



RESEARCH ARTICLE

Alternative body worlds in ancient Egyptian healing texts

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Published: 19th December 2025

Abstract

The ancient Egyptians usually placed great care in differentiating between men, women, and others, and the corpus of healing texts is no different from other textual and visual sources in this regard. Among the numerous prescriptions concerned with fertility and pregnancy we even find some few examples that seek to determine the quintessential question: is the child male or female? But ambiguity remains and, because our own expectations are heavily coloured with multiple associations from other sources as well as more recent medical traditions, there is reason for caution. This article takes the concept of 'body worlds' as a lens in an attempt to not only see through but also mediate between multi-layered positions, perspectives (past and present), and records to explore and complicate how bodies were conceptualised and demarcated by the ancient Egyptians. Instead of simply confirming the present in the past, or judging the level of truth compared to modern western notions, this article seeks to elicit alternative (historically and relationally contingent) perspectives of the sexed body, to contextualise sexual difference within the ontological logics of ancient Egyptian healing texts from the Middle and New Kingdoms.

Keywords: ancient Egyptian healing text, body worlds, sexual difference, diverging conceptions and experience

عالم الجسد البديلة في النصوص الطبية المصرية القديمة

الملخص

عادة ما كان المصريون القدماء يحرصون بشدة على التمييز بين الرجال والنساء وغيرهما، وكذلك في النصوص العلاجية، إذ نجد نفس العناية بالتمييز بين الجنسين كما في المصادر النصية والبصرية الأخرى. من بين العديد من الصفات التي تتناول الخصوبة والحمل، نجد بعض الأمثلة التي تسعى إلى الإجابة عن السؤال الجوهري: هل سيكون المولود ذكراً أم أنثى؟ لكن الغموض لا يزال يحيط بإجابة هذا السؤال من منظور المصري القديم، ولأن توقعاتنا للإجابة عنه متأثرة بمعلومات من مصادر أخرى، بالإضافة إلى التقاليد الطبية الأحدث، لذا يجب توخي الحذر. حيث تتخذ هذه المقالة من مفهوم "عالم الجسد" عدسة، في محاولة لا تقتصر على الرؤية من خلالها فحسب، بل تعمل أيضاً على التوسط بين المواقف ووجهات النظر متعددة الطبقات (الماضية والحاضرة) والسجلات، لاستكشاف وفهم كيفية تصور المصريين القدماء للأجساد وترسيم حدودها. كما تعمل المقالة على بدلاً من مجرد تأكيد وإثبات مفاهيم الحاضر في الماضي، أو الحكم على مستوى الحقيقة مقارنة بالمفاهيم الغربية الحديثة، تسعى هذه المقالة إلى الوصول إلى وجهات نظر بديلة (تتسم بالطابع التاريخي والترابطي) للجسد ذو الجنس المعروف، لوضع الاختلاف الجنسي في سياقه المنطقي الوجودي في النصوص الطبية المصرية القديمة من الدولتين الوسطى والحديثة.

الكلمات الدالة: لنصوص الطبية المصرية القديمة، عالم الجسد، الاختلاف الجنسي، التصورات والتجارب المتباينة

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1 Introduction

The corpus of ancient Egyptian healing texts is relatively poorly represented in the extant source material. It has nonetheless received considerable attention, usually by scholars attempting to identify diseases and determine treatment effects from an etic perspective, often through the lens of modern western medicine or other foreign medical traditions such as classical medicine (e.g. [BRADLEY et al., 2021](#); [COCKITT & DAVID, 2010](#); [DAVID, 2008b](#); [EBEID, 1999](#); [ESTES, 1989](#); [HALIOUA & ZISKIND, 2005](#); [NUNN, 2002](#); [STEPHAN, 2011](#); [STROUHAL et al., 2014a](#); [STROUHAL et al., 2014b](#)). Although this asymmetrical comparative approach (what [CANDEA \(2019: 350\)](#) describes as frontal comparison) surely has had its advantages in making ‘ancient Egyptian medicine’ more accessible, the assumption that proper translation can only be done by scholars trained in both Egyptian language and modern medicine ([BARDINET, 2020: 194](#); cf. [GRAPOW, 1956: 64–68](#)) has also had some less fortunate effects. Not only is the difference between ancient Egyptian and modern medicine flattened out, the ‘magical’ elements (spells, amulets, invocations, etc.) of the former have often been considered as primitive and irrational. While [NUNN \(2002: 136–138\)](#) has argued that treatments were empirical rather than rational, highlighting the placebo effect of what is otherwise described as ineffective treatments, others have differentiated between treatments, grouping them into empirico-rational medicine on the one hand and magico-religious texts on the other.¹ From an emic perspective, however, [WEEKS \(1995: 1787\)](#) has pointed out that ‘to call one treatment an objective application of rational knowledge and another nothing more than mindless gibberish does an injustice to the complex relationships that existed between the elements of Egyptian culture and forces on the ancient Egyptians a system of thought quite foreign to their mind’. Trying to let go of modern notions or, at the very least, being more reflexive about the consequences of the asymmetrical comparative approach is an important first step towards acknowledging that the distinction between medical and magical, and between rational and irrational, would make little sense to the ancient Egyptians (e.g. [DAVID, 2004: 133–135](#); [DIELEMAN, 2011: 92–93](#); [FORSHAW, 2014](#); [SCHNEIDER, 2000](#); [SWEENEY, 2005](#); [WALKER, 1990](#)). The solution for some has therefore been to fuse the two concepts into one, as medico-magical ([PRICE et al., 2016: part II](#)), while others argue that we should not use such etic concepts at all because of the many inappropriate connotations they carry with them (e.g. [NYORD, 2019: 7–14](#)). Despite an increasing number of studies attempting to elucidate ancient Egyptian healing texts from the perspective of their own concepts and environments (e.g. [LEITZ, 2005](#); [NYORD, 2020c](#); [POMMERENING, 2020](#)), the asymmetrical comparative approach remains by far the most dominant. Nowhere is this more visible than in the assumption that the tradition of mummification and butchery automatically made ancient Egyptian concepts resemble modern concepts (e.g. [BEDNARSKI, 2000: 15](#)), as if ultimately there is or can only be one real way—the etic way—of conceptualising the body and its inner workings.

[THOMAS \(2004: 235–241\)](#) argues that opening ourselves up to the alterity of the past is an ethical move. But how can we understand apparently incommensurate notions of the body? This question draws attention to the problem of translating ontological categories which, according to [HARRIS and ROBB \(2012: 668\)](#), ‘is a fundamental set of understandings about how the world is: what kinds of beings, processes, and qualities could potentially exist and how these relate to each other’. They continue to underline how experiences and conceptions of the body is the locus of multiple, situational and often conflicting perspectives (what Harris and Robb define as multimodality), that the idea that there ever was a simple, unproblematic time before our current confusion is part of the myth of the natural body. Through its unique focus on scale, time depth and historical process, the authors of the volume *The body in history*, define the concept of body world as ‘the totality of bodily experiences, practices and representations in a specific time and place’ ([ROBB & HARRIS, 2013: 3](#)). The different contributions not only recognise how body worlds and bodies themselves have histories and culturally-specific logics, but also how they emerge through history as historical agents in their own right, making certain developments possible while forestalling others. The key tenet of [ROBB and HARRIS](#)

¹It should be noted that the 8-volume *Grundriß der Medizin der alten Ägypten*, which is still the recognised standard reference work on ancient Egyptian medicine, has glossed over much of the magical content ([GRAPOW, 1954–1973](#); cf. [WESTENDORF, 1999](#)).

(2013: 17) is the co-constitutive nature of body and world: ‘in producing the world, people produce their bodies at the same time, it is through learning to move, talk and act in specific ways that those ways themselves are sustained and taught to others’. What the study of ancient Egyptian healing texts can draw from this is, among others, that although conceptions and experiences of particular bodies may seem familiar, and make perfect sense, there is reason for caution. By being more attentive to our comparative methodologies, not just in terms of individual self-experimental rigour but also in terms of collective identification of objects, predicates, and relations (CANDEA, 2018: 325–346, cf. STRATHERN, 2004; STRATHERN, 2020), we may recognise how bodies (past and present) are neither univocal nor static and most likely include contradictions, individual expression, and dissent. Bodies affect and are affected (BENNETT, 2010), meaning that they are in a continuous process of becoming with things, other beings, and entities (HARAWAY, 2016), always entangled in mutually determining relations that together form assemblages of affective environments (e.g. CRELLIN, 2020; CRELLIN et al., 2021; HARRIS, 2021: 61–65). The concept body worlds allows me to sidestep habitual analytical distinctions: instead of simply confirming the present in the past or judging the level of truth compared to modern western notions of the body, this article takes a critical look at some of those mutually determining relations between things, other beings, and entities that together make up ancient Egyptian body worlds (NYORD, 2020b: 77; NYORD, forthcoming), seeking to elicit alternative perspectives of the sexed body in order to contextualise sexual difference within the ontological logics of ancient Egyptian healing texts from the Middle and New Kingdoms. It does so by taking the differential terminology of the human body as a starting point, before adjusting the lens to the particularity of the female body (as opposed to the default form), focusing on three aspects: the process of making connections, the body as microcosmic field, and, finally, the power of bodily fluids. My argument includes references to literary (mythological) texts to address the generally accepted claim that creation, the creative role, was thought to be a male prerogative, and argues that the number of gynaecological texts, the use of contraception, together with attitudes towards menstrual blood and breast milk, may suggest diverging conceptions and experiences.

2 The differential terminology of the human body

It remains rare to consider the more immediate thoughts and experiences of the ancient Egyptians (BUSSMANN, 2015: 7–11; NYORD, 2009; RIGGS, 2010), in particular those apparently incommensurate notions of the human body found in the corpus of healing texts. This is curious because despite the scarcity of healing texts surviving from ancient Egypt, the formulas that are preserved tend to follow rather fixed templates (the more elaborate usually include a heading, description of physical examination, diagnosis/prognosis, and instruction) and can roughly be grouped into *ššw*-examinations, *phrt*-recipes, *r- / šnt*-utterances, *rh-* / *si-* / *m3-*-prognosis, and thematic compilations of knowledge (e.g. ALLEN, 2005: 13; NYORD, 2017: 24–25; POMMERENING, 2014: 22–23; WESTENDORF, 1999: 80–100). While some formulas are unique in form and content, the New Kingdom corpus contains a substantial number of parallels (some being as good as identical), illustrating clearly that healing knowledge was shared, possibly even compiled and standardised (SCHIÖDT, 2020: 21–25; cf. DAWSON, 1967). The information that can be gleaned from these texts is partial, no doubt, but nonetheless contain historically situated knowledge about the body, provided to the wise (*rhw-ih*) and the physician (*swnw*) by the gods (e.g. pEbers 1 (1.1–11) and pHearst 78 (6.5–11), GRAPOW, 1958: 530–532), and gained as practical experience transferred among practitioners and others (POMMERENING, 2020: 390; cf. DAVID and FORSHAW, 2023: 23–96). Beyond what is indicated by the texts themselves, it is impossible to ascertain who had access to what knowledge.

The corpus of healing texts describes the patient in many ways (GRAPOW, 1956: 72–82). Although reference to a man is in the majority among the cases that indicate the sex of the patient, very few of these can be claimed to be solely dedicated to men and male issues. In fact, we should not rule out the possibility that the use of the noun *s* and the pronoun suffix *.f* is meant more generically, to refer to ‘a man’ in the neuter, as ‘patient’ (GRAPOW, 1956: 43), ‘any person, including women and children’ (STROUHAL et al., 2014a: 24),

‘someone’ or ‘anyone’ (GARDINER, 1957: §102). But it remains a puzzle then why some twenty prescriptions (see Table 1) from different healing texts, describe the patient explicitly as ‘a man or a woman’ (*s st r-pw*) in the heading or in the instruction that follow.

In these cases, there seems little doubt that the noun *s* refers to the male sex only. However, the mention of ‘a woman’ is less common in the instructions than in the heading, and only pEbers 167 (34.7–10, GRAPOW, 1958: 205) refers to the patient as a man or a woman in both heading and instruction. There is also an example where ‘or a woman’ is added after the full description (pEbers 154 (32.17–33.1), GRAPOW, 1958: 250), as well as inconsistencies in the use of pronouns, such as ‘until he (not they) recovers’ (*r snb.f*) in pEbers 93 (24.1–3, GRAPOW, 1958: 425). Further layers of complexity are added when pHearst 150 (10.11–12, GRAPOW, 1958: 525) refers to the patient, using the collective noun *rmṯ* with male and female classifier in the heading, and the singular noun *s* with male classifier only in the instruction that follows. It is also curious that pEbers 67 (20.23–21.7, GRAPOW, 1958: 204), instead of the more common *s st r-pw*, refers to ‘a man or a woman’ as *hmt ṯy r-pw*. The point here is not to provide an exhaustive list of all examples but, rather, to underline how difficult it is to identify any consistency, beyond suggesting a male standard, a default form of referring to all bodies in writing, most often referred to as *s* (VON DEINES & WESTENDORF, 1962: 695–698). It is also observed that when singled out more specifically, men are on occasions (though certainly not always) referred to as *ṯy* (VON DEINES & WESTENDORF, 1962: 963–964). It is striking, for instance, that *ṯy* is used in prescriptions that seek to determine the sex of the unborn child (pBerlin 3038 199 (vs. 2.2–5), GRAPOW, 1958: 474; cf. pCarlsberg VIII 3; SCHIÖDT, 2024a: 55–56).

There is, in fact, only a handful prescriptions that are dedicated explicitly and exclusively to male patients. These are usually concerned with the male genitalia and related body parts/organs, and for instance include the treatment of *sr*-disease (e.g. pEbers 780 and 781), regulation of urination (e.g. pEbers 269, 270 and 272) and possible impotence (e.g. pEbers 663; cf. POMMERENING, 2010). Although pEdwin Smith—the only substantial surgical handbook that survives from ancient Egypt—may surely deal with injuries suffered by male patients during warfare or at a building site (DAVID, 2008a: 189; DAVID, 2018: 4), and one of the injuries to the cervical vertebra is indeed said to affect the male genitalia explicitly (pEdwin Smith 31 (10, 12–22); GRAPOW, 1958: 330–331), it is problematic to assume that, simply because of the severity of the injuries, pEdwin Smith must relate to men only.

The treatment of women, on the other hand, takes up a relatively large space in the corpus of healing texts (see Table 2). pKahun (= pUC 32057)—the oldest of the extant ancient Egyptian healing texts—is often labelled as the gynaecological papyrus. pEbers also stands out, as it alone contains about 70 prescriptions dedicated exclusively to women and female issues. Not only does the use of the noun *st* and the pronoun suffix *.s* refer to ‘a woman’ specifically, a significant number of prescriptions in the corpus of healing texts from the Middle and New Kingdoms—such as pEdwin Smith, pBerlin P 3038 (= pBrugsch), pLondon (= pBM EA 10059), pCarlsberg VIII, pRamesseum III and IV, and pBerlin P 3027 (= pMutter und Kind)—are concerned with female body parts/reproductive organs, and touch on questions related to fertility, contraception, pregnancy, birth, and postpartum.² Other texts—such as pHearst, pLouvre–Carlsberg (= pLouvre E 32847 + pCarlsberg 917) and pChester Beatty VI (= BM EA 10686)—do not touch on specific female issues, but refer to the patient as ‘a man or a woman’.

Although primarily referred to as *st* (VON DEINES & WESTENDORF, 1962: 698–700), women are on

²There are not nearly as many prescriptions for children as there are for women. The two are often combined, as in pBerlin P 3027 and pRamesseum III and IV, or in close proximity to one another, as in pEbers, and only rarely (in the same formulas) are they found under the corresponding subject groups for adults (pEbers 262; pEbers 272–273; pRamesseum III A 30–31; pBerlin 30). Treatments could be age-specific, intended either for elder children (pRamesseum III B 12; pRamesseum III B 14; pEbers 273), or newborns and infants. In the case of newborns and infants, the prescribed remedies were often said to be ingested by the mother (pEbers 272; pBerlin P 3027 H), so that the active substance could be absorbed through the breast milk (GRAPOW, 1956: 47; WESTENDORF, 1999: 439–440). It is, nonetheless, healing methods that include spells, amulets, invocations, etc. that predominate in the treatment of children (KOLTA & SCHWARZMANN-SCHAFHAUSER, 2000: 133–136).

Tab. 1: Overview of prescriptions that describe the patient explicitly as ‘a man or a woman’ in the heading or in the instruction that follow. Table is based on **VON DEINES** and **WESTENDORF** (1962: 695–698 (h)), **GRAPOW** (1956: 43–45) and **SCHJØDT** (2020).

	Heading <i>s st r-pw</i>	Instruction <i>s st r-pw</i>	Added <i>st r-pw</i>	Inconsistency in noun or pronoun
pEbers 67 (20.23–21.7)		<i>hmt tꜣy r-pw</i>		
pEbers 93 (24.1–3)		x		x
pEbers 99 (24.14–18)	x			
pEbers 103 (25.8–11)	x			
pEbers 154 (32.17–33.1)		x	x	
pEbers 162 (33.13–15)		x		
pEbers 167 (34.7–10)	x	x		
pEbers 212 (43.15–19)		x		
pEbers 251 (47.15–48.3)				x
pEbers 300 (52.15–17)	x			
pEbers 458 (65.18–19)		x		
pEbers 705 (86.4–5)	x			
pEbers 709 (86.10–11)	x			
pHearst 13 (1.12–13)	x			
pHearst 37 (3.7–8)		x		
pHearst 83 (6.16–7.2)	x			
pHearst 133 (9.11–12)	x			
pHearst 134 (9.12–13)	x			
pHearst 139 (9.16–17)	x			
pHearst 150 (10.11–12)				x
pHearst 151 (10.12–13)	x			
pHearst 232 (15.11–13)	x			
pChester Beatty VI 10 (5.8–12)	x			
pChester Beatty VI 11 (5.12–6.1)	x			
pChester Beatty VIII vs. 5.1–3)	[...]	x		
pBerlin P 3038 38 (3.12–4.1)		x		
pBerlin P 3038 42 (4.3–4)		x		
pLouvre-Carlsberg rt. B9, x+6	[...]	x		
pLouvre-Carlsberg vs. x+6 (23–25)		x		
pLouvre-Carlsberg vs. x+9 (26–27)	[...]	x		x

Tab. 2: List of all healing texts referred to in this article, including provenance, date and key references.

	Provenance	Date	Key References
pKahun (= pUC 32057)	El-Lahun (settlement context)	c. 1850 BCE, Dynasty 12, Middle Kingdom	GRIFFITH (1898), GRAPOW (1958), BARDINET (1995), WESTENDORF (1999) and COLLIER and QUIRKE (2004); UCL Petrie Museum (accessed 09.01.2024).
pEbers	Theban necropolis? (possible funerary context)	c. 1550 BCE, Dynasty 17, Second Intermediate Period	EBERS and STERN (1875), JOACHIM (1890), GRAPOW (1958), BARDINET (1995), WESTENDORF (1999) and POPKO et al. (2021); Universität Leipzig (accessed 09.01.2024).
pEdwin Smith	Theban necropolis? (possible funerary context)	c. 1550 BCE, Dynasty 17, Second Intermediate Period	BREASTED (1930), GRAPOW (1958), BARDINET (1995), WESTENDORF (1999), ALLEN (2005) and SANCHEZ and MELTZER (2012)
pBerlin P 3038 (= pBrugsch)	Sakkara necropolis (funerary context)	c. 1250 BCE, Dynasty 19, New Kingdom	WRESZINSKI (1909), GRAPOW (1958), BARDINET (1995) and WESTENDORF (1999); Staatliche Museen zu Berlin (accessed 09.01.2024).
pLondon (= pBM EA 10059)	Unknown	c. 1350 BCE, Dynasty 18, New Kingdom	WRESZINSKI (1912), GRAPOW (1958), BARDINET (1995), WESTENDORF (1999) and LEITZ (1999); British Museum (accessed 09.01.2024).
pCarlsberg VIII	Unknown	1400–1200 BCE, Dynasties 18–19, New Kingdom	IVERSEN (1939), GRAPOW (1958), WESTENDORF (1999), SCHIÖDT (2024a) and SCHIÖDT (2024b)
pRamesseum III and IV (=pBM EA 10756 and pBM EA 10757)	Ramesseum, Theban necropolis (funerary context)	c. 1800 BCE, Dynasty 12, Middle Kingdom	GARDINER (1955), BARNES (1956), GRAPOW (1958), BARDINET (1995) and WESTENDORF (1999); British Museum (accessed 09.01.2024).
pBerlin P 3027 (= pErman = pMutter und Kind)	Theban necropolis (funerary context)	Dynasty 18, New Kingdom	ERMAN (1901) and YAMAZAKI (2003)
pHearst (museum no. 6-9259)	Deir el-Ballas?	c. 1550 BCE, Dynasty 17, Second Intermediate Period	REISNER (1905), GRAPOW (1958), BARDINET (1995) and WESTENDORF (1999); Hearst Museum of Anthropology (accessed 09.01.2024).
pLouvre–Carlsberg (= pLouvre E 32847 + pCarlsberg 917)	Unknown	Dynasty 18, New Kingdom	BARDINET (2018) and SCHIÖDT (2020); Musée du Louvre (accessed 09.01.2024).
pChester Beatty VI (= BM EA 10686)	Theban Necropolis (funerary context)	c. 1250 BCE, Dynasty 19, New Kingdom	GARDINER (1935), GRAPOW (1958), BARDINET (1995) and WESTENDORF (1999); British Museum (accessed 09.01.2024).

occasion also referred to as *hmt* (VON DEINES & WESTENDORF, 1962: 597) or *mwt* (VON DEINES & WESTENDORF, 1962: 363–364), or even rarer with the combined form *st-hmt* (VON DEINES & WESTENDORF, 1962: 703).³

Beginning of the *phrt*-recipe made for *hmwt*-women, causing the *st*-woman to stop conceiving (*n hmwt r-dit ib st iwr*) for one year, two years or three years: *kꜣ*-part of acacia (*šndt*), carob (*dꜣrt*), dates (*bnr*), to be ground with one *hnw*-measure of honey (*bit*). Moisten the *ftt*-cloth and place into her *iwf* (pEbers 783 (93.6-8), GRAPOW, 1958: 476).

pEbers 783 above include both the plural noun *hmwt* (women) and the more usual singular noun *st* (woman) in the same sentence, suggesting a possible significance to the distinction between the different forms beyond singular and plural: while the nouns *s* (man) and *st* (woman) are differentiated by the feminine *t* ending as well as male and female classifiers, the nouns *tꜣy* (man) and *hmt* (woman) are arguably also differentiated by references to (pro)creation: *tꜣy* is written with an ejaculating penis. *hmt* is written with a well of water, as a possible reference not only to the womb but also the creative potential of the primeval waters of Nun and the river Nile (AUDOIT, 2020; AUDOIT, 2022; MANNICHE, 2006; MANNICHE, 2022; SCRIVENS, 2021).⁴ The term *hmt* is used to define not only a woman but also the female reproductive organs, obviously differentiated by the classifiers. COLLOMBERT (1995: 205–208), drawing on LORET (1896: 196–209) and GARDINER (1947: II, 258–262), has even suggested that *hmt* may specifically refer to a fertile woman/woman with child. In the next section, the conceptual differentiation between men and women will be explored from the perspective of the female body, drawing further attention to the significance of the female reproductive organs.

3 The particularity of the female body

It has been argued that the ancient Egyptians only had basic and unsophisticated knowledge about anatomy and physiology (WEEKS, 1995: 1789–1790), that they ‘did not and could not know about biology’ (SWEENEY, 2005: 145; cf. KOLTA & SCHWARZMANN-SCHAFHAUSER, 2000: 127–128; NUNN, 2002: 56). Such claims are caught in an epistemological dilemma, surely true from an asymmetrical comparative approach, without taking seriously the radical difference that exists between modern and ancient Egyptian conceptions and experiences (e.g. NYORD, 2018; NYORD, 2019; NYORD, 2020c). The precise use and meaning of specific concepts are complicated by a highly specialised terminology, including many rare and unattested words. It is not always clear what body parts, organs, substances or processes are meant, and overlap in use between different concepts causes considerable confusion. For example, while pEbers 789–794 (93.18–94.7, GRAPOW, 1958: 486–487) is said ‘to cause the *mwt-rmꜥ* of a woman to descend/return to its place’ (*nt rdit hꜣ mwt-rmꜥ nt st r st.s*), pEbers 795 (94.7–8, GRAPOW, 1958: 486) is said ‘to cause the *hmt* to descend/return to its place’ (*nt rdit hꜣ hmt r st.s*). While both *mwt-rmꜥ* and *hmt* may refer to the female reproductive organs, *mwt-rmꜥ* (lit. the mother of people) is also argued to refer to specific parts of the reproductive organs, possibly some temporary fetal organ such as the placenta (VON DEINES & WESTENDORF, 1961: 364; cf. WEEKS, 1970; VON DEINES, 1956), and *hmt* can refer to both external and internal genitals more broadly (VON DEINES & WESTENDORF, 1962: 597–600; cf. NYORD, 2009: 291; ČERNÝ, 1976: 122; FAULKNER, 1962: 35; GARDINER, 1957: 566). The two concepts also overlap in use with additional concepts, such as *kꜣt* (VON DEINES & WESTENDORF, 1962: 894–895) and *iwf* (VON DEINES & WESTENDORF, 1961: 30–32), which further complicates what body

³Children are referred to exclusively as *hrd* (VON DEINES & WESTENDORF, 1962: 693–694), sometimes combined with other terms to indicate the sex or age of the child.

⁴It is usually argued that the primeval waters of Nun (and the annual return of these waters as the river Nile, personified by the god Hapy) was androgynous / not sexually differentiated, and thus very different from all the following stages of creation (HORNUNG, 1982: 171).

parts, organs, substances or processes are meant. This is ultimately because ‘no one-to-one correlation exists between any two languages, and translation is often further complicated by cultural differences between source and receptor, which is naturally amplified when attempting to translate centuries or millennia-old texts’ (SCHJØDT, 2020: 5; cf. IMHAUSEN & POMMERENING, 2010; QUACK, 2003). But this should not prevent us from trying to identify the local backgrounds of ancient Egyptian body worlds.

In accordance with pEbers 854–854a (99.1–5, GRAPOW, 1958: 1), the inner body was conceptualised around the heart, its movements, and a system of *mtw*-cords that connected every body part to it. pEbers 856h (103.16–18, GRAPOW, 1958: 17) explains, more specifically, that ‘all (the *mtw*-cords) come together in his heart (*iw iw r ꜥw n ḥꜣty.f*), divide by his nose (*psš n šrt.f*) and join together in his rectum/hind parts’ (*dmd r ꜥw n pḥwy.fy*). This system of vessels not only connected the different organs, but also transported various substances. It is not always clear which vessels carried what, nor how the different substances interacted, but it seems that what we might label as respiratory, digestive and reproductive systems were all considered part of the larger system of *mtw*-cords (e.g. GRAPOW, 1956: 59–71; RITNER, 2006; STROUHAL et al., 2014b: 178–200; WESTENDORF, 1999: 108–138, 328–360). pEbers 854i (100.7, GRAPOW, 1958: 4), for instance, describe that ‘there are two *mtw*-cords to his testicles, and they deliver *mtwt*-semen’ (*iw mtw 2 n ḥrwy.fy nt.sn dd mtwt*). This statement indicates conceptions about the origins of semen in the male body, in particular the perception of a connection between the *mtw*-system and the male reproductive organs.

But reproductive knowledge was not limited to the male body. The ancient Egyptian healing texts were, as we have already seen, very concerned with reproduction, and keen to determine fertility, pregnancy, the viability, and sex of the unborn child. They did so by explaining particular signs on the female body, such as the colour of her eyes or the condition of her *mtw*-cords, by providing various methods for testing and observing (POMMERENING, 2020: 383–389). pCarlsberg VIII 5 (vs. x+II,x+4–x+6, SCHJØDT, 2024a: 57–59; cf. GRAPOW, 1958: 469), for instance, prescribes an onion to be placed inside the woman’s *iwf* overnight: ‘If a smell appears from her mouth, she will give birth/is pregnant (*ir ḥpr sty m r.s iw.s r msy*). If [there is no smell, she will not give birth/is not pregnant]’. The rationale was presumably to determine whether there was any kind of blockage in her vessels that would prevent the smell from reaching her mouth. Other similar examples include prescriptions to be taken vaginally or orally, to see if the woman would vomit or become flatulent (e.g. pKahun 27; pBerlin P 3038 193; pBerlin P 3038 194; pCarlsberg VIII 6; pCarlsberg VIII 8). We see that the mouth (and larger digestive system) was considered part of, or at least in some way, connected to the female reproductive organs. This understanding is probably connected with funerary beliefs, evoking particular conceptions about the body of the goddess Nut in the eternal solar-Osirian cycle: The sun-god Re travelled over the sky in his solar bark every day, set in the western horizon, before he was swallowed by his mother, the sky goddess Nut, every evening. He journeyed through her body (known as the underworld/beyond) every night, to unite briefly with the god Osiris, before being reborn by his mother at sunrise. He emerged from between her thighs in the eastern horizon, in the red colour that comes from the sun-disc at dawn (VON LIEVEN, 2007: 378), whereupon he again sailed up into the sky (BILLING, 2002: 18–21; cf. WILKINSON, 2003: 160–163). Any blockage to this journey would be detrimental and therefore had to be fought by all means.

The various conditions attributed to the female reproductive organs in the healing texts, include anything from issues with the reproductive organs themselves (e.g. pKahun 4; pEdwin Smith vs. 20.13–21.3), to issues in any other body-part, from teeth, eyes, ears and neck, to feet and legs (e.g. pKahun 1–17). We also find more abstract problems described as reproductive organs gone wandering (*m ḥp*) (e.g. pKahun 2 (2.5–8); COLLIER & QUIRKE, 2004: 58; GRAPOW, 1958: 458), in need of being returned/descend (*ḥꜣ*) to their place (e.g. pEbers 789–795 (93.18–94.8), GRAPOW, 1958: 486–487). The causes are explained through what can be observed, but also more theoretically as ‘it is an obstruction (*šnw*) of blood in her *ḥmt*’ (pEdwin Smith vs. 20.13–21.3; GRAPOW, 1958: 466), ‘it is discharges / *ḥꜣw*-substances of the *ḥmt* in her eyes’ (pKahun 1 (1.1–5); COLLIER & QUIRKE, 2004: 58; GRAPOW, 1958: 457–458), ‘it is terrors / *nryw*-substances of the *ḥmt*’ (pKahun 8 (1.25–27); COLLIER & QUIRKE, 2004: 59; GRAPOW, 1958: 460), ‘it is an overflow / *nmsw*-substances of the *ḥmt*’ (pKahun

2 (2.5–8); COLLIER & QUIRKE, 2004: 58; GRAPOW, 1958: 458). It is important to notice, moreover, that the issue of movement, including blocked or misplaced organs and substances (AUDOIT, 2021; AUDOIT, 2022), is not limited to the female reproductive organs. Similar descriptions also exist in relation to the heart and the rectum/hind parts. We find descriptions that include a turning (*tf*) *ib*-heart (pEbers 855f (100.16–17), GRAPOW, 1958: 8–9), a falling (*ndḥdh*) *ib*-heart (pEbers 855i (101.2–5), GRAPOW, 1958: 7), turning (*n*) in the rectum/hind parts (pChester Beatty VI.9 (5.7–8), GRAPOW, 1958: 220), and causes are explained as ‘it is the *ḥty*-heart weakening (*wgg*) from the heat of the rectum/hind parts’ (pEbers 855f (100.16–17), GRAPOW, 1958: 8–9), ‘it is the *ib*-heart drowning/overflowing (*ḥt*) in the *ḥty*-heart’ (pEbers 855i (101.2–5), GRAPOW, 1958: 7). These formulations indicate the theoretical possibility of movement, being blocked or misplaced, as something that heart, rectum/hind parts and female reproductive organs had in common, but also that problems anywhere in the body could be caused by or at least in some way be related to these specific organs, connected vessels and substances. They indicate particular thoughts and experiences about the body in general, but also the female body in particular, its processes and functions, that immediately raise questions about ‘what is literal, what is metaphorical, and what is analogical’ (NYORD, 2017: 13; cf. NYORD, 2020a; POMMERENING, 2017). We also get a sense of how ‘the conceptual patterns of “substances” understood as moving among and affecting the different parts of the body [were] conceptualised by means of projections from a wide range of experiential domains’ (NYORD, 2017: 39–40). In the next section, I will extend the scope beyond the patient’s body to draw further attention to the treatment process—what I describe as processes of making connections—and how the patient’s bodily symptoms became entangled in mutually determining relations between patient, healer, choice of ingredients and mythical precedents, which together formed assemblages of affective environments.

4 The processes of making connections

Ancient Egyptian conceptions and experiences were not limited to the physical boundaries of the body, but also include the larger assemblages of affective environment. The manufacturing process has been pointed out as a ‘central part of the treatment, connecting the ingredients—imitating symptoms and counterparts—and patients’ (POMMERENING, 2017: 526; cf. HSU, 2020). In addition, when there was a mythical precedent for that which the patient was suffering from, we see that he/she could identify ‘with the divine victim and then call upon the appropriate divine healer to cure them as had been accomplished in the myth’ (WALKER, 1993: 95). Making connections beyond the patient’s body, between particular entities/properties, could also be achieved through linguistic details, such as in the below treatments concerned with eye disorders.

Another (recipe for not letting hair grow into the eye after it is removed): Fluid from the flies of a dog (*mw nw ḥw n ṯsmw*), 1. [The hair is cleared]. To be [placed] in the eyes of a man (*m irty n ṯy*). It (the hair) will never grow (again). The correct method (pCarlsberg VIII 12 (rt. x+II,x+5–6), SCHIÖDT, 2024b: 20–21).

Another (recipe for not letting hair grow into the eye after it is removed): Milk from a frog (*irtt pgg*), 1. The hair is cleared. [To be placed in the eyes] of a woman (*[m irty] n ḥmt*). It (the hair) will never grow (again). The correct method (pCarlsberg VIII 13 (rt. x+II,x+6), SCHIÖDT, 2024b: 21–22).

SCHIÖDT (2024b: 31–32) has identified grammar to be one possible explanation for sex-differentiated treatments, pointing out that the two formulas above consist of one drug each. The first one, employing *mw nw ḥw n ṯsmw* (fluid from the flies of a dog) to prevent hair from growing into the eye of a man, is made up of masculine nouns (pCarlsberg VIII 12, above), whilst the second one, using *irtt pgg* (milk from a frog) to treat the same or a similar condition in women, is made up of feminine nouns (pCarlsberg VIII 13, above). Similar patterns, of making connections through language and grammar, are also found in two parallel birth prognoses, where the woman is instructed to urinate on a bag of barley and a bag of emmer every day: If

both grow, she will give birth/is pregnant. If only the barley (masculine noun) grows, it is a male child (*ir rdw it tꜣ pw*). If only the emmer (feminine noun) grows, it is a female child (*ir rdw bdt st pw*). If neither grow, she will not bear a child/is not pregnant (pBerlin P 3038 199 (vs. 2.2–5), **GRAPOW**, 1958: 474; cf. pCarlsberg VIII 3, **SCHIØDT**, 2024a: 55–56; cf. **GRAPOW**, 1958: 474). However, grammar cannot be the only explanation. In fact, a very similar treatment as prescribed to females with an eyelash disorder in pCarlsberg VIII 13 (above) is not sex-specific in pLouvre–Carlsberg (below). This indicates that although ‘milk from a frog’ may have been considered particularly effective as remedy to treat this kind of symptom in women, in other contexts, it was also thought useful in treating similar symptoms regardless of gender. **SCHIØDT** (2024b: 32) even speculates whether these treatments may originally have been gender-specific and only later developed into more generic treatments.

phrt-recipe [for] not [letting hair] grow into the eye after it is removed: Milk from a frog (*irtt nt pgg*), left in dew overnight with oil. To be placed on the place of the hair after it is removed from the eye (pLouvre–Carlsberg vs. x+10,25–x+11,2, **SCHIØDT**, 2020: 457–463).

It is curious to note that another recipe for preventing hair from growing into the eye, also found in pCarlsberg VIII 8 (rt. x+II,x+1–3, **SCHIØDT**, 2024b: 14–15), includes ingredients such as *snf ꜣt* (blood from a female donkey) and *snf srit* (blood from a female sheep). The numerous ingredients involved consist of both masculine and feminine forms, and the fact that the sex of the patient is unknown, makes grammar a less obvious explanation. In terms of connecting the different ingredients—imitating symptoms and counterparts—and patients, we could speculate whether the significance of blood from a female donkey/sheep may be related to the potential powers of menstrual blood (which we will return to later), but we again find similar recipes elsewhere in the corpus of healing texts, whose ingredients instead include *snf n ꜣ* (blood from a donkey) and *snf n r* (blood from a goat) (pEbers 425 (63.14–18), **GRAPOW**, 1958: 98; cf. pLouvre–Carlsberg rt. A3, 9–10, **SCHIØDT**, 2020: 239–240). While this may obviously reflect nothing more than variation within the corpus of healing texts, it could just as well have to do with particular patient groups, bodily properties, or substances that under particular circumstances could be considered in particular ways.

The above formulas may also be rooted in the principle of treating like with like and opposite with opposite (**LEITZ**, 2005). It has been argued that it was the shape, texture, colour, and smell of drugs, their appropriation, together with the larger treatment process (**POMMERENING**, 2017), that turned the drugs into affective substances (**SCHIØDT**, 2020: 20–21). Although ‘milk from a frog’ cannot be meant literally—frogs do not have milk but may secrete substances perceived as similar to milk in both texture and colour—the use of milk as a drug more generally may reference Isis as the archetypal healer setting a divine precedent for healing (see Section 6). Milk as cure to eye disease, specifically, may also be a reference to Hathor when healing the eye of Horus with breast milk in the *Contendings of Horus and Seth*. The significance of ‘fluid from the flies of a dog’ is even less clear. The dog may be a reference to Seth, who was the one who wounded Horus’ eye in the first place. In fact, many of the drugs used in pCarlsberg VIII are closely connected to Seth.⁵ Not only do they consist of components of animals that this deity could transform into, they are also specifically hairless animals, which is the case for both frog and flies, with the possible rationale of treating opposite with opposite, transferring the property of hairlessness onto the patient (**SCHIØDT**, 2024b: 32). We recognise a general way of thinking in terms of analogies and interconnected structures, where the choice of ingredients was often ‘oriented to the present appearance of the illness and knowledge of the process of development of the illness’ (**POMMERENING**, 2020: 391; cf. **LEITZ**, 2005).

While the above section has focused on symptoms and treatments through processes of making particular connections between patient, healer and ingredients, the scope is now extended to also include the body as

⁵The different active substances can be grouped into categories: agricultural substances were associated with Osiris, animal with Seth, mineral substances with Hathor. In addition, substances such as beeswax and honey, oils and ointment were specifically associated with Re, beer with Horus, wine with Shemu. Several substances such as oils and textiles could also be associated with multiple gods (**WALKER**, 1993: 98–99).

microcosmic field. We return to the question of reproduction, to explore how particular connections could be assembled (or in fact disassembled) by also evoking specific natural and mythical events, also considered part of the larger affective environments.

5 The body as microcosmic field

Menstruation is often associated with the Nile flood (R. M. JANSSEN, 2021: 44; PEHAL & PREININGER SVOBODOVÁ, 2018: 116). The uterus was, according to Audouit, perceived as ‘an organic receptacle that opened and closed continuously—opening to expel menstrual blood, opening to receive sperm, closing for fecundation, and reopening for birth’ (AUDOUIT, 2020: 385). In pregnancy, moreover, Leitz has pointed out that the ancient Egyptians believed that ‘the menstrual blood flowed into the inside of the body, and they feared the reverse of the process, which would lead to miscarriage’ (LEITZ, 1999: 67). It seems obvious that the use and placement of different fibre items, mentioned in the below formulas, were intended as bandages or tampons, as physical barriers to prevent bleeding. But the additional elements of colour, material, number and kind of knots, other active substances, reciting and sometimes writing incantations, also combine into what DIELEMAN (2015: 24–29) describes as ‘a complex amuletic apparatus’.

I am Anubis, who dams a dam. I am Anubis, and through me Isis is released. My arms [...] my bandages. Turn back! Isis will come forth to shoot on you. This *r*-utterance is to be recited over a *stp*-cloth of fine linen. This *r*-utterance is to be written on it in its entirety and given to the woman (at) her rectum/hind parts (pLondon 39 = 27 (IX.7–9), GRAPOW, 1958: 497; LEITZ, 1999: pl. 34).

(Another *r*-utterance to) repel the attack of a dead person or a god [with] the *hkꜣw*-powers of Anubis (*hsf tr n mwt n ntr [m] hkꜣw inpw*). The Nile flood encroaches on the sandal of Tait, but what lies within will remain (*hꜣt imyt*). Words to be recited when you have placed two *tswt*-knots of linen of *r-ibꜣt*-fabric at the opening, inside her *iwf*, to repel that which is done against her (*r hsf irwt r.s*) (pLondon 42 = 30 (X.1–2), GRAPOW, 1958: 482; LEITZ, 1999: pl. 35).

These amuletic apparatuses were mobilised by the interplay between the different elements and their different symbolic meanings (without privileging one over the other), and functioned as potent objects of entanglement, connection and protection (WENDRICH, 2006: 252; cf. PINCH, 2006: 81–84, 104–119). Specifically, to dam a dam, through the use of knots, is synonymous with preventing the free flow of fluids (DOBBIN-BENNETT, 2021: 311), not just to protect and maintain what was within the womb but also creation itself, evoking the *hkꜣw*-powers of Anubis to repel any attack by a dead person or a god. The larger amuletic apparatuses include multiple layers, potentially making connections with the Valley and Drunkenness Festivals and the much-anticipated flooding of the Nile, when torrential rains in Ethiopia sent fertile red clay with the Nile, not only making the river red like blood but also on occasions higher than usual, potentially causing poor harvests or even crop failure, death and suffering across the entire land (e.g. ROBERTS, 1995: 10–12). In the mythical counterpart—*The Book of the Heavenly Cow/ Destruction of Mankind*—humans had rebelled against the gods. Re was angry and sent his daughter Hathor in the form of the fierce lion-goddess Sekhmet, to teach them a lesson. However, because she grew more blood thirsty every day, Re and the other gods grew weary of total destruction and therefore decided to trick her by pouring a mix of mandrake and beer (or variously just beer coloured red) over the country. Sekhmet drank the blood-like substance, became docile and forgot about destroying humanity (LICHTHEIM, 2006: 197–199; SIMPSON, 2003: 289–298). pLondon (above) explicitly refers to the mythical event of blocking the Nile flood from reaching the sanctuary of Tait, who was the goddess of weaving, associated with Isis and Nephthys in providing mummy bandages. Isis and Nephthys also ‘knotted together’ the body of Osiris after he had been murdered and dismembered by his brother Seth. The significance of Anubis may, similarly, be ‘his presumed intimate knowledge of knotting, as he also was

involved in wrapping the mummy' (WENDRICH, 2006: 250; cf. PINCH, 2006: 108). But he was also capable of fighting off Seth, and as 'the assessor of hearts' and 'overseer of the tribunal', he was also the gatekeeper between the world of the living and the beyond. He controlled who could transverse between worlds.

The amuletic apparatuses concerned with preventing bleeding and miscarriage are often said to be placed on the woman's rectum/hind parts, on or inside her *iwf*, indicating that the immediate threat was directed towards these particular body parts/orifices. pLondon 40 = 28 (IX.9–14, GRAPOW, 1958: 482–483; LEITZ, 1999: pl. 34), for instance, conceptualises the interplay between male and female intruders, and the rectum/hind parts as gateway into the body experienced as a vessel into and out of which various substances and entities could move (e.g. NYORD, 2020a: 91). The purpose of the amuletic apparatus was to maintain/retain bodily balance, not just to prevent/stop bleeding but also, specifically, 'to allow the egg to grow strong and to not see dreams' (*srwd swḥt pw tm mꜣ rswt*). Not seeing dreams draws attention to the perceived connection between being in the egg and sleeping, the experience of a miniature descent into the netherworld (PINCH, 2006: 107), a state of liminality, when all people, men and women, young and old alike, not only could interact with but also were more vulnerable to attacks from the beyond (e.g. SZPAKOWSKA, 2003; SZPAKOWSKA, 2011; SZPAKOWSKA, 2020). These attacks were often identified as the breath or wind (e.g. *tꜣw, nšny, nft*) of disease bringing entities, the justified dead (*ḥt/w*) or other deceased humans (*mwt/t/w*), or a whole array of other liminal beings, such as enemies (*ḥfty/t/w*), intruders (*dꜣy/t/w*), wanderers (*šmꜣyw*), messengers (*wpwtyw*), slaughterers (*ḥtyw*), etc. (MEGAHED, 2020; SASS, 2020). While connections have been drawn between these entities and Sekhmet (GRAVES-BROWN, 2018: 3, 69–71), the name of the disease they bring is often followed by a Seth classifier (e.g. SWEENEY, 2005: 146; TE VELDE, 1967: 22–23). In several of the pLondon formulas, the healer takes the role of Anubis, bringing forth Isis (possibly the mother) to protect and heal the patient (fetus/child), who was effectively projected into the role of her son Horus, who quarrelled with his uncle Seth over the throne of Egypt (SZPAKOWSKA, 2009: 800). The ingredients in pLondon 40 = 28 includes hair from a donkey and liver from a pig, which reinforce the impression that Seth was the perceived god behind the threat (WESTENDORF, 1966: 145). Particular mythical themes also appear in the same formula, such as the association with the gods at the head of Heliopolis. These gods played a decisive role in protecting the sun-god Re as he travelled through the night sky, standing at the prow of the solar bark, driving away the forces of danger/chaos (see Section 3). This aligns well with an understanding of 'the egg' as a metaphor for womb and fetus that in a configurative sense refers back to the time of the first creation (e.g. MANNICHE, 2006: 97–104; PINCH, 2006: 23; WALKER, 1993: 91).

From the perspective of specific mythical context, we may recognise that recipes with the apparent intention to prevent conception are numerous in the corpus of healing texts. They consist of different mixtures, among others acacia, carob, dates, and honey added to a piece of cloth and placed inside the *iwf* of a female patient (pEbers 783: see Section 2), while other more ambiguous methods include ingredients such as crocodile excrement (e.g. pRamesseum IV C 2–3; pKahun XXI). The intention behind these prescriptions may surely have been to block the passage of the sperm, to prevent fertilisation (e.g. DE-WHYTE, 2018: 29; NUNN, 2002: 196; ROBINS, 1993: 79–80; STROUHAL et al., 2014a: 156–158; WATTERSON, 1991: 88), but using crocodile excrement may also be associated with the uterus being represented symbolically as a crocodile, whose own habitat was the primeval waters of Nun (MANNICHE, 2006: 100). While the crocodile is often associated with Sokar,⁶ there is also a clear connection between animals, excrement, and Seth, who in several myths is described as spreading his semen unproductively (e.g. the *Contendings of Horus and Seth*).⁷ And because Seth sought to injure Isis during her pregnancy with his future adversary Horus, he may also have been considered dangerous to pregnant women, as well as those in childbirth (TE VELDE, 1967: 28–29). It has also been suggested that references to Seth potentially were intended to 'coerce the compliance of an afflicted womb considered to possess an independent and contrary will' (RITNER, 1984: 221). The fact that

⁶In the funerary literature/cannibal hymns, Sokar is referred to as one who eats his twin/brother/other gods, who arguably feeds on magic contained within the belly, and reverse creation (NYORD, 2009: 389–392).

⁷Note also that Seth's only known offspring, Maga, was a crocodile (RITNER, 1984: 216).

the eternally pregnant goddess, Taweret, is also partially represented as a crocodile is further indication that protection of mother and child from malevolent forces was the ultimate goal (e.g. **BORGHOUTS**, 1982: 15–19; **CERUTI**, 2020; **GABLER**, 2017: 7; **LOEBEN**, 2021). pRamesseum IV C 17–24 can be understood similarly. It is concerned with things to be done for the child on the day of his birth, starting with determining his viability: ‘Take a piece of [*mwt-rmt...*] rub in milk and give to him over three days. If he vomits it, he will die (*ir kꜣꜣst mt.fpw*). If [he swallows] it, he will live (*ir [ꜣm.f] st ꜣnh.fpw*)’ (**BARNES**, 1956: pl. 18; **GRAPOW**, 1958: 500–501). The rationale is probably similar to those mentioned earlier: to detect any kind of blockage in the child’s bodily vessels. The active substance *mwt-rmt* (lit. mother of people) refers to (specific parts of) the female reproductive organs, possibly some temporary fetal organ such as the placenta (see Section 3; cf. **VON DEINES**, 1956; **VON DEINES & WESTENDORF**, 1961: 364; **WESTENDORF**, 1999: 203, 222), but its exact nature is as of yet uncertain. It seems beyond doubt, however, that together with milk (which we will return to in the next section), it was ascribed great significance, arguably considered as a double of the new-born individual that after birth could function as some sort of talisman (e.g. **MANNICHE**, 2006: 104–109; **MANNICHE**, 2015; **STROUHAL** et al., 2014a: 106). The protection formula that follows supports this, as it seeks the protection of both mother and child, by identifying the malevolent entity by name: ‘Your breath is the-screamer-who-takes-away-the-fragrance (*tꜣw.k wgb-iti-nḥnh*)’ (**BARNES**, 1956: pl. 18; **GRAPOW**, 1958: 500–501). This implies that knowing and, more importantly, making known the identity of that which was the cause of the threat could have a significant impact on the outcome. The healer identifies the malevolent entity in the air, as a smell in the wind that takes away the good (divine/protective/procreative) smell of incense. And further down in the formula, he is also recognised as someone who is dead, as someone who brings his phallus and by way of *ḥkꜣw*-powers also seeks to have intercourse, impregnate and embrace during the night, and kiss during the day. **NYORD** (2020c: 9) argues that,

illnesses brought on by the dead fall in two main categories depending on whether the deceased is thought to inject fluids into the body of the patient or rather attack the surface of the body directly. This distinction is shown in turn to correspond to two fundamental ways in which humans experienced their own bodies, and the treatment can be seen to focus symbolically on the strengthening of the corresponding aspects.

In the case of pRamesseum IV C 17–24, the healer not only identified the threat but also called upon the creator gods, who had fashioned the *ḥmt* (the female reproductive organs), in order to strengthen the bodily boundaries of the woman and, perhaps more importantly, the fetus (in the egg) who seemingly was the immediate target of the assault (**NYORD**, 2020a: 98).

pRamesseum IV C 17–24 includes a final element: an utterance to be recited over an image of the child, arguably with the desired effect to induce change, by bringing certain potentials inherent in the pregnant woman and her unborn child to actualisation. Following **NYORD** (2020b: 64–77) and **NYORD** (forthcoming), the aim would be for the material image to become potent enough to ward off the influence of the dead person by acting as the patient’s substitute, transferring and absorbing the influence of the dead person from the patient’s body. By specifically seeking to place the nose of the dead person at the back of his head and make his semen ineffective, the image would (if successful) reverse the malevolent influence and make sure that the childbirth went smoothly, with mother and child out of danger. When considered together with the earlier cited formulas, it seems that the treatment of the patient could be sought by eliciting and fixing powers inherent in particular objects. By virtue of their material, shape, locality and other connections, linen bandages with text, amuletic knots of fabric/hair or the image of a child held the potential of making as well as affecting higher-level connections, between individual bodies, natural events and cosmic forces.

So far, I have examined the differential terminology of the human body, the particularity of the female body and, last but not least, the body as microcosmic field, drawing attention to how specific bodily symptoms and treatment methods could be conceptualised and experienced by evoking particular connections not just within but way beyond singular bodies, including patient and healer, ingredients and amuletic apparatuses,

natural and mythical events. In the last section, I will add yet another layer to the body worlds of the ancient Egyptians—the power of bodily fluids. Through the observation that the most important ingredients with human origin in the healing texts are female, I recognise how multiple diverging conceptions and experiences about sexual difference and creation continue to emerge from the ancient Egyptian material in its relations with the present.

6 The power of bodily fluids

Roth claims that ‘women were not credited with creating new life. Instead, the creative role is attached exclusively with the male sex’ (ROTH, 2000: 189; cf. BRYAN, 1996: 44; COONEY, 2009: 101–102). But how can this be? We have already seen how both male and female, human and non-human, had the ability to make the necessary connections for creation, to affect and maintain creation. Funerary literature provides more specific information in this respect, referring to the procreative process as placing the *ib* of the man towards that of the woman (NYORD, 2009: 55–143, 419–478; cf. VON DEINES & WESTENDORF, 1961: 35–42; VON DEINES & WESTENDORF, 1962: 577–582). The offspring of any procreative act was thus not simply the grown seed of the father but was arguably also the product of the joining of the father and mother’s *ib* (BRYAN, 1996; MÜLLER, 1966). According to later sources such as pJumilhac XII (22–25), we even find that the soft parts of the human body were attributed to the milk of the mother, while the bones/spine were attributed to the semen of the father (SAUNERON, 1960; YOYOTTE, 1962). It is interesting to note, moreover, that while male bodily fluids figure prominently in the funerary context, the most important active substances with human origin in the healing texts are female.

Another šnt-utterance for a burn on the first time: Your son Horus is burnt in the desert. Is water there? There is no water there. Water is in my mouth and the Nile is between my thighs. I come to extinguish the fire. Words to be recited over milk from (a woman) who has given birth to a male (child) (*irtt nt mst tꜣy*), gum and hair from a ram. To be placed on the burn (pEbers 499 (69.3–5), GRAPOW, 1958: 373).

Milk from a woman (who has given birth to a male child) is the most common among these bodily fluids, arguably because it had greater healing powers than any other fluid (AUDOUIT, 2020: 49; FORSHAW, 2014: 31; JEAN & LOYRETTE, 2010: 136–140; POMMERENING, 2015; RITNER, 2001: 328). It could be used against ailments anywhere on/in the body, applied as an ointment directly to the pain location, or absorbed and directed towards the actual problem by the *mtw*-cords (e.g. pEbers 642 (80.15–17), GRAPOW, 1958: 27). In the above example, the patient is referred to as Horus who is burnt for the first time in the desert. As the desert is often associated with the environments of Seth, this might very well be another analogy to the *Contendings of Horus and Seth*. It may also be a reference to the myth of the *Distant goddess*, which is synonymous with drought/death, followed by the *Return of the goddess*, which is synonymous with the coming of the flood (DARNELL, 1995; DARNELL, 1997; ROBERTS, 1995: 10–12). Other variants of the above formula describe Horus as alone ‘in the nest when fire had fallen into his body’ (*m-hnw sš pꜣ hr m hꜣw.f*). His mother Isis is said to be in the weaving-house with her sister Nephthys while his father Osiris is away with Hapy/the river Nile. Isis eventually comes to his rescue, quenching the burn with her milk, also described as ‘the healing waters within my breasts’ (*mw snbw imytw mndw.i*) (pLondon 46 = 34 (XIV.8–14), GRAPOW, 1958: 372; LEITZ, 1999: pl. 35). Isis is also said to have come from ‘within the sole lake’ (*m-hnw š wꜣ*) (pLondon 48 = 36 (XV.2–4), GRAPOW, 1958: 374; LEITZ, 1999: pl. 36). The key element here is that because there was no water available, Isis used fluids from her own body as remedy to cure the burn. Not only were her bodily fluids capable of extinguishing malevolent forces from the patient’s body, Isis can also be understood, similar to the distant and returning goddess, as an embodiment of the flood, and thus of creation itself. This is further substantiated by the description of the mythological event in which Isis and Nephthys suckled their dead brother, Osiris, in order to bring him back to life after he had been killed by his brother Seth (TYLDESLEY, 2011: 203).

Another potent bodily fluid was blood (from she whose first menstruation has come). According to PEHAL and PREININGER SVOBODOVÁ (2018: 121), menstrual blood falls into the same category as milk, as ‘female fluids nourishing the child. The difference is that one nourishes the child in the womb before birth, the other after parturition. When blood escapes, it does not fulfil its purpose any more. The role of milk is, in contrast, fulfilled only when escaping the body’. We thus see that menstrual blood and milk can be conceptualised as analogues as well as opposites implying each other (JEAN & LOYRETTE, 2010: 184–15, 323–335). Both are arguably evoked by pEbers 808:

The beginning of a *phrt*-recipe to prevent the breasts from going down (*tm rdi hꜣy bnty*): They (the breasts) shall be drenched with **blood from she whose first menstruation has come**, (NB!) the first of it (*snf n iw ḥsmn.s m tp m tp ir.f*). Her belly and her thighs shall be smeared likewise, so that *gsw*-disease cannot arise in her (*nn ḥpr.n gsw r.s*) (pEbers 808 (95.1–3), GRAPOW, 1958: 491).

One reading of this formula is that clotted breasts overproducing milk could ‘be cured by the application of a substance that is in certain aspects contextually its structural opposite. At the same time, however, as analogues, the very first unobscured flow of menstrual blood simultaneously stimulates the free flow of breast milk’ (PEHAL & PREININGER SVOBODOVÁ, 2018: 121). While blood from she whose first menstruation has come may imply menarche, we should not rule out the possibility that it could also imply blood from parturition (also known as lochia), carrying similar significance to that of the placenta (see Section 5; cf. JEAN & LOYRETTE, 2010: 181–184; J. J. JANSSEN, 1980: 141–143). It should also be added that, for the milk/blood analogy to make any sense, it seems reasonable to assume that the blood in question would have to come from the same body as the one lactating.

In addition to the inside/outside dualism, it is also argued that the potency of menstrual blood had a dual character (DOBBIN-BENNETT, 2021: 305; R. M. JANSSEN, 2021). From being considered a positive, creative and nurturing force as long as it stayed inside the female body (with Nut/Hathor/Isis as the prototype), it could arguably, when flowing out, turn into something polluting and impure, even potentially dangerous to the creational forces of the cosmos (with Sekhmet/Mut/Tefnut as a prototype) (e.g. JØRGENSEN, 2015; NIFOSI, 2019: 178; WILFONG, 1999). Frandsen explains that during menstruation the potency of blood was considered exceptionally strong, so much that it could actually ‘counteract the vital processes associated with creation’ (FRANDSEN, 2007: 103; cf. O’ROURKE, 2010: 45). When pEbers 808 is read through such a lens, it seems reasonable to also suggest that applying to the body blood from the first ovulation after birth was potentially intended to stop lactation altogether and, more importantly, boost fertility and creation. We have to remember that, according to the instructions of Ani, lactation could last up to three years (LICHTHEIM, 2006: 141). Blood from the first ovulation after birth may thus have been a much-anticipated signal that the body was ready to resume procreation. Applying it to the body from which it came may therefore have had a particular significance, intended to reinforce the natural flow between womb and breast (VON DEINES, 1976). *gsw*-disease may even refer to the bodily side-effects of having carried and nurtured numerous children, amplified by gravity and age. Although menstrual blood was potentially harmful when outside the body, its potency could possibly also be harnessed, not just to reverse the already reversed cosmic order (O’ROURKE, 2007: 171), but also to affect procreational and bodily aging processes.

7 Conclusion

While BARDINET (2020: 194–195) and others insist that current medical knowledge is necessary in order to recognise what he describes as the ‘pathological real’, the approach of this article has been the exact opposite. It has been an attempt to not only be more attentive to the consequences of comparative methodologies, relying as much as possible on what the ancient Egyptian healing texts from the Middle and New Kingdom can tell us about the local backgrounds of ancient Egyptian body worlds, but also to move away from one-dimensional flat descriptions and explanations. What I found was that the ancient Egyptians differentiated

conceptually between bodies, between men and women, between different kinds of men and women, young and old, human and non-human, but their concepts and ontological logics do not always fit neatly onto those of the present. Although the mythical prototype of Horus as patient and Isis as healer is often alluded to, possibly explaining why the reference to ‘a man’ is in the majority among the cases that indicate the sex of the patient, it is not always clear what bodies, body parts/organs, or processes are meant. Affective overlap between concepts, between natural and mythical contexts in this world and the beyond indicates that bodily boundaries were considered more fluid, in a state of flux, making absolute categorisations difficult, perhaps even beyond the point. The particularity of the female body is a case-in-point. Instead of focusing on single bodies alone, the corpus of healing texts seems more concerned with the processes of making connections, while simultaneously also disconnecting unwanted relations, between body parts, organs and substances, male and female, human and non-human, language and grammar, everyday life and beyond. I argue that bodies were considered to be in continuous processes of becoming, always in some way entangled in mutually determining relations that together form assemblages of affective environments, including multiple diverging conceptions and experiences that continue to emerge from the ancient Egyptian material in its relations with the present. The best example of this is perhaps the claim that creation was thought to be a male prerogative. Not only does the corpus of healing texts strongly indicate that both male and female, human and non-human, had the ability to make the necessary connections for creation, for affecting and maintaining creation. The numerous gynaecological texts, the use of contraception, together with attitudes towards menstrual blood and breast milk also points towards a recognised creative potential, not only connecting with conceptions about the goddess Nut (overlapping with other gods and goddesses), her celestial body as prototype and medium of creation but, crucially, also the primeval waters of Nun and the river Nile. It is my claim, therefore, that conceptions about ancient Egyptian body worlds, how sexual difference may have been conceptualised and experienced by the ancient Egyptians, will necessarily have to be formed in ontologically multimodal ways, not just including the familiar, that which resembles our own body worlds, but also the radically different, including a variety of expressions used to describe bodies and specific body parts, experienced bodily symptoms, their explanations and treatment methods.


8 Acknowledgements

This research was funded by an international mobility grant from the Research Council of Norway (project no. 300470), hosted by the Centre for Gender Research at the University of Oslo, in collaboration with the Art History Department at Emory University. I would also like to express my gratitude to the two anonymous reviewers for their meticulous reading and feedback, to Camilla Di Biase-Dyson, Leire Olabarria, and Rune Nyord for their expertise and collaboration on editing this volume, and to Rune Nyord again for his generous feedback on the many earlier drafts of this article.

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