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Emasculating healers. Medical castration practices in Greco-Roman antiquity*

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Abstract: In the course of the human past the elimination of the testicles of boys and men – what we call castration – has taken place for a variety of reasons. Many times it was meant to deliberately hurt people. It is and was also performed, though, as a therapeutic measure by well-meaning physicians. Studying the motivations of medical practitioners involved in castration practices provides insight into the deontology and cultural context of these healers. This article explores the healing activities of the physicians of the ancient Greek and Roman worlds in this special field of surgery. In the extant literary sources we find medical indications for castration which are quite obvious to a modern eye, but also more mysterious and unexpected occasions which need to be explained from the historical context.

Keywords: Greece and Rome, castration, generative organs, medical history, masculinity

As in the human past in general, in Greco-Roman antiquity there were boys and men who had been subjected to the elimination of the testicles, what we call castration.¹ In many cases the actual castration will have been performed by laymen, but some sources show that sometimes medical practitioners were involved. In 127 CE, for instance, the emperor Hadrian issued a rescript forbidding anyone to castrate free or enslaved human beings, even if the operation had been performed on a consenting person, and also forbidding anyone to put themselves up for a voluntary castration. Hadrian demanded a capital punish-

¹ For a useful overview, see Tougher (2002). Throughout the paper, in the case of abbreviations of ancient medical authors and their works not in the *OCD*⁴ I have made use of Leven (2005), xiii–xxxiii.

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ment for the patient as well as the executing physician (*Dig.* 48.8.4.2). Greco-Roman “healers” could be involved in castration practices for reasons beyond the medical scope, but castration performed by physicians could also – quite naturally – have been meant to cure people. This becomes clear from several sources, and equivocally from a section of an ecclesiastical law dating from 325 CE which explicitly speaks of persons castrated by physicians on account of illness.² In this paper I intend to draw a picture of the reasons behind these medical practices.

I Castration and the Greco-Roman world

The phenomenon is of interest to us because the sources which deal with castration and eunuchs indirectly shed some light on ancient social attitudes in the fields of medicine, religion, sexuality, economics, politics and law, and on gender and slavery in particular. Studying the motivations of medical men (and perhaps some women, too) involved in the practice provides a specific insight into the deontological and cultural contexts of ancient physicians.

In the original, narrower sense, castration implies the removal or rendering inoperative of at least one of the two testicles. These are the sex glands (gonads) hanging from the spermatic cords and sheltered by a sack of skin and muscle, the scrotum. The methods to eliminate the male gonads found in Greco-Roman antiquity varied from cutting them away from the scrotum, rubbing or squeezing them to pieces, dehydration by way of unguents or plastering, to cutting off the gonads (and sometimes the penis, too). The method chosen depended on the motive for the operation.³ The main consequences of a (full) castration are sterility, often accompanied by impotence and characteristics thought feminine or even female. These as well as other consequences were known in antiquity.⁴ Nevertheless, it was not until the Christian era before some adequate insight was gained into the role of the testicles as places for the production of sex hormones and sperm cells (spermatozoa).⁵

² 1st Council of Nicaea, *Can.* 1 (Hefele 1907, 528–529).

³ For ancient castration methods, see Browe (1936), 2–3, 14–16, 23–24; Hopfner (1938), 382–387, 392, 425–427; Guyot (1980), 20–24.

⁴ See Hopfner (1938), 389–403; Guyot (1980), 16–18; 37–42; Horstmanshoff (1998), 91–93, (2000); Leven (2005), s.v. “Eunuch,” 281–282. Rowlands (2014) focuses on sexuality and gender.

⁵ For ancient insights regarding the formation of sex hormones, see Lesky (1950–1951). Regarding semen, see Congourdeau (2007), 195–205; cf., however, Coles (1995); Thivel (1996); König (2020).

Even though it was sometimes the castrated person's own free choice to be castrated, the initiative was usually taken by others. The motives found in extant sources could be of a medical, religious, sexual, economic, political or judicial nature. While medical and religious castration were normally to the advantage of the future eunuch, castration for sexual and economic reasons were mostly performed on slave-boys. Boys castrated at a young age were in great demand as personal servants, both sexually and otherwise, because of their much appreciated androgynous nature and/or (alleged) impotence or chastity. This increased their economic and social potency, which was first of all exploited by slave-traders. However, boys were also found who would be happy to have themselves castrated to foster their sexual appeal. And, in later antiquity, castrated servants were trusted to such a degree that they became the mightiest persons at the Roman court, which resulted in another motive for self-castration. Last but not least, as in many other cultures, castration was used as a means to punish criminals, personal or political enemies, as well as misbehaving slaves.⁶

II The relevant extant Greek and Roman literary sources

In ancient Greece and Rome, patients relied on the help of a variety of healers: gods, priests, magicians, and natural philosophers, all of whom had their own ideas about healing the sick. During the fifth century BCE, Greek medicine emancipated itself from religion and magic, as well as from philosophy, to become a specific art (τέχνη). Specialized craftspeople (ἰατροί; Latin: *medici*) working mostly on the basis of what we would now call more “rational” ideas, joined the motley army of pre-existing healing men and women. Most of our knowledge of this Classical medicine comes from a body of texts attributed to (but not always written by) Hippocrates of Cos (presumably 460-375/351 BCE). The ideas in this “Corpus Hippocraticum” were to be adhered to for many ages to come: its core idea being the importance of a correct διαίτα (Latin: *diaeta*), which was a regulation of the physical lifestyle, including eating and drinking habits. Many ancient

⁶ Greco-Roman motives for castration are extensively discussed together with motives from other periods and cultures by Browe (1936). See also Taylor (2000), 159–183. A short overview of Greco-Roman motives in Guyot (1980), 25–36; Leven (2005), s.v. “Kastration,” 484–486. See also Moulénier-Brogi (2011). In the last decades, scholars have paid much attention to explaining the political power acquired by eunuchs in Byzantium, China, the Ottoman Empire, and Africa; the discussion was started by Hopkins (1963). For the ancient past, I now recommend N'Shea (2016).

physicians thought that disease originated in a disturbance of the balance between principal qualities and humours in the body.⁷

For the period immediately after “Hippocrates” we must mainly rely on a few anonymous works from the second century BCE and later, and the extant work of the Roman encyclopaedist, Aulus Cornelius Celsus (first century CE). Thanks to these compilations, we have some limited knowledge of the art and its practitioners in the Hellenistic and early Roman period. This is how we know that from the third century BCE onwards the ancient world saw the formation of medical “schools” (αἰρέσεις; Latin: *sectae*), groups of physicians sharing a certain doctrine or methodology. Another important fact known to us is the emergence of Alexandria in Egypt as a centre of medical activity.⁸

After Celsus, the number of surviving sources becomes greater again. From this point on, we have original works of contemporary writers, such as Galen of Pergamum (129-c. 210) at our disposal, and another couple of very informative medical encyclopaedias. One was written by Oribasius of Pergamum (c. 325-c. 400). His *Collectiones Medicae* contain excerpts from medical writers as early as the natural philosopher Alcmaeon of Croton (c. 500 BCE), but particularly those of the Roman period. Oribasius’ work was liberally quoted by early Byzantine compilers, such as Aëtius of Amida (sixth century), author of a medical encyclopaedia in sixteen books divided into four sections, the *Tetrabiblon*. The Byzantine physician Paul of Aegina (seventh century) helps us out with a tract in seven books now referred to as *Epitome Medica*. This encyclopaedia contains excerpts from authors up to 600 CE, as well as Paul’s own experiences in gynaecology and surgery.

III Medical castration: the more obvious cases

It is not hard to believe that the ancient physicians could find an unhealthy or unusual state of the genitals enough reason to consider their removal. However, due to our defective source material, we do not have access to early Greek and Roman testimonials from which we would perhaps have had first-hand and clear evidence of the involvement of medical practitioners in castration practices. It seems that the Hippocratic physicians were not very keen on removing diseased body-parts in general, sexual ones in particular. The same goes for some practitioners of the Hellenistic period. Even the Alexandrian physician Herophilus of

7 Leven (2005), s.v. “Diätetik,” 217–219; s.v. “Krankheit,” 530–533; s.v. “Humor” and “Humoral-pathologie,” 435–441. *OCD*⁴, s.v. “dietetics,” 451; s.v. “medicine,” 919–923; s.v. “humours,” 712–713.

8 King (2001); Leven (2005), s.v. “Medizingeschichte,” 597–600; Nutton (2012).

Chalcedon (c. 330–250 BCE), who was an enthusiastic anatomist, seems to have been a reluctant surgeon.⁹ On the other hand, the therapies of Euryphon of Cnidus, who was an earlier contemporary of Hippocrates, relied essentially on bleeding, cutting and burning. We also have evidence that Archagathus, a Greek physician active in Rome from 219 BCE onwards, was known for his relentless use of the scalpel; Asclepiades of Bithynia, another Greek immigrant who set up a practice in Rome a century later, rebuked his predecessors for their violent purges of excess humours, and their surgical interventions.¹⁰

Thus, it seems not unlikely that castration was performed by a physician in the case of genital issues from earlier days. Nevertheless, I could find no more than one pre-Christian report of surgical intervention with regard to the sexual parts. It deals with the physical form of hermaphroditism, Hermes and Aphrodite united in one body. In our modern conception an “intersex” human or other animal is one born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit the typical binary notions of male and female bodies.¹¹ If we are to believe Diodorus Siculus, the author of a universal history extending to 60 BCE, operations on intersexes (usually seen as “monsters” bringing bad luck) were already performed in the last two centuries before the Christian era. Such operations could have involved the removal of testicles. However, what Diodorus describes only concerns the restoration of male genitals transforming intersex women into males.¹²

The earliest explicit and reliable evidence of medical castration comes from Celsus. In the third part of his work “On medicine” (*De medicina*) the author describes the practice of surgery known to him from earlier Greek literature on the subject, and from his own experience. Among many other issues, Celsus talks of afflictions that would induce the cutting away of a male gonad.¹³ This was the case if, as the result of a blow, the testicle lacked nutrition;¹⁴ in this situation pus develops, and then all one could do, he says, is cut into the scrotum, let the pus

⁹ Kudlien (1965–1966), 320, 322; Mazzini (1994), 150, 160–161; Leven (2005), s.v. “Chirurgie,” 194–198. Cf. Staden (1989), 403–405 with 189–190.

¹⁰ *BNP*, s.v. “Euryphon of Cnidus”; King (2001), 32–33.

¹¹ United Nations Human Rights Office of the High Commissioner on “Intersex People”, archived from the internet 11/06/2021.

¹² Diod. Sic. 32.10–12. For this text, cf. Kudlien (1965–1966). Before the first century CE, more often than not intersexes were put to death or left to die (Brisson 2008, 13–39). Perhaps restoration of males into females was less popular in this male-dominated society.

¹³ König (2013).

¹⁴ According to ancient views the testicles were thought of as being “fed” by “spermatic veins” which, according to Paul. Aeg. 6.61, originated in the hollow vein (cf. Ruf. *Onom.* 197–199).

out, and excise the testicle itself.¹⁵ Another problem that could lead to castration was fluid collecting and distending the scrotum. Celsus distinguishes two forms of this disorder, in both of which the membranes remain intact (*Med.* 7.18.6; 7.18.9–10; cf. Paul. Aeg. 6.64.1). One was called *cirsocele* (κίρσοκήλη) by the Greeks, a varicose “rupture” (*ramex* in Latin; nowadays: “varicocele”):

Veins swell up, become twisted, gather into a compact mass at the upper side, and then fill up the testicle itself, or its middle membrane [sc. the *tunica vaginalis*] or its inner one [sc. the *tunica albuginea*]; at times, they even grow underneath the inner membrane around the very testicle and its cord. [...] But when the evil has grown over the testicle itself and its cord, the testicle is lengthened downwards, becomes smaller than its twin-brother, in as much as it is deprived of its food.¹⁶

Whenever the worst kind of this problem develops – the nestling of a mass of varicose veins between the *tunica albuginea* and the testicle and its cord – only one remedy could be opted for: excision of the entire testicle. The reason behind the solution was that while the testicle’s contribution to procreation is annihilated, in all patients it becomes an ugly sight, and for some of them it is also a painful condition (Celsus, *Med.* 7.22.5).

Unfortunately, since Celsus does not mention any surgeons by name, we cannot tell who the first ones were to have performed castrations for these reasons. Thanks to the summary of surgical procedures produced by Paul of Aegina, however, we know at least that castrations – the removal of either one or two testicles – continued to be performed after Celsus in the case of a “rupture” (κήλη; Latin: *hernia*).¹⁷ Leonidas, an Alexandrian physician (fl. c. 100 CE), added to Celsus’ idea in the case of κίρσοκήλη. He felt that, when all of the vessels which nourish the testicles are in a varicose state, the testicle needs to be taken out along with them to prevent its withering away once it is deprived of its nutrient vessels (Leon. ap. Paul. Aeg. 6.64.2). However, there were more victims of ruptures that risked losing one or two gonads. Moreover, all the following conditions could lead to the decision to castrate (Paul. Aeg. 6.63 with 6.61): a collection of useless fluid in the membranes of the scrotum producing a perceptible swelling, an affliction called ὕδροκήλη (Latin: *hydrocele*) (Paul. Aeg. 6.62); an overgrowth of flesh in the testicle or the part of the *tunica vaginalis* where this is united to the testicle, both forms of a disease called σαρκοκήλη (Latin: *sarcocoele*); an uneven petrification of the testicle and the *tunica vaginalis*, a condition termed πωροκήλη

¹⁵ Celsus, *Med.* 6.18.6B.

¹⁶ Celsus, *Med.* 7.18.9–10; cf. Paul. Aeg. 6.64.1. Cf. Horstmannshoff (1998), 89 n. 28.

¹⁷ For the generic term κήλη, cf. Gal. *Tum. praet. nat.* 15 (Kühn 1824, 7.729).

(the Latin equivalent might have been *porocele*). Persons who would also have to fear for their privy parts were those suffering from what Paul of Aegina called ἐντεροκήλη (Latin: *enterocele*), a slipping down of the bowel into the scrotum, occasioned either from a break of the peritoneum in the groin, or from stretching of the peritoneum, albeit only if this hernia was caused by the distension (6.65.1–3).

With the exception of Leonidas, Paul does not refer to the writings of any specific physicians where the ruptures mentioned above are concerned. We may think, however, of Heliodorus, a popular surgeon living around 100 CE, and author of a manual on surgery, and of Antyllus, a physician of the second century CE, who also wrote about surgery. Both paid a lot of attention to ruptures (cf. Orib. Coll. 50, *passim*). And, as I have suggested, we should not exclude even earlier physicians. In Paul's days the castration practices referred to above must have been fairly traditional. If not, Paul would most certainly have remarked that they were restricted to "the younger ones" (οἱ νεώτεροι), as is his custom: relatively recent authors among whom Oribasius is reckoned in any case (cf., for instance, Paul. Aeg. 6.62.3; *Prooem*). If, in the case of ruptures, castration may with some reservation already be ascribed to Heliodorus and Antyllus, we know for sure that these authors prescribed the removal of a testicle whenever the gonad was in bad shape because of a fistula (an abnormal passage between two hollow spaces) in the back-side of the scrotum (Antyll. and Heliod. ap. Orib. Coll. 44.20.78).

It is Paul of Aegina again who provides the first explicit extant testimony of castration in the case of hermaphroditism. He tells us that Leonidas distinguished four forms, three in men, one in women. "In women," Leonidas would have stated, "we often [sic!] find above the genital, and in the region of the pubic bones the outset of a man's privy parts: three prominent bodies, that is, one like a penis, and two like testicles" (Leon. ap. Paul. Aeg. 6.69). Like two of the male varieties, the female intersex was treated by removing the supernumerary bodies. In her case this would have amounted to castration, as well as "penectomy," the removal of the penis.

Galen, a physician who came from Pergamum in Asia Minor, and who was to become quite influential in later days, remarked that genitals are by nature subject to putrefaction due to moist and warmth.¹⁸ Obviously, this was another reason for which physicians may have decided to perform castration. That Galen himself must have taken the measure of removing genital parts (penises and/or testicles) on a regular basis for this reason becomes clear from a passage in a treatise about the method of healing. Here, he warns his readers that when cutting

18 Gal. *In Hp. Aph. comm.* 3.21 (Kühn 1829, 17.2.620).

out a putrefied or mortified body-part for reasons of security one should consider the nature of the evils, and of the affected part. “Some parts,” he says, “rot very quickly and it is safer, if one cuts out the putrefied part, to burn away the root as far as it is connected to the healthy parts, as *we ourselves often* do when it comes to the privy parts.”¹⁹

To Palladius of Helenopolis, bishop and author of a collection of short biographical sketches written in 419–420 CE, we owe the name of an actual patient confronted with φαγέδαινα (Latin: *phagedaena*), a cancerous kind of sore. A certain Stephanus, an ascetic monk from Libya living in Egypt around 400 CE, saw this affection arise at his testicles and glans, for which reason his external privy parts were hewn off by a physician (*Historia Lausiaca* 24.2).

It goes without saying that, at times, accidents causing damage to the testicle(s) will have taken place, and that – as Celsus showed – a physician will have felt the need to remove one or both gonads for this reason. Such events occurred in the youth of a certain Mamas, according to Cyril of Scythopolis, a sixth-century Christian biographer. The unfortunate Mamas was to become Lord Chamberlain (κουβικουλάριος; Latin: *cubicularius*) at the court of the Byzantine emperor Anastasius around 500 (*Vita Theodosii* p. 112). It is precisely for this reason, however, that the anecdote leaves room for some doubt. From the first century CE onwards, Roman private and royal households were making ample use of slaves that had been deliberately subjected to castration in their youth, the operation being regularly performed by physicians.²⁰ Therefore, we have to reckon with the possibility that Mamas was castrated as a young boy, not because of some accident, but to prepare him for service as a court eunuch. The incident that we find in Cyril’s version of the affair may well have been invented to disguise the shameful truth of a forced (or even voluntary) castration, as seems to have happened more often in the history of castration.²¹

¹⁹ Gal. *Glauc. meth. med.* 2.11 (Kühn 1826, 9.137). Italics are mine.

²⁰ For an overview of the involvement of healers in castration for non-medical reasons, see König (1999), 127–133.

²¹ Other suspicious examples in Heriot (1956), 38 n.1; Guyot (1980), 219. Cf. also Scholz (2001), 183–185.

IV Medical castration: cases in need of some contextual explanation

That castration was found inevitable in the above circumstances is easily understandable from our modern point of view. Ancient physicians, however, could also decide to castrate in cases of disease which are less obvious to us. This becomes clear, to begin with, from a passage found in a work about chronic diseases by Soranus, a physician from Ephesus active in Rome around 100 CE. This work, originally written in Greek, has come down to us through an adaptation in Latin by the medical author Caelius Aurelianus (early fifth century). Soranus was a liberal adherent of “Methodism.” This medical “school” adopted the idea that a diseased body presents one of two morbid, phenomenally evident states, “stricture” or “flux” (or, according to some, a mixture of these two states), which had to be treated by relaxing or astringent therapies, respectively.²² Caelius’ testimony, however, records therapies – some of which were experimental – invented by leaders of medical sects competing with the Methodists to cure *epileptici* (Greek: ἐπιληπτικοί). These were patients suffering from attacks (ἐπιλήψεις) of a disease stemming from the brain. This was the affection later called ἐπιληψία, which resembled but was not completely the same as, modern epilepsy. Our source tells us that among the therapies approved by these leaders were “sexual activity, or on the contrary, the creation of eunuchism.”²³

Who were these sectarians advocating for castration to treat epilepsy? Regrettably, neither Soranus nor his translator Caelius give us any names. From the very start, however, we may discount most of the physicians who believed that disease comes from a disturbance of the balance of qualities and humours. In this view, epilepsy generally appears as a consequence of an excess of moist and cold, coupled with too much phlegm.²⁴ Along the lines of this theory, castration would have had the wrong effect, because it was thought to make an individual moist, cold and phlegmatic.²⁵

Another item on which our source is not at all clear is the reason *why* some physicians came to think of, and then came to believe in, castration to cure epilepsy. Perhaps because the disease seemed to be accompanied by symptoms such

²² Leven (2005), s.v. “Methodiker,” 613–614; *OCD*⁴ s.v. “medicine,” 922.

²³ Cael. Aur. *Chron.* 1 [4].116–118. For the ancient definition of epilepsy, and its terminology, see Leven (2005), s.v. “Epilepsie,” 260–262. Cf. also Temkin (1971).

²⁴ See, e.g., c. 425 BC, Hippoc. *Morb. sacr.* 2 (Littré 1849, 6.364–366); c. 100 CE, Aret. 3.4.2; seventh century, Paul. Aeg. 3.13.1. Cf. Temkin (1971), 51–73.

²⁵ See, e.g., Alex. Aphr. [*Pr.*] 1.5–8. Cf. Horstmanshoff (1998), 89–91.

as sexual excitement without any evident occasion, and “wet dreams.”²⁶ As we have seen, Caelius presents castration as a measure contrary to sexual activity. This gives rise to the idea that one motivation behind it may have been to rule out the possibility of having sex, that is to say making love by penetration of the partner, the so-called “active” mode, which was perceived as the proper role for masculine males.²⁷ Various medical authors (like Celsus and Archigenes) proclaimed that sufferers from epilepsy should avoid (this kind of) sexual activity.²⁸ In fact, a physical similarity was observed between sexual activity and epilepsy. Both Hippocrates and the philosopher Democritus are reported to have called coition “a little epileptic fit”;²⁹ at the same time, in the work of Soranus/Caelius Aurelianus, patients are warned against anything that reminds them of the affliction.³⁰ We know that ancient physicians generally believed that, for a number of reasons, (too much) sex was harmful to various organs. One of those organs was the one from which the evil of epilepsy was known to stem – the brain.³¹ In this respect, it feels strange that Soranus ascribed the measure to the rivals of the Methodist school. Castration could well have been one of their relaxing measures. As Temkin writes, for the Methodists a cure should take the “status” of the disease into consideration. In the case of epilepsy this was the *status strictus*, in which the patient suffers from tenseness; curing that status meant to achieve the opposite, relaxation.³² Nevertheless, ancient patients themselves will have been very eager to get rid of the disease. Epileptics were seen as carriers of a contagious, magic-religious impurity, and were known to have been literally spat upon in public.³³

Another indication on medical grounds for castration which is a bit surprising in our modern eyes is found in the medical encyclopaedia written by Aëtius of Amida, when he takes up the subject of *elephantiasis* (Greek: ἐλεφαντίασις). This has been identified with what we now call lepromatous leprosy, a disease of the skin and nerves, in which widespread (inflamed) skin bumps and rashes, as well

26 Aret. 1.5.6; Cael. Aur. *Chron.* 1 [4].63, 68. Cf. Browe (1936), 57–58.

27 For Greco-Roman conceptions of “active” and “passive”, see Leven (2005), s.v. “Sexualität, gleichgeschlechtliche,” 803–809; *OCD*⁴ s.v. “homosexuality,” 700–703.

28 Celsus, *Med.* 3.23.3; Archig. ap. Alex. Trall. 1. Cf. Temkin (1971), 32.

29 Gell. *NA* 19.2.8; Gal. *In Hp. Epid.* 3 *comm.* 1 (Kühn 1828, 17.1.521). Cf. Cael. Aur. *Chron.* 1 [4].127–128; Browe (1936), 57–58.

30 Cael. Aur. *Chron.* 1 [4].114.

31 Cf. Foucault (1985), 117–118, and below. The possible connection between this damage to the brain and the reason for castration was initially pointed out to me by cultural anthropologist C. van der Hoeven.

32 Temkin (1971), 73–74.

33 Temkin (1971), 8–10; cf. Stol (1993), 144–146.

as muscle weakness make their appearance; the nose, the kidneys, and the male reproductive organs may also be affected.³⁴ Aëtius first tells us about his own experiences. He had personally met certain patients suffering from this affliction who, he says, “have cut away their own testicles with an iron blade. In castrated persons, you should know, the evil will not get any worse.” To substantiate this, he cites the physician Archigenes of Apamea (fl. c. 100 CE):

“It is far from easy, says Archigenes, to find any castrated person suffering from *elephantiasis*, or any woman; this is why some of our resident physicians opt for surgery [sc. castration], and, all of those who have escaped the danger of the excision in a healthy state thanks to the application of subsequent therapy, have been perfectly liberated from this evil affection.”³⁵

So we can be sure that, in this case, castration was indicated not because the genitals were impaired, but to stop the disease from spreading further.

Regrettably, it is not quite clear at which point Aëtius stops quoting his source; the resident physicians involved may either have been Aëtius’ own contemporaries, or already those of Archigenes. In extant Greco-Roman literature the disease was first mentioned by the Roman poet Lucretius in the first century BCE, and in the first century CE it is still spoken of as a relatively new disease for Europe; it would have first appeared, though, around 100 BCE.³⁶ Thus, the earliest date of therapies in the Greco-Roman domain is most probably not to be fixed before that.

Regrettably, also, any explanation on the part of Archigenes as to why eunuchs and women hardly suffered from the disease is lacking in the cited passage. Luckily this time, Aëtius himself gives us a hint. For him, the immunity was related to the fact that sexual intercourse (the active kind of sex – as is implicitly assumed – not being exercised by a castrated male or a woman) was most inimical to *elephantiasis*. The harm produced during intercourse could perhaps be explained, he thinks, either by the emission of the semen from among the useful and good fluids, or the procreation in the “seminal places” of semen due to the density of the matter; this would be the reason why men attacked by *elephantiasis* abound in semen.³⁷ Aëtius, however, was a man of the sixth century, so we must ask if his opinions hold true for earlier times.

³⁴ WebMD 15/05/2021, s.v. “Leprosy.” For the ancient terminology, cf. Grmek (1989), 168–173; Leven (2005), 565–567, s.v. “Leptra”.

³⁵ Aët. 13.122. My interpretation of the translation by Cornarius (1549).

³⁶ Grmek (1989), 168–171.

³⁷ Aët. 13.125. Again, this is my interpretation of the translation by Cornarius (1549).

It is certainly true that earlier authors reported an extraordinary craving for sex in one of the phases of the disease.³⁸ This could indeed have led to the observation of more frequent emissions, and perhaps to an (alleged) overproduction of semen. Oribasius provides a further answer by citing Philumenus, an Alexandrian physician active c. 180 CE or perhaps some decades later. He prescribed that sufferers from ἐλεφαντίασις should refrain completely from sexual intercourse, this being very injurious to their condition. His “proof” (τεκμήριον) was what we already learnt from Aëtius: women suffer very little from the disease, and eunuchs are rarely affected and easily cured.³⁹ So, Philumenus also implicitly tells us that, like women, eunuchs do not make love, whereby he must have actually meant to say that they do not do it in the masculine, “active” way. Apparently, this is why he thinks that women and castrated men are immune to the lepomatous form of leprosy. And so, the explanation given by the earlier physicians why castration was found to reduce the risk of ἐλεφαντίασις may well have been that it was thought to eliminate the ability to be sexually active, as Aëtius proposed.

As I have pointed out above, one important element of ancient medicine was the regulation of the patients’ intake of food and drink, as well as their general lifestyle, the δίαίτα. In accordance with these rules, medical practitioners were keen on regulating their patients’ sexual activity for various reasons. It was felt that the loss of semen following orgasm could be injurious, as well as the physical exertion involved. At the same time, sexual activity was thought to have an impact on the principal qualities of the body (hot and cold, moist and dry) and on its humours, especially bile and phlegm; many ancient physicians thought that a disturbance in the balance of qualities and humours due, for instance, to sexual activity was harmful.⁴⁰ Castration, of course, may have kept the patients from exerting and un-balancing themselves, but some physicians may also have thought of it as a measure to prevent the semen from leaving the body. Most ancient theories of seed-formation posited that the semen was not produced by the testicles, but (wholly or mostly) elsewhere in the body.⁴¹ Therefore, few will have accepted our modern insight that after full castration the production of the living seed comes to a complete stop. Reasoning along the usual Greco-Roman line of thought, castration would not have stopped the production, but – like sexual ab-

³⁸ Ruf. ap. Orib. Coll. 45.28.2. Cf. also Aret. 4.13.8 and 18; Gal. *Tum. praet. nat.* 14 (Kühn 1824, 7.727–728); Browe (1936), 53–54.

³⁹ Philum. ap. Orib. Coll. 45.29.79. Cf. Cael. Aur. *Chron.* 5 [2].29, about diseases of joints and feet.

⁴⁰ Foucault (1985), 109–133; *OCD*⁴ s.v. “dietetics,” 451.

⁴¹ Lesky (1950–1951), 157–159. Cf. also Foucault (1985), 130–133; König (2013), 106–108, with König (2020).

stinence – merely prevented the flowing out of semen, thus keeping the vital, healthy semen in.

So, when Aëtius linked the immunity of eunuchs and women to their sexual inactivity, he was in line with physicians of earlier days, and also when he linked the harmfulness of intercourse to the emission of the semen. However, as I have said, it remains unclear in which period doctors started actually castrating for these reasons. All we may assume is that physicians will have found rigorous measures to prevent sexual activity all the more urgent in cases of ἐλεφαντίασις, since an extraordinary craving for sex was observed in one of the phases of the disease. As to the patients themselves, they too will have felt a great need to get rid of the affliction. We know for sure that, along with all the disgusting physical inconveniences, it could bring about serious social isolation because of its believed severe contagiousness.⁴² The first century BCE poet Lucretius describes what fear would have led the Athenians of 430 BCE to do during a severe epidemic when they were hit by symptoms partly resembling those of ἐλεφαντίασις:

And if, as is possible, one of them had managed to avoid the extinction of death, yet all the same later on, with the disgusting ulcers and a black torrent pouring from the bowels decay and death still awaited him – or else a vast amount of tainted blood passed through his stuffed nostrils with a violent headache, and the man's whole strength and body flowed away in it.

Then again, if he had lived through the bitter stream of foul blood, all the same the disease passed into his sinews and his limbs and even into the genital parts of the body. Some men feared the threshold of death so severely that they carried on living after having their manly organ removed with a blade ...⁴³

Of course, this is Lucretius' interpretation of the goings-on. The historian Thucydides who lived during this pestilence himself, mentions only the deprivation of the genitals without explaining how that happened.⁴⁴ What matters now, however, is that Lucretius already saw castration as a possible option in circumstances similar to those of ἐλεφαντίασις.

As the extant sources show, it was only in the case of enslaved servants and patients suffering from epilepsy and ἐλεφαντίασις that the ancient healers did not object to some “gender-bending” *avant la lettre*. This stands to reason, since, principally, making free men more feminine or even female by way of castration must have gone against everything regarded as “normal” and “healthy.” In the ancient

⁴² About the social isolation, see Aret. 4.13.19, 8.13.1; Cael. Aur. *Chron.* 4 [1].13. Cf. also Grmek (1989), 171–172.

⁴³ Lucr. 6.1199–1209. Translation by Godwin (1991).

⁴⁴ Thuc. 2.49.7–8. Cf. Godwin (1991), 179, note on verse 1209.

Greco-Roman times physicians would never have thought of castration as a way of “healing” homosexuality or transgenderism.

Homosexual behaviour in itself was not considered sick or wrong. It was only the inclination to passive (non-penetrating) sexual behaviour which was considered unworthy of free men.⁴⁵ According to medical theory, castration would have led to a more passive personal disposition, rather than “healing” the men or boys involved.⁴⁶ It is telling, perhaps that – according to the historian Cassius Dio, at least – the Roman emperor Elagabalus, who called on physicians to change his sex in order to facilitate his homosexual relationships, felt the need to promise them large fees.⁴⁷

Our sources indicate that physicians in the Greco-Roman world did more than cooperate in castrations in the interest of their patients. Medicine, after all, was not just an ideal to strive for, it was a handicraft to earn money by. Any medical practitioner was free to call themselves ἰατρός or *medicus*, regardless of their actual skill, not bound by any disciplinary committee.⁴⁸ The rising level of prosperity in Roman society made the pursuit of gain among physicians increase, as it seems.⁴⁹ Financial considerations apart, physicians will have been forced to cooperate in the castration of slaves due to their dependence on clients belonging to the elite.⁵⁰ In the case of Elagabalus, however, the very head of the Roman Empire, felt obliged to pay dearly if he wanted to change sex. If this is not some sort of historical slander, it indicates perhaps that the ancient healers did see some deontological limits, even if they were dependent.

It is clear that physicians were also involved in castration practices for the perceived benefit of the sick. This may have been the case from the earliest days onwards. We have first-hand evidence of a certain reluctance on the part of the Hippocratic physicians to perform such surgery. Second-hand evidence suggests that in the later centuries before the Christian era, doctors were a lot quicker to draw their scalpels, although in the testimonials about Herophilus, or in the compilation made by Celsus, this is not so evident. Explicitly recorded castration practices on medical grounds have come down to us from the first century CE on-

45 Leven (2005), s.v. “Sexualität, gleichgeschlechtliche,” 804; *OCD*⁴ s.v. “homosexuality,” 701.

46 Arist. [Pr.] 4.26: 879a36–880a5; cf. Schrijvers (1985), 13, 15–16. Bullough (2002), 10 observes that even in those who have had their testicles removed a deep penetration of the anus can result in an orgasm of sorts. Thus, passive sex may well have been to the eunuchs’ liking.

47 Cass. Dio 79.16.7. At some other moment he also wished to cut off his male genitals, but this plan seems to have been toned down to circumcision (79.11.1).

48 Cf. Horstmanshoff (1990); Leven (2005), s.v. “Ausbildung, ärztliche,” 129–131; s.v. “Beruf,” 144–145.

49 Mudry (1997), 312–313.

50 For the social status of the ancient physicians, cf. Horstmanshoff (1990), 187–196.

wards; in sources from later antiquity we encounter them regularly. The apparent increase may be due to the developing skills and changing insights of physicians regarding anatomy and surgery. Apart from that, we need to remember that in the earliest times, the effects of castration must have been known mostly from stock-breeding of animals rather than on human males. The increasing experience with castrated humans when eunuch slaves were introduced into the Greek and Roman households will have made a difference.

As to the specific motives for medical castration, there were some which today may be thought of as fairly obvious. For us, it is not hard to accept that testicular disorders were a recurring reason. Accidents causing damage to the testicle(s), various kinds of ruptures, fistulae, putrefaction and cancerous growths could lead to the decision to perform a castration; we read about castration of female hermaphrodites, as well.

Extant sources also show, however, that in certain cases the immediate cause was not necessarily a matter of impairment of the gonads. Here, the motives stated are rather unexpected and at first sight mysterious to our modern views. In the case of epilepsy, castration seems to have been a measure contrary to sexual activity, which was thought to be detrimental to various organs, including the one from which the evil was known to stem – the brain. Therefore, ruling out the possibility to have sex in the “active” mode was probably the main motive for the physicians. When it came to ἐλεφαντίασις, experience had taught that it was not easy to find any castrated person suffering from that disease. The underlying reason to operate will also have been that castration was thought to eliminate the ability to be sexually active, which turned the castrated person’s nature into something like that of a woman. From the patient’s point of view, the fact that both epilepsy and ἐλεφαντίασις would lead to extreme social isolation may have been a compelling reason for accepting the healer’s decision.

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