

3[68]. "A midwife's stool," in order that the laboring woman may be placed in position upon it. In the middle of the stool and in the part where they ³ give support one must have cut out a crescent-shaped cavity of medium size, neither too big so that the woman sinks down to the hips, nor, on the contrary, narrow so that the vagina is compressed. The latter is the more troublesome, for the excessively wide hole can be filled up, if she ⁴ puts pieces of cloth between. And the entire width of the whole stool must be sufficient to accommodate relatively fleshy women too; and its height medium, for in women of small size a footstool placed beneath makes up the deficiency. Concerning the area below the seat, the sides should be completely closed in with boards, whereas the front and the rear should be open for use in midwifery, as will be related. Concerning the area above, on the sides there should be two parts shaped like the letter II for the crossbar on which to press the hands in straining. And behind there should be a back, so that both the loins and hips may meet with resistance to any gradual slipping; for if they reclined even with a woman standing behind, by the crooked position they would hinder the movement of the fetus in a straight line.⁵ To the lower parts of the stool some people, however, affix a projecting axle which has windlasses on each side and a knob, so that in extractions of the fetus ⁶ they may place nooses or ropes circularly round the arms or other parts of the fetus, attach the ends to the knob and effect the extraction

³ I.e. the midwives.

⁴ I.e. the midwife whose property the chair was and who brought it along to the house where the delivery took place; cf. Diepgen, p. 179.

⁵ It was, apparently, believed desirable that the pelvic region remain in a vertical position to allow the fetus to descend vertically. A solid back would more efficiently oppose any deviation brought about by the tendency of the parturient to slip than would the mere support by an attendant.

⁶ I.e. extraction by hooks of a fetus that cannot be delivered alive. On this procedure cf. book iv, ch. iii.

<by> rotation—not knowing the general rule that extraction of the fetus in difficult labor must take place with the woman lying down.⁷ The stool then must be such as we have said, or it must be a chair, cut out in front or also in back.⁸ . . .

And “two beds”⁹: one made up softly for rest after delivery and the other hard for lying down during delivery, lest on a worn-out bed¹⁰ <the loins give way with the sagging of the bed> . . . <and one must make the woman lie down> on her back, the feet drawn together, the thighs separated, while something is placed under the hips, so that the vagina inclines downwards.

III. <What Must One Do in Delivery?>

4[69]. . . . and one must first soothe the pains by touching with warm hands, and afterwards drench pieces of cloth with warm, sweet olive oil and put them over the abdomen as well as the labia and keep them saturated with the warm oil for some time, and one must also place bladders filled with warm oil alongside. When the orifice of the uterus opens, the midwife, having first anointed her hands with warm oil, should

⁷ Cf. IV, 9.

⁸ A sentence has here been omitted which is so corrupt that no attempt at translating it has been made.

⁹ Cf. above, p. 70.

¹⁰ Further details about the beds and the discussion of “the proper room” are lost in the Greek original. But the main points seem indicated by Caelius Aurelianus (*Gynaecia*, p. 34, 869 ff.). “The bed should also be low, so that the midwife when sitting can restrain the parturient. Also it should be solidly located, lest it shake when the fetus is drawn down. And the place in which delivery takes place and where the women rest after delivery should be of medium size. Indeed a small room makes people suffocate and a big one is not easily found warm. Besides, the air should be of moderate temperature; for cold air by its contrast has a somewhat astringent action; while heat greatly diminishes the strength of the parturient.”

insert the forefinger of the left hand, the nail of which has been cut short, and first dilate the orifice gently and gradually so that the accessible part of the chorion falls forth, while with the right hand, she should anoint the region with oil—beware of such oil as has been used for cooking. And when the accessible part of the chorion attains the size <of an egg> below the orifice of the uterus, if the gravida is weak and toneless one must deliver her lying down since this way is less painful and causes less fear. If, however, she happens to be strong, one must make her get up <and> place her on the so-called midwife's stool . . . one must warm her thoroughly with warm oil and give an instillation of it to prevent easy chilling of the gravida. There should also be laid upon her feet as a covering . . .¹¹

5[70a]. There should be three woman helpers, capable of gently allaying the anxiety of the gravida even if they do not happen to have had experience with birth. Two of them should be at the sides and one behind holding the parturient woman so that she may not sway with <the> pains. But if the midwife's stool is not at hand, the same arrangement can also be made if she sits on a woman's lap. However, the woman must be robust, that she may bear the weight of the woman sitting

¹¹ From a comparison with Muscio I, 64, it would seem as if a lengthy passage were missing in which Soranus opposed the woman's walking about, washing, and partaking of food as recommended by the older physicians. Galen (*On the Natural Faculties* III, 3; p. 235 f.) gives the following account: "The midwife, however, does not make the parturient woman get up at once and sit down on the . . . chair, but she begins by palpating the os as it gradually dilates, and the first thing she says is that it has dilated 'enough to admit the little finger,' then that 'it is bigger now,' and as we make enquiries from time to time, she answers that the size of the dilatation is increasing. And when it is sufficient to allow of the transit of the foetus, she then makes the patient get up from her bed and sit on the chair, and bids her make every effort to expel the child." This account makes it clear that the attending physician relied on the midwife to make the manual examination.

upon her and be able to hold her firmly during the pangs of labor. Moreover the midwife, after having covered herself properly with an apron above and below, should sit down opposite and below the laboring woman; for the extraction of the fetus must take place from a higher towards a lower plane. But to make her kneel, as some have deemed good, renders it both difficult to work and undignified; and the same is true of having her stand, as Heron required, in a pit so that her hands might not work from above, for this is not only awkward but also impossible in second-floor rooms. Therefore, the midwife, with legs parted and bending the left one forward a little to make it easy to work with the left hand, should sit down and, as has been said, in front of the laboring woman. For the lower sides of the stool, as we advised,¹² should be blocked in, while the rear is occupied by the assistant for necessary service; for by placing a pledget underneath she must restrain the anus of the gravida because of the prolapses and ruptures which occur in straining. Furthermore it is proper that the face of the gravida should be visible to the midwife who shall allay her anxiety, assuring her that there is nothing to fear and that delivery will be easy.

6[70b]. Next, one must advise her to drive her breath into the flanks without screaming, rather with groaning and detention of the breath. For some inexperienced women, keeping the breath in the upper parts and not driving it downwards have brought about a tumor of the bronchus.¹³ Whence, for the unhindered passage of the breath, it is necessary to loosen their girdles as well as to free the chest of any binder,

¹² Cf. above, p. 71.

¹³ The Greek term is "bronchokēlē" which is defined by the Pseudo-Galenic "Medical Definitions" (ed. Kühn, vol. 19, p. 443) as: "Bronchokēlē is a tumor around the throat, different in its constitution from that in the scrotum." It is, therefore, possible that Soranus thought of goiter.

though not on account of the vulgar conception ¹⁴ according to which womenfolk are unwilling to suffer any fetter and thus <also> loosen the hair; it is rather for the above-mentioned reason ¹⁵ that even loosening the hair possibly effects good tonus of the head. Thus one must advise the women to compress their breath and not to give in to the pains, but to strain themselves most when they are present.

The midwife should beware of fixing her gaze steadfastly on the genitals of the laboring woman, lest being ashamed, her body become contracted. And with a circular movement of her finger the midwife should dilate the orifice of the uterus <and> the labia ¹⁶ . . .

. . . and her ¹⁷ orifice rises straight up, but sometimes it

¹⁴ Viz., that any constriction impedes labor.

¹⁵ I.e. free passage of the breath.

¹⁶ Here a lacuna of 30 $\frac{1}{8}$ lines follows, where the subsequent passage from Caelius Aurelianus and Muscio (Caelius Aurelianus, *Gynaecia*, p. 35, 903 ff.) found its place: "If the bag (i.e. the chorion) is not ruptured at all, it should be opened with an ointment and if it has opened spontaneously [the ointment should be used] to widen the opening. At the same time the midwife should take care in case the orifice is open, lest the fetus fall down suddenly and be broken by the impact and lest the distention cause the navel cord to be ruptured, when the flow of blood will endanger the patient. When the bag is sufficiently open, the head of the fetus is driven out next; for thus it is carried when nature fulfills her duty properly. And the birth is even more favorable when [the fetus] descends with its face turned downwards. Then one need assist the uterine orifice only with slight stretching, so that the head may come out more easily; in addition, one should take care that it be not pressed and thereby receive serious damage.

But when the head has issued, the orifice of the uterus should also be distended lest it close by natural necessity and choke the infant. For it constantly varies between these movements so that it now opens, now contracts. When the shoulders have also been born, the infant should be drawn out by the hands of the midwife. And it should not be moved in a straight line, but should rather be inclined somewhat sideways and should be moved by a gentle pull from both sides."

¹⁷ This may refer to any feminine Greek noun, possibly to "uterus," in which case the meaning would be: "and the orifice of the uterus."

points downwards. Now she ¹⁸ must insert the fingers gently at the time of dilatation and pull the fetus forward, giving way when the uterus draws itself together, but pulling lightly when it dilates. For to do this at the time of contraction produces inflammation, or hemorrhage of the uterus, or drags it downwards. And the servants standing at the sides should softly press the mass down towards the lower parts with their hands. Finally the midwife herself should receive the infant, having first covered her hands with pieces of cloth or, as those in Egypt do, with scraps of thin papyrus, so that it may neither slip off nor be squeezed, but rest softly. Now if the secundines are extruded at the same time, one should proceed further; if, however, the afterbirth ¹⁹ remains behind, the laboring woman should lie down and one ought to put the newborn . . . ²⁰

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[XXII]. <*On Retained Secundines.*> (See p. 196.)

IV [XXIII]. <*What Is the Care of the Woman after Labor?*>

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¹⁸ This probably refers to the midwife.

¹⁹ Literally: *chorion*.

²⁰ Here Caelius Aurelianus (*Gynaecia*, p. 36, 925 ff.) seems to continue: ". . . close to her so that it neither stretch the umbilical cord nor cause the danger of rupture. If, however, the mother is sitting, the infant must be put upon a pillow. And the woman must be ordered to expel the secundines by straining while the midwife has her left hand inserted into the uterus before the latter closes and hinders their ejection. Then the parts [i.e. of the secundines] must be grasped at their roots and gently pulled, even if they have receded to the fundus of the uterus and are held there. They should be pulled forth gently in one and the other direction rather than in a straight line, lest the uterus be pulled forth together with them." See also below, book iv, 16.

v[xxv]. *On the Intumescence of the Breasts.*

7[76]. A discussion of the proposed subject also falls under Care of the Woman after Labor. For with the influx of the milk, the breasts swell greatly and at first become heavy; this is called *chondrōsis* (lumpiness); later on they also hurt and become tense and inflamed, and such a state is called *spargēsis* (intumescence). Consequently, one must carry out treatment as against inflammation, and in the beginning one must use mildly contracting things (such as a soft sea sponge moistened in diluted vinegar, with a close-fitting bandage, or tender dates triturated with bread and diluted vinegar); but if one wishes to dry up the milk, one must also use alum, or fleawort and coriander, or purslane. If, however, swelling has set in with tension or clotting, the breasts should be poulticed with relaxing poultices (e.g. bread well softened by a mixture of water and olive oil or hydromel; or linseed and wheat or fenugreek with hydromel). If, however, the breasts cannot stand the weight one should first apply fomentations and press them ²¹ down while soaking them with sweet warm olive oil; the fomenting should be done with sea sponges squeezed in warm water or in a decoction of fenugreek or mallow or linseed.²² <But> if suppuration has set in one must empty the fluid as we have shown in the books on "Surgery." And when the inflammation is past its height, one must apply wax salve only.

²¹ I.e. the breasts.

²² The text of this whole sentence is very doubtful and the meaning not quite clear. Caelius Aurelianus (*Gynaecia*, p. 39, 993 ff.) reads: "At si forte mamme pondus ferre non poterint, adhibenda fomenta ex oleo dulci calido prostrata molli limpida lana. tunc etiam spongiis aqua calida expressis partes vaporande, vel decoctione fenugreci, radicum malve, lini seminis aut hibisci."

8[77]. If, however, the mother is not going to nurse the newborn herself, one must also mix a certain amount of properly ground pyrite, then apply the breast binder which is gradually tightened; for when the vessels collapse the influx is hindered, and thus the milk runs dry; if it does not, one must be more liberal in the application of heat and close-fitting bandages. One should not, however, allow the breasts to be sucked at the first discomfort, as if sucking, due to the secretion of the <milk>, relieves the tension; for quite on the contrary, more milk streams into the parts in proportion to the sensation ²³ of being sucked, and the nipples are irritated in proportion to their being bruised. One must also beware of fomenting with brine, with a mixture of vinegar and brine, and with sea water, for the inflammation is aggravated by their pungency. Some women, however, anoint the breasts with cyperus together with wine and saffron, some with henna oil and triturated pumice stone, some with cummin together with water or oil, <or> with moist alum together with vinegar and rose oil to the consistency of honey. Other women poultice with cummin together with raisins from which the stones have been removed, or with sesame together with honey; others with green tribulus boiled in vinegar, or with ivy or dried figs or bran boiled in the same manner; and when clotting has set in,²⁴ with celery or peppermint or cabbage together with bread. But of these things one must reject the pungent ones entirely, and of the others one should adopt the mildly astringent ones in the beginning and the gently relaxing ones in the subsequent period. Such, then, is the treatment of the

²³ Sensation probably connotes not only the actual feeling on the part of the woman but also the stimulus for the increase in the supply of milk.

²⁴ Cf. above, p. 77.

woman in childbed; how to care for the newborn has to be taken up next.

ON THE CARE OF THE NEWBORN.

9[78]. The subject of rearing children is broad and manifold. For it comprises the consideration as to: which of the offspring is worth rearing, how one should sever the navel cord and swaddle and cleanse the infant which is to be reared, in what manner one should bathe it, how one should bed it and what kind of a nurse one should select, and which milk is best and what one should do if it gives out, and when and how one should wean the newborn; teething, and the mishaps which at times befall them. But lest the matter become difficult to treat, we shall present the whole in the form of short single summaries.

VI[XXVI]. *How to Recognize the Newborn That Is Worth Rearing.*

10[79]. Now the midwife, having received the newborn, should first put it upon the earth,²⁵ having examined beforehand whether the infant is male or female, and should make an announcement by signs as is the custom of women. She

²⁵ The putting of the newborn upon the ground (actually earth?) corresponded to a custom prevalent in Rome and among the Teutonic peoples. The German term *Hebamme* (midwife) is said to be derived from the midwife's duty of picking up the infant from the ground and handing it over to the father. Cf. *Encyclopaedia of Religion and Ethics*, ed. James Hastings, vol. II, New York, Scribner's, 1910, pp. 649 and 662.

should also consider whether it is worth rearing or not. And the infant which is suited by nature for rearing will be distinguished by the fact that its mother has spent the period of pregnancy in good health, for conditions which require medical care, especially those of the body, also harm the fetus and enfeeble the foundations of its life. Second, by the fact that it has been born at the due time, best at the end of nine months, and if it so happens, later; but also after only seven months. Furthermore by the fact that when put on the earth it immediately cries with proper vigor; for one that lives for some length of time without crying, or cries but weakly, is suspected of behaving so on account of some unfavorable condition. Also by the fact that it is perfect in all its parts, members and senses; that its ducts, namely of the ears, nose, pharynx, urethra, anus are free from obstruction; that the natural functions of every <member> are neither sluggish nor weak; that the joints bend and stretch; that it has due size and shape and is properly sensitive in every respect. This we may recognize from pressing the fingers against the surface of the body, for it is natural to suffer pain from everything that pricks or squeezes. And by conditions contrary to those mentioned, the infant not worth rearing is recognized.

VII[XXVII]. *How to Sever the Navel Cord.*

11[80]. When the newborn has rested a little after the shaking caused by the birth, one should lift it up and perform the omphalotomy. One must cut off the navel cord at a distance of four fingerbreadths from the abdomen, by means of something sharp-edged, that no bruising may arise. And

of all material, iron cuts best; but the majority of the women practising midwifery approve of the section by means of glass, a reed, a potsherd, or the thin crust of bread; or by forcefully squeezing it apart with a cord, since during the earliest period, cutting with iron is deemed of ill omen. This is absolutely ridiculous, <for> crying itself is of ill omen, and yet it is with this that the child begins its life. And lest a sympathetic affection and irritation arise, when this part of the body ²⁶ is sawn through or crushed on all sides, it is better to be less superstitious and rather cut the navel cord ²⁷ with a knife. Then one must squeeze out what is contained in it, which is nothing but coagulated blood, and must next ligate the cut end tightly, e.g. with a twisted piece of wool or with a thread of the warp or a strand of wool or something similar; for a linen cord cuts into the soft body and causes pain which is hard to bear. To ligate the part, as we have indicated, is necessary, however, lest danger of hemorrhage arise, since the vessels here served to convey the blood and pneuma from the gravida to the body of the infant. For this reason, after the section some have cauterized the navel cord ²⁷ by means of a heated pipe or broad part of the knife. We refuse to do this, for cauterized parts undergo great pain and vehement inflammation. If, however, the afterbirth ²⁸ has not been removed, one must ligate the cord ²⁹ in two places and then cut between, so that by the one ligature we may prevent hemorrhage of the newborn and by the other, hemorrhage of the mother, for the afterbirth ³⁰ is still attached to her.

²⁶ The navel cord is obviously considered a part of the infant's body.

²⁷ Literally: *omphalos*.

²⁸ Literally: *chorion*.

²⁹ Literally: *ourachos*. It seems that in this section Soranus uses the terms navel (*omphalos*) and urachus interchangeably for the umbilical cord.

³⁰ See note 28.

VIII[XXVIII]. <How to Cleanse.>

12[81]. After omphalotomy, the majority of the barbarians, as the Germans and Scythians, and even some of the Hellenes, put the newborn into cold water in order to make it firm³¹ and to let die, as not worth rearing, one that cannot bear the chilling but becomes livid or convulsed. And others wash it with wine mixed with brine, others with pure wine, others with the urine of an innocent child, while others sprinkle it with fine myrtle or with oak gall. We, however, reject all of these. For cold, on account of its strong and sudden condensing action the like of which the child has not experienced, harms all; and though the harm resulting from the cold escapes notice in those more resistant it is, on the other hand, demonstrated by those susceptible to disease when they are seized by convulsions and apoplexies. Certainly, the fact that the child did not withstand the injury does not prove that it was impossible for it to live if unharmed; more resistant children will also thrive better if not harmed in any way. And if there is any need of cooling, the cooling effect of the air will be sufficient, on account of which the newborn immediately cries since it is affected by the unaccustomed cold, having just come forth from the warm and enfolding uterus. The wine, on the other hand, because of its effluvia, overpowers and causes stupor not only <in> children who are so tender but also in those already full-grown; and the urine

³¹ Aristotle, "Politica" VII, 17; 1336a 12-18: "To accustom children to the cold from their earliest years is also an excellent practice, which greatly conduces to health, and hardens them for military service. Hence many barbarians have a custom of plunging their children at birth into a cold stream; others, like the Celts, clothe them in a light wrapper only" (Aristotle, *Oxford transl.*).

likewise, because it is ill-smelling. And myrtle and oak gall, although astringent, do not cleanse; yet there is need of things which both cleanse and have an astringent action, that the natural crust of sticky blood on the body be removed, and at the same time the surface be hardened and rendered immune against the development of rashes.

13[82]. Therefore the following method of sprinkling with salt might be acceptable. Taking fine and powdery salt, or natron or aphronitre, one must besprinkle the newborn, watching out for the eyes and the mouth; for if it enters these parts it produces ulceration and severe inflammation or suffocation. Nor should one besprinkle with much salt, for by too great pungency the physique, which is still tender and very weak, is corroded; nor with little, since the surface is not rendered sufficiently firm. But the newborn being delicate, it may be necessary to beat up the salt with honey or with olive oil <or> with the juice of barley or fenugreek or mallow. After having cleansed the body, one must bathe it with lukewarm water and wash away all the covering emulsion.³² Then one must do the same a second time: besprinkle with salt, but wash off with much warmer water. And with the fingers one must squeeze out the thick mucus which lies in the nose, and clear the mouth as well as the auditory canals, and one must also treat the eyes by an injection of olive oil; for it is good thus to wash off the thickest moisture in them; if this is not done, in most cases the nurslings become dim-sighted. With the little finger whose nail has first been cut short one must for the unhindered passing of the excrements dilate the anus and divide the thin and membranous

³² The Greek word indicates a soapy emulsion; it is probably the product of the cleansing substance and the *vernix caseosa*, the unctuous substance covering the infant.

body which often is grown round it. Forthwith, what is usually called meconium is excreted. And to the umbilicus one must apply a little piece of lint soaked in oil, or a piece of wool, but must reject cummin since it is pungent. Now of the navel cord ³³ left behind, some have attached the ligated part to the thigh; but it is better to bend it double, wrap around a lock of wool and place it gently in the middle of the umbilicus; for if in addition it is pressed down by the weight, this part will soon be moulded into a better-shaped cavity.

IX[XXIX]. <How to Swaddle.>

14[83]. After the sprinkling with salt and the ablution, one must swaddle the newborn. Now Antigenes, adopting the swaddling which is called Thessalian, throws a mattress filled with hay or chaff into a hollowed oblong log, he then spreads out a piece of cloth and lays the newborn upon it covered as far as the loins with rags and bandages; then, in addition he ties it fast with swaddling bands which are passed through notches, which the log must have at its sides. But this method of bandaging is hard to endure and cruel. Rather one must mould every part according to its natural shape, <and> if something has been twisted during the time of delivery, one must correct it and bring it into its natural shape; if, however, some part has been squeezed and has become swollen, one must anoint it with white lead triturated with water, or with litharge. The midwife should put the newborn down gently on her lap which has been covered entirely with wool or with a piece of cloth so that the infant may not cool down when laid bare while every part is swaddled. Then she must

³³ Literally: *omphalos*.

take soft woolen bandages which are clean and not too worn out, some of them three fingers in breadth, others four fingers. "Woolen," because of the smoothness of the material and because linen ones shrink from the sweat; "soft," so as not to cause bruises when covering the body which is still delicate; "clean," so that they may be light and not heavy, nor of evil smell, nor irritate the surface by containing natron; and "not too worn out": for whereas new ones are heavy, worn out ones are too cold, and sometimes rough as well and very easily torn. They must have neither hems nor selvages, otherwise they cut or compress unevenly: some parts more, others less. They must be of medium breadth, for the narrow ones cut, while the broad ones do not compress, but wrinkle; and "three as well as four fingers" wide in order that the former may fit the limbs, the latter the thorax.

15[84]. The midwife then should take the end of the bandage, put it over its hand and, winding it round, carry it over the extended fingers; then over the middle of the hand, the forearm and the upper arm, slightly compressing the parts at the wrist but keeping the rest up to the armpit loose. Having also swaddled the other arm in the same manner, she should then wrap one of the broader bandages circularly around the thorax, exerting an even pressure when swaddling males, but in females binding the parts at the breasts more tightly, yet keeping the region of the loins loose, for in women this form is more becoming. After this one must swaddle each leg separately, for to join them naked and bind them up together is apt to produce ulceration; for the juxtaposition of bodies which are as yet soft makes them quickly burn with inflammation. The midwife must wind the bandage to the very tips of the toes, keep the region of the thighs and the calves loose, but tighten the parts at the knees and their

hollows as well as the instep and the ankles, so that the ends of the feet be broadened but their middle be contracted. Afterwards she should lay the arms along the sides and the feet one against the other, and with a broad bandage she should wrap up the whole infant circularly from the thorax to the feet; since if the hands are put inside the wrapping, they become accustomed to extension. For the confinement of the joints for any length of time is apt to thicken the sinews³⁴ (so as even to bring about ankylosis); however, by wrapping up the little hands just at first, they are prevented from becoming twisted by inordinate movements. Also, putting the fingers to the eyes, often causes impaired vision. Now between the ankles, the knees, and the elbows too, a piece of wool should be inserted so that the prominences may not be ulcerated by the relatively forcible pressure and juxtaposition of the parts. The little head should be covered by bandaging it circularly with a soft clean cloth or piece of wool.

It is also possible first to put a long broad cloth or piece of wool beneath the back; then after the swaddling mentioned before (omitting the one external bandage which all parts have in common) one must first fold the underlying cloth or piece of wool over the upper parts below the neck, then over the whole child except the head; afterwards one must wrap the whole newborn around with a broader bandage about five fingers in breadth, covering the head, however, as we have shown.

Another possibility is to put two pieces of cloth underneath, so that one is of good size and capable of embracing the whole body, the other one large enough for the reception of the faeces, to go around the loins only. For, as we have said before, one should not, because it is too burdensome, cover

³⁴ Literally: "nerves" (*neura*).

the thorax together with the abdomen with clean wool yet leave the other parts <un>covered.

x[xxx]. *On Laying the Newborn Down.*

16[85]. Then one must lay the newborn down, but not on something hard and resistant as do the Thracians and Macedonians who tie down the newborn on a level board, so that the part around the neck and the back of the head may be flattened (for thus it happens that the bodies are ulcerated and bruised because of the roughness beneath, and the head made ugly; besides, even if this form were becoming, it could be accomplished without danger or sympathetic involvement by shaping during the bath). <Nor> must one lay it down upon anything too soft lest this be very yielding and thus, again, the backbone or the neck be distorted. In fact, the newborn should be bedded avoiding either extreme, for instance upon a pillow filled with flock or, otherwise, with soft hay; and the mattress should be hollowed out like a channel, so that the newborn when put down should <not> roll about. And the little head should be placed in a somewhat raised position, on which account some people, not unreasonably, permit bedding in troughs which have been made up as beds. The coverlets should be warmer or thinner according to the season, and what lies underneath should be aired and changed piece by piece, so as not to chill the newborn nor to make it full of evil smell. This is why some people have also strewn sweet bay or myrtle leaves underneath to give a sweet smell; others, however, avoiding the sweet smell itself as overpowering have rejected them. The room must be clean and moderately warm and must have neither too powerful effluvia nor

too much light; besides, it is fitting to have plenty of ventilation and to have mosquito nets put up.

XI[XXXI]. <*On Food.*>

17[86]. Now after putting the newborn to bed <subsequent to> the swaddling, one must let it rest and, in most cases, abstain from all food up to as long as two days. For it is still violently upset in all parts and its whole body is yet full of maternal food which it ought to digest first, so as at the proper time to take other food readily. That is unless the appetite indicate an earlier time; and in what manner this is to be recognized, we shall show later. After the interval, one must give food to lick: not butter (for being heavy and bad for the stomach it does harm), nor southernwood with butter (for this, too, is too pungent and upsetting) nor nosesmart or kneaded barley meal (for the nosesmart is pungent, and the barley, which roughens, produces inflammation and in any case scratches the gullet). Instead, one ought to give honey moderately boiled (for raw it causes flatulence and is pungent, and overboiled it is more astringent, whereas boiled down correctly it mildly purges the stomach and the bowel). One must gently anoint the mouth of the newborn with the finger, and must then drop lukewarm hydromel into it; for in this way what is raw and thick in substance is made fine, the appetite becomes related to its memory, the gullet is opened, by permeation and purgation of the ducts the way is prepared for the distribution of food <and> the physique is nourished.

18[87]. From the second day on after the treatment, one should feed with milk from somebody well able to serve as a

wet nurse, as for twenty days³⁵ the maternal milk is in most cases unwholesome, being thick, too caseous, and therefore hard to digest, raw, and not prepared to perfection. Furthermore, it is produced by bodies which are in a bad state, agitated and changed to the extent that we see the body altered after delivery when, from having suffered a great discharge of blood, it is dried up, toneless, discolored, and in the majority of cases feverish as well. For all these reasons, it is absurd to prescribe the maternal milk until the body enjoys stable health.

Therefore, one ought to censure Damastes, who orders the mother to give the newborn the breast immediately, contending that it is to this end that nature too has provided for the production of milk beforehand so that the newborn may have food straightway. And one must also blame those who follow his opinion in these things, like Apollonius called Biblas, for by plausible sophistry they attempt to confuse clear evidence. If, however, a woman well able to provide milk is not at hand, during the first three days one must use the honey alone,³⁶ or mix goats' milk with it. Then one must supply the mother's milk, the first portion having been sucked out beforehand by some stripling (for it is heavy), or squeezed out gently with the hands, since the thick part is hard to suck out and also apt to clog up in newborn children on account of the softness of their gums. But if the circumstances allow a choice of women able to suckle, one

³⁵ This reading of the ms. which has "twenty days" seems to be correct, although modern editors have changed it to mean "three" days. But "twenty" days is confirmed by Soranus' advice to choose a wet nurse who has had milk for 2 or 3 months (cf. below, p. 94). It is true, he permits maternal milk from the fourth day on, but only if no suitable wet nurse is available. Caelius Aurelianus (or Muscio?) moreover also reads "Maternum enim lac usque ad xx dies est separandum" (*Gynaecia*, p. 44, 1121).

³⁶ Cf. above, p. 88.

must select the best, and not necessarily the mother, unless she also shows the attributes characteristic of the best nurses. To be sure, other things being equal, it is better to feed the child with maternal milk; for this is more suited to it, and the mothers become more sympathetic towards the offspring, and it is more natural to be fed from the mother after parturition just as before parturition. But if anything prevents it one must choose the best wet nurse, lest the mother grow prematurely old, having spent herself through the daily suckling. For just as <the earth> is exhausted by producing crops after sowing and therefore becomes barren of more, the same happens with the woman who nurses the infant; she either grows prematurely old having fed one child, or the expenditure for the nourishment of the offspring necessarily makes her own body quite emaciated. Consequently, the mother will fare better with a view to her own recovery and to further childbearing, if she is relieved of having her breasts distended too. For as vegetables are sown by gardeners into one soil to sprout and are transplanted into different soil for quick development, lest one soil suffer by both, in the same way the newborn, too, is apt to become more vigorous if borne by one woman but fed by another, in case the mother, by some affliction, is hindered from supplying the food.

xii[xxxii]. *On the Selection of a Wet Nurse.*

19[88]. One should choose a wet nurse not younger than twenty nor older than forty years, who has already given birth twice or thrice, who is healthy, of good habitus, of large frame, and of a good color. Her breasts should be of medium size, lax, soft and unwrinkled, the nipples neither big nor