Teaching ancient medicine: the issues of abortion

Book Section

Teaching Ancient Medicine

The Issues of Abortion

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The topic of ancient medicine is one that confronts both students and their teachers with a set of difficult issues. All those present in the classroom share the experience of living in a body, whether or not they have reflected on the extent to which their body is their "self," or whether the self inhabits the body; indeed, the subject of ancient medicine itself provides an opportunity to reflect on the philosophical issues related to current perceptions of mind-body dualism. For some, however, due to the nature of the material investigated, the topics covered, and the questions raised in class, ancient medicine will prove to be a particularly disturbing or challenging subject, sometimes at a very personal level. It is the teacher's job to communicate the subject in a mature and professional manner that does not cause the student to cease to engage due to feeling in some way "offended."[1]

As three women who have taught in different universities in the UK, we have chosen here to present the results of our discussions on how we teach emotive subjects like abortion, euthanasia, birth control, and embryotomy—the process of cutting a fetus into parts so that it can be extracted from the womb—in our Greek and Roman medicine classes. We are interested in how one presents such topics to students without shying away from the realities of past medical

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1. The issue of "offense" is a pedagogically interesting one; learning may come precisely by having one's core values challenged, but if this is taken too far then the learner may simply refuse to engage.

practices and the opinions of the Greco-Roman medical writers, and we share here our stories about how we have dealt with particular problems concerning student reactions to these. In the course of our discussions, we have realized that our experiences in teaching these topics demonstrate the value of emotional intelligence. Emotional intelligence has become a topic of consideration in educational theory over the past fifteen or twenty years and much has been written about the necessity for good teachers to be aware of both intellectual quality and emotional intelligence in "develop[ing] a holistic learning experience for the student" (Hall 2005: 153). Emotional intelligence is in large part empathy. An empathetic teacher will have an awareness of their surroundings and the ability to sense and understand their students' feelings. When the teacher is attentive to the different emotions and reactions of their students towards certain topics that might be troubling, they can then gauge how to teach the topic in a manner that will encourage a student to engage with the class. An empathetic teacher will also be flexible and able to adapt to unexpected situations that might arise, something all three of us have experienced, and which this chapter will illustrate. Although the majority of the present discussion will be devoted to explaining our practices and our thoughts on teaching these topics, we acknowledge that we have worked in fairly similar situations, and our experiences might not be transferable to those teaching in other societies and types of universities; however, we hope that suggestions of how we deal with particular issues that arise on account of the specific socio-cultural, religious and ethical beliefs of some of our students might assist those teaching in circumstances different to our own.

At the most fundamental level, any group of undergraduate Humanities students will have differing amounts of knowledge of their own bodies, as well as differing opinions and beliefs; the example of a history student who told King that her uncle was "having one of his

livers removed" should act as a warning against assuming too much prior exposure to physiology. Often it is necessary to explain modern medical views of anatomy or physiology before the students can appreciate the ancient materials, and in evaluations students sometimes comment on how much they have learned from the course not only about their own bodies, but also about ethical issues. Unlike medical students, who can draw on numerous handbooks and monographs developed to help them consult and interact with patients about topics such as abortion, euthanasia, and the ethics of publication (e.g., Ashcroft et al. 2007), humanities students may not have had any prior opportunity to think about medical ethical issues in particular. The other side of this development of the individual through learning about ancient medicine is the "yuk" factor in dealing with ancient medical beliefs and healing practices, which can be precisely what attracted students to select such a course in the first place. We have found that some potential students have preconceived expectations that our classes will provide a source of graphic entertainment, believing the majority of material covered will be stories of horrific surgical procedures and unhygienic medical practices.[2] This preconception can form an obstacle to deep engagement with the sources; strategies need to be developed to give permission to students to find the materials upsetting, while working towards understanding them in their historical context.

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2. This approach is used by scholarly bloggers such as Lindsey Fitzharris to attract readers; her award-winning blog http://thechirurgeonsapprentice.com/ is subtitled "A website dedicated to the horrors of pre-anaesthetic surgery" (accessed 28 February 2012), later changed to "This website is dedicated to a study of early modern chirurgeons, and all the blood and gore that comes with it" (accessed 8 February 2014).

The terminology of the body and of bodily processes can be difficult to negotiate in class. The exposure of medical students not just to information about health and disease, but also to ethical debates, often makes them more confident than Humanities students in speaking about these issues, for example naming parts of the body without embarrassment. Some students will find the material being studied makes them laugh; often, as for example when comparing medical texts to a play by Aristophanes, this will be entirely appropriate, but at times laughter—and particularly giggling—can be an immature response to discomfort. Students can be very coy when genital organs are being named, and the teacher needs to consider how to negotiate the lines between "technical terms" (penis, vagina, vulva), more vernacular labels (pussy, cock), or euphemisms (down there, private parts). Sexual acts are also difficult to name in class; some students "know it all," others will be genuinely shocked, while in turn some teachers positively want to shock, and others do not. King has vivid memories of saying "cunnilingus" in a lecture to a class of two hundred first-year students in her first year of university teaching. At the end of the class, a group of older students came up to congratulate her for not blushing; this was achieved by avoiding all eye contact and focusing on the back wall of the lecture theater. Totelin felt great embarrassment when she could not recall the technical word "fellatio" while reading a graphic description of that sexual act in class (Archilochus fr. 42). She had to settle on telling the students "we all know what this is referring to, I think." Some students told her at the end of the class that archaic poetry was more fun than they had ever imagined.

A possible way to combat the problem of what language to use in the classroom is to open up discussion early on, by giving students an exercise that permits them to use coarse language about body parts, sexual behavior and venereal disease. Baker had to undertake such an exercise as an undergraduate student in a health class in the United States. The teacher divided

the students into three groups. Each group was given a sheet of paper, and the students had to write slang names for parts of the body, sexual intercourse and venereal disease. The papers were passed around every few minutes between the groups and each would add new words to the different topics. These were then read aloud in class. The point of this was to "break the ice" and it seemed to have the desired effect of enabling open, frank and maturely handled discussions between the students and the teacher about AIDS, rape, birth control and abortion. Although Baker found this worked well when she was a student, she has been hesitant to try such an exercise with her own students for fear of offending someone and ultimately being reported; instead, she uses the technical terms. In her experience, she knows that some students would react well to such an exercise, but others are clearly incensed even when technical terms are used, thus making her wonder why they have chosen the topic in the first place. In the UK there is also an ever-growing audit culture that encourages student comment and criticism. Constructive criticism is useful for teaching development but, since students are now considered "customers," some of their feedback has more to do with their lack of engagement caused by their expectations that they should be given a degree because they are paying the fees. Although Baker's teaching has always been rated excellent in her student evaluations, she is aware of student complaints being taken too far and causing high levels of stress for the teacher. Hence in some instances she has found the audit culture has an adverse effect; it may stifle creative teaching methods because teachers are afraid to cause offense. A discussion of how the different registers worked in antiquity can be a useful alternative means of approach here, for example by assigning a reading from Adams, *The Latin Sexual Vocabulary* or Henderson, *The Maculate Muse*.

While sex is still more of a taboo subject in the classroom than one may perhaps expect,

the greatest taboo today remains open discussion of death.[3] King recalls that, in twenty-five years of teaching ancient medicine and sexuality, the greatest reaction of shock she elicited from a class was when she opened the session on death with the words, "You're all going to die, you know. All of you." Horrified, several of the students responded, "You can't say that!" She insisted that it was the one thing she could say, with complete certainty. Reflecting on this moment now, she wonders what would have happened if someone in that class had been recently bereaved, or living with a terminal diagnosis. When she taught a module for a Master's course on "Death and Society," she remembers the course convener telling her that he made it clear to the students that nobody who had been bereaved in the previous twelve months should enroll for the degree, as they would not be able to achieve the right level of academic detachment.

As with sexual topics, or death, many medical themes have the potential to be disturbing. Sometimes it is obvious that a particular topic will present problems, but how should the teacher respond? How many "health warnings" should a teacher give to a class, or a potential class member?

Sometimes the issue lies with the members of the group. As Lisa Trentin also discusses in her paper, if the course outline includes a session on "Disability," should the session be taught if any members of the class have an obvious disability themselves? What are the risks of discussing the humor of disability in ancient cultures with a clearly disabled person in the room? While pregnancy is not a disability, in practice it is often treated as such in our society. So what if the teacher for a session on pregnancy is herself clearly pregnant, as Totelin was when, as a junior

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3. See papers by Butler and by Smith and Sulosky Weaver on teaching death, and Sharland on teaching *Lysistrata*, in this volume.

academic, she took over King's classes during a period of research leave? And not all disabilities are visible. Baker comments that she is at an "advantage" here, being completely deaf in her right ear as she was born without one (microtia).[4] She openly tells students about this in discussions and uses herself as an example for ancient jokes; she explains to them that there is no precise translation of the term "disability" and that ancient sources simply describe those who vary from the cultural norm as incomplete or lame, and she notes that sometimes people had nicknames that give us an idea of what their problems might have been, adding that she herself might be called "one-eared."

We need to think about who we are as teachers, and not just in terms of our own bodies. There exists a large amount of material on teaching techniques, ethics, and theories of learning, much of which encourages self-reflection about our teaching, not only to improve our methods of communication, but also to think about the contexts—socio-political, cultural, and religious—in which the teacher and student are interacting.

The act of discussing our teaching, in the conversations we had while writing this chapter, has forced us to think more about ourselves and our educational backgrounds. King is British, trained in ancient history and anthropology, with a doctoral thesis on ancient Greek menstruation that means she finds it easy to talk about body fluids. Totelin is Belgian, trained in classics, ancient history, and the history of science and medicine in both Belgian and British

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4. Microtia is a congenital condition, varying in degree, affecting the development of the inner and outer ear. In some cases the inner and outer ear are underdeveloped; whilst in others one or more parts of the ear are completely undeveloped. In the majority of cases, only one ear is affected.

universities. She finds it important to study ancient medical writings alongside texts that are considered more "literary" (comedy, tragedy, epic, etc.). Baker is an American who studied anthropology and archaeology, history and classics in both American and British universities and tends to incorporate a large amount of visual, artifactual and written evidence in her teaching. The use of different types of remains raises issues about the presentation of materials; some students, for example, might be comfortable to hear about a graphic procedure or part of the body, but might find representations offensive because they are confronted with an actual image rather than one conjured up from their own imagination. But others might find an image more comfortable to deal with than a discussion. Therefore, the teacher must be prepared for different reactions to the various remains.[5]

Our backgrounds no doubt reflect or influence how we teach, as will be demonstrated below, but also there will be ways in which being women, teaching a class of males and females, must affect our teaching. As women teaching mixed groups, we can choose to play up the male-dominated aspect of the evidence, or speculate about how women could have "played the system": we can teach this material to arouse indignation about how women were treated, or we can try to get past this reaction to understand the material in context. Medical history provides a useful source of information to show that there are multi-variant cultural and temporal differences in the ways that men, women and people in different age groups were defined within their culture. As women, we feel that we are able to say things that, if said by a male teacher,

5. At Baker's current institution, students have lodged complaints about pornographic visual images being shown in class; it was the images, not the discussion, that they found offensive.

would have been seen as inappropriate or offensive, even if the information we give is identical.[6]

We also need to think about those whom we teach. Our student base can affect the knowledge of our students and the background in medicine they might have. Although all of us teach primarily in departments that offer classics, ancient history and archaeology, we do encounter different types of student. Baker's are a mix of traditional students who have recently completed their A-levels, and mature students with non-standard entry qualifications. They tend to come from London and the south-east of England; most are studying classics, archaeology and history. Traditional students from the south-east tend to come from middle-class (essentially "white-collar") families with university degrees. There is no medical school at her University (Kent), so she deals solely with students in humanities and social sciences. King taught for eight years in what is now Liverpool Hope University, at a time when 30 percent of the students were mature learners from working-class backgrounds; she then taught for fourteen years at Reading, where the typical student was middle-class and from the south-east of England. She currently teaches ancient medicine only to medical students as a "Special Study Unit," although she is also working in a Classical Studies team preparing a master's level module on the body, and is thus discussing how ancient medicine plays out in the context of a blend of distance learning and face-to-face teaching. Where one may expect it to be difficult to dissuade medical students from jumping into retrospective diagnoses, in fact they are very sensitive to issues of culture. Totelin, the most junior of the three of us, has taught both ancient history/classics students and natural science/medical students in various British universities. For the last five years, she has been based in Ancient History at Cardiff (Wales), where the students are mostly from Wales and

6. See Liveley in this volume.

south-west England, and come from varied social backgrounds. She also takes part in the "Student Selected Component" program organized by the Bioscience school at Cardiff. Like King, she finds medical students are very aware of the importance of cultural and historical studies, and are therefore keen to take part in class discussions on historical issues.

Almost all our students are white. They come from fairly similar backgrounds and are undertaking university studies in secular institutions where they should ideally be open to different perspectives—as Britain is a multi-cultural society—but, individually, they bring with them diverse experiences related to their sexual health, religious views, ethnic and socio-economic backgrounds that will influence their views. Thus, we have to find a balance that respects individual students' beliefs, while teaching topics that some will find offensive, others not. Of course, the institution and culture in which one teaches may also determine whether a topic can be taught at all. This point has been raised by Jarvis (2005), who queries when it would be respectful to discuss a topic in a particular cultural context. The subject of abortion, for example, might be more openly received as a topic of study in a secular university as opposed to one that is run by a particular religious group. In 1988, the year in which Section 28 of the Local Government Act—making it an offense to "promote" homosexuality in schools and colleges—was passed, King was teaching in an institution formed from a Church of England college and two Roman Catholic colleges.[7] In this environment, it was particularly difficult to talk about homosexuality or abortion in class. In theory, if it is made evident to the students that the views expressed in the ancient literature come from a very different society, period and belief system than that within which they now live, it should still be possible to have an open discussion, but

7. Section 28 was repealed in 2003.

"discussion" can be seen by some students as promoting something they deem to be at complete odds with their beliefs.

As for specific individual students, while in most cases there is no way that the teacher can know those medical experiences of the students that are not written on their bodies, it is possible that, in another role (such as personal or pastoral tutor), the teacher is aware of medical or life experiences that may make a particular topic problematic for the student. Such personal issues can also emerge when teaching is one-to-one, such as when supervising a dissertation or a piece of independent study on the topic. In theory, independent study should mean that a student can choose to avoid upsetting topics and focus on something with which he or she is comfortable, but reading around the subject can still produce problems, and avoidance of anything uncomfortable is not a good model of pedagogy. Also, at this level the topic is selected by the student, so the supervisor may find him/herself uncomfortable with it. Working on the topic may even be cathartic for the student, but he or she may still come upon material that is found upsetting, and the discussions of this can be uncomfortable for both parties.

Where a connection between student and topic which may make the student uncomfortable is known to the teacher already, it may be appropriate to talk to the student ahead of the class and discuss with him or her the material to be covered, giving the student the chance to absent him- or herself from a session. But sometimes a more global warning is needed. In particular, even in an age of horror movies, easy access to pornography, and graphic news reporting, any topic involving violence and/or blood needs to be treated with sensitivity. Students with no particular medical problems themselves may find some of the topics inherently

upsetting.[8] They should be given permission to miss classes if, for example, they know they have a bad reaction to the sight of blood, when visual material is being used in class. A good strategy is to warn students a week in advance and give extra reading for those who prefer not to be present for a particular session; even giving them permission to leave quietly during the class if they feel they are unable to take part can be very helpful. When teaching early modern medicine for the first time using video reconstructions of William Harvey's experiments to demonstrate the circulation of the blood, King found that one student had to leave the room when a live rabbit was the object of a reconstructed experiment. In subsequent presentations of this class she made sure that she shared her own problems with the sight of blood with the students during the preceding session, telling them that the material they would see in the following week had been very difficult for her, too, on first viewing. This made the point that the material was indeed disturbing and allowed students to think about whether or not they wanted to be present; however, it also meant that some students felt they had to be there out of bravado. Baker told one of her stronger students that she was writing the present paper, and asked what she thought about being taught these subjects; the student said she liked them, and had learned a lot about ancient attitudes towards abortion and childbirth, but added that she had also liked seeing the reactions of her classmates, especially many of the males, who were in her words "immature" and "squeamish."

Visual aids are potentially very problematic in a situation in which we are walking a tightrope between the squeamish and those who have chosen to study ancient medicine precisely for the gore. In 1961, a book written about teaching classics to students in British schools

8. See further Liveley in this volume.

asserted that "visual aids are only aids. They arouse interest and help pupils to imagine how the ancients lived and what they did. They are no substitute for teaching though very pleasant help. Each teacher has to abjure the temptation to lean heavily on them and must decide for *himself* just what part they are to play in *his* teaching. . . . They [visual aids] must be servants, not masters" (*from* Incorporated Association of Assistant Masters in Secondary Schools, *The Teaching of Classics* 1961: 192; our italics).[9] Baker considers that a reluctance to use such aids is still found in many university classes on classics; however, having a background in archaeology, she is used to dealing with visual material and feels very comfortable teaching with visual material. Images can indeed "arouse interest" and help students to concentrate in class, but she notes that such images should play a far more integral role in the lecture. The teacher needs to think carefully about what she intends to illustrate and consider precisely how the illustration can be best used to provoke discussion. In general, in most archaeological classes images are used to show the site and material remains in a manner that makes it possible for the student to visualize the site, but rarely, with the possible exception of issues of cultural heritage, will images of sites, material and even skeletal remains be as disturbing to students as medical images may be.[10]

Depending on the period being studied in medical history classes, modern clinical imagery will most likely not be needed. Students of medicine will be familiar with graphic photographs in their classes, and with the ethical issues that apply to showing modern images of patients; informed consent must be granted by the patient being photographed, and physicians

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9. It is not clear to us how to read the "himself" here, since teaching has in modern times been a feminine role.

10. See Smith and Sulosky Weaver in this volume.

showing these in medical classes will be using the images for clinical purposes (e.g., Creighton et al. 2002). When teaching such students, King uses John Harley Warner's late nineteenth-/early twentieth-century photographs of students posed around the cadaver they are in the process of dissecting (2009). She would be reluctant to use these with humanities students. But ancient images, too, risk disturbing some students. Hence, Baker always warns students before she shows them that certain images might be upsetting. She explains at the beginning of class that images are being shown, although the procedure is also discussed, so that students are given the material even if they feel uncomfortable with seeing the materials associated with a procedure. In general this is done for three procedures: circumcision (figure 4.1), cataract couching and, in the case of difficult birth, an image of a hook (figure 4.3). Thus, in consideration of the students' feelings she warns them to look away, though she will still describe the procedure; this in practice tends to have the effect of making them look. She is always careful to show scenes that are not very graphic, and safely distanced by being "historical." For example, when discussing male circumcision she will use an image from an Egyptian painting (figure 4.1).

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Figure 4.1. Egyptian image depicting circumcision

She will use the image to talk about the physical position of the physician and the patient, and perhaps the tools used by the physician, as well as discussing whether the image is accurate. However, when she co-taught with a history lecturer on the History of Medicine class, he brought in some very graphic photographs of women giving birth and she realized that some of the female first year undergraduate students were uncomfortable with this. He gave them no

warning about the images, and Baker felt that, for a class on eighteenth-century man-midwifery, it was extraneous and in poor taste to use images of childbirth from a later period. Nor were the images being used to illustrate a particular procedure, or birthing itself, in the period in question. Although Baker uses the imagery of circumcision from Egypt, it is the only image she has found directly related to the subject that is comparable, in terms of physician and patient positions, to the very few extant images of surgical procedures found in Greek and Roman remains.

Medical instruments are found disturbing by very many students. King observed real and replica instruments being used to illustrate a lecture for students in the age range 12-18 as part of an enhancement day on 'Roman Medicine', and noted that the only student who fainted during the day did so during a reconstruction of using instruments. Baker brings in real examples to her classes, as well as showing pictures on PowerPoint presentations (figures 4.2 and 4.3).

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Figure 4.2. Roman vaginal specula

Figure 4.3. Roman fetal hook with reconstructed drawing

While it is one thing to describe what the texts say, she notes that it is quite another to show the students the actual instruments; this enables them to imagine how a tool might have been held—something we do not actually know in many cases—to talk about their many functions and to compare them with what is written about them. We actually have very few detailed written descriptions of these tools, so she will ask the students if they are certain that the objects shown are indeed medical tools; this leads to interesting discussions about tools used in treatments even today. King's students were amazed at the similarity between ancient and modern instruments,

such as the vaginal speculum (figures 4.3 and 4.4), but King introduced this instrument as part of a more general discussion of seeing the inside of the body rather than dwelling on the speculum.

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Figure 4.4. Equipment used for a gynecological examination. Modern speculum on the right.

For some students, it is precisely their own medical problems and experiences that make them interested in a module on ancient medicine. They come to class as "expert patients," with family members who are health care professionals, or with experience of the illnesses of family or friends. With any condition discussed in class, there is, therefore, a strong possibility that someone in the room will have experiences that they may want to share; indeed, preventing students from hijacking the class and making it into a personal confession session can be very difficult. For example, a very talkative student wanted to share with the group her own experience of malaria on holiday in the previous year, but from the front of the room King could see that some students regarded this as irrelevant, while others were keen to hear much more. It was important to allow the student to feel "heard" while also using the role of teacher to feed in the experiences she was describing into the session as a whole. When teaching medical students, Totelin found that they wanted to use the Hippocratic Oath as a springboard for discussing their own concerns with modern ethics; while she felt this was appropriate, she was aware that some students wanted to stick to the history.

On occasion, entirely unexpected experiences may be raised by students. For example, when King was teaching on Roman medicine and discussing the use of cabbage as a therapy, she was surprised when a student who was herself a mother intervened to say that cabbage leaves

applied to the breasts were indeed a good way of easing pain. This introduced the student's own breasts to the class in a way that could have been embarrassing for her, but in fact the rest of the class focused on the question of the reasons why this remedy could work, and it was possible to move the discussion into a more general one on levels of efficacy. On another occasion, another mature student told the class about her own experience of her baby presenting arm-first; this horrified the younger students, but was valuable in that it made them realize that such things still happen. One of Totelin's mature students, the father of three children, gave a presentation to the class in which he compared ancient birth scenes with today's crowded birthing rooms.

In other cases, students whose own health concerns do not seem to be reflected in the ancient material may be disappointed with this perceived gap; Totelin has found dyslexia/dyspraxia and attention deficit hyperactivity disorder areas relevant here (see also Lisa Trentin's chapter), while King has had students with eating disorders, depressive illness and irritable bowel syndrome looking to find their condition in the past. The mismatch between past and present can be a very valuable way of thinking about not just medicine, but also disease, as culturally determined. Baker mentions to her students the deaf society on Martha's Vineyard, Massachusetts to explain that, in this nineteenth-century community, deafness was the norm, and they had a strong system of communication; so much so, that those who were able to hear were almost excluded (Groce 1988).

Within a course on ancient medicine, it is the topic of abortion that can be the most challenging of all for both the teacher and the students. Bearing in mind the current taboo on discussing death, this topic touches upon both the beginnings of life and its end, and thus has enormous potential to upset and to shock, not least because of the sometimes gruesome nature of the materials. In addition, it can engage very strongly with students' religious and political

beliefs. Baker had a female student who told the rest of the class that abortion was a sin; Baker had to insist that other students may have different beliefs about when life begins, and flagged up the importance of respect for other people's opinions. However, there is a value in teaching the topic through a historical perspective because this can allow a student to engage with the issues surrounding abortion as a remote observer. The amount of temporal distance gives students the opportunity to discuss ethical points, and to reflect on their experiences, without feeling that their personal beliefs are directly threatened.

As university teachers, the three of us have taught ancient abortion to audiences of both classical and medical students. We have found that the apparent disagreement between sources, and scholarly attempts to explain this away, allow students to engage with the debates; these issues are not specific to the topic, but the topic offers an accessible way of dealing with them. We have taught it in different ways: as a two-hour seminar taking its starting-point from the Hippocratic Oath, within a lecture on women and ancient medicine, as part of a lecture on ethics, or at the level of one-to-one supervisions for an extended essay. In this chapter, we will not be presenting a "right" way to proceed, but we hope that our different experiences will help those who have not taught the topic before, or who have found it in some way difficult. While Baker and King do not devote a whole session to "abortion," preferring to move to the topic organically from a related topic, Totelin has taught a full session devoted to the "abortion clause" in the Hippocratic Oath.

We have all found that the Hippocratic Oath is a good way to start a discussion on abortion in ancient societies. Baker always begins by bringing in two different modern

translations of the Hippocratic Oath along with copy of the original Greek.[11] One translation reads, “I will not give an abortion” (Lloyd 1978: 67); the other, closer to the Greek, states, “I will not give a pessary for an abortion” (Jones 1957: 298–99). Baker then translates the Greek for the students, which demonstrates to them very clearly how helpful it is to know the original language, and allows them to think about what the Greek might actually mean. She goes on from the Oath to address the question of when, for ancient writers, “life” begins. The seminar also considers works of Aristotle, the Hippocratic writer of *On the Nature of the Child* and Soranus’ *Gynecology*. While it is inevitable that students do begin discussing these issues from their own perceptions, the use of other medical texts with different views introduces a range of positions with which students can identify.

While discussing the issue of when life was thought to begin, it is worth noting that an encounter with the ancient texts is potentially a liberating experience for those who have had an abortion, as it allows them to consider different answers to the question of whether they have destroyed a “life.” As it was believed in antiquity that female fetuses took longer to develop and become active than male fetuses, this provides a way of thinking about “life” in connection with gender. The question of when a “late period” becomes an “early abortion” is one that students find engaging; they are often unaware of how common early miscarriage is, even today.

Like Baker, King teaches abortion within a session on the Hippocratic Oath as the foundational—and contested—document of the western medical tradition. Rather than moving on to the issue of when life begins, she works to challenge modernizing readings not only of the

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11. Various translations of the Oath can be found on “Medical Oaths,” http://www.med.umn.edu/phrh/oaths/home.html (accessed 8 February 2014).

"abortion clause" but also of the "euthanasia clause"; this defuses the issue of abortion by placing the discussion within the context of translating between cultures more generally. Her aim is to show that both clauses share a concern with the control of dangerous drugs and the risks of these being in the hands of lay people who may use them in ways that the physician does not think are appropriate. She then returns to abortion in a later class on ancient pharmacology, where she raises the question of whether the recipes of the Hippocratic corpus represent "men's knowledge" or "women's knowledge." Both Totelin and King discuss the effect these remedies would have had on women's bodies (causing bleeding and/or causing the uterus to contract), and note that ancient remedies purporting to increase fertility often contain the same ingredients as abortive compositions. Students are always surprised at the contents of the Oath—King has sometimes started her class with a brainstorming session asking the students to come up with what they expect to find in this document, in order later to underline that the parts we hear about in modern life are not those dealing with caring for one's teacher! After teaching within an introductory module on the History of Medicine for the History Department, Baker now has copies of modern versions of medical Oaths available for perusal if they are needed; King did not use these in her "Greek and Roman Medicine" module, but included them when teaching reception in a different module on "Hippocratic Medicine," where students were asked to think about changes in medical Oaths over time.

Totelin has taught the topic of abortion to two very different audiences. For ancient historians, she covered it in a lecture focused on the topic of women and ancient medicine, where she stressed how problematic it is to assume that ancient gynecological texts reflect women's knowledge. As part of a module for medical students on the Hippocratic Oath, she devoted an entire session to abortion, doing exercises very similar to those used by Baker and King, in terms

of comparing it with other medical Oaths. She discussed the reception of the abortion clause in antiquity, looking in particular at the places it is mentioned in Scribonius Largus (a first-century pharmacological writer, who considers the prohibition of abortion to be a sign of humanity) and Soranus (a medical writer active around 100 CE, who provides evidence for an ancient debate between those who opposed abortion and those who prescribed it with discrimination).[12] She also looked at some—rare—ancient anti-abortion laws, where men's rights to an unborn heir come to the fore. This provided a useful contrast to modern abortion laws which center on women's rights. This led on to a discussion of the use of history as part of the Roe v. Wade case in 1973, where Ludwig Edelstein's interpretation of the Oath (whereby the Oath represents the view of a marginal Pythagorean group) was used to discredit its moral hold on American medical ethics (Edelstein 1943).[13]

Alice Knight, one of Totelin's medical students, decided to produce a piece of creative writing for her final assessment. She reflected on what she would feel as a GP faced with a case where a young mother of three children came to ask to abort her twenty-week fetus:

" . . . How do I know whether I've made the right decision? Of course it was a tough decision to make, and surely I have to respect my patient's decision. But is it fair? There were no deformities, or congenital conditions detected so far. As far as I was concerned she was carrying a perfectly healthy fetus. . . . I was the second medical practitioner to sign the form to allow her a

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12. Scribonius Largus, *Compositiones*, prologue; Soranus, *Gynecology* 2.19.

13. US Supreme Court. "Roe v. Wade – 410 U.S. 113" (1973). Justia. http://supreme.justia.com/us/410/113/case.html (accessed February 4, 2014).

termination of pregnancy. What would Hippocrates the "Father of Medicine" have to say about that? The original Hippocratic Oath emphasizes "do no harm" and yet I have just put pen to paper and signed to allow the abortion of a healthy twenty-week old fetus. Do no harm to whom? To the unborn child? To the mother who's already struggling to manage? Or to her other children? . . . And yes, maybe I have gone against Hippocrates. I have authorized an abortion (although that being said, not by a pessary), but what we have to understand is that things change with time. Yes, in this instance I feel this was the right decision to make."[14]

Interestingly, in addition to mentioning the abortion clause of the Hippocratic Oath, Alice focuses on the "do no harm" clause; this is not in fact from the Oath but from *Epidemics* 1.11, "As to diseases, make a habit of two things—to help, or at least to do no harm," although the Oath echoes this in stating "from [what is] to their harm or injustice I will keep [them]."[15] She knows, as do all her peers, that fetuses can now survive after twenty-four weeks of gestation.

The composition of the student group also affects the reactions to some key stories in the ancient history of abortion. Medical students will laugh at the story in *On Generation/Nature of the Child* of the flute-girl who aborted a six-day-old "seed."[16] The girl was told to jump up and

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14. Laurence Totelin wishes to thank Alice Knight, as well as the School of Biosciences, Cardiff University, for allowing her to reproduce parts of this essay.

15. From Heinrich von Staden's translation of the Oath (1996), which is available here: von Staden, H. "Hippocratic Oath". The Asclepion". www.indiana.edu/~ancmed/oath.htm (accessed February 4, 2014).

16. *On the Nature of the Child* 13 (Lonie 1981: 7, 159).

down to cause an abortion. When she does this, an egg-like mass falls from her body which, after six days, shows the formation of the umbilicus. Most ancient history students, with very little knowledge of the processes of conception and implantation, will not see the joke. Ancient historians will probably be more shocked by the medical descriptions of abortion and childbirth, as most do not know that today anything that relates to birth is still rather "messy," and involves blood, sweat and tears. Both ancient history and medical students tend to be disgusted by the "barbaric" methods used for abortion in the ancient world. Yet, when one of Totelin's dissertation students looked on the web for evidence relating to ancient gynecological remedies, he was surprised to find sites recommending the same "natural" remedies as those listed in the Hippocratic texts.

King also uses the Oath when teaching medical students, in her case as a Year Four Special Study Unit where her theme is the history of dissection. She begins the module with a discussion of the Oath; students comment that, while the Oath is always mentioned in passing within their medical training, they much appreciate the opportunity to analyze it in detail, clause by clause. King's purpose here is to emphasize to the students the differences, rather than the similarities, between the ancient and modern worlds; these students rarely have much historical background, and are otherwise likely to elide the two in inappropriate ways. She does not invite ethical reflection on the rights and wrongs of abortion, but uses it as a way of thinking about respect for the body, relevant to the question of human dissection, its value and possible objections to it.

Embryotomy—which in some cases can be seen as a very late abortion—is a particularly sensitive example of a potentially upsetting topic. Baker and King have both included this in their syllabi, King as part of a session on surgical interventions, showing that the Oath's

prohibition on cutting does not extend to the rest of the Hippocratic corpus. King highlighted the verb *temnein*, to cut, and so also discussed in this session anal fistula and hemorrhoids, meaning that the material was not entirely gendered as female. Baker warns the students that they might like to leave the room; this invitation is needed for male students as well as females, being upsetting for a student whose girlfriend had recently had a miscarriage. Totelin has never taught the topic, and feels incapable of doing so; she finds the graphic descriptions in texts so upsetting that she fears she would respond to them in class by tears or inappropriate laughter. But her students have still found this material when reading for independent study; her (male) students were shocked when they came across descriptions of embryotomy whilst reading for dissertations on the topics of midwifery or surgery.

Abortion raises the wider question of how far the teacher can expect students who have personal experience of what is being discussed to speak out. This depends not just on the size and the atmosphere of the class, and the personality of the teacher, but also on the personality of the students. Even if it is probable that some students in the class might have had an abortion, they rarely speak out, as there is still a sense of shame attached to this decision. Pregnant students, however, may be vocal; they too have had to make difficult decisions. One of Totelin's students argued that the UK law (two medical practitioners to sign the request) was not really respected, and that she had been asked by her physician at twenty weeks of pregnancy whether she wanted to abort her baby. This had angered her—it also shocked Totelin. One has to find ways to re-center the discussion after this type of intervention. Totelin wishes she had acted in the following way (she did not): she could have spoken about the reasons for having an abortion in the ancient world and whether they differ from those in the modern world. She could also have discussed the different expectations put on different "types" of women in the ancient world.

Thus, while the young flute-girl in the Hippocratic story had to abort to keep her value, ancient "respectable" women were expected to carry children.

Finally, how do we assess work in a course on ancient medicine? We have found that the topic lends itself to innovative teaching and assessment methods which can themselves be inclusive, in that they allow students whose strengths lie outside the traditional essay format to shine. Baker's student presentations have included a group acting out a Game Show with Galen, as the host, making himself more knowledgeable than the contestants. When King first taught "Greek and Roman Medicine," she asked all students to prepare group presentations to be performed at the start of each weekly two-hour session. Some were highly original; for example, the "Roman medicine" presentation which was organized as a consulting room with "patients" coming in to explain their symptoms to the "physician" who invariably ended each appointment with a recommendation to use cabbage. Others raised interesting questions that could be discussed in class afterwards, such as the one on "Did Alexandrian medicine use human dissection?" which included animal organs acquired from the local butcher being produced, apparently from within the student playing the part of the person being dissected. In addition to helping students think about the extent to which animal bodies were seen as adequate guides to the human body, the presence of an assistant dressed anachronistically in a modern nurse's uniform initiated a discussion on assistants in ancient medicine. Another group acted out a birthing scene on the table at the front of the lecture theatre; King was slightly concerned in case an administrator chose that moment to come in, as this was the week in which the university checked that classes were taking place in the right size of room. However, on those occasions where the students were not well prepared or had drawn on unreliable sources found online, the amount of time spent after the presentation in tactfully correcting errors eventually made King

abandon this method of engaging the students. She did this with reluctance, as these presentations clearly engaged the students and led to useful discussions. Totelin has set her medical students the task of producing their own version of the Hippocratic Oath; several included an "abortion clause" on the lines of "I will respect the woman's right to choose and maintain the integrity of her own body," and one particularly original response was to produce a musical version in which the student expressed the joy, anguish and huge sense of responsibility involved in being a physician. One of Totelin's ancient history students wrote a medically-themed play in the style of Plautus for an independent study; it involved a dishonest Greek doctor tricking a Roman *paterfamilias* out of his money with complex but useless therapies.

As teachers of ancient medicine, we hope that our experiences will be helpful not only to those who offer modules on this topic, but to others teaching potentially difficult subjects. We would recommend ancient medicine as a means of engaging students, challenging their assumptions, and showing them that many of the same concerns we deal with today were present in the past. Within such a course, abortion—and related areas concerning birth and the female body—is often the most difficult subject to teach but, as we have shown here, the issues it raises are frequently more extreme versions of teaching challenges we find throughout such a course. Emotional intelligence should enable the teacher to create a safe space within which individual students, bringing to their studies a range of past experiences, can allow material from the past to help them think about their own lives.