role in constructing the Hippocratic woman. In Hippocratic treatises, what rhetoric is used to describe the male body compared to the female body? Is a language of health ever employed to characterize normal and necessary female bodily processes (e.g., childbirth, menstruation)? Is there any evidence, from antiquity to the present, of a female-specific medical language that is not based on the male as standard? Very few English translations of *Diseases of Women I* exist, and the ones that are accessible often fall short in vividly communicating certain vocabulary in the Greek. While I rely on A.E. Hanson's *Diseases of Women I* translation for guidance, I make significant modifications to her interpretations, and try to capture the exactness of the Greek without using modern medical terminology.

After my discussion of Hippocratic texts, I will move to a consideration of how women's bodies are pathologized in modern medical discourse. Analyzing the contemporary moment in the context of the past reveals that our current medical world still exercises similar patterns of violence on women's bodies. While fundamental advancements have been made in the understanding of the female body, the rhetoric used to describe female anatomical processes continues to value the male as standard and emblematic of true health. Women's healthy bodily processes are still talked about as structurally incomplete, inefficient, and even destructive. Furthermore, rather than map a direct chronology of the depiction of women's bodies from antiquity to the present, I will conduct my comparisons using a "then" and "now" approach. This particular methodology does not intend to claim causal links between antiquity and the contemporary landscape of women's health. Analyzing the "now" in the context of the "then" allows us to track the shifts, nuances, and similarities in the rhetoric used to characterize female anatomical processes, with a specific focus on depictions and understandings of menstruation. After establishing that a similar rhetoric is seen in modern medical texts, we can turn to contemporary women's voices, which in turn may give us greater access to understanding what women's life in antiquity might have been like. Since there are hardly any written accounts from women in antiquity, analyzing the modern female voice opens up many interesting questions. What if women from antiquity and women from the present experienced/are experiencing the impact of these rhetorical structures in similar ways? Thus, looking at the "now" allows us to mark the continuity in the language used to characterize female bodies as well as make inferences about, and give a much needed voice to, women from the ancient past.

In the first chapter, I outline how the Hippocratics and their Pre-Socratic physician-philosopher predecessors construed health and wellness. Governing ideas of health were based

on humoral theory, a model that understood health as a manifestation of bodily fluids in balance. Disease, health's strict opposite, was considered to be an upset of this harmonious balance. While some bodies were normal because they fit the model of health as balance (male bodies), others were marked as excessive and inefficient due to their inability to encompass normative definitions of health via humoralism (the female, subaltern body).

After exploring Hippocratic and philosophical understandings of health and balance, I turn to the first fifty lines of *Diseases of Women I*, which characterizes a small number of normal feminine anatomical processes. In close reading this male physician-author's descriptions of childbirth, the texture of female flesh, and menstruation, it becomes clear that the principles of health as described in the first chapter cannot superimpose nicely onto the female body. In other words, a language of health is entirely absent from descriptions of the un-diseased Hippocratic woman. Normal periods of the female life cycle are made pathological and labeled as manifestations of excess. The Hippocratic female body is an un-integrated body; it is always in a state of chaos and imbalance.

In the third chapter, I continue to analyze excerpts from *Diseases of Women I* as well as include a brief discussion of the "wandering womb" passage from Plato's *Timaeus* (c. 360 BCE). The chosen excerpts portray the female body in a diseased state, specifically that of menstrual suppression. The Hippocratics and Plato believed that advanced stages of menstrual suppression resulted in the destructive, uncontrollable movement of the womb, which had the potential to impact global bodily function. Perhaps unsurprisingly, the standard female body (one that technically lies outside of disease, but is still characterized as abnormal) looks almost exactly like the feminine body during disease. While characterizations of the diseased female body are

intensified and increasingly marked by verbs of movement and hyper-variability, there is no clear line that demarcates women's disease from women's health.

In the fourth chapter, I move into the realm of the contemporary to track both changes and continuities pertaining to the rhetoric employed in Hippocratic treatises versus the modern medical text. While the present historical moment is fundamentally different from that of Classical Greece, we find that, via side-by-side comparisons of ancient and modern texts, contemporary texts continue to privilege the male body as standard and emblematic of health. Furthermore, menstruation is still characterized as a manifestation of inefficiency, toxicity, and structural failure. Destructive verbs of deterioration and breaking are used to mark its presence, leading to the pathologization of a normal, female-specific anatomical process. I will rely on Emily Martin's seminal work, *The Woman in the Body: A Cultural Analysis of Reproduction* to inform my analysis of contemporary portrayals of female anatomy and biological processes.

In the final chapter, I will examine how the medical text has the potential to construct, inform, and shape female subjectivities. I will do this by looking at women's first person accounts, contemporary evidence from outside of the medical community (e.g., feminine care product advertisements), and Michel Foucault's theory of the "docile body" in order to reflect how the premises of the medical text have been internalized in women's lived experiences of menstruation. In tracking the process through which biological paradigms are disseminated via text and subsequently internalized, we come to see *how* women are effectively set up to associate their bodily fluids with waste, abnormality, and negativity. This negative internalization often causes women to exhibit behaviors of concealment, shame, and containment in reference to menstruation. Forms of menstrual activism will also be discussed as a way to highlight how women resist bodily regulation and combat the silence that surrounds menstruation. Unlike their

Ancient Greek counterparts, contemporary, privileged women can be powerful agents of change. If new systems of knowledge are produced that portray menstruation in more accurate and normalizing ways (e.g., scientific texts are rewritten, new language is created), women's attitudes towards their bodies and societal perceptions of menstruation may begin to shift in profoundly positive directions.

Author's Note: I would like to briefly discuss a fundamental limitation of this thesis. Because this is a cultural history project grounded in classical scholarship and the rhetoric of antiquity, I adopt binary definitions of gender. Furthermore, I use the word "woman" or "women" in a collective, universalizing sense. The Ancient Greeks did not conceptualize gender as fluid and multiple, so I chose to operate under Hippocratic prescriptions of maleness and femaleness. In Judith Butler's *Gender Trouble* (1990), Butler pushes back against lasting paradigms that have been commonly employed in traditional feminism. At the beginning of her work, she challenges feminist scholarship that invokes static, essentializing categories of "woman" or "female." Butler cautions:

The subject of women is no longer understood in stable or abiding terms...the globalizing gesture [i.e., referring to "women" as a collective unit] has spawned a number of criticisms from women who claim that the category of "women" is normative and exclusionary and is invoked with the unmarked dimensions of class and racial privilege intact.²

I realize that the use of an umbrella definition of "women" is a form of essentialism, and under the guise of collectivity, most often refers to upper, middle-class white women. Furthermore, promoting the idea that the female body should be biologically characterized as a "picture of wholeness and integration"³ may be perceived as violent and ostracizing to some women (e.g.,

² Butler (1990), 2 and 19. My brackets to provide further context.

³ Martin (1987), xxiv (updated preface from 2001).

women who do not menstruate, are infertile, possesses hormonal abnormalities, identify as lesbian, trans*, queer, or participate in relationships that do not value procreation). I understand that there are many other questions and narratives that go beyond the scope of this project. For example, fundamental re-conceptualizations of the field of women's health must be developed with the purpose of including bodies that lie outside of normative prescriptions of "woman."

Chapter One

Manifesting μετρίως: Hippocratic Humoralism and the Advent of a “Rational” Medicine

Before grappling with Hippocratic constructions of female anatomy and health in the women-specific treatises of the Hippocratic Corpus, it is necessary to explore the medical frameworks of understanding that seem to govern, conceptualize, and validate what is construed as health in antiquity. As we begin to define what the Hippocratics mean by health, we will explore whether or not notions of health are present or attainable for women in Classical Greece within these texts. A central aspect of Hippocratic health includes the humoral system, a concept introduced in the Hippocratic treatise *On the Nature of Man*, which depicts the human form as a “body in balance.”⁴ The humoral system of fluids—a theory that frames the body as a vessel of balance, proportion, and equilibrium—runs through many of the Hippocratic treatises and is essential to understanding the evolution of disease as well as baseline anatomical processes.

Peregrine Horden has concluded that Hippocratic humoralism is “a clear, attractive, [and] logical system.”⁵ However, instead of merely accepting this characterization, we must further investigate these principles of balance and equality that are employed to represent ideal health within Hippocratic texts. The emphasis placed on a particular medical equilibrium as put forth by humoralism is inextricably linked to and informed by pre-Socratic, rational systems of philosophical knowledge production in the 6th and 5th centuries BCE.⁶ Although seemingly unrelated to a discussion of women’s bodies, this overlap between philosophy and medicine is in fact central to disentangling the ways in which male-bodied Hippocratic physicians theorized and constructed the female body. Uncovering the systems of logic used by ancient physician-philosophers in their medical texts reveals the rhetorical processes that established the dichotomy

⁴ Horden & Hsu, ed (2013), 18.

⁵ Ibid, 2.

⁶ Longrigg (1993), 52-53.

between the subaltern body (female) and the normal, or balanced body. As we will soon see, ancient philosophy's influence on theoretical frameworks of medicine brings into relief the role that deductive, *a priori* reasoning—a system of logic which pervades Ionian rational philosophy—has played in the creation of medical theories that aid in substantiating and perpetuating claims which marginalize female bodies and anatomy.

Unlike modern biomedicine where organs are the major players in the body (i.e., organs carry out, or fail to carry out specific processes), the balance of four fluids,⁷ or *ikmas*, meaning “moisture,” governed the understanding of “health” in ancient medicine and therapy. Ancient physicians, who had no access to imaging technology and rarely participated in dissections or autopsies, must have found it difficult to conceptualize and imagine particular organs. What could be validated was the presence of bodily fluids because they were “highly visible and intelligible – far more so than a physiology of organs.”⁸ Fluids could be used as clues into the inner-workings of the body because those that seemed to be exiting the body could be used as a “guide to events inside of it.”⁹ The following translated excerpt from the treatise *On the Nature of Man* is considered the “paradigmatic statement of humoral pathology.”¹⁰ It encapsulates the idea that the body must perform a balancing act in order to hold the four fluids—blood, phlegm, yellow bile, and black bile—in perfect proportion as means of maintaining health:

The body of man (τοῦ ἀνθρώπου) has in it blood and phlegm and bile both yellow and black (αἷμα καὶ φλέγμα καὶ χολὴν ξανθὴν τε καὶ μέλαιναν), and the nature (ἡ φύσις) of his body is these things, and on account of these things (διὰ ταῦτα) he experiences pain (ἀλγέει) or is restored to health (ὕγιαίνει). Thus, he experiences/feels health especially whenever these things [the four humors] are held in moderation (μετρίως) to one another (πρὸς ἄλληλα) in strength and power and number, and have been well mixed (μεμιγμένα). But pain is experienced whenever some one of these [fluids] is lesser

⁷ Although there was a “range in the number of humors brought into play by medical authors,” these four are thought to be central. Horden & Hsu (2013), 8.

⁸ Ibid, 17.

⁹ Ibid, 25.

¹⁰ Ibid, 2.

(ἐλασσον) or in more excess (πλέον) or is separated/distinguished (χωρισθῆ) in the body....not coinciding (ξύμπασιν) with the others.¹¹

To a contemporary audience, this definition of humoralism might sound similar to the biological concept of homeostasis, which promotes the idea that health involves a particular maintaining of “relatively stable internal physiological conditions (as body temperature or the pH of the blood) under fluctuating environmental conditions.”¹² Hippocratic humoralism certainly depicts the body as a stable vessel, one that relies on a neat balance of different fluids (“a body of flows”)¹³ that exist not only in moderation (μετρίως) to each other with respect to strength, power, and number, but also have been properly blended together (from the verb μίγνυμι, “to mix up, mingle, or bring together”). The very nature (ἡ φύσις) of the body at its core concerns the levels of these fluids, and the improper balance, or greater emergence of one fluid over the others, can upset the entire body, thus jeopardizing this rather precarious state of health.

What ensues when excess (πλέον) blood, bile, or phlegm overwhelms the cosmic balance of health? The distribution of four fluids can vary depending on several environmental influences, namely diet, season, and climate, which all have the ability to thrust the body into a state of illness.¹⁴ Horden states:

Humoralism is a type of medical theory that postulates the proper relationship between fundamental substances in the body as the determinant of health and the disturbance of that relationship as the cause of disease...sickness [is] a disturbed natural equilibrium which curers must try to restore.¹⁵

In the third line of the above excerpt from *On the Nature of Man*, the treatise’s author claims that these four fluids act as “determinants of health” (ὕγιαίνει), yet also have the capacity to cause pain (ἀλγέει). The author also denotes disease as an upset in the balance of fluids, using the verb

¹¹ Littré, Émile, ed. Hippocrates. *On the Nature of Man* (section 4), lines 1-7 (TLG). Translation my own.

¹² “Homeostasis.” *Merriam-Webster.com*. 2015. <http://www.merriam-webster.com> (3 Jan 2015).

¹³ Horden & Hsu (1993), 9.

¹⁴ *Ibid*, 2.

¹⁵ *Ibid*, 2-5.

χωρίζω, meaning “to separate, part, divide, distinguish” to iterate how one fluid (to either a lesser or greater extent) fails to ξυμβαίνω, or “come together, coincide” with the other three. In other words, fluids that exist in excess or in greater proportion threaten the Hippocratic construction of health; what is greater (πλέον) or what is less than (ἐλασσον) the normal proportion and distribution of fluids has the potential to thrust the body into a state of pain and disease. However, one must ask: who decides what is normal? What is the correct state of balance that defines health, and what bodies fit this prescription? These questions are especially significant to keep in mind during our discussion of the Hippocratic female body in later chapters. As will be shown, the female body at rest is in a perpetual state of excess (πλέον) and immoderation, and thus, according to this model of health, cannot be deemed healthy.

Why are Hippocratic ideals of balance and moderation as defining health relevant to biological theorizations of the female body? What are the logical pitfalls and violent consequences of applying Hippocratic humoralism—a blanket theory that defies experimental methodology—to every body? To understand the theoretical processes behind which women’s bodies have been othered by male physician-authors, it is imperative that we evaluate the power structures and systems of knowledge production that contributed to the ways in which standards of health and humoral balance were conceived and incorporated into medical understanding. As we will see in the following chapters, female bodies, even outside of the realm of disease, were unable to attain the state of health as put forth by Hippocratic humoralism—women’s bodies were by definition imbalanced, excessive, and lacked integrity. Thus, we must look towards the originators of humoral theory, the pre-Socratic natural philosophers of the 6th and 5th century BCE, to more thoroughly explore the systems of thought—mechanisms which facilitated the

othering of female anatomy—that influenced the construction of health as a manifestation of balance and moderation.

Hippocratic medicine is heavily informed by systems of Ionian Rationalism, a school of thought that originated in Miletus during the 6th century BCE.¹⁶ Miletus was an Ionian Greek colony that promoted a secular agenda and contained little religious infrastructure.¹⁷ Ionian Rationalists, also known as pre-Socratic philosophers, started to regard human beings as products of their environment; diseases and sickness were defined “in accordance with natural processes and ran their course within a set period of time, totally independent of supernatural interference.”¹⁸ Ionian thinkers “firmly believed that there was an orderliness inherent in the world about them,” a type of *kosmos* or *taxis* that was not governed by Greek gods, but could be understood, even quantified, by other human beings.¹⁹ Looking beyond mere observation, Ionian natural philosophers yearned to dig deeper, seeking a “unifying hypothesis to *account* for this order and...*deduce* natural explanations of the various phenomena from it (my italics).”²⁰ Because they dismissed the role that gods may have played in the order of the universe and nature, Ionian theorizers had to devise a systematic methodology in order to account for what they observed.

Prior to the Ionian philosophers’ arrival at what James Longrigg deems “rational medicine,” disease in ancient Babylon and Egypt was conceptualized in an “irrational” manner; scholars of medicine and natural philosophy construed negative symptoms as “manifestations of the displeasure of the gods or...caused by some demon or another.”²¹ Longrigg defines rational

¹⁶ Longrigg (1993), 28.

¹⁷ Ibid, 29.

¹⁸ Ibid, 2.

¹⁹ Ibid, 26.

²⁰ Ibid, 27.

²¹ Ibid, 6.

medicine as a novel schema that did not rely on notions of the divine or forms of superstition, but rather looked at the causes and symptoms of disease based on natural terms via deductive reasoning and logical argument. Following the line of thinking that Ionian rationalists promoted (which included an environment-based approach to disease), the Hippocratic Corpus was the first cohesive and comprehensive Western work to successfully transition “from mythological conjecture to rational explanation.”²² For example, in a treatise that discusses epilepsy, deemed the ‘Sacred Disease’ in antiquity, the Hippocratic author firmly rejects the disease’s divine moniker, claiming that its symptoms are due to “its own specific nature and cause,” and more specifically, “the flooding of the brain with phlegm.”²³ In addition to embracing a newly rational type of medicine and scientific understanding, the authors of the Hippocratic Corpus spoke out against potential overlap between the methodology of natural philosophy (e.g., the works of the Pre-Socratics) and the newfound empirical aspect to medical theorization.

The author of the Hippocratic treatise *On Ancient Medicine*, a work that speaks reflexively about the discipline of medicine and processes of diagnosis, is “conscious of the opposition between the dogmatic, *a priori* methodology of the natural philosopher and the more empirical approach required of the physician.”²⁴ It is clear that the author of this treatise wanted to distinguish medical science as an autonomous field of study, one that did not intersect with philosophical understandings of the human body and the formation of the universe in the 5th century BCE. To be explicit, the author of *On Ancient Medicine* speaks out against a well-known and prolific Pre-Socratic philosopher and physician, Empedocles (c. 495-435 BCE):

Certain physicians and sophists assert that it is impossible for anyone to know medicine who does not know what man is and that to treat patients correctly it is necessary to learn this. Their doctrine, however, tends towards philosophy in the manner of Empedocles and

²² Ibid, 1.

²³ Ibid, 37.

²⁴ Ibid, 82.

others who have written about nature, what man is originally, how he first came into being and from what elements he was constructed...I believe that clear knowledge about nature can be acquired from no other source than medicine. One can attain this knowledge when one has a proper comprehension of medicine itself, but until then it seems to me to be far from possible.²⁵

This author declares that the nature of man cannot be understood without medicine; philosophy's theorization of how "man came into being and from what elements he was constructed" falls short of the definitions and explanations that medical science can provide. Why did the Hippocratics denounce interdisciplinary examination of the human body and disease? Why were they so vehemently opposed to philosophers' understanding of illness? These questions become even more peculiar when we start to uncover the ways in which Pre-Socratic philosophical understanding has pervaded Hippocratic texts. Even though the Corpus' authors declare a definitive split between the two disciplines, philosophical modes of reasoning are in fact deeply embedded in Hippocratic treatises, especially in the authors' discussion of the four humors as they pertain to the conceptualization of health.

To trace the modes of philosophical reasoning inherent in Hippocratic humoralism, Empedocles' physics of the four elements in *On Nature* and Alcmaeon's theory of "health" must be addressed. Empedocles, the physician-philosopher who was deemed "representative of the objectionable influence of a philosophical approach to medicine,"²⁶ proposed that everything "was composed of four material elements ("roots") that are moved by two opposing forces, Love and Strife."²⁷ Although Empedocles' descriptions of cosmogony do not explicitly relate to medical explanations, his theory of the four elements—earth, air, fire, and water—bears a striking resemblance to later humoral theory. These four elements could only blend properly

²⁵ Translated excerpt from Hippocrates' *On Ancient Medicine*, Longrigg (1993), 84.

²⁶ Ibid.

²⁷ Richard Parry. "Empedocles," *The Stanford Encyclopedia of Philosophy* (Fall 2012 Edition), <<http://plato.stanford.edu/archives/fall2012/entries/empedocles/>>.

“under the agency of Love, and they are driven apart by Strife, in a continual alternation.”²⁸ The cyclicity and symmetry that governs the explanation of the cosmos resonates with Hippocratic humoralism in that “elegant balance,”²⁹ in the form of humoral theory, is employed as a means to characterize and make sense of the natural world’s implication in processes of life and death.

The next philosopher-physician of interest is Alcmaeon, a pre-Socratic philosopher and pre-Hippocratic doctor whose theories resound quite similarly with section 4 of Hippocrates’ *On the Nature of Man* (see pages 2-3 of this chapter). Alcmaeon is the only pre-Hippocratic doctor whose ideas have survived in any form, and his definition of health seems to have greatly informed the Hippocratic theory of the four humors³⁰:

What preserves health is the equality (*isonomia*) of the powers – moist and dry, cold and hot, bitter and sweet and the rest – and the supremacy (*monarchia*) of any one of them causes disease...the cause of disease is an excess of heat or cold...health, on the other hand, is a harmonious blending of the qualities.³¹

Like the rational Hippocratics, Alcmaeon rejects earlier explanations of supernatural causalities and advocates for an “ontological conception of disease” that focused on how the body’s equilibrium could be disturbed. Alcmaeon’s state of health is clearly defined by notions of balance, equality, and the blending of various opposing elements (e.g., “moist and dry, cold and hot”). Again, similarly to Hippocratic humoralism, an excess of one of these elements causes disease. As a Pre-Socratic philosopher and member of that particular intellectual community, Alcmaeon was influenced by the same conclusions Empedocles made about cosmology, and in turn, imposed principles of balance, symmetry, and equality onto the human body as a means of characterizing health. Thus, the very philosopher who the Hippocratic author denounced in *On Ancient Medicine* (see pages 6-7) has actually greatly informed the logical underpinnings of

²⁸ Ibid.

²⁹ Ibid.

³⁰ Longrigg (1993), 47.

³¹ Ibid, 52.

Hippocratic constructions of health. Longrigg writes that “medicine took over the pernicious legacy of *a priori* reasoning, the tendency to deduce explanation from a preconceived position, which resulted in the propensity to accommodate observed facts to pre-established convictions.”³² Rational, Hippocratic medicine was actually engaging in forms of application, not concrete discovery. Like the works of the Pre-Socratics, Hippocratic medicine was implicated in the use of *a priori* reasoning, and, albeit inadvertently or not, displaced larger philosophical theories onto the human body (ones that deemed “balance” as being equal to health). Contrary to the Hippocratic author’s declaration, Pre-Socratic influence—vis-à-vis Empedocles and Alcmaeon—is present within medical treatises, and established frameworks that were breeding grounds for messy deductive reasoning and sweeping generalizations.

Employing broad philosophical concepts and *a priori* reasoning to the theorization of the human body facilitated processes of othering and pathologization, particularly in regard to the characterization of women’s bodies. From the perspective of a male philosopher-physician-author, any bodily state that seemed to lie outside of a baseline claim—one that had already been deemed rational—was considered other, thus making it particularly convenient to exclude female bodies from what was labeled as normative. For example, pre-Socratic philosophers, and by extension, the Hippocratics, stated that balance and moderation were representative of health via humoralism. If we take this to be the first logical rung that defined health for all bodies, calling the female body excessive and immoderate at baseline intimates that these authors’ definitions of medical normativity did not and could not superimpose nicely onto the female body. In other words, female bodies were unable to achieve the level of health as espoused and defined by humoral theory. It may be useful here to return to the questions proposed at the beginning of the chapter: who decides what is defined as normal? What is the correct state of balance that defines

³² Ibid, 81.

health, and what bodies fit this prescription? Not all bodies encompass one definition of normal. Concepts of moderation and balance, used initially to describe the behavior and formation of the universe by the Pre-Socratics, governed definitions of health and normalcy in antiquity. One body and one form of health were privileged. Strict binaries were instantiated that allowed for the categorization and potentially violent labeling of these bodies—some were normal, and others were emblematic of excess, inefficiency. While differentiating between bodies is inherent to the practice of medicine and diagnosis, an examination of the theoretical frameworks that dictated particular definitions of health and disease illuminate the ways in which female bodies were depicted as locations of difference and perpetual illness.

Chapter Two

A Rhetoric of Unattainable Health: The Hippocratic Woman Defined

We will next explore the Hippocratic medical treatise *Diseases of Women I*, a text which employs pre-Socratic forms of deductive reasoning in a discussion and theorization of the female body. In certain sections of the treatise, one broad claim is made (e.g., women have softer, wetter flesh than men), which is then followed by another claim that additionally others and bolsters the first (e.g., since women have softer flesh, their body retains excess moisture, which then allows the writer to describe menstruation as an excessive process). These specific mechanisms of multi-pronged othering will be interrogated through a close analysis of the Greek text. As noted in the previous chapter, Longrigg aptly calls *a priori* reasoning “pernicious” in that this form of deductive logic subtly yet effectively aids in constructing violent binaries. In calling health balance and disease imbalance, women are definitively othered. Throughout these texts, female bodies are shoved forcefully into a category that denies them any possibility of adhering to male-dictated notions of health.

In the Hippocratic gynecological treatise *Diseases of Women I* (lines 1-50), written c. late fifth to early fourth century BCE, the male physician-author makes several assumptions regarding his clinical definition of the healthy female body. While most of *DWI* focuses on the etiologies of female illness, the first fifty lines of this treatise are unique in that they begin to construct and theorize female normalcy from a medical standpoint. A striking aspect of this treatise’s introduction is that normal female bodily processes become heavily pathologized, most notably in their comparison to male bodies. Although the majority of scholarship analyzes Hippocrates’ explicit rendering of female disease, it is necessary to evaluate how his school of thought conceptualized standard female anatomy. A more nuanced exploration reveals that the

state of health, as defined by the humoral theory of balance discussed in the previous chapter, is wholly unattainable for women in these texts. While this Hippocratic author privileges certain female bodily states (the pregnant woman seems to occupy a higher gradation of health than the woman who is not pregnant), he does not ever use a language of health to describe female anatomy. From the first fifty lines of this text that sets out to characterize the medical woman, the un-diseased female body is denied a picture of health by a male discourse that possesses a strong language of control and scientific authority.

The anonymous author of *DWI* makes two key assumptions in his initial medical characterization of the female body. Foremost, he defines a woman who is more healthy as one who has given birth (ἡ γυνή τοκος). The author sets up an overt dichotomy between ἡ γυνή τοκος and ἡ γυνή ἄτοκος; according to the Hippocratics, ἡ γυνή ἄτοκος is a physiologically partial, incomplete woman, one whose flesh is atypical and more susceptible to illness. The second assumption concerns the descriptions of female and male σαρκός, “flesh.” Through the use of oppositional syntactical structure and the prefix ὑπέρ (“over, beyond”), the author characterizes female flesh and by extension, menstruation, as inherently excessive processes, especially when viewed in direct comparison to the male body. In making these two assumptions, normal female anatomical characteristics—the woman before pregnancy and the nature of flesh—are pathologized and in turn, reveal a standard medical rhetoric that perpetuates female difference and instability, even in the absence of disease.

In examining the author’s opening claims in *DWI*, it becomes clear that the female body is most thoroughly defined through the act of childbirth. To have not given birth is to be not fully woman; the author’s descriptions of ἡ γυνή ἄτοκος are even more closely associated with female malfunction. Before exploring the pathologization of ἡ γυνή ἄτοκος, it is necessary to analyze

the language that signifies the process of childbirth, and how this rhetoric subsequently aids in defining the archetypal Hippocratic woman, a woman whose body lacks physical integrity. For these male physician-authors, even anatomical processes that are regarded as more healthy are in and of themselves opportunities to manifest how female bodies are sites of chaos and destruction. One of the most frequently used words in the beginning of this treatise is καταρρήγνυμι, “to break down, tear in pieces,” and the verb is used as a descriptive marker of what happens to the female body as a result of childbirth. The author writes:

τὰ πλησιάζοντα δὲ μάλιστα τῆς τε κοιλίης καὶ τῶν μαζῶν καταρρήγνυται... καταρρήγνυται δὲ καὶ τὸ ἄλλο σῶμα...καταρράγέντος δὲ τοῦ σώματος, ἀνάγκη τὰς φλέβας μᾶλλον στομοῦσθαι καὶ εὐρωτέρας γίνεσθαι ἐς τὰ καταμήνια, καὶ τὰς μήτρας μᾶλλον στομοῦσθαι, οἷα τοῦ παιδίου χωρήσαντος διὰ σφέων καὶ βίην καὶ πόνον παρασχόντος.³³

And the small vessels most notably [the ones] of the belly and the breasts are broken down...the rest of the body is also broken down...when the body is broken down, the vessels by necessity become more open and more flowing for menstruation, and the womb(s) is/are more open, such that the child, because it has passed through them, causes both force and pain.³⁴

After having given birth, the rest of the body (τὸ ἄλλο σῶμα), in addition to the small vessels (τὰ πλησιάζοντα), are καταρρήγνυται, “broken down.” This violent breaking process is not localized to the womb and uterus, but rather is described as an all-encompassing act, one that permanently affects the entire composition of the female body. It is necessary to interrogate why this author articulates childbirth as a process of violent destruction. The descriptive marker of καταρρήγνυμι makes sense given the physical brutality of bearing a child, but why does such violence and tearing define the female body? This vocabulary of breaking heavily informs the rhetoric that describes femininity from a medical perspective. The frequent use of καταρρήγνυμι establishes

³³ Littré, Émile, ed. Hippocrates. *Diseases of Women I*, lines 5-11 (TLG).

³⁴ Adapted from Hippocrates, *Diseases of Women I*, trans. Ann Ellis Hanson (1975), 572 with my modifications.

that a woman's body is the most female or the healthiest after having been physically broken apart.

After the rest of the body is broken down (τὸ ἄλλο σῶμα...καταρρήγνυται), the female body is established as a cavernous, open space, one that is more adept at accommodating various fluids and blood. The author writes that the body is more open (μᾶλλον στομοῦσθαι) and more flowing (εὐρωωτέρας) after childbirth. Moistness can flow more easily through the body's now broken-down sections, making her menses [more] without pain or toil (τὰ καταμήνια ἀκαματώτερον).³⁵ It is interesting to note that αἱ μήτραι, "wombs," is most often found in its plural form because it was thought to have multiple chambers,³⁶ thus perhaps reinforcing the idea that standard female anatomy was inherently sectioned-off and not integrated. Furthermore, the female body is more suitable or experienced to be[ing] full (ἐπιτήδειον πληροῦσθαι), and at the same time (ᾧμα) has more open, flowing space for blood in the body.³⁷ Because the body has multiple sections after childbirth, it evolves into a more effective and well-suited vessel, one that can store the excess fluid that is intrinsic to female anatomy. Even though the author clearly privileges the body of ἡ γυνὴ τοκος and sees it as less malfunctioning than ἡ γυνὴ ἄτοκος, the description of the body during childbirth is most certainly chaotic—the adjectives of opening and flowing in the Greek imply that woman is a broken-apart container, one that is able to more adequately manage the ever-increasing amounts of fluid that reside inside of her. Thus, the characterization of ἡ γυνὴ τοκος, the more ideal woman according to the Hippocratics, raises the question of whether the female body can actually exist as healthy and properly functioning in this text.

³⁵ Littré, Émile, ed. Hippocrates. *Diseases of Women I*, line 12 (TLG).

³⁶ King (1998), 34.

³⁷ Hippocrates, *Diseases of Women I*, lines 15-17 (TLG).

To highlight the difference between ἡ γυνὴ τοκος and a more generalized depiction of Hippocratic health, it will be helpful to return to the Hippocratic iteration of humoral theory as laid out in the treatise *On the Nature of Man*. It is quite revealing to compare the depiction of the female body we have analyzed thus far to the description of the body of man (τοῦ ἀνθρώπου). It must be noted that ὁ ἄνθρωπος does not definitively mean “man” or “male.” ὁ ἄνθρωπος can mean “man” collectively as well as “person,” and we cannot assume that the excerpt from *On the Nature of Man* is a gendered one. Because the Hippocratics have their own women-specific treatises, perhaps we can construe ὁ ἄνθρωπος as “human,” but with the implicit definition of “man,” or “male.” Regardless, the body of “man” or “human” stands in stark contrast to the female body because it can exist in a harmonious state of health. This state of health is best encapsulated through the word μετρίως, an adverb from the adjective μετρίος, meaning “in equal proportion or measure, in moderation.” In a healthy state, each of the four humors is held in correct proportion to each other and is well blended; a dominance or excess of one humor over the other three results in instability, or disease. If we hold up this understanding of health next to the female body, a body where health is an unattainable construct, one notices that the diseased body of man strikingly resembles the female body during pregnancy and post-pregnancy, phases of biological life that, at least from a contemporary standpoint, exist outside of what is typically construed as a disease state. The body of man during disease is a body of excess (πλέον); certain fluids do not mix well with others because they are now held in unequal proportion. To the Hippocratics, the notion of excess fluid (a marker of disease in the male body) is an intrinsic feature of female anatomy—what is deemed the healthiest female body is the one after καταρρήγνυμι because this body is the most adept at managing all the excessive, uncontrollable fluids inherent to the female form. Thus, one can interpret the descriptors of disease of man (τοῦ

ἀνθρώπου)—improper mixing and the emergence of excess humors—as factors that are ever-present in the female body at baseline.

The open and fluid nature of the female body after childbirth stands in stark contrast to the author's construction of ἡ γυνὴ ἄτοκος. The body of a woman who has never given birth is deemed stiffer, firmer, and packed closer together (ἰσχυροτέρος τε καὶ στερεωτέρος καὶ πυκνοτέρος).³⁸ Since the body has not experienced the process of καταρρήγνυμι via childbirth, female anatomy is made even more pathological—its stiff and compressed nature is not equipped to handle the body's constant influx of moisture and fullness. The author writes:

Ἀτόκῳ δὲ εὐούσῃ...ἐπὶ πληρωθῇ...καὶ τῶν μητρέων ἀστομωτέρων εὐουσέων, τὰ ἐπιμήνια ἐπιπονωτέρως χωρέει, καὶ τὰ παθήματα προσπίπτει πλείονα, ὥστε τὰ καταμήνια ἀποφράσσεσθαι...³⁹

In the case of a woman who has not given birth...whenever her body is filled...her womb lies less open, her menses are more difficult; and if her menses are blocked up, she experiences more pain...⁴⁰

This excerpt characterizes ἡ γυνὴ ἄτοκος as a sealed receptacle that is unaccustomed to being full, and is thus more susceptible to illness. The use of alpha privatives— ἄτοκος and ἀστομωτέρος—place the woman who has never given birth in direct opposition to ἡ γυνὴ τοκος, one who, conversely, is more open (μᾶλλον στομοῦσθαι, line 9). For ἡ γυνὴ ἄτοκος, processes of menstruation are more painful (ἐπιπονωτέρος), because her womb[s] is not open (αἱ μήτραι ἀστομωτέραι εὐουσαι). ἡ γυνὴ τοκος experiences menstruation with less pain or difficulty since her body is more flowing and open, whereas ἡ γυνὴ ἄτοκος' anatomy is stagnant and trapped, unable to adopt the expanded bodily conformation that is natural to women who have given birth. A clear dichotomy exists between ἡ γυνὴ τοκος and ἡ γυνὴ ἄτοκος, yet neither depiction

³⁸ Littré, Émile, ed. Hippocrates. *Diseases of Women I*, lines 20-21 (TLG).

³⁹ Ibid, 19-24.

⁴⁰ Adapted from Hippocrates, *Diseases of Women I*, trans. Ann Ellis Hanson (1975), 572 with my modifications.

lends itself to an iteration of health or normalcy; both bodily states, each of which most women occupy for periods of time during their life cycle, are made into opportunities for instantiating difference and communicating feminine anatomical instability.

After describing the anatomical landscapes of two types of women—ἡ γυνὴ τοκος and ἡ γυνὴ ἄτοκος—the author makes his first gendered comparison in his discussion of the differences between female and male flesh. Through the use of comparative and oppositional language, the author deems female flesh, and later, menstruation, as abnormally excessive feminine characteristics. King writes, “for the Hippocratic *Diseases of Women* texts...excess blood is always at the root of the problem; it accumulates...because of their wet and spongy nature.”⁴¹ The author declares that a woman’s flesh is more spongy (ἀραιοσαρκότερος) and softer (ἀπαλωτέρος) than a man’s. The comparative adjective ἀραιοσαρκότερος is a compound word that was most likely invented by the Hippocratics; it contains the noun σαρκός, or “flesh,” and the adjective comes from the noun ἀραιός, meaning “thin, narrow, or slender.” In this succinct construction of difference, the female is pitted against the male, who is representative of true anatomical normality. In another direct comparison to the male body, the author states that female flesh, due to its sponge-like nature, is able to actively draw (ἔλκει) moisture (τὴν ἰκμάδα) more quickly (τάχιον) and in greater amounts (μᾶλλον) than the body of a man.⁴² The female body’s ability to soak up more moisture must be viewed as a physical mechanism of compensation rather than efficiency; the texture of women’s flesh aids in the absorption of the many liquids that reside within their unproductive, fluid-heavy environment. Through the use of the comparatives τάχιον and μᾶλλον, it becomes clear that female flesh is irregular when

⁴¹ King (1998), 33.

⁴² Ibid, 26-27.

compared to the exemplary male body; it attracts moisture from other organs in a manner that is depicted as increasingly excessive.

By extension, the menses are also pathologized. Menstruation is viewed as an excessive process, one that is specific to women due to the porous, moisture-filled nature of their flesh. Within the Hippocratic analytical framework, menstruation is not primarily viewed as emblematic of a woman's ability to give birth, but is cast off as a rather complicated, unrestrained process that reinforces a rhetoric of female difference and anatomical inefficiency. This characterization of menstruation is especially symbolic in that it is a product of an exclusively male medical discourse, one that has perpetuated the idea of feminine immoderacy and irrationality through scientific justification. Why does this author's characterization of menstruation lie entirely outside of a discussion of pregnancy and childbirth? Why is menstruation framed as an immoderate condition of the female body? The emphasis placed on the excessiveness of this feminine process suggests that male physician-authors used this locus of difference as an opportunity not only to highlight female inferiority, but also to perpetuate the idea that women's bodies could not fit into the Hippocratic framework of health. In shifting attention towards menstruation as a marker of instability and extremeness, the author simultaneously downplays its most obvious biological signifier—the ability to give birth.

In juxtaposing male and female anatomical function, the author defines the male body, symbolic of moderation and productivity, through what the female body is not. In the following excerpt, the author elucidates male-female dichotomies as they pertain to texture of flesh and menstruation:

Ὁ δὲ ἀνὴρ στερεοσαρκότερος ἐὼν τῆς γυναικὸς οὔτε ὑπερπύμπλαται τοῦ αἵματος τόσον, ὥστε, ἢν μὴ ἀποχωρέῃ τι τοῦ αἵματος καθ' ἕκαστον μῆνα, πόνον γίνεσθαι, ἔλκει τε

ὁκόσον ἐς τροφήν τοῦ σώματος, τό τε σῶμά οἱ οὐχ ἀπαλὸν ἐὼν οὐχ ὑπερτονέει ὕδ' ὑπερθερμαίνεται ὑπὸ πληθώρης ὡς τῇ γυναικί.⁴³

The male [body], being more solid than [the body of] woman, **never overfills with so much blood**, with the result that there is pain if some amount of his blood does not exit according to each month [as is the woman's case]. The male [body] draws whatever amount [of blood] is necessary for nourishment of his body, his body being not soft, not overstrained, and not heated up on account of fullness as in the woman's [body].⁴⁴

Since the male body is not overfilled, not soft, and not overstrained (οὔτε ὑπερπίμπλαται, οὐχ ἀπαλὸν, and οὐχ ὑπερτονέει), it is able to draw whatever (ὁκόσον) amount is absolutely necessary for the nourishment (τροφή) of the body. Because male bodies do not become gorged with moisture due to the stiffness of their flesh (this can be construed as the ideal human form, one that perpetuates a rhetoric of moderation, or μετρίως), blood does not need to exit each month as in female bodies. Male flesh seems to be able to perceive the correct amount of fluid that will most benefit his body. One can interpret the male body's ability to distinguish as a form of social commentary; man is depicted as efficient, even rational in comparison to the female need to expel excess fluid every month. In the above excerpt, menstruation is closely linked to ὑπερ prefix verbs, which seem to be employed as a means of marking the process' excessiveness. Only female bodies are subject to being overstrained and overfilled due to the excess fluid that accumulates in their inherently soft flesh, and the act of menstruation is a mechanism that releases woman's intrinsic surplus (ὑπερ).

Throughout the author's characterizations of female flesh and menstruation, female anatomy is made other on two different planes, with the first heavily informing the second. To deem menstruation excessive, the author first had to construct female flesh as inherently pathological and unstable. After this assumption is made, he is able to build off of it, using the

⁴³ Littré, Émile, ed. Hippocrates, *Diseases of Women I*, lines 42-46 (TLG).

⁴⁴ Adapted from Hippocrates, *Diseases of Women I*, trans. Ann Ellis Hanson (1975), 572 with my modifications.

texture of female flesh to account for the need and potential complications of more specific processes, such as menstruation. This multi-pronged othering is effective at constructing female difference in that it initially deems flesh, a definitively normal attribute of both male and female bodies, as inherently abnormal and excessive. Thus, aspects of feminine anatomy that should be construed as normal are deemed abnormal at a standard, descriptive level, so that the othering of more specific processes (e.g., menstruation) can be convincingly layered on top of baseline characterizations of feminine abnormality (e.g., texture of flesh).

In the first fifty lines of an expansive treatise that discusses diseases specific to women, the male physician-author pathologizes aspects of female anatomy, and devises a medical rhetoric that reinforces inherent female difference. In deeming both ἡ γυνή τοκος and ἡ γυνή ἄτοκος physiologically other and incomplete, normal periods of the female life cycle are written off as tumultuous and pathological. Because of the humoral theory of health as laid out by the Hippocratics and pre-Socratic natural philosophers, the female body's shifting physical states do not conform to Hippocratic notions of what is deemed healthy—certain fluids always exist in excess, equality and stability are non-existent. The female state of being is viewed as a condition, and the only possibility for what is normal, healthy, or natural is the male body, an anatomy that is emblematic of humoralism's ideal proportions and thus, unparalleled productivity. The author's second assumption concerning the texture of female flesh not only highlights male anatomical normality and efficiency, but also allows him to call menstruation an excessive process, one that, as we will see later, is at the root of many female illnesses. Disentangling these Hippocratic portrayals of female anatomical difference is essential in beginning to understand the ways in which medical science has constructed and perpetuated gendered life-worlds since antiquity. The deconstruction and rhetorical examination of a scientific historical record wrought

with difference and violent assumptions gives a voice to the silenced, written-over female body, and begins to reveal the powerful mechanisms by which medical science is manipulated to reinforce male hegemony.

Chapter Three

“An Organ with No Natural Home”⁴⁵: The Diseased Female Body as a Site of Movement in Hippocrates’ *Diseases of Women I* and Plato’s *Timaeus*

The second section of Hippocrates’ *Diseases of Women I* begins to discuss the various pathologies and symptoms of gynecological illness. This section’s male physician-author builds upon the overarching assumption made in the first section of the treatise—that the female body, even outside the realm of disease, is inherently pathological and unstable. In this rendering of standard female anatomy, the author denies any possibility for a feminine balance, health, or normality. Thus, one must wonder: what does disease look like in an already diseased body? If the healthy Hippocratic woman does not exist, how does illness, or the unhealthy, manifest itself? Because the author’s notion of health in the female body is entirely compromised, when we arrive at his discussion of disease, there is no radical departure from baseline descriptions of feminine anatomy. The standard female body (one that technically lies outside of disease, but is still characterized as abnormal) looks almost exactly like the feminine body during disease. The diseased body, whose constituent parts are in a state of hyper-mobility and variation, is an intensification of the standard female body; yet, these two bodies are not fundamentally different. Perhaps the author employs this rhetorical mechanism of othering in order to bolster the assumptions made in the treatise’s first section, which succeed in establishing the woman’s ever-present state of non-health. When the author arrives at a discussion of disease, his first assumptions seem even more apparent and plausible—a chaotic portrayal of the diseased woman is the next expected and legitimate logical leap.

The second section of the treatise begins with the author’s explanation of suppressed menstruation in ἡ γυνὴ ἄτοκος, the more pathological of the two defining factors that most

⁴⁵ Ann Ellis Hanson, “Continuity and change: three case studies in Hippocratic gynecological therapy and theory” in Pomeroy (1991), 82.

blatantly characterize the female condition in Hippocratic texts. In his portrayal of this illness, he builds off of the assumption that menstrual blood is a naturally excessive, toxic substance—a claim already established in the treatise’s first section. Through his discussion of the presenting symptoms when this pathological substance is trapped and cannot find a way outwards,⁴⁶ the author further substantiates female anatomical instability and lack of bodily integration by emphasizing the chaotic and variable movement of gynecological organs that occurs as a result of disease. Furthermore, the author seems to bestow a particular agency and flexibility onto female genital organs through his use of highly descriptive action verbs to mark their movements. This agency and hyper-variability that is imposed upon bodily organs reemphasizes the notion that the Hippocratic female body is an un-integrated body, one whose function at baseline, which has already been established as a vessel of instability in the treatise’s first section, closely resembles the state of disease.

The case of suppressed or trapped menstruation in ἡ γυνὴ ἄτοκος reinforces one of several assumptions laid out in the treatise’s first fifty lines—that the female body consistently produces a toxic substance, i.e., menstrual blood. In other words, there is nothing normal in the male physician-author’s commentary about menstrual blood or its flow within the body. If the menses, which have been established as toxic and emblematic of excess, do not get expelled, a diseased state afflicts the woman. The author provides two definitive reasons for the onset of this illness: 1) ἢν τῶν μητρέων τὸ στόμα μεμύκη ἢ ἰδνωθῇ, “if the mouth of the womb(s) is closed or bent into itself,” or 2) ξυστραφῇ τι τοῦ αἰδοίου, “if some part of the vagina is twisted, or compressed.”⁴⁷ In this excerpt and throughout Hippocratic gynecology more broadly, the womb

⁴⁶ Littré, Émile, ed. Hippocrates. *Diseases of Women I* (Section 2), lines 1-2 (TLG).

⁴⁷ Ibid, 2-3.

is consistently depicted as a jar or vessel.⁴⁸ Like a jar, the womb has a mouth, τὸ στόμα, which is synonymous to a jar's lid, and this lid is capable of being opened or closed. However, what is interesting to note is that the “womb-as-jar” construct adopts an increasingly malleable conformation in this section of *Diseases of Women*. Jars are ceramic, heavy, upright objects, but this author bestows a fluid mobility and personification to this rather rigid, inanimate descriptor. Here, the “womb-jar” not only closes, which make the menses unable to flow outwards, but also bends (ἰδνωθῆ), from the verb ἰδνωμαι, meaning “to bend oneself, or bend oneself up.” Similarly, the vagina can ξυστραφῆ, from the verb συστρέφω, meaning “to twist oneself, compress, or congeal.” The verb ξυστραφῆ has been translated as “prolapsed” to reflect contemporary medical terminology⁴⁹, but the sense of movement and instability this verb implies loses meaning in the translator's effort to render the text scientifically applicable to modern readers. Assigning mobility to static organs, and the idea that a fixed object used to describe the structure of the womb can evolve into a variable and flexible signifier, both aid in the author's construction of the female body as constantly disrupted and unstable.

What is the rhetorical purpose or scientific significance of having a fixed object take on flexible characteristics in this author's portrayal of μήτραι (the womb(s))? The “womb-as-jar” paradigm occupies a liminal space, one that exists between the animate and inanimate realms of metaphor. As we will see later in Plato's description of the infamous “wandering womb” in the *Timaeus*, the womb as concept emerges from this in-between space and is characterized as a ζῷον, meaning “animal, or living thing.”⁵⁰ From a structural standpoint, the use of the “womb-as-jar” metaphor makes logical sense—the womb is a hollow, cavernous organ that has the ability to open or close, and in turn, fills or pours out various substances. Thus, the jar as

⁴⁸ Helen King (1998), 26.

⁴⁹ Littré, Émile, ed. Hippocrates, *Diseases of Women I*, trans. Ann Ellis Hanson (1975), 572.

⁵⁰ Plato. *Timaeus*, 91a.

signifier allows the author to capture the structural and pictorial nuances of female anatomy. However, his rhetoric breaks down when he tries to convey the more variable, unstable aspects of this defining feminine organ, specifically its flexibility and capacity for movement and/or contortion. Exploring why certain metaphors were chosen to depict female anatomy is of utmost importance in disentangling the author's rhetorical strategy. A critical dissection of the metaphors employed to illustrate aspects of female anatomy is essential to uncovering the various mechanisms that instantiate and perpetuate female difference.

The chaotic movement, or turning, of the womb(s) is a key symptom that characterizes suppressed menstruation in ἡ γυνὴ ἄτοκος. The movement of the womb was a “central tenet in [Hippocratic] medical theory and practice,”⁵¹ and the organ's ability to disrupt the rest of the body, which was already deemed at baseline to be in constant flux, provides significant insight into how the Hippocratics conceptualized female disease. Additionally, the phenomenon of womb movement served to further substantiate the un-integrated and unsettled nature of feminine anatomy. The author outlines certain scenarios or behaviors that predispose certain women to the disease of womb movement. He writes, “if the woman [in question] does not have sex (μὴ μίσγεται) with her husband and if her stomach is more empty than normal due to some kind of suffering (καὶ κενωθῇ ἡ κοιλίη μᾶλλον τοῦ καιροῦ ὑπὸ τευ παθήματος), the womb(s) turns/revolves/moves (στρέφονται αἱ μήτραι).”⁵² The first predisposition to womb movement concerns the frequency of sexual intercourse. The male physician-author deems that if the woman does not have sex regularly, her womb becomes ξηροτέρης, or “more dry.” The second predisposition states that a “more empty than normal” area around a woman's κοιλίη, or “stomach,” creates an excess of space that allows for womb movement.

⁵¹ King, 39.

⁵² Adapted from Hippocrates, *Diseases of Women I*, trans. Ann Ellis Hanson (1975), 573 with my modifications.

The main verb that is employed to articulate womb movement is στρέφω, which can mean “to turn oneself, toss, twist, or revolve.” As discussed earlier, the use of this specific action verb demonstrates that female gynecological organs assume partially personified roles in the diseased state, which in turn reinforces the construct of a chaotic, broken-apart female form. Specific parts of the female body do not fit together in a neat, stable manner but rather act on their own accord, assuming motion-filled and contorted positions which have the ability to influence more global bodily function. In Hanson’s translation of *Diseases of Women I*, she translates στρέφεται as “is displaced.”⁵³ Hanson’s choice fails to capture the dynamism and chaotic nature of στρέφω’s original meaning, which intimates a more disorganized and maddened type of movement. “Displaced” seems to imply directed, linear motion—the womb moves somewhere else but eventually returns to its original place. In Greek, the twisting, turning motion that στρέφω connotes depicts the womb as a personified element, one that is trapped in an inescapable cavernous space; through its revolving and tossing motions the organ itself descends into a type of madness. Hanson adeptly describes the Hippocratic woman’s womb as “an organ with no natural home;” the womb is not framed as a foundational, integral part of the female body but as a misplaced, ravaging entity that does not, and cannot ever belong.

After the author establishes the predispositions for womb movement, he maps out the various symptomatology that result from trapped menses. The progression of disease is related on a monthly basis, and the author’s detailed account of the disease’s evolution reveals the pervasive nature of gynecological illness. Instead of being localized to the womb, bladder, and stomach, the movement of the womb has the potential to harm the rest of the body as well as inflict psychological trauma. If the menses do not go out (ἐξαγάγη) by the third month, a disease-state known as πνίξις, or “a choking, strangling, drowning” occurs. King and Hanson refer to πνίξις

⁵³ Littré, Émile, ed. Hippocrates, *Diseases of Women I*, trans. Ann Ellis Hanson (1975), 573.

as “hysterical suffocation,” or an inability to breathe due to the womb’s destructive movement. Some of the symptoms of πνίξ include fever, chills, and pains of the lower back.⁵⁴ In the sixth month without a period, the woman is past the point of being cured, and begins to exhibit more psychological symptoms.

Καὶ τὰ μὲν πρότερα σημήϊα μᾶλλον πονήσει, ἐπέσται δὲ ἐπ’ αὐτοῖσι καὶ τάδε· ἀλύξει τε καὶ ῥίψει ἐν τὴν ἄλλοτε καὶ ἄλλοτε καὶ λειποθυμήσει, καὶ ἐμέσει φλέγμα, καὶ δίψα ἰσχυρὴ μιν λήψεται, ὅτε καιομένης τῆς κοιλίης ὑπὸ τῶν μητρῶν ἐουσέων πληρέων αἵματος...⁵⁵

She will exhibit the earlier symptoms to a greater extent and also the following: she will be distraught, or wander in mind, and she will hurl herself about from time to time, and she will faint and vomit phlegm, and she will be seized by a violent thirst, since her stomach is hot on account of her womb(s) being full of blood.

In this account, all earlier σημήϊα, or “signs, symptoms,” are present and the woman ἀλύξει, or “will be distraught, will wander in mind,” and ῥίψει, or “will hurl, fling oneself.” In the author’s descriptions of these later symptoms, it is almost as if woman becomes womb; she embodies the organ’s physical movements by “flinging about,” and her internalized psychological torment reflects the womb’s displaced and distraught nature. Here, we must recall the various assumptions laid out in the first treatise, most notably the one that frames menstruation as a process that expels a toxic, excessive substance. If the menses fail to be released on a monthly basis, it becomes clear that the resulting symptomatology is a direct manifestation of menstrual blood’s toxicity. In addition to mental instability, the author’s theoretical patient also exhibits other extreme symptoms, including fainting, vomiting, and thirst—all on account of the “womb(s) being full of blood.” The evolution of Hippocratic paradigms of “hysterical suffocation” into Freudian and Charcotian theories of “hysteria” are not central to our discussion here, but it is important to note that this etiology of womb movement and the resulting symptoms

⁵⁴ Littré, Émile, ed. Hippocrates, *Diseases of Women I*, lines 19-20 (TLG).

⁵⁵ Adapted from Hippocrates, *Diseases of Women I*, trans. Ann Ellis Hanson (1975), 572 with my modifications.

lie at the root of the “hysterical” feminine disease-trope, one that persisted in European medicine for centuries.

Plato’s *Timaeus*, which was published c. 360 BCE, is most often cited for its inclusion of the “wandering womb” theory, an idea that resonates strongly with the depictions of womb movement in the Hippocratic gynecological treatises. Plato and Hippocrates published their works in approximately the same time period (early to mid-fourth century BCE), so a side-by-side comparison of both authors’ biological theorizations of the female body is warranted. However, it must be noted that Plato’s methodology is that of natural philosophy, not of medical science, which was Hippocrates’ desired approach. In Plato’s *Timaeus*, a rather complicated dialogue, he “presents an elaborately wrought account of the formation of the universe. Plato is deeply impressed with the order and beauty he observes in the universe, and his project in the dialogue is to explain that order and beauty.”⁵⁶ Thus, rather than adopt a patient-centered approach to the scientific method, Plato views empiricism through a philosophical lens, one that attempts to provide a logical explanation for not only universe’s beginning but also the creation of humankind.

In the *Timaeus*, the womb is described as an explicitly animate thing—a living animal, or ζῷον. Thus, there is a clear discrepancy between Plato’s and the Hippocratics’ rhetorical strategy, with the Hippocratic “womb-as-jar” construct occupying a middle space, one that lies between inanimate (structural and visual rigidity of a jar) and animate (transformation of the jar into a bendable, personified force) realms. This difference aside, both Plato and the Hippocratics emphasize the variable and chaotic movement of gynecological organs that occurs either as a

⁵⁶ Donald Zeyl. *Plato’s Timaeus*, The Stanford Encyclopedia of Philosophy, <http://plato.stanford.edu/archives/spr2014/entries/plato-timaeus/> (Spring 2014).

result of suppressed menses, or when a woman is ἄκαρπος, literally meaning “without fruit” or “barren.”⁵⁷ The following passage from Plato’s *Timaeus* establishes womb as ζῶον as well as discusses particular symptoms resulting from the womb’s movement in ἡ γυνὴ ἄκαρπος:

αἱ δ’ ἐν ταῖς γυναιξὶν αὖ μήτραί τε καὶ ὑστέραι...ζῶον ἐπιθυμητικὸν ἐνὸν τῆς παιδοποιίας, ὅταν ἄκαρπον παρὰ τὴν ὥραν χρόνον πολὺν γίγνηται, χαλεπῶς ἀγανακτοῦν φέρει, καὶ πλανώμενον πάντη κατὰ τὸ σῶμα, τὰς τοῦ πνεύματος διεξόδους ἀποφράττον, ἀναπνεῖν οὐκ ἔων εἰς ἀπορίας τὰς ἐσχάτας ἐμβάλλει καὶ νόσους παντοδαπὰς ἄλλας παρέχει...⁵⁸

And in women again, both the womb(s) and the uterus...is an animate creature that is desirous of childbearing, whenever it [the womb(s)] is barren beyond the right season, it bears difficulty, feeling a violent irritation, wandering everywhere throughout the body, blocking up the passages of breath, so that the woman is unable to breathe. It [the womb(s)] throws the farthest reaches [of the body] into a state of perplexity, and causes all sorts of other illnesses.

First, the womb is labeled as ζῶον ἐπιθυμητικὸν ἐνὸν τῆς παιδοποιίας, meaning “a living creature or animal desirous of childbearing.” This resonates with Hippocratic ideology because Plato similarly employs the essentialist notion that a woman’s only imperative biological role is to become pregnant. If a woman is unable to bear children—arguably one of the only operative, integral aspects of baseline feminine biological function—her womb(s) “feels a violent irritation.” Next, Plato’s motion verb of πλανώμενον, the participle form of the verb meaning “to wander,” echoes the motion-filled verbs of contortion and twisting used to describe the chaotic mobility of the womb(s) and vagina in *Diseases of Women*. The idea of an organ wandering everywhere throughout the body reflects a type of undirected, or unseated motion—the womb lacks a purpose (the ability to bear children), and thus wanders aimlessly, inflicting harm on distal organs in the body. The symptoms of Hippocratic hysterical suffocation are also present in this excerpt. For example, “the womb(s) and uterus (αἱ μήτραί τε καὶ ὑστέραι)...blocking up the passages of the lungs (τὰς τοῦ πνεύματος διεξόδους ἀποφράττον), throws (ἐμβάλλει) the farthest

⁵⁷ Plato. *Timaeus*, 91c.

⁵⁸ Ibid. My own translation below.

reaches [of the body] into a state of perplexity.” The womb(s) throws the entire body into an ἀπορίας, a fixed state of confusion and impossibility; there is no way for the body to escape the disease state that afflicts it. The verb ἐμβαλλω, from the verb βαλλω (“to throw”), is yet another violent action verb employed to denote womb movement. The body’s state of ἀπορία then results in the obstruction of breathing passages, such that the woman cannot breathe. This disease-state of suffocation causes νόσους παντοδαπὰς ἄλλας, or “other diseases of all sorts” that inflict the body. In addition to Hippocratic theory and ideology, Plato’s account of the wandering womb in a woman ἄκαρπος illustrates that there was a predominant theoretical framework regarding the womb’s movement, personified nature, and ability to disrupt global bodily function in the late fifth to early fourth century BCE.

As seen in the previous chapter, the Hippocratic female body at rest is a site of war, of partial, broken-down parts that cannot operate efficiently or positively. Normal bodily processes are undermined and turned into locations of difference and excessiveness, most notably the texture of female flesh and the act of menstruation. The diseased Hippocratic female, namely the compromised state of the body in the case of suppressed menstruation, is a magnified and increasingly motion-filled exacerbation of baseline feminine characteristics. The female bodily states that are laid out in the first two sections should look different based on Hippocrates’ health-disease binary via humoral theory, but instead look quite similar. Because there is no attainable state of health for woman, health, in a way, encompasses what would typically be construed as disease. In both *Diseases of Women* and the *Timaeus*, the womb not only moves through the body, but turns, twists, bends, wanders, and compresses itself against other organs, i.e., the vagina, stomach, bladder, and lungs. In a diseased state, the Hippocratic female is subject to even more variability. When her excessive substances cannot be expelled, or when she is

unable to become pregnant, the Hippocratic and Platonic female body becomes a locus of constant movement and toxicity, thus reinforcing the paradigm of woman as broken both within and outside of the realms of disease.

Chapter Four

Tracing Hippocratic Threads: Continuity and Change Within Modern Languages of Women's Health

As we transition from the ancient past into a discussion of our present, several issues still stand regarding the categorization and labeling of bodies that is inherent to the practice of medicine. These unresolved questions transcend the vast gap in time between Hippocrates' *Diseases of Women* and the contemporary landscape of women's health in that they grapple with the fundamental language and rhetoric of disease and normalcy. This language of medicine has shifted and evolved through centuries, but baseline categorizations between bodies that are deemed abnormal and normal are still wholly central to the physician's role today. I am wondering whether it is possible to talk and write about difference without privileging the condition of one body (the male) and pathologizing the state of another body (the female). Is there a modality through which we can see the other in a way that does not violently depict or wrongly characterize her [it]? How can a physician-author, male or female, acknowledge or report women's pain and suffering while concurrently normalizing these processes?⁵⁹ In other words, can women-specific pain and disease ever be described in a fashion that does not create loci of difference and shaming?

The crux of these questions concerns the language, rhetoric, and points of reference with which women's bodies are written into medical or biological texts. Female anatomical processes can and do cause intense physical strife, specifically pains that recur and are periodic, but a new form of rhetoric that characterizes these pains as normal must be created. A new language, one

⁵⁹ As stated in my introduction, I am only referring to a particular type of woman here. I recognize that definitions of womanhood are constantly changing, and I do not mean to essentialize or reduce the female experience to one form. I supply the term "woman" or "women" to communicate a certain level of collectivity, but I understand that this group may only represent "women" who are cis-gendered, menstruate, and/or engage in relationships where procreation is practiced.

that does not assume the male as standard and differentiates bodies in more nuanced, sensitive ways, may have the ability to uproot oppressive biological characterizations of woman. It may even have the potential to change the way in which women of all ages understand their bodies, and by extension, their larger selves. However, the devising of a women-specific rhetoric may be impossible after centuries of male-dictated standards of health—the majority of the medical community would consider the creation of a female-centric medical language and vocabulary politically radical, unfeasible, and even irrational. Thus, if women must work within this already devised rhetoric, how can we/they recognize and resist the power structures and formations of language that have governed, silenced, and still govern and silence our/their bodies?

Because the male body has been viewed as the standard and most efficient body throughout medical history, perhaps the reason why there is no normalizing rhetoric that describes regular, periodic, and often painful, processes (e.g., pre-menstruation, menstruation and menopause) is because men do not experience this form of recurrent pain. If men are the predominant authors *and* the standard, it is possible that a language created by and for them would misconstrue normal feminine anatomical processes as disease or disease-like. Thus there are many negative consequences of perpetuating the male body-as-standard body paradigm. Some of the contemporary health disparities that will be covered and complicated in this chapter and the following chapter include: 1) the pathologization of normal female processes, e.g., menstruation, 2) the physiological and psychological shaming that results from #1, 3) health policy-oriented inequalities such as gender bias in pre-clinical and clinical scientific research studies, and 4) the disregarding of diseases that are women-specific as a result of #3, e.g., heart disease.⁶⁰ When we conduct a side-by-side comparisons of sections from the Hippocratic texts and evidence from feminist sources that critique the modern landscape of women's health, it

⁶⁰ Tavris (1992), 104.

becomes glaringly clear that the standard of health, and the body that the medical community deems most healthy or efficient, is still the 70-kg male prototype.

Male Body as Standard Body: A Lasting Paradigm

If we return to the excerpt from the Hippocratic treatise *On the Nature of Man* from page two of Chapter One, we see a healthy body that is governed by the humoral system of health. To reiterate, Hippocratic humoralism defines a healthy body as one that is non-variable and balanced. Flux and excess are markers of disease, while moderation and proportion are emblematic of health. As we have seen in Chapter One, although the word for man (ὁ ἄνθρωπος) may not be explicitly gendered in the excerpt from Hippocrates, it is certainly implied, and the description of this body establishes a particular standard that does not superimpose nicely onto other bodies, i.e., women's bodies. Women's bodies are variable *and* normal, but in ancient and modern texts, variability and normalcy are non-overlapping categories when it comes to female bodies—to be variable and immoderate is to be unhealthy. In *On the Nature of Man*, the Hippocratic author states, "...[man] experiences/feels health especially whenever these things [the four humors] are held in moderation (μετρίως) to one another (πρὸς ἄλληλα) in strength and power and number, and have been well mixed (μεμιγμένα)."⁶¹ According to this Hippocratic treatise, fluctuating levels of fluids can be construed as imbalanced forces, and as a result, are subject to pathologization. As we will see later, a similar, yet distinct logical thread, one that frames menstruation as a failure of production, runs through contemporary medical rhetoric that describes menstruation. Thus, when physicians and scientists aim to characterize female health and wellness using the male as model, several issues and modes of othering arise.

⁶¹ Littré, Émile, ed. Hippocrates. *On the Nature of Man* (section 4), lines 1-4 (TLG). Translation my own.

Carol Tavis opens her discussion on the 70-kg male standard with an examination of the anatomy chapters of medical textbooks, most of which are dominated by pictures of the male body. In the late 1980s, a group of psychologists studied eight major anatomy textbooks used in medical school, and found that male bodies made up 64 percent of the illustrations, whereas female bodies made up 11 percent (the remaining percentage concerned images where gender was not apparent). In the sections of textbooks that focused on the reproductive system, female bodies and male bodies were equally showcased.⁶² Tavis states that “the drastic omission of women from the realm of ‘human’ anatomy” creates the “impression that female bodies are somehow uncommon or abnormal except for their sexual and reproductive functions.”⁶³ Thus, the 70-kg male model perpetuates the idea that the woman’s sole anatomical function is to reproduce, “whereas men’s bodies are capable of all activities.”⁶⁴ Because men cannot become pregnant and they are the standard, women’s ability to reproduce comes to define their biology. Another example lies in the creation of an entirely separate medical specialty devoted to women, that of Obstetrics and Gynecology. While doctors who specialize in treating women exclusively are necessary and beneficial, one could argue that the creation of a medicine that focuses only on women’s genital and reproductive organs neglects a more complete picture of woman. Because men’s health is the standard health and assumed normality, the creation of a residency program that only trains doctors to treat women’s reproductive organs has the potential to be construed as an avenue to other or further ostracize the female body. Dr. Lucy Hornstein, a primary care physician and writer who specializes in women’s health declares that a woman’s body needs to be treated in a more holistic manner, care that OB/GYNs cannot necessarily provide. She states:

⁶² Giacomini, Rozee-Koker, & Pepitone-Arreola-Rockwell (1986), 413-420.

⁶³ Ibid, 96.

⁶⁴ Ibid.

Primary care for women is more than just pap tests and mammograms. Women also get sick and hurt in ways that having nothing to do with their reproductive systems. OB/GYNs have no clue how to deal with these kinds of conditions, even in pregnant patients.⁶⁵

Dr. Hornstein argues that OB/GYNs are trained to only understand women's reproductive systems, and fail to deliver adequate care when female sickness lies outside of this category. Dr. Hornstein does not deem OB/GYNs futile, but this excerpt reveals that the medical emphasis placed on women's bodies concerns the study of their reproductive systems. The holistic model of woman, one that focuses on non-reproductive and reproductive organs equally, is rare and undervalued. The same paradigm holds true in the first fifty lines of *Diseases of Women I*, specifically the author's characterization of the woman who has given birth (ἡ γυνὴ τοκοῦς) versus the woman who has never given birth (ἡ γυνὴ ἄτοκοῦς). Because she has given birth, ἡ γυνὴ τοκοῦς is considered to be a more effective and well-suited vessel, one that can best store the excess fluid that this Hippocratic author deems intrinsic to female anatomy. On the other hand, ἡ γυνὴ ἄτοκοῦς is depicted as a physiologically partial, incomplete woman, one whose flesh is too stiff to handle the body's constant influx of moisture and fullness:

In the case of a woman who has not given birth...whenever her body is filled...her womb lies less open, her menses are more difficult; and if her menses are blocked up, she experiences more pain...⁶⁶

In the 5th century BCE, the marker of childbirth defined a woman's anatomy, and its absence made the female body even more abnormal and afunctional. The female body is not depicted as a multi-purpose vessel like the male body. Rather, it is characterized as having one main function, the absence of which triggers disease-causing processes. Thus, from Classical Greece to the

⁶⁵ Hornstein, "Why OB/GYNs are not primary care physicians," (2013), <<http://www.kevinmd.com/blog/2013/03/obgyns-primary-care-physicians.html>>.

⁶⁶ Adapted from Hippocrates, *Diseases of Women I*, trans. Ann Ellis Hanson (1975), 572 with my modifications.

recent present, the characterization of women's bodies and their place on a continuum of health has been and is inextricably linked to a woman's reproductive history.

In medical school, students are trained on the male model, with the “paradigm patient being the 70-kilogram man.”⁶⁷ Medical students “compute dosages based on his weight” and “learn what the average man's heart weights and what his minimum urine output should be.”⁶⁸ Women are excised out of what is thought to be exemplary or paradigmatic. Not only does medical training privilege the male model, preclinical and clinical research is corrupted by gender bias. The National Institutes of Health (NIH) continually excludes women from most studies of drug effects, diseases, and treatments. The NIH is an agency of the US Department of Health and Human Services that is the largest source of funding for medical research in the world. In addition to providing large-scale funding, the NIH has 27 institutes and centers that carry out their own research agendas nationwide.⁶⁹ While just over half of NIH-funded clinical research participants are currently women, the NIH still uses primarily male-only animal models for preclinical research.⁷⁰ However, there is evidence that this convention is shifting. As of May 2014, an NIH agency called the Office of Research on Women's Health (ORWH) has pushed the NIH to “develop policies that require applicants to report their plans for the balance of male and female cells and animals in preclinical studies in all future applications.”⁷¹ The ORWH's push for eradicating gender bias will hopefully prevent improper dosing of medications for women and misunderstandings that certain diseases only effect men (e.g., heart disease). According to female physician-authors and medical activists Perri Klass and Lila Wallis, “women are different

⁶⁷ Tavis (1992), 97.

⁶⁸ Ibid.

⁶⁹ “About NIH,” (2015), <<http://www.nih.gov/about/>>.

⁷⁰ Clayton & Collins, “Policy: NIH to balance sex in cell and animal studies,” (2014), <<http://www.nature.com/news/policy-nih-to-balance-sex-in-cell-and-animal-studies-1.15195>>.

⁷¹ Ibid.

biological entities with different hormones, different patterns of health and disease, and different responses to stress,” and thus, deserve to be equally represented at the preclinical level, a stage where sex differences may play a major role in the development of a new drug or treatment.⁷²

What are researchers’ justifications for the use of male-only animal models? Many believe that the estrous cycle in mice (equivalent to a menstrual cycle in humans) introduces unwanted variability into scientific studies.⁷³ In order to generate “good” data, researchers have assumed that female mice must be tested at each of four stages of the estrous cycle, creating hassle and more opportunity for experimental confounds.⁷⁴ However, this commonly followed rule has never been confirmed by empirical data. Again, because the male model has been upheld as the standard, variability in females is regarded as a potential confound to the purity and elegance of a study’s experimental design. Rather than being construed as an essential element that characterizes the normal female and male body, variability is immediately equated with corruption and immoderacy, thus giving researchers a reason to disregard female animal models. Furthermore, variability in hormonal cycles is overemphasized in women. According to a study published in *Neuroscience and Biobehavioral Review*, randomly cycling female mice were just as variable as their male counterparts.⁷⁵ Thus, the notion that female mice are more variable is a myth, one that has been perpetuated by centuries of stereotypes unconfirmed by experimental evidence. Male mice exhibit equal variability, yet are still upheld as stable, convenient, and thus serve as the best and least confounding models in research. This contemporary bias against hormonal variability in female mice echoes Hippocratic characterizations of menstruation in women. While upheld as necessary to maintain woman’s baseline functioning, female flesh, and

⁷² Klass & Wallis (1989). As cited in Tavis (1992), 100.

⁷³ Clayton & Collins (2014).

⁷⁴ Prendergast, Onishi, & Zucker, I. (2014), 1-5.

⁷⁵ Ibid.

by extension, menstruation, is regarded as a manifestation of hyper-variability (see my discussion of ὑπερ prefix verbs in Chapter Two) rather than a normal, periodic process.

Structural Breakdown, Excessiveness, and Waste: The Violent Rhetoric of Menstruation from Hippocrates' *Diseases of Women* to Modern Medical Texts

In this section, I intend to explore the language of menstruation that is used in contemporary medical texts and compare this modern rhetoric to the descriptions of menstruation found in Hippocrates' treatises. While I do not mean to claim a causal link between the "then" and the "now," this type of comparative study, particularly the examination of the "now" within the context of the "then," can illuminate threads of continuity and/or change. A question that is useful to keep in mind during these comparisons is the following: having analyzed sections of the *Diseases of Women* treatises in the original Greek, what fresh angle does this give us for interrogating modern medicine and the way women's bodies are depicted centuries later? Several scholars have studied and rhetorically examined modern medical textbooks with an emphasis on medical metaphors. Thus, I will rely heavily on Emily Martin's The Woman in the Body: A Cultural Analysis of Reproduction (1987), a text that examines the "underlying metaphors contained in medical descriptions of menstruation [in order] to show that these ways of describing events are but one method of fitting an interpretation to the facts."⁷⁶ By contrast, my analytical emphasis and argumentation will focus on threads of continuity and change between Hippocratic texts (namely *Diseases of Women*) and Martin's analysis of contemporary ones. While Martin briefly mentions Hippocratic treatises, she never directly quotes from them, and does not conduct side-by-side language comparisons of medical authors from the ancient past and present. Instead, Martin explores how physicians appropriated Hippocratic theories in the

⁷⁶ Martin (1987) 52.

17th century; rather than look closely at these texts, she has studied Hippocratic theory in a diluted, indirect form. One of my goals is to fill in this gap—to make connections and denote divergences—between the language, metaphors, and rhetoric used in Hippocratic and modern medical texts that concern women’s health. It is important to note that a central part of Martin’s analysis “stresses how metaphors of production inform medical descriptions of female bodies.”⁷⁷ In other words, Martin argues that the frameworks of capitalism and mass production have heavily influenced the way in which contemporary physicians and researchers craft the metaphors used to depict female bodies. While Hippocratic writings may not have been impacted by the state of the Greek economy in the 5th century BCE, they were most certainly not operating in a cultural vacuum. The inferior status of women, rampant misogyny, and woman’s societal role as birthmother and sole caretaker of the *oikos* (home) all contributed to the authors’ metaphor and meaning-making in their characterization of female bodies.

Before looking at contemporary medical texts, we must first return to how Hippocratic authors described menstruation at baseline. This type of account is difficult to find in the *Diseases of Women* treatises because these texts mainly discuss the complications associated with menstruation, e.g., the case of suppressed menstruation in ἡ γυνὴ ἄτοκος (see Chapter Three, page 23). In the Hippocratic text *On Generation/On the Nature of the Child*, the writer asserts that menstruation is “simply a fact of her original constitution.”⁷⁸ Menstruation was thought to “ideally” occur every month, hence its name in Greek, τὰ καταμήνια, literally meaning according to (κατα) the months (μήνια).⁷⁹ Menstruation was also considered to be part of a woman’s φύσις (nature), thus rendering it an “unavoidable part of being a woman.”⁸⁰

⁷⁷ Ibid, xxiv.

⁷⁸ Lonie (1981), 8. As cited in King (2007), 52-53.

⁷⁹ Littré, Émile, ed. Hippocrates. *Diseases of Women I*, line 9 (TLG).

⁸⁰ King (2007), 53.

Additionally, menstrual blood was expected to “be sufficient in quantity, flow freely and in equal amounts, and occur on the same days of the month.”⁸¹ If menstruation failed to occur regularly, blood would come out of other bodily openings, or cause other organs in the body to become disrupted, sometimes leading to a woman’s inability to breathe (see Chapter Three). While these descriptions characterize menstruation as “inherently health-maintaining,”⁸² it is also deemed an excessive process, one that has developed due to the porous, fluid-attracting nature of women’s flesh.

As discussed in Chapter Two, within the first fifty lines of *Diseases of Women*, the buildup of blood in a woman’s uterus is closely linked to ὑπερ (over, excess) prefix verbs, such as ὑπερπίμπλαται (the woman’s body is overfilled) and ὑπερτονέει (the woman’s body is overstrained).⁸³ The female body becomes overfilled and overstrained because of the inferior nature of her flesh; while male flesh attracts just the right amount of moisture, female flesh collects too much. Thus, menstruation is framed as a consequence of the woman’s body not being able to hold or accommodate the excess fluid that accumulates within her. Although menstruation is “health-maintaining,” it is a process that manages excess; its purpose is to expel a waste product. Woman possesses a need to discharge what is already labeled as excess and inferior—the fluid that has built up within her due to the overly absorbent nature of her flesh. To be concise, this Hippocratic author theorizes menstruation as an expelling of an excessive, wasteful product. Menstruation is posited as a compensatory act, a process that must be completed in order to egest fluid that should not be there in the first place. In men, menstruation is deemed unnecessary because men, who have stiffer and less absorbent flesh than women,

⁸¹ Ibid.

⁸² Martin (1987), 31.

⁸³ Littré, Émile, ed. Hippocrates, *Diseases of Women I*, lines 42-46 (TLG). For more textual analysis of this section, see Chapter Two pages 19-20.

neither become “so overfilled” nor “so overstrained” (δὲ ἀνὴρ στερεοσαρκότερος ἐὼν τῆς γυναικὸς οὔτε ὑπερπίμπλαται τοῦ αἵματος τόσον).⁸⁴ While the Hippocratics were surely aware of the fact that the male body was unable to become pregnant, this is never emphasized in the author’s discussion of menstruation. Rather, the male body is never overfilled with excess fluid, and thus possesses no need to menstruate. Thus, it is labeled as the more productive, efficient body. Outside of the *Diseases of Women* texts, Hippocratic authors perpetuated the idea that menstrual blood was a toxic substance, or that the process of menstruation was a means of expelling toxicity. The Hippocratics “argued that fermentation in the blood precipitated menstruation, because women lacked the male ability to dissipate the impurities in the blood gently and sweetly through sweat.”⁸⁵ Because women could not disinfect their blood through sweating, a higher-level, and arguably, less productive, process was needed for them. Female bodies “lacked the male ability” to rid their bodies of impurities via sweat; in other words, women were not capable of male forms of efficiency, thus requiring their bodies to develop a separate process that exemplified women’s inferiority and incapability. From these brief descriptions, we can conclude that Hippocratic authors constructed the process of menstruation as a manifestation of women’s biologically unproductive and excessive nature.

In modern medical texts or undergraduate-level biology textbooks (primarily from the late 1980s or early 1990s), there are several frameworks that overlap with Hippocratic constructions of menstruation. Specifically, I will focus on the way in which menstruation has come to be emblematic of woman’s unproductive and inefficient nature. Though this thread of continuity runs through both ancient and modern texts in their rhetoric used to describe menstruation, there are some key differences. In Hippocratic treatises, menstruation is labeled as

⁸⁴ Ibid.

⁸⁵ Angier (1999), 105.

a process that releases an excessive byproduct, whereas in modern texts, there is a more pronounced language of failure, loss, death, and disintegration. However, before discussing menstruation and the potential reasons for its contemporary metaphors, it will be useful to understand how modern texts characterize male and female reproductive physiology more broadly.

Martin states that the “male production of sperm wins accolades for both quantity and continuity of production.”⁸⁶ Sperm “wins accolades” because it fulfills requirements that are considered redeeming and efficient to the scientific community, that of magnitude and consistency. With this standard in mind, a McGraw-Hill medical textbook from 1980 has used words and expressions such as “remarkable,” “amazing,” and “sheer magnitude,” to describe sperm production and the sperm’s ability to fertilize an egg.⁸⁷ Quite similarly, in the Hippocratic treatise *On Generating the Seed and the Nature of the Child*, the author describes how male and female sperm (females were not thought to produce eggs) determine a child’s sex. In the following excerpt, the author deems the male’s sperm as “stronger” than the female’s sperm:

What the woman emits is sometimes stronger, and sometimes weaker; and this applies also to what the man emits. In fact both partners alike contain both male and female sperm (**the male being stronger than the female must of course originate from a stronger sperm**). Here is a further point: if (a) both partners produce a stronger sperm, then a male is the result, whereas if (b) they produce a weak form, then a female is the result. But if (c) one partner produces one kind of sperm, and the other another, then the resultant sex is determined by **whichever sperm prevails in quantity**. For suppose that the weak sperm is much greater in quantity than the stronger sperm: then the stronger sperm is overwhelmed and, being mixed with the weak, results in a female. If on the contrary the strong sperm is greater in quantity than the weak, and the weak is overwhelmed, it results in a male.⁸⁸

⁸⁶ Martin, xxiv.

⁸⁷ Vander, Sherman, and Luciano (1980), 483-84. As cited in Martin (1987), 48.

⁸⁸ Translated by Lefkowitz & Fant (1992), 231. My emphasis.

This excerpt clearly resonates with the McGraw-Hill textbook from 1980 in that this Hippocratic author places emphasis on the production of sperm, specifically the critical role that quantity plays in the determination of a child's sex. Additionally, the male's sperm is deemed stronger than a female's, and if there is more of this stronger version of sperm ("whichever sperm prevails in quantity"), the child will be male. The use of the word "strong" to describe male sperm is similar to the language employed by the McGraw-Hill text, namely the male sperm's "[remarkable nature]" and "sheer magnitude of production." Thus, while the Hippocratics did not differentiate between sperm and egg, they used a rhetoric that elevated notions of continued production, quantity, and power to characterize the reproductive system. This rhetoric established grounds for authors to deem the male form of reproductive material superior to that of woman.

What is to be said in modern texts regarding the female reproductive cycle? Reproduction in women, because it is measured up against a language of mass production and consistent delivery of reproductive material, "loses because female ovulation is cyclic: occasional days of fertility are interrupted by weeks of infertility."⁸⁹ In other words, production of the egg is an intermittent process, and is thus viewed as less efficient and less deserving of awesome reactions from the scientific community. The egg is not strong, but weak and unreliable, failing at constant delivery. Because a rhetoric that values effective (and non-excessive) production governs explanations of reproductive physiology in both ancient and modern texts, female processes such as menstruation and ovulation are not praised because they "do not produce something [that is considered] valuable."⁹⁰ In another textbook that describes menstruation, the buildup of uterine lining has a single purpose, which is to prepare for the growth of a child. Guyton writes, "the

⁸⁹ Martin (1987), xxiv.

⁹⁰ Martin (1987), 48.

whole purpose of all these endometrial changes is to produce a highly secretory endometrium containing large amounts of stored nutrients that can provide appropriate conditions for implantation of a fertilized ovum during the latter half of the monthly cycle.”⁹¹ Thus, because of this singular purpose, the presence of menstrual blood is considered as a failure to beget a child, and thus, is deemed wasteful. Similarly, the Hippocratic woman, who is unable to purify her blood through sweating, must excrete toxicity, or uselessness, through menstruation. Following this same line of reasoning, the modern woman who menstruates is emblematic of “production gone awry, [she has made] products of no use, not to specification, unsalable, wasted, scrap.”⁹²

While both Hippocratic writings and excerpts from modern medical texts describe menstruation as a manifestation of woman’s inefficiency and toxicity, characterizations of this process are more nuanced in modern texts. Contemporary authors of medical or biology texts employ verbs that equate menstruation with failure, loss, structural breakdown, and waste. For example, Martin summarizes Guyton’s description of the menstrual process, stating that Guyton characterizes “the fall in estrogen that occurs during menstruation” as a means of “[depriving] the highly developed endometrial lining of its hormonal support.”⁹³ Guyton continues, “constriction of the blood vessels leads to a diminished supply of oxygen and nutrients. [Next], disintegration starts, the entire lining begins to slough, and the menstrual flow begins.”⁹⁴ It is clear that the drop in estrogen that occurs during menstruation—a perfectly normal and required part of this anatomical process—is framed negatively, causing a cascade of events that “constrict” blood vessels, “diminish” the endometrium’s nutrient supply, and “disintegrate” the lining of the uterus. Similarly to the Hippocratics and their description of women’s inability to

⁹¹ Guyton (1986), 976. As cited in Martin (1987), 45.

⁹² Martin (1987), 46.

⁹³ Guyton (1986), 976. As cited in Martin (1987), 45.

⁹⁴ Ibid.

sweat and rid their menstrual blood of impurities, a language of waste is also used to describe menstrual blood in Guyton's text. Guyton writes that blood vessels in the endometrium "hemorrhage," causing the menstrual flow "[to consist] of this blood mixed with endometrial debris."⁹⁵ Furthermore, this "loss" of hormonal stimulation leads to "necrosis," a cell injury that results in the premature death of tissue. Guyton employs a pathological rhetoric in his use of words that are emblematic of disease such as "hemorrhage" and "necrosis." What does it mean to describe menstrual blood as a consequence of hemorrhage? To experience a hemorrhage is to have blood escape from a ruptured blood vessel. This escaped blood is called menstrual flow, a liquid that comes to be via its escape from an already broken thing (the blood vessel). According to this rhetoric, women's menstrual blood comes from a biological entity that is already corrupt, lacking, and potentially harmful. It is also a fluid that is deemed impure because it has been mixed with "endometrial debris" from the rupturing process. Thus, in Guyton's text,⁹⁶ breaking and waste mark menstruation, thus effectively pathologizing a normal feminine process due to its failure to fulfill a woman's established biological purpose—to create a child.

The idea that menstruation is a manifestation of failure is communicated again, perhaps even more explicitly, in the following passage from Mason's *Human Physiology*:

If fertilization and pregnancy **do not occur**, the corpus luteum **degenerates** and the levels of estrogens and progesterone decline. As the levels of these hormones decrease and their stimulatory effects are withdrawn, blood vessels of the endometrium undergo prolonged **spasms** (contractions) that reduce the blood flow to the area of the endometrium supplied by the vessels...the capillaries in the area have become so **weakened** that blood **leaks** through them. This blood and the deteriorating endometrial tissue is discharged from the uterus as menstrual flow. As a new ovarian cycle begins and the level of estrogens rises, the functional layer of the endometrium undergoes **repair** and once again begins to **proliferate**.⁹⁷

⁹⁵ Ibid.

⁹⁶ In Martin's notes, she states that several other texts mimic Guyton's description of menstruation, such as Lein (1979), Mountcastle (1980), Mason (1983), and Benson (1982). Consult Martin's bibliography for these examples.

⁹⁷ Mason (1983), 525. As cited in Martin (1987), 47.

While the Hippocratic author of *Diseases of Women I* denotes menstruation as a process that expels the excessive fluid that accumulates in women's overfilled and overstrained flesh (signaled by ὑπερ prefix verbs), "terms that convey failure and dissolution" govern medical or scientific explanations of menstruation in contemporary texts. In Mason's teaching of the menstrual process, the discharging of menstrual blood is framed as fluid that "leaks" out of an already defunct biological entity (capillaries that have been weakened by decreased amounts of estrogen and progesterone). While Mason and Guyton's rhetoric differs slightly (Guyton describes menstrual blood as a consequence of hemorrhage, whereas Mason depicts it as a product of leakage), menstruation is a failed process that both authors frame as pathological and abnormal. It is only when a new ovarian cycle arises that the endometrium can "undergo repair" and display productivity through the "proliferation" of new tissue. When the possibility for an egg to be fertilized is renewed, so is the hope that another round of failed processing—menstruation—will not occur.

Why do contemporary metaphors employ a more explicit rhetoric of failure, death, and disintegration when compared to the ancient texts under scrutiny? *Diseases of Women I* focuses on menstruation's excessiveness, a byproduct that must be expelled due to the inferior texture of a woman's flesh. However, this excessiveness is a quality that can also be interpreted as analogous to women's inefficiency and lack of productivity, a standard that is valued in modern metaphors. Thus, there is significant overlap in the language and ideas formulated from ancient to modern, but we do not see Hippocratic authors communicating failure and disintegration as explicitly. While it is impossible to pinpoint a specific cause for this change in language, two potential reasons why modern texts may emphasize failed production and physical breakdown emerge. The first concerns deviations in ancient theories of health (humoralism) and modern

theories of health (organ-function binary). It was more natural for the Hippocratics to talk about menstruation using a vocabulary of excessiveness and imbalance (overfilled, overstrained) because they were working within the confines of humoral theory, a theory that only conceptualized fluids and their corresponding amounts. Modern medicine operates under a different theory of health, one that prioritizes organs and their functions rather than fluids and their proportions. Instead of having too much fluid occupying a particular space (a state that constitutes disease in Hippocratic humoralism), organs fail to function properly, thus providing a potential reason why failure and physical breakdown taint descriptions of menstruation. In Guyton and Mason, capillaries are weakened or hemorrhage, thus leading to the production of menstrual blood. In *Diseases of Women*, women have too much fluid inside of them and must develop a process that expels this excess. Fluids cannot break, whereas organs (which are known to be implicated in the menstrual process in contemporary texts) are subject to more physical disruption and contortion. The second potential reason for modern texts' enhanced rhetoric of failure concerns the economic structure's influence on medicine, a theory Martin proposes at the beginning of her book. When the production of a tangible product is what is valued in modern society, it is easy to see how menstruation can be posited as a failure to produce a realizable thing (an embryo). Although production was surely valued in the expanding empire that was Classical Greece, the Hippocratics did not live in a capitalist economy, and thus perhaps did not highlight failure-production binaries as explicitly. While these proposed reasons are unable to be definitively proven, it is useful to explore what rhetoric surrounding women's health has been retained and/or changed through time in order to more fully grasp structures that could impact medical metaphor-making in antiquity and the present.

Lastly, to prove that the modern rhetoric of “breakdown and deterioration” was specific to menstruation, Martin looked at how the shedding of stomach lining (a non-gendered biological process) was described in the same texts quoted above. Rather than a vocabulary of “degeneration, weakening, or repair,” a language that emphasizes the “periodic renewal of the lining of the stomach” is revealed.⁹⁸ What if menstruation were described with this normalizing rhetoric? What if menstruation was not measured up to the capitalistic mentality of production? What if it were not seen as a failure or process gone wrong? If woman’s biological purpose were not so intimately linked to pregnancy, wouldn’t menstrual blood be a “desired product of the female cycle”?⁹⁹ In the following excerpt, Martin reconstructs her description of menstruation as it could be seen in biology and medical texts. In her reiteration, she replaces the language of failure, waste, and degeneration with a vocabulary that succeeds in normalizing this feminine anatomical process:

A drop in the formerly high levels of progesterone and estrogen creates the appropriate environment for reducing the excess layers of endometrial tissue. Constriction of capillary blood vessels causes a lower level of oxygen and nutrients and paves the way for a vigorous production of menstrual fluids. As a part of the renewal of the remaining endometrium, the capillaries begin to reopen, contributing some blood and serious fluid to the volume of endometrial material already beginning to flow.¹⁰⁰

Rather than have menstrual blood be construed as a product of hemorrhage or leakage, it is framed as a normal consequence of capillary blood vessel constriction. Additionally, reductions are not viewed negatively, but instead “pave the way for vigorous production of menstrual fluids.” Menstrual fluid is not a toxic byproduct or excessive substance, but a normal result of hormonal fluctuations. In other words, declines in hormones are viewed as a way of preparing the body for a desired function, the excretion of menstrual blood. At the beginning of this

⁹⁸ Martin (1987), 50.

⁹⁹ Ibid, 52-53.

¹⁰⁰ Ibid, 52.

chapter, I proposed the need for a new medical language in which the female was standard and menstruation was normalized. In Martin's re-writing of the texts she has critiqued, she may have done just this.

Chapter Five

Inscribed Bodies: Lived Realities of Menstruation and Narratives of Concealment

Throughout the course of this thesis, I have established that menstruation has been theoretically and rhetorically marked as pathological, unproductive, and excessive across several centuries. From the Hippocratic *Diseases of Women* treatises and other works to modern medical and biology textbooks, menstruation has been constructed as an abnormal process, leading to a fragmented and unstable view of the female body. In the following excerpt, philosopher and women's studies professor Elizabeth Grosz comments on how menstruation enforces female bodily detachment and estrangement:

Can it be that in the West, in our time, the female body has been constructed not only as a lack or absence but with more complexity, as a leaking, uncontrollable, seeping liquid; as formless flow; as viscosity, entrapping, secreting; as lacking not so much or simply the phallus but self-containment—not a cracked or porous vessel, like a leaking ship, but a formlessness that engulfs all form, a disorder that threatens all order? My hypothesis is that women's corporeality is inscribed as a mode of seepage.¹⁰¹

Menstruation is not seen as integral and normative, but external, disease-like, and toxic. Grosz's excerpt echoes elements of Hippocratic rhetoric and theories of humoralism. Women's bodies are emblematic of "formless flow"; they are not balanced and proportional, but "uncontrollable" and difficult to contain. At a fundamental level, the female body is a "formlessness that engulfs all form," rather than a tangible entity that has been broken, such as a leaking ship. Since the female body lacks a definite form, it cannot be fixed; it is beyond repair. How does this type of knowledge production affect women? How does this established rhetoric actually impact women's perceptions of their bodies and selves? The biological paradigm of physical formlessness and excessive secretion has been disseminated and internalized across centuries, thus causing women to associate their bodily fluids with feelings of negativity. Since we do not

¹⁰¹ Grosz (1994), 203. As cited in Bobel (2010), 31.

have testimonies from women in Ancient Greece, analyzing modern women's voices may shed light on how women from antiquity conceptualized their anatomical processes. The schematic below offers a visual representation of how rhetorical patterns have the potential to impact women's bodily perceptions:

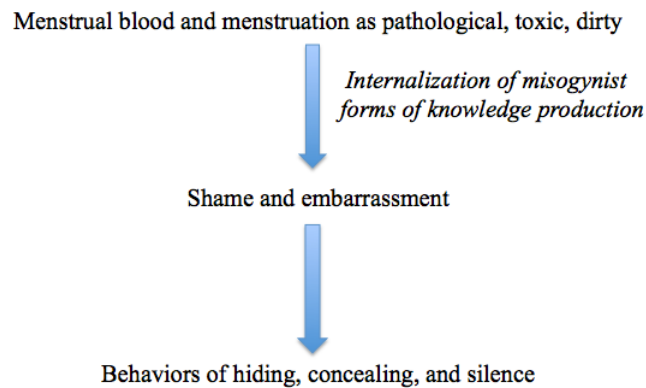


Figure 1. Proposed schematic of how misogynist narratives of menstruation perpetuate feelings of negativity and behaviors of concealment.

This chapter will delve into all three levels of this schematic, using critical theory as well as excerpts from women's lived experiences to inform analysis. Generally, as reported in a relatively recent study that examined reactions to menstruation of women from thirty-four countries, women view menstruation and their first periods negatively. Uskul writes that, "most participants reported negative emotions [towards their periods], and a mere few mentioned either positive emotions or a combination of regular and positive emotions."¹⁰² In this chapter, I will unpack a few female "bodily histories" as well as explore the shame often felt in response to menstruation. But first it is necessary to examine more thoroughly the process by which medical and scientific communities categorize and control bodies with the purpose of reinforcing gender inequality and female oppression.¹⁰³

¹⁰² Uskul (2004), 667-679. As cited in Bobel (2010), 31.

¹⁰³ Conrad & Barker (2010), S73.

From antiquity to the present, medical and scientific communities have functioned as apparatuses of society. Medical science is not a pure, untainted discipline that exists only to save lives and ameliorate people's physical pain. Rather, medical science is subject to the regimes of political and cultural power that define modern society. The medical community is under the influence of seemingly invisible forces such as capitalism, racism, and misogyny. As we have seen through Emily Martin's analysis, some medical and biology textbooks contain and espouse the negative and violent rhetoric associated with menstruation. Physicians, in engaging with these texts throughout their schooling, are impacted by these forms of knowledge production. Because medicine and science are sometimes viewed as existing in a vacuum, most women rely on physicians for truth about their bodies, and rarely "rely on their lived experience as authority."¹⁰⁴ I do not mean to say that all physicians are evil disseminators of misogynist rhetoric. I simply mean to emphasize that medical communities are by no means exempt from incorporating and internalizing particular values and systems of knowledge that our larger society promotes. Medicine is not definitively true or correct, but rather, as an apparatus of society more broadly, has the potential to oppress, silence, and ostracize groups that deviate from a particular standard of normalcy (the white, straight, male body).

Next, to engage further with the idea that medical texts and knowledge influence bodies and their behavior, I will apply Foucault's theory of the "docile body" in *Discipline and Punish* to the female body. Specifically, women's behaviors surrounding menstruation (e.g., modes of containment and concealment) will be examined within the context of female body as docile body. Foucault's theory of the docile body regards the body as a product of societal and textual forces. Foucault argues that the Age of Enlightenment of the eighteenth century allowed the

¹⁰⁴ Bobel (2010), 34.

body to be construed as an “object and target of power.”¹⁰⁵ Due to the increased valuation of reason, the scientific method, and individualism, bodies evolved into “docile” objects, or submissive entities that were ready to accept control. Foucault defines the “docile body” as “a body...that may be subjected, used, transformed, and improved.”¹⁰⁶ Bodies are controlled and disciplined by society in order that they may behave in a particular way or abide by desired cultural norms. In the following excerpt, Foucault defines the docile body, and the historical moment that produced it, more thoroughly:

...a ‘political anatomy,’ which was also a ‘mechanics of power,’ was being born; it defined how one may have a hold over others’ bodies, not only so that they may do what one wishes, but so that they may operate as one wishes, with the techniques, the speed and the efficiency that one determines. Thus discipline produces subjected and practiced bodies, ‘docile’ bodies...disciplinary coercion establishes in the body the constricting link between an *increased aptitude* and an increased domination.¹⁰⁷

Although Foucault focuses on how the military, prison, and schooling systems construct male docile bodies, he fails to discuss the ways in which capitalism and misogyny regulate female bodies. Many feminist scholars cited in this chapter (Bobel, Lee & Sasser-Coen, Jagger & Bordo) have used Foucault’s theories in *Discipline and Punish* to explore how the female body fits the prescription of a docile body. Using the above excerpt, I will attempt to unpack Foucault’s language of discipline in light of “menstrual bodily care and control,”¹⁰⁸ with a particular emphasis on how these activities foster concealment, shame, and hygiene-centric rituals. Discipline can take on many forms and act differently upon certain bodies. Foucault’s analysis of discipline concerns primarily masculine spaces, such as prisons and the military. That being said, how do feminist scholars refine or reinterpret Foucault’s idea of discipline when analyzing the female body-as-docile body?

¹⁰⁵ Foucault (1977), 136. My emphasis.

¹⁰⁶ Ibid.

¹⁰⁷ Ibid, 138. My emphasis.

¹⁰⁸ Lee & Sasser-Coen (1996), 60.

An ingrained, internalized, and often invisible type of discipline works upon the female body. As we will explore next, both the language (or lack thereof) and imagery associated with menstruation work to discipline women's bodies and subjectivities. As Lee and Sasser-Coen explain, because modern life "involves the relative absence of formal disciplinary structures that perpetuate bodily control," an "economy of surveillance" causes "women to discipline their own and other women's bodies."¹⁰⁹ We have already analyzed the language employed to characterize menstruation from scientific perspectives, but how is menstruation talked about outside of this type of knowledge? The crux of the problem concerns a dearth of discussion. Menstruation is rarely talked about in an honest, informed fashion. Women and men are mystified by it from a biological perspective, and the process' history and function within society are not commonly taught.¹¹⁰ When menstruation *is* talked about, it most often associated with female-specific humor or is referred to with disgust and dread. While women's experiences with their periods can be painful and irritating, women rarely talk about menstruation as an important, normal, and fundamental bodily process. Stein and Kim write:

Menstruation is reduced, dismissed as the disgusting, eye-rolling nuisance everyone agrees it is. Periods are thus perceived as a dreary thing that happens to us—and not a complex and active process that is actually an integral part of our breathing, sweating, digesting, and thinking bodies.¹¹¹

In addition to conversational rhetoric, the language employed in spaces of consumption labels menstruation as dirty and in need of constant management. For example, many drug stores refer to menstrual products as "sanitary products" or "sanitary napkins." The label of "sanitary napkin" reinforces the idea that periods are unsanitary, and thus require the use of products that will better manage, sterilize, and even deodorize menstrual fluid.

¹⁰⁹ Ibid.

¹¹⁰ Stein & Kim (2009), 2.

¹¹¹ Ibid, 8.

In addition to language, insidious images in the form of advertisements perpetuate ideals of “normative femininity that increasingly center on the body,” and thus reinforce the narrative that periods are dirty and in need of containment or concealment.¹¹² Society emphasizes the idea that women have to maintain their physical appearance, which continually informs women’s conceptualizations of and relationships to menstruation. Advertisements’ portrayals of menstrual care products are vague, sterilized, and emblematic of traditional forms of femininity. Rather than realistically depict and inform women about menstruation, these advertisements are an opportunity to enforce normative and marginalizing paradigms. The language and imagery directed towards women who menstruate are often propagandistic, directing women to conceal, seal up, and excessively clean themselves during their periods. Stein and Kim comment on the elusive and sanitized nature of menstrual product advertisements:

Even in the most up-to-date print ad or TV commercial, you will never once see a menstrual product being unwrapped, applied, inserted, tugged at, yanked out, pulled off, wadded up, wrapped in toilet paper, flushed, or thrown away...or what it looks like when you accidentally spring a leak. The ads don’t even show the inside of a bathroom, which is weird, considering that’s where most tampons and pads are inserted or applied in the first place. The accompanying ad copy is invariably as bloodless as the images—neutral, soothing, and maddeningly vague.¹¹³

Advertisements hide the realities of menstruation, and thus reinforce that it is an activity that should be concealed. It becomes clear that even contemporary advertisements and language instruct and discipline women to “transcend nature,” and thus, correct “their bodily deficiency.”¹¹⁴ Returning to Foucault’s excerpt on page sixty-five, the female body’s “increased aptitude” as a result of “disciplinary coercion” involves the limiting or concealing of menstruation and the activities with which it is associated. Examples of products used to “manage” menstruation or “restrict” the physical movement of women include the use of cycle-

¹¹² Lee & Sasser-Coen (1996), 60.

¹¹³ Stein & Kim (2009), 3.

¹¹⁴ Bobel (2010), 34.

stopping contraception and/or uncomfortable menstrual paraphernalia (e.g., sanitary belts, bulky pads, deodorant powder).¹¹⁵ For example, menstrual suppression is grossly understudied, yet is proposed as advantageous by pharmaceutical companies and OB/GYNs. Stein and Kim write:

While originally recommended only for women with physical problems such as painful endometriosis, suppression is now being hawked to everyone. The problem is that most of the women signing up are not the ones with actual medical conditions, but those who have negative attitudes about their periods, attitudes encouraged by the drug makers themselves.¹¹⁶

Furthermore, the use of menstrual equipment limits women physically, encourages increased spending, and involves “making, washing, pinning, hiding, and disposing.”¹¹⁷ Lee and Sasser-Coen argue that women must become adept at these skills because they are required to “conceal their sanitary supplies at the same time that they are often only allowed to carry a notebook to class and have short, structured times to get to the bathroom. Products and practices of their use regulate and impose culture on female bodies and lives.”¹¹⁸ While the advent of Tampax has increased women’s mobility, the continued purchase, disposal, and hiding of “dirtied” tampons greatly impact how a woman moves through social space and interacts with our capitalist economy.

In addition to products and advertisements controlling the menstruating body, menstruation is often first introduced to young women—in school and/or amongst family members and friends—in a way that fosters feelings of shame and concealment. This type of knowledge production is internalized and often causes women to operate in ways that uphold

¹¹⁵ Ibid, 33 and Lee & Sasser-Coen (1996), 67 and 83.

¹¹⁶ Stein & Kim (2009), 31.

¹¹⁷ Lee & Sasser-Coen (1996), 66.

¹¹⁸ Ibid.

societal norms.¹¹⁹ Barrie Thorne, author of *Gender Play: Girls and Boys in School*, recalls her feelings when shown “the menstruation movie” in a fifth grade health class. She writes:

In spite of the matter-of-fact, upbeat tone of the movie, several themes reverberated: menstruation is a secret, emotionally loaded, and shame-filled topic; adults and kids don’t feel comfortable discussing these matters; these issues are charged with tensions, awkwardness, and mistrust between girls and boys...Finally, the fact that official sex education begins with such a central emphasis on girls reinforces their definition in terms of sexuality.¹²⁰

Like medicine and science, educational systems also function as apparatuses of society. Schools successfully “discipline the female mind and body not only by the information itself, but also through the way it is presented.”¹²¹ Instead of normalizing the process of menstruation, most sex education classes in America reinforce negative narratives. Many classes segregate girls and boys during the teaching of menstruation, which causes young women to feel ostracized and regard menstruation as something that should be hidden from the opposite sex. Through examples of everyday language, advertisements, and sex education, it becomes increasingly clear that the female body is indeed a “docile body,” one that moves through society as a “direct locus [under] social control.” The regulation exercised upon menstruating bodies perpetuates power structures that reinforce gender inequality and feminine “internalized oppression.”¹²² As a result, women are discouraged from having healthy relationships with their bodies and selves.

Having established that menstruating bodies are loci of regulation and social control, we must now focus on how the negative framing of menstruation has impacted female self-worth and bodily interaction. In other words, how do we see the effects of violent rhetoric illuminated in women’s lived experience? Through a close reading of three excerpts of women’s “bodily

¹¹⁹ Later in this chapter, forms of menstrual activism and resistance will be discussed. Not all women internalize misogynist rhetoric blindly; menstruating bodies have agency and have developed forms of combating their “docility.”

¹²⁰ Thorne (1993), 147. As cited in Lee & Sasser-Coen (1996), 62.

¹²¹ Lee & Sasser-Coen (1996), 62.

¹²² Ibid, 72.

histories,” specifically examples of adult women recounting their first period, it will become apparent how knowledge production at the theoretical and scientific level has influenced perceptions of anatomical processes. The three examples will be taken from Rachel Kauder Nalebuff’s *My Little Red Book* (2009), a work that has compiled stories about first periods from women of all ages from around the world. Nalebuff’s work is a form of menstrual activism in that it calls for a change in attitude towards first experiences of menstruation. Instead of antiseptic medical writings or Kotex instructional pamphlets, *My Little Red Book* gives women a platform to talk about their first periods using their own voices. Nalebuff hopes that the work will not only normalize the dialogue surrounding menstruation, but also serve as an educational resource for prepubescent and pubescent women.¹²³

In her work *Of Woman Born: Motherhood as Experience and Institution* (1976), feminist scholar and poet Adrienne Rich aptly states that, “the menstrual cycle is yet another aspect of female experience which patriarchal thinking has turned inside out, rendering it sinister or disadvantageous. Internalizing this attitude, we actually perceive ourselves as polluted.”¹²⁴ Rich’s quote encapsulates the action of internalization that the first arrow depicts in Figure 1 (page sixty-three). This arrow illustrates the process by which internalization of patriarchal thinking catalyzes feelings of “pollution,” shame, and embarrassment. Rich goes on to argue that these feelings of shame and fear are most intense for young women when they first get their periods. Rather than view this onset as a sign of power and normal bodily process, young women, upon getting their periods, often “experience outright denial and revulsion.”¹²⁵ Having associated menstrual blood with contamination due to various forms of knowledge production, women’s first periods are often fraught with anxiety, disgust, and attempts at concealment. Bobel

¹²³ Nalebuff (2009), 1 and 5.

¹²⁴ Rich (1976), 107.

¹²⁵ Ibid.

writes that, “when contemporary American girls start to menstruate, they think of hygiene, not fertility. That is the American way, and it is taken for granted—as if it were part of the natural order.”¹²⁶ Because the medical establishment and the advertising machine disseminate narratives of menstrual pollution and required containment, contemporary American girls do not tend to conceptualize menstruation as their ability to bring life into the world. Rather, they often view menstrual blood as a manifestation of pathological excretion.

In the following excerpts, we will see Rich’s and Bobel’s statements magnified and validated in retellings of women’s first periods. Through an examination of direct accounts, the ways in which women have internalized misogynist narratives of menstruation will become increasingly clear. Suzan Shutan, a woman from Connecticut who got her first period in 1966, felt that she needed to burn and sterilize her soiled undergarments during her first period. She writes:

I was eleven and the first of all my friends to get a period...I had no idea what a period was...One summer afternoon when I was home alone, I felt sticky between my legs, as if I had peed my pants...I was stunned to discover them drenched with blood. **I knew then that I was dying.** I was okay about dying, but thought my parents and friends might be upset, so I kept my dying a secret. I told no one. Every day for eleven days...**I set fire to the bloody objects**, watching them burn until they turned to ash.¹²⁷

Because Shutan had not received proper exposure to education about menstruation through her family or school (“I had no ideas what a period was”), she immediately assumed that menstrual blood was a pathological substance. To use Rich’s vocabulary, Shutan viewed her period as inherently “sinister,” so much so that she equated it with death. In order to keep her period (and dying state) a secret, she decided to hide the evidence by burning the “bloody objects.” In Shutan’s retelling, we see some of the behaviors that young women often associate with menstruation: secrecy and toxicity. The next story reveals how a young woman experienced her

¹²⁶ Bobel (2010), 33.

¹²⁷ Nalebuff (2009), 15. My emphasis.

first period in Nairobi, Kenya in 2006. Thatcher Mweu's first period story highlights how the "managing" of menstruation is directly tied to capitalist consumption, race, place, and class status. Mweu writes:

I was lucky to buy pads. One thing that's different about periods in Kenya is that if you aren't middle or upper class, **you don't go to school when you have your period because pads are so expensive.** Girls will miss school for a week at a time, and if you miss school for that long everyone knows why. It makes girls want to go back to school even less at the end of the week. And it's so sad because no one does anything to help. Except there is this one guy who crushes plants and you put it in your underwear **to help stop the bleeding.** It actually works. I haven't tried it, though.¹²⁸

As is made clear in this excerpt, menstrual products that manage and contain menstrual bleeding are not always accessible to young women in Kenya. The availability of menstrual products, and one's ability to purchase them, is inextricably linked to women's physical and intellectual mobility. In Mweu's neighborhood, young women who could not afford pads would not attend school for weeks at a time. As a result, these women became increasingly isolated from academic settings. In countries where access and money are limited, the oppression and social control exercised upon menstruating women become even more apparent. Mweu's mention of the "guy who crushes plants" to curb menstrual bleeding illustrates the principle of menstrual "containment." If women aren't menstruating, they are better able to navigate educational, work, and social spaces. The last story is from Deo Robbins, who got her period in 1961. Robbins' story provides evidence for the shame and silence that women often experience during their first periods. She writes:

When the first spots of blood appeared on my underpants, I shyly slipped into the kitchen and whispered to my mother...I waited for a few minutes and then she opened the door, closed it conspiratorially behind her, and handed me a gray and bloodstained menstrual belt and a sanitary pad...**she gave me brief instructions, then left the room in embarrassment.** I struggled awkwardly into the belt and pad, **feeling humiliated and**

¹²⁸ Ibid, 136. My emphasis.

ugly... I began to sob with my lost girlhood and **the legacy of shame** my mother bestowed upon me that day.¹²⁹

Robbins' negative experience with foreign and invasive menstrual products (the belt and sanitary pad) as well as her mother's lack of instruction caused Robbins to feel "humiliated and ugly."

While contemporary menstrual products are less invasive and uncomfortable, a culture of secrecy, containment, and constant disposal is still preserved. As made apparent from Robbins' story, many women are introduced to the idea of a period and menstruation by way of their mothers. Thus, mothers occupy a unique position in that they often transfer their feelings about menstruation and first periods onto their daughters. Because Robbins' mother fostered an environment of silence and a "legacy of shame," Robbins absorbed similar feelings. After reading Robbins' account, it becomes clear that processes of internalization are layered, often occurring across generations.

How have contemporary women resisted and confronted the oppressive narratives of menstruation? As feminist scholars argue, many contemporary women are "active agents," and have developed ways to "consciously resist docility."¹³⁰ In other words, Foucault's "docile bodies" have the potential to speak, act, resist, and instigate change. I will focus on two very different forms of menstrual activism, the first of which concerns the Mooncup, a reusable menstrual cup made out of silicone that intends to "make women's experience of menstruation more positive, healthy, and eco-friendly."¹³¹ As illustrated in the picture below, the Mooncup is designed to collect menstrual fluid rather than absorb it:

¹²⁹ Ibid, 149. My emphasis.

¹³⁰ Bobel (2010), 34.

¹³¹ "About us." *Mooncup.co.uk*. 2015. <<http://www.mooncup.co.uk/about-us.html>>.



Figure 2. The Mooncup, a “healthy alternative to tampons.”

Why is the Mooncup advantageous for women, and how does its creation politically radical? Menstrual product use is incredibly costly. According to Bobel, a lifetime supply of tampons can cost a consumer up to \$2,500.¹³² Furthermore, the materials within tampons and pads (nonorganic cotton and rayon) have been shown to cause vaginal ulceration and peeling of the mucous membrane, thus causing women to be more prone to infection.¹³³ By eliminating constant disposal of cotton materials and curbing behaviors of continued purchasing, the Mooncup resists systems of capitalism and eliminates the possibility of cotton or rayon induced infections. At a more fundamental level, the development of alternative feminine care products encourages dialogue about menstruation and menstrual care practices. It gets women talking about their periods and the oppressive systems that regulate their bodies. New menstrual care product inventions break the silence, foster community, and encourage participation. The more popular products like the Mooncup become, the more likely it is that newer, activist-centered forms of knowledge production will be internalized and disseminated.

In addition to innovations in feminine care products, forms of artistic menstrual activism have recently gained considerable media attention. Next, I will examine the online controversy that arose in response to poet and activist Rupi Kaur’s photo-series, “period.” Kaur’s photos are

¹³² Bobel (2010), 63. Bobel lives in Boston, and this number is based off of what tampons cost at her local market.

¹³³ Ibid.

particularly relevant to this chapter in that they illustrate the *real* and *practiced* behaviors associated with menstruation. Selections of photos from Kaur's series are shown below:



Figure 3. Selections from Kaur's online photo-series, "period."

The woman featured in the photos is often in the bathroom, the place where most menstrual activity occurs. Kaur also depicts menstrual leakage (Panel 1), a scenario that almost all women have experienced, but is hardly ever depicted or discussed. Feminine care advertisements are void of images like Kaur's because bathrooms and blood are not deemed relevant or acceptable by our society. In order to establish narratives that promote hygiene and concealment, depictions of menstruation must be sanitized and distributed in digestible, often inaccurate mediums. When Instagram removed Kaur's posts, she reposted the photos with a comment that notified her followers of Instagram's actions. She commented that, "their patriarchy is leaking. their

misogyny is showing. we won't be censored.”¹³⁴ The photos are strikingly beautiful, and the only plausible reason Instagram deemed them inappropriate is due to their overt depiction of menstrual blood. Because Instagram took down Kaur's photos a second time after she reposted them, it is clear that this was not a simple mistake or misunderstanding, but a deliberate act of censorship and control. Kaur wrote a more thorough response to Instagram's actions that drew immense online attention:

thank you @instagram for providing me with the exact response my work was created to critique. you deleted a photo of a woman who is fully covered and menstruating stating that it goes against community guidelines when your guidelines outline that it is nothing but acceptable. the girl is fully clothed. the photo is mine. it is not attacking a certain group. nor is it spam. and because it does not break those guidelines i will repost it again. i will not apologize for not feeding the ego and pride of misogynist society that will have my body in an underwear but not be okay with a small leak. when your pages are filled with countless photos/accounts where women (so many who are underage) are objectified. pornified. and treated less than human. thank you.¹³⁵

In our modern technological world, Instagram, an increasingly popular social media platform, can be considered yet another apparatus of society that plays a role in regulating portrayals of female bodies. Pictures of half-naked women appear all over Instagram and are not censored, while photos of a fully clothed, menstruating woman are deemed unacceptable. Kaur received tremendous support not only from her Instagram followers, but the UK's *Telegraph* and popular feminist blogs covered Kaur's impassioned response as well. The public attention that Kaur received prompted Instagram to apologize to Kaur. *Telegraph* reporter Sanghani writes that, “photographer Rupri Kaur has effectively made Instagram, one of the most popular photo-sharing websites in the world, accept that periods are not inappropriate.”¹³⁶ While Instagram's curt

¹³⁴ Rupri Kaur. Instagram, March 2015. Photograph caption. 1 May 2015.

¹³⁵ Ibid.

¹³⁶ Radhika Sanghani. “Instagram deletes woman's period photos - but her response is amazing.” *The Telegraph*. 30 March 2015. 1 May 2015.

<<http://www.telegraph.co.uk/women/womens-life/11503621/Instagram-deletes-womans-period-photos-her-reply-is-great.html>>.

apology is not a solution, the wide coverage of this controversy indicates that contemporary audiences are participating in forms of menstrual activism. As noted previously, breaking the silence and problematizing menstrual taboo are essential in order to begin the process of reforming and revising the oppressive rhetoric that has marked female bodies for centuries.

As the two examples of menstrual activism indicate, forms of resistance that create and instill new ways of thinking about menstruation have the potential to change women's understanding of their bodies. While women cannot fully erase the oppressive language that has influenced the construction of feminine anatomical processes, they can reject it and start to fashion new theoretical frameworks. Furthermore, more scientific research and inquiry needs to be conducted pertaining to menstruation at baseline and menstruation-specific diseases (e.g., toxic shock syndrome, endometriosis). New languages need to be devised from multiple disciplines, including the language of medicine. Women who internalize more radically framed systems of knowledge will serve as examples to other women, thus leading to a cascade of increasingly positive attitudes towards menstruation and overall bodily perception. Menstruation is powerful, necessary, and emblematic of female health. It should not be concealed, labeled as excessive, shamed, or contained, but embraced, and more deeply understood.

Conclusion

Reclaiming the Abnormal, Unstable Body

After having closely examined the language used in Hippocratic and modern medical discourse, it becomes clear that new forms of knowledge about the female body as a biological entity must be produced, widely spread, and internalized by multiple generations of women. In antiquity, women's bodies were never described using a language of health. The treatise that has been analyzed in this project is entitled *Diseases of Women*. No Hippocratic treatise exists that is named *The Nature of Women* or *The Health of Women*. Operating under strict dichotomies of what is considered health and disease, women in antiquity were denied any picture of health and their bodies at baseline were understood as locations of excessiveness. While women-specific diseases must be medically understood and characterized, the continued association of women with the word disease has had fundamentally negative consequences. The conceptualization of female as abnormal has led women to believe that their bodies are sites of war, degradation, unhealth, and consistent instability.

The formation of a female-specific medical rhetoric, one that normalizes anatomical processes, empowers women, and demedicalizes wrongly labeled women's "syndromes," should be devised. In Chapter Four, I included Emily Martin's rewriting of a description of menstruation (see pages 60-61). Martin employed normalizing rhetoric while upholding specific and accurate medical terminology. She succeeded in replacing the language of failure, waste, and degeneration with a vocabulary that did not consider menstruation as a manifestation of bodily ineptitude. The decreases in estrogen and progesterone that prime the body for menstruation were viewed as necessary rather than symbolic of inefficiency and unproductiveness. Martin's reframing is impressive, and if put into practice in medical and scientific communities, would

have a positive effect on women's view of menstruation. However, given the nature of our patriarchal society and deeply ingrained ways of thinking about women's health, a widely disseminated version of this type of women-specific language may never be possible.

That being said, what *can* we do? To use Adrienne Rich's words, how can we, as women, "convert our physicality into both knowledge and power"?¹³⁷ How can we understand and work to destabilize the threads of continuity that run through female-specific medical rhetoric in antiquity and the present? It is important to note that this should not be an exclusively female effort. While the oppressed often ends up educating the oppressor about their bodies, men should take it upon themselves to more deeply understand female biological processes. If men become more educated and start thinking about menstruation as a normal, women-specific manifestation of health, they will be less likely to participate in menstrual shaming and taboo. Amongst women, I believe that the key to reclaiming the "problematic nature" of our bodies is to initiate dialogue. As contemporary women, some of us have loud voices. We have power. Eradicating silence and advocating for productive discussion breaks down barriers and dislocates stereotypes. We can problematize and relentlessly question the structures that have caused us to think about our bodies in the ways that we do. We can understand that the principles of medicine and science are not fundamental truths, but rather, were established under particular societal forces that worked and continue to work to marginalize certain bodies. We can educate ourselves and interrogate our language and actions. We can encourage others—men and women alike—to do the same. I hope that this project has illuminated how powerful medical language can be, how it can pervade and profoundly influence feminine subjectivities, bodily perceptions, and constructions of illness.

¹³⁷ Rich (1976).

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Figure 1: My own.

Figure 2: The Mooncup, a “healthy alternative to tampons.”

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Figure 3: Selections from Kaur’s online photo-series, “period.”

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