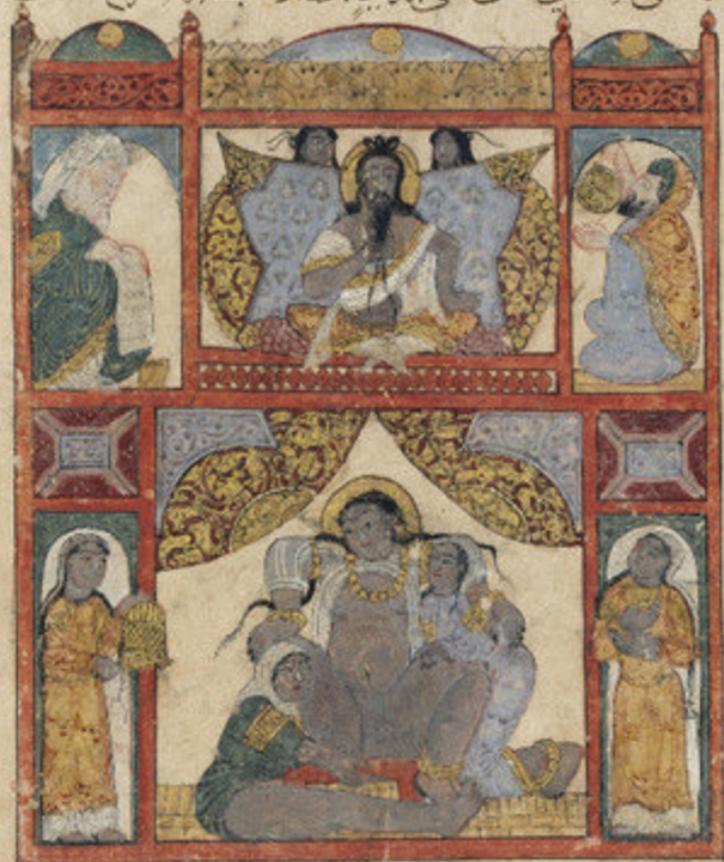


# MUSLIM MIDWIVES

The Craft of Birthing in the  
Premodern Middle East

AVNER GILADI

وَسْتَعْتَىٰ لِلْإِنْمَاءِ عَلَىٰ عِمَّانَ فَكَفَىٰ أَبُو زَيْدٍ بِاللَّحْمَةِ وَهَاتِبٌ لِلْخَلَّةِ فَلَمَّا نَزَّحَ الْوَالِدُ



عَرَكْتَهُ بِحَدِّ حَرْبَةٍ بَرَكْتَهُ بِالْأَوْعَنْزِ بِصَمْتِ إِلَىٰ خَيْرِ السُّدُورِ أَنْ يَطْلُو يَدَهُ فِي حَرْبِ النَّسَبِ



## Muslim Midwives

This book reconstructs the role of midwives in medieval to early modern Islamic history through a careful reading of a wide range of classical and medieval Arabic sources. The author casts the midwife's social status in premodern Islam as a privileged position from which she could mediate between male authority in patriarchal society and female reproductive power within the family. This study also takes a broader historical view of midwifery in the Middle East by examining the tensions between learned medicine (male) and popular, medico-religious practices (female) from early Islam into the Ottoman period and addressing the confrontation between traditional midwifery and Western obstetrics in the first half of the nineteenth century.

AVNER GILADI is Professor of Islamic History at the University of Haifa, Israel.



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# Muslim Midwives

*The Craft of Birthing in the  
Premodern Middle East*

AVNER GILADI

*University of Haifa*



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*To Ilai and Noga*

*Enough is known, enough has been written, about what divides people; my purpose is to investigate what they have in common.*

– Theodor Zeldin, *An Intimate History of Humanity*  
(London: Sinclair-Stevenson, 1995), 16

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## Introduction

Ibn Khaldūn's *al-Muqaddima* is distinguished, much like the author himself, by a number of features that are as striking to us today as they must have been to his contemporaries. Forming the *prolegomena* to a much larger work, *Kitāb al-ʿibar*, and serving as a highly sophisticated introduction to the historian's craft, *al-Muqaddima* is the towering achievement of a man who undoubtedly ranks as one of the greatest thinkers in Islamic history.<sup>1</sup> As a historiographer and philosopher of history, Ibn Khaldūn can claim to have laid the foundations, in the fourteenth century, of the discipline that we know today as sociology.<sup>2</sup> That said, it still comes as a surprise to many of us when we find that in his monumental *Introduction to History* Ibn Khaldūn devotes a whole chapter to midwifery (*Faṣl fī ṣināʿat al-tawlīd*), one that is as original in conception as it is rich in detail.<sup>3</sup> The chapter is included in part 5 of the *Muqaddima*, which discusses means of subsistence (*maʿāsh*), professions and crafts (*ṣanāʿi*) – “the ‘accidents’ of sedentary culture” – that, Ibn Khaldūn points out, reflect the complexity of

<sup>1</sup> M. Talbi, “Ibn Khaldūn,” *The Encyclopaedia of Islam*, New edition (henceforth *EI*<sup>2</sup>), vol. III, 825–31, esp. 829–31.

<sup>2</sup> Fuad Baali, *Society, State and Urbanism: Ibn Khaldun's Sociological Thought* (Albany, NY: State University of New York Press, 1988), 107, 110; Allen James Fromherz, *Ibn Khaldun, Life and Times* (Edinburgh University Press, 2011), 4–6.

<sup>3</sup> ʿAbd al-Raḥmān Ibn Khaldūn, *al-Muqaddima*, ed. by E. Quatremère (Paris: Bibliothèque Impériale, 1858), vol. II, 328–33; English translation: *The Muqaddima: An Introduction to History*, translated by Franz Rosenthal (Princeton, NJ: Princeton University Press, 1967), vol. II, 368–72.

urban life.<sup>4</sup> Within this survey midwifery ranks among the most basic crafts (*ummahāt al-ṣanāʾi*), being “something necessary in civilization and a matter of general concern because it assures, as a rule, the life of the new-born child” and thus the survival of the human race and its culture.<sup>5</sup> Moreover, like “the art of writing, book production, singing and medicine,” it is regarded as a noble craft because of the subject that is at the heart of it (*sharīf bi-al-mawḍūʾ*), that is, newborn children and their mothers (*al-mawlūdūna wa-ummahātuhum*).<sup>6</sup>

Ibn Khaldūn defines several areas of the professional expertise of the midwife (*qābila*<sup>7</sup>):

(a) “How to proceed in bringing the new-born child gently out of the womb of its mother and how to prepare the things that go with that” (*al-ʿamal fī istikhrāj al-mawlūd min baṭn ummihi min al-rifq fī ikhrājihī min raḥimihā wa-taḥyīʾat asbāb dhālika*). This involves “some succor”<sup>8</sup> the midwife offers when the mother is in great pain “by massaging the back, the buttocks and the lower extremities adjacent to the uterus” and by stimulating “the activity of the (force) pushing the embryo out.” Then, *post partum*, how to carefully cut

<sup>4</sup> Baali, *Society, State and Urbanism*, 36. See also Stephen Frederic Dale, “Ibn Khaldun: The last Greek and the first annalistic historian,” *International Journal of Middle East Studies* 38 (2006), 438.

<sup>5</sup> And indeed, some Muslim jurists prohibited husbands from preventing their wives to serve as midwives. See Ron Shaham, *The Expert Witness in Islamic Courts: Medicine and Crafts in the Service of Law* (Chicago, IL and London: The University of Chicago Press, 2010), 84.

<sup>6</sup> Ibn Khaldūn, *al-Muqaddima*, vol. II, 316; trans. Rosenthal, vol. II, 355–6. Surveys and classifications of professions and crafts by Muslim thinkers generally concern masculine ones. For instance, the chapter on “practical professions” in the text of *Rasāʾil ikhwān al-ṣafāʾ* (*Epistles of the Brethren of Purity*) – a monumental collection of philosophical treatises compiled in the tenth century by Ismāʿīli thinkers that Ibn Khaldūn probably knew well – ignores altogether the profession of midwifery; medicine in general is hardly referred to – in any case, it is not mentioned among the professions that are most essential for human existence. See *Rasāʾil ikhwān al-ṣafāʾ* (Beirut: Dar Ṣādir, n.d.), vol. I, 276–95 (*al-Risāla al-thāmina min al-qism al-riyāḍī fī al-ṣanāʾiʿ al-ʿamaliyya wa-al-gharaḍ minhā*).

<sup>7</sup> On this term see [Chapter 2](#).

<sup>8</sup> Ibn Khaldūn is aware of the limits of the midwife’s ability to help the mother overcome her pain and avoid the complexities of delivery. Expressions like *fa-takūnu al-qābila muʾīna fī dhālika baʿḍ al-shayʾ* and . . . *tusāwiqu bi-dhālika fīʾl al-dāfiʾa fī ikhrāj al-janīn wa-tashīl mā yaṣūbu minhu bi-mā yumkinubā* reflect his skepticism. See *al-Muqaddima*, vol. II, 329.

the umbilical cord and treat “the place of the operation with cauterization or whatever other treatment she sees fit.”<sup>9</sup>

(b) How to care for the mother after delivery – to massage and knead her “so that the membranes of the embryo may come out” and to support her “for the weakness caused by the labour pains and the pain that the separation causes her uterus.”<sup>10</sup>

(c) How to attend to the newborn child (*mā yaşluḥubu ba'da al-khurūj*)- “to massage and correct (it) until every limb has resumed its natural shape and the position destined for it,” to anoint its limbs with oils and dust it “with stringent powders, to strengthen it and to dry up the fluids of the uterus,” to smear “something upon the child’s palate to lift its uvula” and to put “something into its nose, in order to empty the cavities of its brain.”<sup>11</sup>

With striking familiarity and in great detail, probably the result of extensive and meticulous reading in medical manuals and/or information he had collected from female informants,<sup>12</sup> Ibn Khaldūn describes female anatomy and physiology and outlines the techniques of midwifery. He is conscious that, given what we today call “the modesty code,” this craft “is as a rule restricted to women” since they, as women, may see the pudenda of other women (*al-zāhirāt ba'duhunna 'alā 'awrāt ba'd*).<sup>13</sup> Moreover, “midwives are better acquainted [with obstetrics] than others”<sup>14</sup> and “we likewise find them better acquainted than a skilful [male] physician with the means of treating the ills affecting the bodies of little children from the time they are sucklings until they are weaned” (*wa-hādhīhi kulluhā adwā' najidu hā'ulā'ī al-qawābil abşar bi-dawā'ihā wa-ka-dhālika mā ya'riḍu li-al-mawlūd muddat al-raḍā' min adwā' fī badanīhi ilā ḥīn al-fişāl najiduhunna abşar bihā min al-ṭabīb al-māhir*).<sup>15</sup>

<sup>9</sup> Ibn Khaldūn, *al-Muqaddima*, vol. II, 328–9; trans. Rosenthal, vol. II, 368.

<sup>10</sup> Ibn Khaldūn, *al-Muqaddima*, vol. II, 330; trans. Rosenthal, vol. II, 369–70.

<sup>11</sup> Ibn Khaldūn, *al-Muqaddima*, vol. II, 329; trans. Rosenthal, vol. II, 369. For an idealized description by Albert the Great, a thirteenth-century Dominican scientist, of the midwife and her training, see Peter Biller, “Childbirth in the Middle Ages,” *History Today* 36 (1986), 43–4.

<sup>12</sup> On Ibn Khaldūn’s familiarity with Galen’s writings, see Dale, “Ibn Khaldun,” 437.

<sup>13</sup> Ibn Khaldūn, *al-Muqaddima*, vol. II, 328; trans. Rosenthal, vol. II, 368.

<sup>14</sup> Cf. Edward Shorter, *A History of Women’s Bodies* (Harmondsworth: Penguin, 1984), 38.

<sup>15</sup> Ibn Khaldūn, *al-Muqaddima*, vol. II, 330; trans. Rosenthal, vol. II, 370.

Based on the observation that, due to God's way of creation, "the [mother's] opening is too narrow [for the embryo] and it is difficult for it to come out" (*wa-yaḍīqu 'alayhi al-manfadh fa-ya'suru*)<sup>16</sup> or, as physical anthropologists today put it, "human beings have a difficult birth because evolution has matched the size of the new-born human brain very closely to the limits of the mother's body,"<sup>17</sup> Ibn Khaldūn concludes the first part of his chapter by saying that "this craft is necessary (*ḍarūriyya*, "essential") to the human species in civilization. Without it, the individuals of the species could not, as a rule, come into being" (*lā yatimmu kawn ashkhāshihi fī al-ghālib dūnahā*).<sup>18</sup>

Rather unexpectedly, Ibn Khaldūn turns at this point to a theological argument about the possibility of re-creating the human species if it were to become extinct.<sup>19</sup> He brings in al-Fārābī and "Spanish philosophers," who argue that the end of created beings, especially the human species (*al-naw' al-insānī*), is inconceivable because that would make "a later existence of them . . . impossible. Their existence depends upon the existence of midwifery (*li-tawaqqufihi 'alā wujūd hādhibi al-ṣinā'a*), without which man could not come into being[!]"<sup>20</sup> Although he does not accept their notion, claiming that, as in certain animals, "the instinctive kind (of births) is not unknown" in humans (*wa-ammā sha'n al-ihām fa-lā yunakaru*),<sup>21</sup> Ibn Khaldūn's theological deliberations take him far from his initial discussion of the practical aspects of the craft and lend the role of the midwife an almost cosmological-existential dimension, placing her, at least theoretically, in a highly elevated position.

To be sure, medieval Muslim doctors and religious scholars alike recognized medicine as an important, in fact indispensable occupation,

<sup>16</sup> Ibn Khaldūn, *al-Muqaddima*, vol. II, 329; trans. Rosenthal, vol. II, 368.

<sup>17</sup> Donald A. M. Gebbie, *Reproductive Anthropology; Descent through Women* (Chichester and New York: Wiley, 1981), 8.

<sup>18</sup> Ibn Khaldūn, *al-Muqaddima*, vol. II, 331; trans. Rosenthal II, 370. See also Maya Shatzmiller, "Aspects of women's participation in the economic life of later medieval Islam: Occupations and mentalities," *Arabica* 35 (1988), 42; idem, *Labour in the Medieval Islamic World* (Leiden: Brill, 1994), 353.

<sup>19</sup> On the philosophical shaping of Ibn Khaldūn see Dale, "Ibn Khaldun," 431–51.

<sup>20</sup> Ibn Khaldūn, *al-Muqaddima*, vol. II, 331–2; trans. Rosenthal, vol. II, 371. Believing in God's omnipotence, Ibn Khaldūn agrees with Ibn Sīnā that the end of various species and their creation anew are possible, while rejecting his argumentation. Cf. Richard Walzer, *Greek into Arabic* (Oxford: Bruno Cassirer, 1962), 187–90.

<sup>21</sup> Ibn Khaldūn, *al-Muqaddima*, vol. II, 331; trans. Rosenthal, vol. II, 370.

regarding the presence of a professional physician in any town or city as absolutely necessary. According to Abū al-‘Alā’ Šā‘id b. al-Ḥasan (d. after 1071), a physician from Raḥba in northern Iraq, medicine has become a universally appreciated vocation through accumulated experience and thanks to general consensus (*qad ajma‘at al-umam wa-ittafaqat al-shahādāt . . . wa-al-tajārib al-mustamirra bi-faḍl šinā‘at al-ṭibb wa-ḥājat al-nās ilayhā*). What makes a city or a town a good place to live in is not only a just ruler, a flowing river and a market, he says, but also a knowledgeable physician (*ṭabīb ‘ālim*). Moreover, attributed to a divine origin and applied for the benefit of, amongst others, prophets and devoted believers, the study and practice of medicine have been sanctioned and encouraged by religion (*wa-idhā kānat hādhihi al-šinā‘a qad waḍa‘ahā Allāh ta‘ālā wa-ista‘malahā al-anbiyā‘ wa-al-atqiyā‘ wa-amarū bihā wa-lam tuḥadhdhirhā sharī‘a wa-lā ḥaramathā milla fa-qad bāna faḍluhā wa-jalla qadrubā*). All this explains the prestige medicine enjoys, the honor conferred on its practitioners and the efforts invested in preserving and copying medical writings (*fa-li-dhālika tarā al-nās li-iḍṭirāribim ilayhā yujillūnahā wa-yubajjilūnahā wa-yaḥtafizūna bi-mā yaqa‘u lahum min kutubihā wa-yansakhūnahā . . .*).<sup>22</sup> Abū Ḥāmid Muḥammad al-Ghazālī, the well-known jurist, theologian and mystic of the eleventh-twelfth centuries (d. 1111), supports this approach from a theological point of view. He regards the body as a sort of carrier (“a riding animal” – *maṭiyya*), a material platform for the spirit – namely, the divine element planted in human beings and whose perfection brings believers close to God. Physical health in this world and consequently longevity should therefore be seen as preconditions for achieving the ultimate human goal in the hereafter. No wonder then that al-Ghazālī defines medicine as one of the non-religious (*ghayr sharī‘ī*) yet praiseworthy (*maḥmūd*) sciences and sees its study as one of the collective duties (*farḍ kifāya*) imposed on at least one (male) believer in any Muslim community.<sup>23</sup> However, while sharing the idea that “the craft of medicine (*šinā‘at al-ṭibb*) is

<sup>22</sup> Abū al-‘Alā’ Šā‘id b. al-Ḥasan al-Ṭabīb, *al-Tashwīq al-ṭibbī*, ed. by Marīzan Sa‘īd ‘Asīrī (Riyad: Maktab al-Tarbiyya al-‘Arabī li-Duwwal al-Khalīj, 1996), 55–8.

<sup>23</sup> Abū Ḥāmid Muḥammad al-Ghazālī, *Iḥyā’ ‘ulūm al-dīn* (Cairo: Mu‘assasat al-Ḥalabī, 1967), vol. I, 27–8, 78–9.

needed in settled areas and cities – not in the desert,” where the Bedouins adopt a healthier diet and are more physically active<sup>24</sup> – Ibn Khaldūn is unique in that he explicitly includes midwives in the medical profession whose practice is of special socio-religious significance. With his enormous appreciation of – not to say admiration for – midwives, those agents thanks to whom women become mothers and the human species survives, Ibn Khaldūn represents one side of the ambivalent male attitude towards the creative power of the other sex.

Also exceptional, yet from a different point of view, is a text by Ibn Khaldūn’s contemporary, Muḥammad b. Muḥammad Ibn al-Ḥājj al-‘Abdarī (b. 1336), a Cairene Māliki jurist of Maghribi origin, who represents an opposite, probably more prevalent, male approach towards women in general and midwives in particular. His *Introduction to Religious (sharῥ) Law, al-Madkhal*,<sup>25</sup> is one of the most well known compilations within the genre (particularly popular in the Mamluk period) of treatises condemning innovations into the beliefs, customs and religious practices of the people of the time (*bida’*, sing. *bid’a*).<sup>26</sup> The comments that open the chapter on childbirth (*Faṣl fī dbikr al-nifās wa-mā yuf’alu fīhi*) leave no doubt as to the extremely misogynous world view of the author: “This chapter should have been placed before the one preceding it, which deals with washing a dead body, since in real life birth is the beginning and death comes next. However, because religious rules pertaining to birth are exclusively connected with women, I followed the Prophet Muḥammad’s

<sup>24</sup> Ibn Khaldūn, *al-Muqaddima*, vol. II, 333; trans. Rosenthal, vol. II, 373.

<sup>25</sup> *Kitāb al-madkhal ilā tanmiyat al-a’māl bi-taḥsīn al-niyyāt wa-al-tanbīh ‘alā ba’d al-bida’ wa-al-‘awā’id allatī intaḥalat wa-bayān shanā’atihā wa-qubḥihā* (Beirut: Dār al-Kitāb al-‘Arabī: 1972). See, J.-C. Vadet, “Ibn al-Ḥādjdj,” *EI*<sup>2</sup>, vol. III, 779–80.

<sup>26</sup> J. P. Berkey, “The Mamluks as Muslims: The military elite and the construction of Islam in medieval Egypt,” in *The Mamluks in Egyptian Politics and Society*, ed. by Thomas Philipp and Ulrich Haarman (Cambridge University Press, 1998), 166–73; Maribel Fierro, “The treatises against innovations (kutub al-bida’),” *Der Islam* 69 (1992), 204–46. According to Fierro, Ibn al-Ḥājj is the only author of an anti-bida’ treatise available in print who extensively discusses problems connected with women in general and midwives in particular. On the unique character of Ibn al-Ḥājj’s *al-Madkhal*, see Mounira Chapoutot-Remadi, “Femmes dans la ville mamlūke,” *Journal of the Economic and Social History of the Orient* 38 (1995), 145–64, especially 163.

instruction to ‘place females behind, just where God has placed them’” (*akhkhirūhunna ḥaythu akhkharrhunna Allāh*).<sup>27</sup>

The chapter as a whole is characterized by the tension that clearly exists between, on the one hand, the author’s awareness of the religious significance of birth as the beginning of life (which, like the last moments on earth, is crucial for determining a believer’s destiny in the Hereafter)<sup>28</sup> – thus implicitly reflecting his recognition of the essential role of the mother – and, on the other, the contempt he feels for the female body, the vehicle for creating new life, and for the all-female milieu in which deliveries take place. Moreover, it is obvious that for Ibn al-Ḥājj al-‘Abdarī the happenings behind the curtain of this closed, mysterious “world of birthing ritual,”<sup>29</sup> of which the midwife is an indubitable representative, constitute a source of deep concern and fear. An embodiment of the strict legalistic approach of Muslim scholars, Ibn al-Ḥājj vehemently criticizes the midwives who, being in most cases outside the circles of the ‘*ulamā*’, lack religious knowledge (*fa-li-ajli bu’dihinna ‘an al-‘ilm wa-ablibi ghālib<sup>an</sup> . . .*); for adopting countless disgraceful practices (*‘awā’id radī’a muta’addida qalla an tanḥašira*) and popular customs in contradiction of the sacred law, the *sharī’a*<sup>30</sup>; he blames them for breaking hygienic and purification rules, for superstitiously using magical devices and for their greed.<sup>31</sup> Against this background, Ibn al-Ḥājj calls on Muslim males not to observe

<sup>27</sup> Muḥammad b. Muḥammad al-‘Abdarī Ibn al-Ḥājj, *al-Madkhal*, vol. III (Beirut: Dār al-Kitāb al-‘Arabī, 1972), 296.

<sup>28</sup> *Ibid.*: *Wa-qad taqaddama anna al-muḥtaḍar ‘inda mawtihi yanbaghī an yakūna ‘alā aḥsan ḥālātihi fīmā baynahu wa-bayna rabbīhi ‘azza’wa-jalla, li-annahū al-khitām fa-yanbaghī an yakūna al-ibtidā’ mithlabu ḥīna burūzihi ilā al-dunyā.*

<sup>29</sup> Monica Green, “Women’s medical practice and health care in medieval Europe,” *Signs* 14 (1989), 472.

<sup>30</sup> Ibn al-Ḥājj, *al-Madkhal*, vol. III, 297.

<sup>31</sup> *Ibid.*, 296–300, and see Chapter 1. See also, Huda Lutfi, “Manners and customs of fourteenth-century Cairene women: Female anarchy versus male Shar’i order,” in *Women in Middle Eastern History: Shifting Boundaries in Sex and Gender*, ed. by Nikki R. Keddie and Beth Baron (New Haven, CT and London: Yale University Press, 1991), 111–12. Elsewhere in his *al-Madkhal* (vol. IV, 122), Ibn al-Ḥājj mentions midwives, along with old women, as experienced in general medical practice. Ibn Ḥajar al-Haytamī, the sixteenth-century Shāfi’i scholar from Egypt, in one of his fatwās, blames the careless treatment provided by midwives as responsible for cases of infant mortality during childbirth. See Aḥmad b. Muḥammad Ibn Ḥajar al-Haytamī, *al-Fatāwā al-fiqhiyya al-kubrā* (Cairo, 1890), vol. I, 220.

midwives' advice, to reject their practices (*fa-yanbaghī li-waliyy al-mawlūd ... an lā yarji'a ilayhinna wa-lā ilā ra'yihinna wa-lā ilā 'awā'idihinna*)<sup>32</sup> and to spare no effort to break the midwives' monopoly – or, rather, to break into their isolated realm – not by replacing them, of course, but by carefully selecting them, instructing them in the spirit of Islamic law and ethics, and by continually supervising them: “It is fit for the child’s guardian, or rather imposed upon him, to obey God and follow the prophetic pure example in this regard [i.e., childbirth] so that the [divine] blessing will come back to the new-born infant at the outset of its life and later on” (*fa-yanbaghī bal yata'ayyanu 'alā waliyy al-mawlūd an yakūna mumtathil<sup>an</sup> li-amr Allāh ta'ālā fīhi [fī al-nifās] wa-yatba'a al-sunna al-muṭṭahara fī ḥaqqihi li-ta'ūda barakatuhā 'alā al-mawlūd fī ibtidā'i amrihi wa-ba'dahu*).<sup>33</sup>

Unlike Ibn Khaldūn who, I assume, had in mind a highly professional midwife working for elite families, Ibn al-Ḥājj offers us a vivid description of the manners and customs of midwives serving women of wider social circles. For instance, he fiercely attacks midwives for neglecting the basic rules of hygiene when they touch the newborn and its clothes without first washing the secretions of its mother off their hands and, moreover, when they let the newborn infant lick their fingers covered with the mother’s blood (*bal ba'd al-qawābil yul'iqna al-mawlūd mim mā yata'allaqu bi-aṣābi'ihinna min al-najasāt*), claiming that these practices are beneficial to it.<sup>34</sup> Ibn al-Ḥājj also denounces midwives for being greedy and superstitious: they steal the garment with which the newborn is first wrapped, attributing to it powers of blessing or simply out of covetousness when, for instance, it is made of silk; also for believing in the magical power the act of cutting the umbilical cord has on other infants who are brought into the house when this is taking place.<sup>35</sup>

<sup>32</sup> Ibn al-Ḥājj, *al-Madkhal*, vol. III, 297.

<sup>33</sup> *Ibid.*, 296–301, 304–5.

<sup>34</sup> *Ibid.*, 298. Another indication of the low professional level of Cairene midwives in Ibn al-Ḥājj’s time is the use of mouse dung to lessen the mother’s pains. See *ibid.*, vol. III, 299.

On the damage caused by the furious intervention and impatience of “traditional” midwives in premodern Europe in the natural process of birth, see Shorter, *A History of Women’s Bodies*, 58–65.

<sup>35</sup> Ibn al-Ḥājj, *al-Madkhal*, vol. III, 299–300, 304.

Regarding the moral behavior of midwives Ibn al-Hājǧ is no less critical. According to him, some of them refuse to fix their wages well in advance, which they claim as beneath their dignity ... (*bal ba'ḍuhunna yarauna anna ta'yyīn al-ujra 'ayb wa-qillat ḥishma wa-tark riyāsa*)<sup>36</sup> and prefer to leave the negotiations on this matter to the time of the delivery, presumably in the hope of extracting more from the thrilled and confused family members. Others reject the intervention of another midwife in a (probably complex) delivery they themselves started to deal with (*wa-yanbaghī an yaḥdhara mim mā yaf'aluhu ba'ḍ al-qawābil wa-huwa anna al-wāḥida minhunna idhā dakhalat ilā bayt wa-qabilat fīhi lā yumkinu għayruhā an tadkhala 'alayhā fīhi*).<sup>37</sup>

All in all, *al-Madkhal* depicts, in what appears to be a realistic way, the time and place of childbirth as an arena for a power struggle between males and females: husbands and wives, masters and concubines, medical women and the surrounding society with its patriarchal-Islamic ethos.

One can discern in the texts I have cited here different types of midwives active in the medieval Muslim world. More importantly though, these texts reflect the contrasting images and views of midwifery held by prominent fourteenth-century Muslim thinkers, images that embody two sides of the ambivalent attitude of males towards this typically female occupation and its representatives.

To what extent are these views based on earlier Islamic sources and shared by other thinkers? Do they reflect aspects of social reality? In answering these questions through a survey of mainly theoretical and literary writings, in what follows I trace the attitudes toward midwives on the part of male Muslims – biographers, physicians, and jurists – to a mixture of awareness of the midwife's essential role in society with her obvious marginalization, which sometimes results in a total absence of midwives in those texts in which they might be expected to appear.

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<sup>36</sup> *Ibid.*, 298.    <sup>37</sup> *Ibid.*, 304-5.

For it is a perennial puzzle why no woman wrote a word of that extraordinary literature when every other man, it seemed, was capable of song or sonnet  
 – Virginia Woolf, *A Room of One's Own* (London: Hogarth Press, 1967), 62

Available in relatively large numbers and varied in their character, written and other sources have enabled historians in recent years to develop a “history of birth” and a “history of midwifery” in the context of premodern Western-Christian societies. These sources include belles-lettres; medical, legal, and theological writings; records of sainthood and *exempla* (tales illustrating sermons); archival documents such as records of legal proceedings or documents of orphanages; personal diaries and testimonies of travel writers; as well as art works from late medieval through early modern times.<sup>38</sup> Most of this corpus of texts written before the seventeenth century is the product of urban male scholars. Midwives, like other women, were socialized to regard themselves as innately inferior and subordinate to men. Therefore, even literate women who could have left records did not consider their work worth reading.<sup>39</sup> However, the seventeenth century saw the first signs of a significant change in Europe. A few midwives left memoirs and manuals, “precious pieces of evidence . . . an island in an ocean of documentary silence.”<sup>40</sup> *The Midwives' Book* by Jane Sharp, the first handbook for midwives written by an Englishwoman, was published in 1671.<sup>41</sup> Moreover, the writings of Louise Bourgeois (1563–1636) the midwife of Marie de Médici (wife of King Henri IV of France and mother of King Louis XIII), includes, in addition to

<sup>38</sup> S. Laurent, *Naître au Moyen Âge* (Paris: Le Léopard, 1989), 2–8; Biller, “Childbirth,” 43, 49; Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France* (London: Ashgate, 2005) is wholly dedicated to the visual culture of childbirth.

<sup>39</sup> Jane Donegan, *Women and Men Midwives: Medicine, Morality and Misogyny in Early America* (Westport, CT: Greenwood Press), 20, quoted by Mary M. Lay, *The Rhetoric of Midwifery: Gender, Knowledge and Power* (New Brunswick, NJ and London: Rutgers University Press, 2000), 45.

<sup>40</sup> Simon Schama, *The Embarrassment of Riches: An Interpretation of Dutch Culture in the Golden Age* (London: Fontana Press, 1991), 525.

<sup>41</sup> Jane Sharp, *The Midwives' Book; Or the Whole Art of Midwifery Discovered*, ed. by Elaine Hobby (New York: Oxford University Press, 1999), Editor's Introduction, vii–xliii. Cf. Naomi Simansky, “Jane Sharp and her place in the struggle between medical practitioners and midwives in XVIIth-century England,” *Hayo Haya: A Young Forum for History* 1 (2002), 52–70 (in Hebrew).

a specialist guidebook, personal memoirs.<sup>42</sup> And the diary of Catharina Geertruida Schrader, a midwife in the small market town of Dokkum in Friesland (north of the Netherlands), sheds light not only on professional concepts but also on midwives' world-view, experience, practice, and emotions. Schrader's diary is a remarkable example of this rare sort of text. Covering fifty-two years of a provincial midwife's professional activity (1693–1745), it is a mine of information: on how midwives were trained, on their relationships with male doctors, on their social status, on the methods they applied at the scene of childbirth, on the use they made of instruments and drugs, on the ways they coped psychologically with difficult situations, on their other roles in the community, and so on.<sup>43</sup>

The questions raised by Jacques Gelis, Monica Green, Peter Biller, Jean Donnison, and others on the value of different sources and how to assess and use them, as well as their findings, can serve as an inspiration for any scholar delving into the history of birth and midwifery in other cultural contexts. They deal with such issues as the division of labor and competition between male and female medical practitioners, the scope of women's medical practice, the distinction between female doctors and midwives, the medical education and licensing of women, the role of women in the processes of medical professionalization and professional organization, the social background of female doctors and midwives, and the relations between learned medicine (mostly represented by males) and popular medicine (mostly represented by females). All relate to wider questions of the struggle for social status and economic rivalry between the sexes, of literacy and, naturally, of the control of knowledge.

The search for relevant Arabic sources yields much less promising results than in the case of pre- and early-modern Europe. The historian's ability to explore such topics in Islamic contexts is therefore limited. Remarkable is the almost total lack of archival records of any sort – such as the account of the first stages of an inquest initiated in 1403 by the criminal court of Marseilles against a Jewish midwife – and

<sup>42</sup> Cf. Ya'arah Bar-On, *The Crowded Delivery Room: Gender and Public Opinion in Early Modern Gynecology* (Haifa: Haifa University Press and Tel Aviv: Zmora-Bitan, 2000) (in Hebrew).

<sup>43</sup> Schama, *The Embarrassment of Riches*, chapter 4: "Making babies safe(ly): The diary of a Dutch midwife," especially 525–8, 531–3.

other legal documents through which European midwives' activity can be reconstructed.<sup>44</sup> Even the Geniza documents do not shed much light on the concrete physical and medical aspects of childbirth, or on the role of the midwife.<sup>45</sup> But Arabic legal and medical sources, as well as works of belles-lettres (*adab*), leave no doubt that midwifery was recognized as a craft in Mediterranean Muslim societies as early as the eighth–ninth century.<sup>46</sup>

Arabic medical writings (which I present and examine in [Chapter 3](#)) and the detailed chapters, sometimes whole treatises, on gynecology, obstetrics, and pediatrics they contain can be useful for the history of midwifery – albeit largely for the theoretical aspects of the profession, as these works were compiled exclusively by and for male physicians. No Arabic systematic manual for midwives comparable to Soranus' treatise on women's illnesses and its medieval elaborations is known in the lands of Islam prior to the nineteenth century.<sup>47</sup>

Religious sources, on the whole, offer us relatively little in this regard. Surprisingly, the comprehensive and rich collections of legal *responsa* (*fatāwā*, sing. *fatwā*), such as Aḥmad Ibn Taymiyya's *Majmū'at fatāwā* (13<sup>th</sup> to 14<sup>th</sup> century) and Aḥmad al-Wansharī's *al-Mi'yār al-mu'rib* (15<sup>th</sup> to 16<sup>th</sup> century), otherwise very helpful in reconstructing aspects of everyday life in medieval Muslim societies, contain very few references, if any at all, to midwives. In these circumstances, the theoretical discussion of legal rules concerning midwives, particularly their status as witnesses in court and a few testimonies on their actual application (see [Chapter 5](#)), as well as isolated references to

<sup>44</sup> Monica H. Green and Daniel Lord Smail, "The trial of Floreta d'Ays (1403): Jews, Christians, and obstetrics in later medieval Marseilles," *Journal of Medieval History* 34 (2008), 185–211, especially 189, 191.

<sup>45</sup> Shlomo Dov Goitein, *A Mediterranean Society: The Jewish Communities of the Arab World as Portrayed in the Documents of the Cairo Geniza*, vol. III: "The Family" (Berkeley, Los Angeles, CA and London: University of California Press, 1978), 232.

<sup>46</sup> Monica Green has raised the question of the absence of the "professional" midwife from early medieval European sources. See her "Bodies, gender, health, disease: Recent work on medieval women's medicine," *Studies in Medieval and Renaissance History*, 3rd series, 2 (2005), 15.

<sup>47</sup> Cf. *ibid.*, 17; Danielle Gourevitch, "Préparation intellectuelle et déontologie de la sage-femme: Du traité Des maladies des femmes de Soranos d'Ephèse aux Infortunes de Dinah," in *From Athens to Jerusalem: Medicine in Hellenized Jewish Lore and in Early Christian Literature*, ed. by Samuel Kottak and Manfred Horstmanshoff (Rotterdam: Erasmus, 2000), 69–80; Biller, "Childbirth," 44, and see below.

midwives in biographical and hagiographical collections (see [Chapter 4](#)), prove essential. Like their counterparts in Renaissance Italy, fifteenth-century historians of the Mamluk period in the Middle East such as Ibrāhīm al-Biqā'ī and Shihāb al-Dīn Aḥmad Ibn Ṭawq – both authors of chronicles combined with personal diaries – as well as biographers such as Muḥammad b. 'Abd al-Raḥmān al-Sakhāwī (see [Chapters 1](#) and [4](#)) record the birth of children alongside other familial events. However, excluded, as males, from the birthing scene, they cannot supply any detail on the events taking place within this domain and say nothing on the midwife's activity, the feelings and behavior of the mother in confinement, and the roles of the helpers (see [Chapter 4](#)).<sup>48</sup>

Collections of belles lettres and moral tractates, with the anecdotes they contain on midwives – dispersed and largely imaginary as they are – sometimes reflect contemporary popular concepts (see [Chapter 2](#)). Moreover, those elements in the stories that are based on their authors' lives can be taken as historical evidence, depending of course on the extent to which we succeed in identifying these elements. In any case, anecdotes seem to give more detailed and more accurate impressions on the female subcultures<sup>49</sup> within medieval Muslim societies than do normative texts. Thus by using Boccaccio's *Decameron* to reconstruct everyday life in northern Italy during the fourteenth-century's plague, the “Black Death,” David Herlihy showed how fruitful anecdotal materials can be for the study of history.<sup>50</sup>

The findings of ethnographic-anthropological research on midwifery in the contemporary Muslim world, if cautiously used, are helpful in filling some gaps left by the classical and medieval sources, although in this field too, the socio-cultural aspects of the midwife's role have not drawn much attention, at least in comparison with other “key preservers of life's wisdom.”<sup>51</sup> In any case, it should be emphasized that we are dealing here with the *longue durée*, with ways of life,

<sup>48</sup> Cf. Jacqueline Marie Musacchio, *The Art and Ritual of Childbirth in Renaissance Italy* (New Haven, CT and London: Yale University Press, 1999), 9.

<sup>49</sup> Female subcultures are “[M]ore or less autonomous or bounded female cultures... which are more autonomous whenever women are more sharply segregated from men.” Peter Burke, *What Is Cultural History?* (Cambridge: Polity Press, 2008), 28.

<sup>50</sup> David Herlihy, *The Black Death and the Transformation of the West*, ed. by S.K. Cohn, Jr. (Cambridge, MA and London: Harvard University Press, 1997), 40–1.

<sup>51</sup> Laila El-Hamamsy, “The *daya* of Egypt: Survival in a modernizing society,” The American University in Cairo, Social Research Center, Reprint Series, 22, n.d., 2. On

beliefs, and practices that persisted for centuries.<sup>52</sup> For instance, the entry *Dāya* (“midwife”)<sup>53</sup> in *Qāmūs al-ṣinā’āt al-shāmiyya* (the dictionary of Damascene crafts compiled in Damascus in the 19<sup>th</sup>–20<sup>th</sup> century), relies heavily upon Ibn Khaldūn’s relevant chapter in the *Muqaddima* (see above), as if the information he supplies on the practice of midwifery in the western parts of the Islamic world is still applicable five or six hundred years later in the eastern parts of the Islamic Mediterranean.<sup>54</sup> Quite a few similarities are identifiable between descriptions in early sources on the one hand and ethnographic-anthropological reports from the nineteenth–twentieth century on the other, of the setting of the delivery, the position of the woman in confinement, the equipment used, the direct or indirect role of men, the division of labor among the helpers, and the roles the midwife plays outside the child-birth scene (in birth and adulthood rites, as a female circumciser, etc.). These can serve as a starting point for a more comprehensive comparison without, however, changing the focus of this book on premodern times (see below). Reports such as those by Hilma Granqvist and Carla Makhluf-Obermeyer (see [Chapter 6](#)), complement the information we can derive from the early texts in two ways: They describe the everyday practices of childbirth and midwifery in communities in which tradition has remained more or less unchanged for a very long time and, more importantly, they focus on female activity as observed by female researchers from within the scene.

Finally, although I have not used non-textual sources here, I would like to draw attention to their potential for future research. Discussing the value of illustrations of birth in European manuscripts from the thirteenth through fifteenth centuries as a historical source, Sylvie Laurent concludes that *si les sources écrites sont le reflet d’une élite, l’image révèle plus largement les non-dits du texte. Elle indique souvent*

the importance of medical anthropology for the study of medieval women’s medicine in Europe, see Green, “Bodies, gender, health, disease,” 26–7.

<sup>52</sup> Jacques Gelis, *History of Childbirth: Fertility, Pregnancy and Birth in Early Modern Europe* (Cambridge: Polity Press, 1991), xvi.

<sup>53</sup> This noun, of Persian origin, signifies also “a woman who has the charge of a child, who takes care of him, and rears or nourishes him,” Edward William Lane, *An Arabic-English Lexicon* (London and Edinburgh: Williams and Norgate, 1863), Book I, 840. See [Chapter 2](#).

<sup>54</sup> Jamāl al-Dīn al-Qāsimī and Khalīl al-‘Azm, *Qāmūs al-ṣinā’āt al-shāmiyya* (Paris: Mouton and La Haye, 1960), vol. I, 134–8 (s.v. “*Dāya*”).

*les préoccupations inconscientes de l'imaginaire collectif médiéval. Ainsi, elle dévoile des aspects réalistes et d'autre plus symboliques concernant l'accouchement.*<sup>55</sup> She demonstrates how illustrations of birth contribute to our knowledge on Caesarean sections, on the position of the mother during childbirth, on the roles of midwives and their assistants, and on the magic and ritual surrounding birth in medieval Europe.<sup>56</sup> Illuminating also is the work of Jacqueline Marie Musacchio on objects associated with pregnancy and childbirth that Renaissance women possessed. Musacchio shows how the importance of childbirth in the life of women and families, particularly in the wake of the demographic decline caused by the Black Death, is reflected in the density of the material culture associated with it. The “art of childbirth” included a wide range of decorative and utilitarian objects very popular in Italy from the fourteenth through the seventeenth centuries, such as wooden trays and bowls and ceramic wares painted with birth-related images.<sup>57</sup> I am not aware of any survey of such objects in the lands of Islam. And it seems that the surviving and catalogued Islamic illustrated manuscripts can offer much less than the nearly two hundred presentations of birth (in the Bibliothèque nationale de France alone!) surveyed by Laurent. But the few examples that I have come across are nevertheless illuminating. It is also clear that these, like the textual sources, should be analyzed carefully within the context of their production.<sup>58</sup>

Most of the theoretical-normative sources at our disposal date back to the classical period of Islamic history (7<sup>th</sup>–12<sup>th</sup> centuries) whereas sources that reflect social reality to a greater extent originate from the Islamic Middle Ages (12<sup>th</sup>–15<sup>th</sup> centuries), two periods that I designate here “premodern.” New developments in the domain of Middle Eastern midwifery in the nineteenth–twentieth century are referred to in order to contrast the status, roles, and images of the traditional midwife with those of her modern counterpart.

<sup>55</sup> Sylvie Laurent, “L'accouchement dans l'iconographie médiévale d'après les miniatures de la Bibliothèque Nationale,” in *Maladies, Médecines et Sociétés: Approches Historiques pour le Présent, I: Actes du VIe Colloque d'Histoire au Présent* (Paris: L'Harmattan et Histoire au Présent, 1993), 144.

<sup>56</sup> *Ibid.*, 147–9.

<sup>57</sup> Musacchio, *The Art and Ritual of Childbirth*, especially 1–16, 149–57.

<sup>58</sup> Green, “Bodies, gender, health, disease,” 23–4.

I have used texts written in the central parts of the Muslim world and the Mediterranean, extending from Transoxania and Iran in the East, to Muslim Spain (Al-Andalus) in the West.

The literary-theoretical character of the large majority of available sources, and the almost total lack of “documents of practice,” raises questions that, formulated by Monica Green in the context of the history of European medicine, should nevertheless be kept in mind by every historian: To what extent do these writings reflect real experience? Do they simply reiterate beliefs and practices the authors have found in other writings – for instance, in ancient medical texts? Is what we find in medical texts merely “armchair gynecology”? What role do rhetoric and polemic play, and how are we to filter out their influences? Who wrote these texts and, even more important, who read them?<sup>59</sup>

\* \* \*

The purpose of the present study is to uncover, through the limited evidence offered by Arabic-Islamic sources, the prevalent images of and attitudes toward midwives and to show, to the extent these sources make possible, how midwives functioned professionally, socially, and culturally in medieval Muslim societies. I hope in this way to contribute to a better understanding of the gender relations that existed in these societies.

To achieve this aim, even partially, I first identify prevalent attitudes towards women and femininity, sex, childbirth, and children, and examine interfamilial relationships and the division of roles in the context of childbirth. Against this backdrop I deal with the midwife’s position, first vis-à-vis the family of the woman in confinement, her husband, and other family members, and then in relation to the outside participants in the childbirth – an event at the center of the female subculture. The question of the midwife’s social status is then raised: her role as a mediator between the male authority in patriarchal-patrilineal communities on the one hand and the isolated female domain on the other, inspecting, as an agent in the service of the former, women’s behavior. In this context, the midwife’s privileges as a witness in court and her relationship with male doctors are discussed. Last but not least, the cultural role of midwives in the context of the

<sup>59</sup> Green, “Women’s medical practice,” 460.

competition between learned medicine as opposed to popular medicine and magic is dealt with, including a reference to the confrontation between Western obstetrics and traditional midwifery that has been taking place in the central parts of the Muslim world since the nineteenth century.

It goes without saying that many of the things we take for granted and that simply seem part of being human have in fact a history, and often a fascinating, conflictual, momentous history at that.<sup>60</sup> My previous research on medieval Islamic views on breast-feeding and their social implications was based on the assumption that lactation is not merely a biological-instinctive routine but an aspect of “mothering,” the culturally constructed bonding between mother and child, “grounded in specific historical and cultural practices.”<sup>61</sup> Childbirth is another case in point. “The way in which a society receives a newborn child into its bosom tells us a great deal about the fundamental attitudes of that society towards the experience of living,” says Jacques Gélis in the introduction to his *History of Childbirth*.<sup>62</sup> “Because birth is the main form of recruitment to families and to kinship groups, the modes of conducting delivery, the acceptable persons in attendance, the degree of intervention for survival, the treatment of the woman herself and then her infant, are all under cultural stricture, sets of beliefs and rules about ‘how things are done’.”<sup>63</sup>

<sup>60</sup> See S. Greenblatt, “Me, myself and I,” a review of Thomas Laqueur’s *Solitary Sex: A Cultural History of Masturbation*, published in *The New York Review of Books* 51, no. 6 (April 8, 2004), 32.

<sup>61</sup> Carmi Parsons and Wheeler as cited in Avner Giladi, *Infants, Parents and Wet Nurses: Medieval Islamic Views on Breastfeeding and Their Social Implications* (Leiden: E. J. Brill, 1999), 1.

<sup>62</sup> Gélis, *History of Childbirth*, p. XI.

<sup>63</sup> L. Newman, “Midwives and modernization,” *Medical Anthropology* 5 (1981), 2–3. On the relation between the physiological and the cultural aspects of childbirth, see also Brigitte Jordan, *Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden and the United States* (Montréal and London: Eden Press), 1. See also Green and Smail, “The trial of Floreta d’Ays,” 185.

## Islamic Views on Birth and Motherhood

It is men's outlook on birth and the mother-genitrix that may well have contributed to the midwife's complex position: her relative marginality in most of the Arabic-Islamic texts that have been surveyed for this research (*al-Muqaddima* and *al-Madkhal* being exceptions to the rule; see [Introduction](#), above), on the one hand, and the essential socio-legal role jurists granted her, on the other.

For men, members of "the sex that begets, not bears young,"<sup>1</sup> childbirth was, throughout history, wrapped in mystery, fears, and taboos. Because they were excluded from this process, males felt it threatened their superiority, prompting them to attribute magical powers to the female, the "primordial other," while at the same time trying to belittle her role in reproduction.<sup>2</sup> Thus, according to the Greek myth of autochthony, one had to be born of the earth (*chthon*), not of a woman, to be recognized as an Athenian citizen. The Greek male aspiration was for birth to take place without any procreative act, and gods were regarded as capable of replacing human females once conception had taken place. For instance, the goddess Athena had sprung fully formed out of the head of her father, Zeus, who earlier had swallowed her pregnant mother; and the god Dionysus is said to have been born from the thigh of Zeus, into which he had been sewn

<sup>1</sup> *Chambers Concise Dictionary* (Edinburgh: W & R Chambers, 1991), s.v. "Male."

<sup>2</sup> E. Boyman, "De l'enfantement: Les vicissitudes d'une notion primordiale," *Cahiers internationaux de Sociologie*, 77 (1984), 303–9.

up while an embryo.<sup>3</sup> It is interesting to find some traces of this conception in Islamic tradition as well,<sup>4</sup> although, as we shall see, the essential role of the mother is generally recognized.

Within the monotheistic realm, the female destiny is first predicted in the Old Testament against the backdrop of the myth of the original sin and the following divine punishment: “And to the woman He said: ‘I will make most severe your pangs in childbearing; in pain shall you bear children.’”<sup>5</sup> Biblical texts not only portray the huge physical difficulties, indeed the danger, involved in parturition<sup>6</sup> but also use childbirth as a metaphor for immense suffering: “Like a woman with child approaching childbirth, writhing and screaming in her pangs, so are we become because of you, O Lord.”<sup>7</sup>

The medieval Christian church, under the inspiration of the myth of creation, considered women to be the source of depravity and the cause of man’s downfall but at the same time necessary – or, rather, a necessary evil – for procreation.<sup>8</sup>

Compared with the biblical version of the creation story, the Qur’ān, by referring to the (nameless) spouse of Adam as part of a couple, represents a more egalitarian view of the events surrounding the original sin. Adam and his wife are both warned of the danger of the tree; and both are approached by Satan and are therefore jointly found guilty of the disobedience that costs them their expulsion from Paradise.<sup>9</sup> The course of the story is changed, however, in post-Qur’ānic

<sup>3</sup> *Ibid.*, 309–12; Robert Garland, “Mother and child in the Greek world,” *History Today* 36 (1986), 41. Cf. Ya’acov S. Licht, “Leda (Childbirth),” in *Encyclopaedia Biblica*, IV, 431 (in Hebrew).

<sup>4</sup> On the possibility that offspring could be created from a single male, as discussed in early Islamic tradition, see Kathryn Kueny, “The birth of Cain: Reproduction, maternal responsibility, and moral character in early Islamic exegesis,” *History of Religions* 48, no. 2 (2008), 114.

<sup>5</sup> *Genesis*, 3:16. English translation: *Jewish Publication Society Hebrew-English Tanakh* (Philadelphia, PA: The Jewish Publication Society, 2003).

<sup>6</sup> See, for instance, *Genesis* 35:16–18, the story of Rachel, who died while giving birth to Benjamin.

<sup>7</sup> *Isaiah* 26:17 (see also 42:13–14). trans. *JPS Tanakh*.

<sup>8</sup> Boyman, 312–15. On the Jewish and Christian view of Eve’s share of responsibility for the original sin, see Avraham Grossman, *He Shall Rule Over You? Medieval Jewish Sages on Women* (Jerusalem: The Zalman Shazar Center for Jewish History, 2011), 541–2 (in Hebrew).

<sup>9</sup> Denise A. Spellberg, “Writing the unwritten life of the Islamic Eve: Menstruation and the demonization of motherhood,” *International Journal of Middle East Studies* 28

sources, where Adam's wife, now named Ḥawwā' (Eve; Ḥavah in biblical Hebrew), is featured as responsible for the fall: Adam tasted the forbidden fruit only after having been tempted, or rather commanded, by his spouse to do so (*fa-bada'at Ḥawwā' fa-akalat minhā [min al-shajara] thumma amarat Ādam fa-akala minhā*); or, according to another interpretation, after having been intoxicated by the wine that Ḥawwā' made him drink.<sup>10</sup> Most interesting is the description of Eve avoiding sexual relations with Adam as a means of pressure, or threat, which actually pushes him to transgress the divine prohibition (*fa-da'āhā Ādam li-ḥājatihi . . . qālat: "lā, illā an ta'kula min hādhibi al-shajara"*).<sup>11</sup> Here Ḥawwā' is presented not only as a woman with a rebellious nature but also as having a strong influence over her husband. According to Islamic tradition, ten punishments, not mentioned in the Qur'ān as such, among them menstruation, pregnancy, and the suffering at childbirth, remind the daughters of Eve of the fault of their first ancestress.<sup>12</sup>

Exegetes commenting on verse 36 in sūra 2 ("Then Satan caused them to slip therefrom and brought them out of that they were in"<sup>13</sup>), echo the divine decree as cited in Genesis 3:16. Says Muḥammad b. Jarīr al-Ṭabarī (d. 923), the most prominent Qur'ān commentator of the classical period: "And when you are ready (lit., wish) to give

(1996), 306–7; Barbara Freyer Stowasser, "The status of women in early Islam," in *Muslim Women*, ed. by F. Hussain (London and Sydney: Croom Helm, 1984), 22–3; Barbara Freyer Stowasser, *Women in the Qur'ān, Tradition and Interpretation* (New York and Oxford: Oxford University Press, 1994), 25–7.

<sup>10</sup> Muḥammad b. Jarīr al-Ṭabarī, *Jāmi' al-bayān 'an ta'wīl al-qur'ān* (Beirut: Dār al-Fikr, 1988), commentary on sūrat al-Baqara (2), verse 36 (*fa-azallahumā al-shayṭān*).

<sup>11</sup> *Ibid.*

<sup>12</sup> *Ibid.* Cf. G. Vajda and J. Eisenberg, "Ḥawwā'," *EI<sup>2</sup>*, vol. III, 295; Cornelia Schök, "Adam and Eve," *Encyclopaedia of the Qur'ān (EQ)*, vol. I, 22–6; Spellberg, "Writing the unwritten life," 319–20. For a different view, according to which the suffering of pregnancy and childbirth is understood in Islam not as punishment but rather as part of the divine way of creation, see Aḥmad Muḥammad al-Sharqāwī, *al-Mar'a fī al-qaṣaṣ al-qur'ānī* (Cairo: Dār al-Salām, 2001), vol. I, 129–30. Basing his arguments on the Qur'ān and ḥadīth, al-Sharqāwī points to the importance of the woman's reproductive role, for which both God and His Prophet praise her and promise her rewards, for instance, by ordering believers to show respect to their mothers for their efforts in bearing and rearing them, or by granting each mother who dies during childbirth the status of *shahīda*, a female martyr, testifying by her death to her belief in Allāh (see below).

<sup>13</sup> English translation: *The Koran Interpreted*, translated with an Introduction by Arthur J. Arberry (Oxford University Press, reissued 2008).

birth you will be more than once on the verge of death (*fa-idhā aradti an taḍa ī mā fī baṭniki ashrafti ‘alā al-mawt mirār<sup>am</sup>*).<sup>14</sup> Moreover, through her relationship with Satan, as depicted in Islamic tradition, Eve demonstrates “the demonization of motherhood.”<sup>15</sup>

The Islamic concept of the female body as being composed of flesh and blood – the latter regarded as one of the impure substances, *najis*<sup>16</sup> – means that women are born ritually unclean. The divine decree that they bleed every month and bear children in pain, also involves impurity, as both menstruation and childbirth (*nifās*, “child-birth,” “delivery,” from *nafs* signifying “soul,” “spirit,” “person” but also *dam*, “blood”)<sup>17</sup> result in a state of major ritual defilement, *janāba*, during which time the mother is confined (*nufasā’*).<sup>18</sup> This state comes to its end through major ritual ablution, *ghusl*, which takes place when bleeding stops. The ancient law (e.g., Leviticus 12:1–8) that prescribes for a mother a fixed period of impurity and confinement – forty days when she has given birth to a boy; eighty for a girl<sup>19</sup> – is echoed in the

<sup>14</sup> Al-Ṭabarī, commentary on sūrat al-Baqara (2), verse 36. For a direct translation of Genesis 3:16 by a Qur’ān commentator of fifteenth-century Cairo see ‘Umar b. Ibrāhīm al-Biqā’ī, *Naẓm al-durar fī tanāsub al-āyāt wa-al-suwar* (Hyderabad: Majlis Dā’irat al-Ma’ārif al-Uthmāniyya, 1980), vol. I, 270–1.

<sup>15</sup> Spellberg, “Writing the unwritten life,” 305–24, especially 313–14.

<sup>16</sup> Marion Holmes Katz, *Body of Text: The Emergence of the Sunni Law of Ritual Purity* (Albany, NY: State University of New York Press, 2002), 2. On the relations between Satan, as well as other demons, and the woman as depicted in Jewish *Midrash* and popular literature, see Grossman, *He Shall Rule*, 362.

<sup>17</sup> Muḥammad b. Mukarram Ibn Manẓūr, *Lisān al-‘Arab* (Beirut: Dār Ṣādir, n.d.), vol. VI, 238–9 (s.v. *n.f.s*); Ḥusayn Mar’ī, *al-Qāmūs al-fihī* (Beirut: Dār al-Mujtabā, 1992), 212.

<sup>18</sup> This period is also regarded as one of vulnerability from both the physical and the social points of view in contemporary Muslim societies. According to a Maghribi saying, the tomb of mother and child remains open for forty days after delivery. See *L’album de l’exposition Naissance: gestes, objets et rituels*; Text by Dominique Vital (Paris: Musée de l’Homme, 2005), 33.

<sup>19</sup> “When a woman at childbirth bears a male, she shall be unclean as at the time of her menstrual infirmity. On the eighth day the flesh of his foreskin shall be circumcised. She shall remain in a state of blood purification for thirty-three days: she shall not touch any consecrated thing, nor enter the sanctuary until her period of purification is completed. If she bears a female, she shall be unclean two weeks as during her menstruation, and she shall remain in a state of blood purification for sixty-six days.” Trans. *JPS Tanakh*. Cf. Hennie J. Marsman, *Women in Ugarit and Israel: Their Social and Religious Position in the Context of the Ancient Near East* (Leiden and Boston, MA: Brill, 2003), 201, 231–4, 242.

sharī'a,<sup>20</sup> but without making any distinction with regard to the sex of the newborn child. Says Abū Hāmid Muḥammad al-Ghazālī: "The maximum period of confinement after delivery (*nifās*) is sixty days, the regular (most common) period is forty days and the minimum period is one minute" (*wa-aktharuhu [akthar qadr al-nifās] – sittūna yawm<sup>an</sup> wa-aqhaluhu – arba'ūna wa-aqaluhu – laḥza*).<sup>21</sup> Ibn Ḥazm (d. 1064), the most important representative of the Zāhiri school of law in Al-Andalus, totally rejects the idea of a fixed minimum period for *nifās*. This means that, theoretically, a woman who gives birth without bleeding is totally exempt from post-partum confinement.<sup>22</sup> He further argues that the time of *nifās* should not exceed seven days (*wa-lā ḥadd li-aqall al-nifās wa-ammā aktharuhu fa-sab'at ayām, lā mazīd*).<sup>23</sup>

<sup>20</sup> 'Abd al-Raḥmān al-Jazīrī, *Kitāb al-fiqh 'alā al-madhāhib al-arba'a* (n.p.: Dār al-īrshād, n.d.), vol. I, 119; 'Abd al-Karīm Zaydān, *al-Mufaṣṣal fī ahkām al-mar'a* (Beirut: Mu'assasat al-Risāla, 1993), vol. I, 170. See also Abdelwahab Bouhdiba, *Sexuality in Islam* (London: Routledge and Kegan Paul, 1985), 43–57 and, more specifically, Holmes Katz, *Body of Text*, 3–13; G.-H. Bousquet, *L'Ethique sexuelle de l'Islam* (Paris: Desclée de Brouwer, 1990), 100; Mohammed H. Benkheira, *L'amour de la Loi: Essai sur la normativité en islām* (Paris: Presses Universitaires de France, 1997), 77. For contradictory Islamic views on menses as a source of impurity see Ze'ev Maghen, *Virtues of the Flesh; Passion and Purity in Early Islamic Jurisprudence* (Leiden and Boston, MA: Brill, 2005), 49, n. 20; 64, n. 50. According to certain early Islamic traditions, Eve became pregnant with Cain and his twin sister in the Garden, before their descent to earth, and thus was freed of the burdens of an earthly pregnancy and childbirth and did not experience the impurities normal women are thought to contract during delivery. See Kueny, "The birth of Cain," 115.

<sup>21</sup> Abū Hāmid Muḥammad al-Ghazālī, *al-Wasīṭ fī al-madhāhib* (al-Guriya: Dār al-Salām, 1997), vol. I, 477.

<sup>22</sup> Ibn Nujaym, the Ḥanfi jurist of the sixteenth century (d. 1562), also supports the idea that, unlike menstruation, there is no minimum fixed time for *nifās* (*aqall al-ḥayḍ maḥdūd wa-lā ḥadd li-aqall al-nifās*). As for the maximum period of impurity following childbirth, Ibn Nujaym suggests forty days in comparison with ten days for menstruation. See Ibn Nujaym al-Ḥanafī (Zayn al-Dīn ibn Ibrāhīm), *al-Ishbāh wa-al-naẓā'ir*, ed. by Muḥammad Muṭī' al-Ḥāfiẓ (Damascus: Dār al-Fikr, 1983), 443.

<sup>23</sup> Abū Muḥammad 'Alī b. Aḥmad Ibn Ḥazm, *al-Muḥallā bi-al-āthār*, ed. by 'Abd al-Ghaffār Sulaymān al-Bandārī (Beirut: Dār al-Kutub al-Ilmiyya, 1988), vol. I, 413. See also Jamāl al-Dīn Abū al-Faraj 'Abd al-Raḥmān b. 'Alī Ibn al-Jawzī, *Jāmi' ahkām al-nisā'*, ed. by 'Abd al-Mun'im Ibrāhīm (n.p.: Maktabat Awlād al-Shaykh, 2002), 210–11.

On the notion, prevalent among villagers in Upper Egypt in the 1950s, that the first forty days after delivery are the "most dangerous period for the newly born child and his mother," see Hamed Ammar, *Growing Up in an Egyptian Village: Silwa, Province of Aswan* (London: Routledge and Kegan Paul, 1966), 91. This involves a confinement for the mother "as she is considered to be 'unclean' and cannot cook, wash or even say her prayers."

The regular contact of midwives with the impure bodies of mothers and the defiling substances they secrete during childbirth was probably another reason for male reservations and contempt.

The notion of women being initially inferior and therefore subordinate to men, a notion formulated in Genesis and then adopted by the scriptures of both later monotheistic traditions, was supported by ancient and medieval theories about the biological differences between the sexes. Thus, for instance, the Aristotelian concepts concerning men's additional natural heat and vitality, their higher quality and purity of blood, as well as the decisive role of their semen in providing the form and the principle of movement for the embryo, were taken up with only minor modifications by Ibn Sīnā (d. 1037), the most influential medical authority in the Islamic world and (through translations into Latin) in Europe from the Middle Ages through early modern times.<sup>24</sup>

### Femininity, wifehood, motherhood

While examining the midwife's status and image in the Mediterranean Islamic world in socio-cultural terms, we should take into account the dominance of the patrilineal-patriarchal structure of families and communities. Setting aside the historical development of this system, with all the diversity it involves in terms of socio-economic, cultural, and personal differences in various geographical regions and periods of time,<sup>25</sup> I would like to emphasize here one of its basic characteristics: namely, the inherent dichotomy it entails between femininity, particularly wifehood, on one hand, and motherhood on the other, and the

<sup>24</sup> Ron Barkai, *Les infortunes de Dinah: le livre de la generation: la gynécologie juive au Moyen Age* (Paris: Cerf, 1991); Introduction; Basim F. Musallam, *Sex and Society in Islam: Birth Control before the Nineteenth Century* (Cambridge University Press, 1983), 43–9; Basim F. Musallam, "The human embryo in Arabic scientific and religious thought," in *The Human Embryo: Aristotle and the Arabic and European Traditions*, ed. by G. R. Dunstan (Exeter: University of Exeter Press, 1990), 32–46. On the biological inferiority of females, according to Gersonides (Rabbi Levi ben Gershon), a Jewish sage of thirteenth–fourteenth-century Provence (d. 1344), see Grossman, *He Shall Rule*, 440–2.

<sup>25</sup> See the pioneering work of J. J. Bachofen on this theme in *Myth, Religion, and Mother Right* (Princeton, NJ: Princeton University Press, 1967), especially 69–80, 89, 91–8, 107, 108–12.

complex relations between the two.<sup>26</sup> As mentioned earlier, in the Introduction, the concept of motherhood is “a cultural construction which different societies build up and elaborate in different ways,” entailing not merely the natural processes of pregnancy, birth, lactation, and nurturance.<sup>27</sup> Moreover, Islam as ortho-praxis, is one of those cultures “where the processes of life-giving, including menstruation, pregnancy and birth, are social concerns of society as a whole, and not confined to women or the ‘domestic’ domain alone.”<sup>28</sup>

A ḥadīth report attributed to the Prophet Muḥammad (610–632) and said to have been transmitted by his most beloved wife, ‘Ā’isha, is: “The person who has the greatest right over the woman is her husband, and the person who has the greatest right over the man is his mother” (*a’ḥam al-nās ḥaq<sup>an</sup> ‘alā al-mar’a zawjuhā wa-a’ḥam al-nās ḥaq<sup>an</sup> ‘alā al-rajul ummuhu*)<sup>29</sup>; it beautifully illustrates the sharp sociological observation made by Abdalwahab Bouhdiba. According

<sup>26</sup> The “shifting boundaries in sex and gender” within the patrilineal-patriarchal social setting of the Middle East and other regions of the Islamic world have become in recent decades a central theme in Women and Gender History. See, for instance, Nikki R. Keddie, “Introduction: Deciphering Middle Eastern women’s history,” in *Women in Middle Eastern History: Shifting Boundaries in Sex and Gender*, ed. by Nikki R. Keddie and Beth Baron (New Haven, CT and London: Yale University Press, 1991), 1–22 and other articles in this collection by Deniz Kandioty (23–44), Leila Ahmed (58–73) and Huda Lutfi (99–121) dealing with Middle Eastern women and their relationships with men in the classical period and the Middle Ages. Other selected examples for the Middle Ages and the Ottoman period are David S. Powers, “Parents and their minor children: Familial politics in the Middle Maghrib in the eighth/fourteenth century,” *Continuity and Change* 16 (2001), 177–200; Yossef Rapoport, *Marriage, Money and Divorce in Medieval Islamic Society* (Cambridge University Press, 2005), especially 1–11, 111–14; Judith E. Tucker, “The Arab family in history: ‘Otherness’ and the study of the family,” in *Arab Women: Old Boundaries, New Frontiers*, ed. by Judith E. Tucker (Bloomington and Indianapolis, IN: Indiana University Press, 1993), 195–207; Haim Gerber, “Anthropology and family history: The Ottoman and Turkish families,” *Journal of Family History* 14 (1989), 409–21; Nelly Hanna, *Making Big Money in 1600: The Life and Times of Isma’il Abu Taqiyya, Egyptian Merchant* (Syracuse, NY: Syracuse University Press, 1998), chapter 2; Mahmud Yazbak, *Haifa in the Late Ottoman Period, 1864–1914* (Leiden: Brill, 1998), chapter 5; Iris Agmon, *Family and Court: Legal Culture and Modernity in Late Ottoman Palestine* (Syracuse, NY: Syracuse University Press, 2006), especially 229–38; Hocine Benkheira, Avner Giladi, Catherine Mayeur-Jaouen and Jacqueline Sublet, *La famille en Islam d’après les sources arabes* (Paris: Les Indes Savantes, 2013), Introduction, 13–43.

<sup>27</sup> Henrietta L. Moore, *Feminism and Anthropology* (Cambridge: Polity Press, 1988), 25.

<sup>28</sup> *Ibid.*, 28.

<sup>29</sup> Quoted, for instance, in Abū Bakr ‘Abdallāh Ibn Abī al-Dunyā, *Kitāb al-‘iyāl*, ed. by ‘Abd al-Raḥmān Khalaf (Mansura: Dār al-Wafā’, 1997), 305.

to him, “in the [contemporary] Arabo-Muslim societies [...] the de-realization of the status of women has invariably led to the enclosure of women in a double role as objects of pleasure and as producers of children [for their husbands’ families, ...] **The wife** is devalued. But by stressing the childbearing role of women, one valorises **the mother**. In fact misogyny represses woman into her maternal role and by that very fact sets up a veritable ‘kingdom of the mothers’” (emphasis added).<sup>30</sup>

Although he does not pretend to supply a critical philological analysis of early Islamic sources, and indeed does not satisfactorily explain the difference between various Qur’ānic messages in this regard, Bouhdiba rightly discerns a general development in the early Islamic discourse from “harmonious unity of the sexes to their duality.”<sup>31</sup> It should be noted that both aspects of gender relationships are present in the Qur’ān in a multi-layered, yet complementary (rather than contradictory) way. They reflect the concept of a divine wish to create a world based on bivalence and dual relations<sup>32</sup> but at the same time introduce the outlines of a patrilineal-patriarchal structure of the family established on new Islamic values: On the one hand, there are verses that describe, as a sign of His omnipotence, God’s creation of mankind and other creatures as gendered – “And We created you in pairs” (*wa-khalaqnākum azwāj<sup>an</sup>*)<sup>33</sup>; “He Himself created the two kinds, male and female” (*wa-annahu khalaqa al-zawjayni al-dhakar wa-al-unthā*).<sup>34</sup> In others, the typical elements of human conjugal life – that is, common dwelling and reciprocal love and mercy – are also viewed as such: “He [God] created for you, of yourselves, spouses, that you might repose in them (*li-taskunū ilayhā*), and He has set between you love and mercy” (*wa-ja’ala baynakum mawaddat<sup>an</sup>*

<sup>30</sup> Bouhdiba, *Sexuality in Islam*, 214. Cf. Miriam Johnson, *Strong Mothers, Weak Wives: The Search for Gender Equality* (Berkeley, Los Angeles, CA and London: University of California Press, 1988), 5–8; Arin Shawkat Salamah-Qudsi, “A lightning trigger or a stumbling block: Mother images and roles in classical Sufism,” *Oriens* 39 (2011), 202.

<sup>31</sup> Bouhdiba, *Sexuality in Islam*, 213. <sup>32</sup> *Ibid.*, 7–13.

<sup>33</sup> *Qur’ān*, 78:8, trans. Arberry. I am interested here in the Qur’ānic concepts of family and gender differences, not so much as they have may developed historically at the time of the Prophet but mainly as they could have been and actually were grasped by readers or listeners at the time when the text was created as well as later on.

<sup>34</sup> *Qur’ān*, 53:45; trans. Arberry.

*wa-rahmat<sup>an</sup>*)<sup>35</sup>; “Permitted to you, upon the night of the Fast, is to go in to your wives; they are a vestment for you, and you are a vestment for them” (*hunna libās lakum wa-antum libās lahunna*).<sup>36</sup> Moreover, the Qur’ān presents women as equal to men as far as devotion in this world is concerned and ensures for all believers of both sexes a divine reward in the Hereafter: “To the men a share from what they have earned and to the women a share from what they have earned” (*li-al rijāl naṣīb mim mā iktasabū wa-li-al-nisā’ naṣīb mim mā iktasabna*)<sup>37</sup>; “And whosoever does deeds of righteousness, be it male or female, believing – they shall enter Paradise, and not be wronged a single date-spot” (*wa-man ya‘malu min al-ṣāliḥāt min dhakar aw unthā wa-huwa mu‘min fa-ūlāika yadkhubūna al-janna wa lā yuzlamūna naqīr<sup>an</sup>*)<sup>38</sup>; “Men and women who have surrendered, believing men and believing women, obedient men and obedient women” (*inna al-muslimīna wa-al-muslimāt wa-al-mu‘minīna wa-al-mu‘mināt wa-al-qānitīna wa-al-qānitāt*) . . . for them God has prepared forgiveness and a mighty wage” (*a‘adda Allāh lahum maghfirat<sup>an</sup> wa-ajr<sup>an</sup> ‘azīm<sup>an</sup>*).<sup>39</sup> On the other hand, the Qur’ān teaches us that in daily family life “Men are the managers of the affairs of women for that God has preferred in bounty one of them over another, and for that they have expended of their property” (*al-rijāl qawwāmūna ‘alā al-nisā’ bi-mā faḍḍala Allāh ba‘dahum ‘alā ba‘d wa-bi-mā anfaqū min amwālihim*) . . . “Righteous women are therefore obedient (*qānitāt*), guarding the secret for God’s guarding. And those you fear may be rebellious admonish; banish them to their couches, and beat them . . .” (*fa-al-ṣāliḥāt qānitāt ḥāfiẓāt li-al-ghayb bi-mā ḥāfiẓa Allāh wa-allatī takhāfūna nushūzahunna fa-‘iẓūhunna wa-‘hjurūhunna fī al-maḍājī‘ wa-aḍribūhunna . . .*).<sup>40</sup> Nevertheless, some basic principles of the pre-Islamic patrilineal-patriarchal formation of the family were partly mitigated for the benefit of women. Thus, the Qur’ān clearly stipulates a free woman’s right to own property as well as the husband’s moral and economic obligations within marriage.<sup>41</sup>

<sup>35</sup> Qur’ān, 30:21; trans. Arberry.

<sup>36</sup> Qur’ān, 2:187; trans. Arberry.

<sup>37</sup> Qur’ān, 4:32; trans. Arberry.

<sup>38</sup> Qur’ān, 4:124; trans. Arberry.

<sup>39</sup> Qur’ān, 33:35; trans. Arberry.

<sup>40</sup> Qur’ān, 4:34; trans. Arberry.

<sup>41</sup> Mohammed A. Bamyeh, “Patriarchy,” *EQ*, vol. IV, 31–3. For an Islamic-feminist interpretation of Qur’ānic verses on women and gender relations see, for instance, Asma Barlas, “Women’s readings of the Qur’ān,” in *The Cambridge Companion to*

Following the Islamic conquests (7<sup>th</sup>–8<sup>th</sup> centuries), its expansion in the Middle East and beyond, and the contacts established between the Arab-Muslim conquerors and the local elites in the big cities – with the socio-cultural adaptation involved in the processes of settlement and urbanization – the position of urban Muslim women deteriorated considerably.<sup>42</sup> Qur’ān commentators, collectors of ḥadīth, and jurists in the classical period of Islam (7<sup>th</sup>–12<sup>th</sup> centuries), interpreting the seemingly contrasting messages of the Qur’ān, now stressed men’s superiority at the expense of the more egalitarian aspects of the holy text. As Barbara Freyer Stowasser has put it: “Through the centuries, both the Qur’ān commentators and the traditionalists emphasized restrictive norms with the distinct purpose of legitimizing the newly restricted status of women in Islam. The result was that restrictions increased with the progression of time.”<sup>43</sup> This was the case with regard to essential areas of family and social life such as marriage and divorce, inheritance, blood-money, and evidence in court (see Chapter 5), although in property law formal discrimination was much less noticeable.<sup>44</sup>

Thus, ḥadīth reports and Qur’ān commentaries carry a normative message of total submission of women to men, some of them – particularly those that hold infertile women in contempt – of a humiliating, misogynist character.<sup>45</sup> The Prophet Muḥammad is said to observe that the temptation generated by women is most destructive for men: *mā taraktu ba’dī fitnat<sup>an</sup> fī al-nās aḍarr ‘alā al-rijāl min al-nisā’*.<sup>46</sup> In another ḥadīth report, to the suggestion that the believers should bow down before him, the Prophet is said to have responded:

*the Qur’ān*, ed. by Jane Dammen McAuliffe (Cambridge University Press, 2006), 255–71.

<sup>42</sup> Leila Ahmed, “Early Islam and the position of women,” in *Women in Middle Eastern History*, ed. by Keddie and Baron, 58–9.

<sup>43</sup> Stowasser, “The status of women,” 38. See also, Barlas, “Women’s readings,” 255–8.

<sup>44</sup> Joseph Schacht, *An Introduction to Islamic Law* (Oxford: Clarendon Press, 1966), 126–7; Judith E. Tucker, *Women, Family and Gender in Islamic Law* (Cambridge University Press, 2008), 218–25, especially 218–19.

<sup>45</sup> Cf. Leila Ahmed, *Women and Gender in Islam: Historical Roots of a Modern Debate* (New Haven, CT and London: Yale University Press, 1992), 64–78; Stowasser, “The status of women,” 25–38.

<sup>46</sup> Abū al-Qāsim Sulaymān b. Aḥmad al-Ṭabarānī, *al-Mu’jam al-kabīr*, ed. by Ḥamdī ‘Abd al-Majīd al-Silfī (Cairo: Maktabat Ibn Taymiyya, 1976), 169–70.

“It is not befitting that, within my community, one member bow down before another. But assuming it was befitting, I would have ordered [every] woman to bow before her husband for he has great right over her” (*wa-law kāna yanbaghī li-aḥad an yasjuda li-aḥad la-amartu al-mar’a an tasjuda li-zawjihā min ’iḡam ḥaqqihi ’alayhā*).<sup>47</sup>

For Maḥmūd b. ’Umar al-Zamakhsharī, the Mu’tazili exegete of the twelfth century (d. 1144), motherhood does not essentially change the female’s inferior status. Discussing the Qur’ānic expression *al-mawlūd labu* (“to whom the child is born,” that is, a father – *wālid*) in 2:233, he mentions that children belong to (and therefore are called after) their father, not their mother. Yet in order to highlight this notion – self-evident in patrilineal societies – he cites a poetic verse to the effect that mothers are “no more than vessels [for their husbands], where the fetuses, owned by their fathers, are deposited” (*fa-innamā ummahāt al-nās aw ’iya mustawda ’āt wa-li-al-ābā’ abnā*).<sup>48</sup>

The differentiation between femininity and motherhood and the advantage of the latter, is underlined in a group of traditions that praise the fertile woman while deprecating the barren.<sup>49</sup> A prominent religious authority such as Abū Ḥāmid Muḥammad al-Ghazālī does not hesitate to quote even those reports that were deemed “weak” by medieval Muslim experts on ḥadīth transmission: “The best of your women are the affectionate and prolific child bearer” (*khayr nisā’ikum al-walūd al-wadūd*)<sup>50</sup>; “A black prolific child bearer is better than

<sup>47</sup> Ibn Abī al-Dunyā, *Kitāb al-’iyāl*, 309–12, within a chapter on “Man’s rights over his wife” (304–17). This specific ḥadīth report is repeatedly quoted in the chapter, with various chains of transmitters, alongside other reports, emphasizing the wife’s obligation to obey her husband and satisfy him.

<sup>48</sup> Maḥmūd b. ’Umar al-Zamakhsharī, *al-Kashshāf ’an ḥaqā’iq ghawāmiḡ al-tanzīl* (Cairo: al-Maṭba’a al-Bahiyya, 1924–5), I, 109. For a similar view in ancient Near Eastern cultures see Marsman, *Women in Ugarit and Israel*, 198.

<sup>49</sup> For a similar attitude in ancient cultures see, for instance, Garland, “Mother and child,” 40; Marsman, *Women in Ugarit and Israel*, 191–2. An exceptional attitude adopted by some Šūfīs gives preference to the spiritual, rather than the biological, vocation of women. See Ahmed, *Women and Gender*, 66.

<sup>50</sup> Abū Ḥāmid Muḥammad al-Ghazālī, *Iḥyā’ ’ulūm al-dīn* (Cairo: Mu’assasat al-Ḥalabī, 1967), vol. II, 33–4 (*Kitāb ādāb al-nikāḡ*). English translation: Madelain Farah, *Marriage and Sexuality in Islam: A Translation of al-Ghazālī’s Book on the Etiquette of Marriage from the Iḥyā’* (Salt Lake City, UT: University of Utah Press, 1984), 57. See also Ibn Abī al-Dunyā, *Kitāb al-’iyāl*, 307; Sulaymān b. Aḥmad al-Ṭabarānī, *Musnad al-shāmiyyīna* (Beirut: Mu’assasat al-Risāla, 1989), vol. I, 413. A similar report, “Take [only] the affectionate and prolific child-bearer as a wife” (*tazawwajū*

a beautiful woman that cannot give birth” (*sawdā’ walūd khayr min ḥasnā’ lā talidu*)<sup>51</sup>; and “A straw mat [thrown] in a corner of the house is better than a barren woman” (*la-ḥaṣīr fī nāḥiyat al-bayt khayr min imra’a lā talidu*).<sup>52</sup> Since children – and, in ancient patrilineal societies, particularly sons – were seen as God’s blessing,<sup>53</sup> sterility was regarded as a sign of divine anger, a punishment incurred by parents who forget

*al-wadūd al-walūd*), appears in two collections of canonical ḥadīth, namely, *Sunan Abī Dā’ūd* (*Kitāb al-nikāh, bāb 3*) and *Ṣaḥīḥ al-Tirmidhī* (*Kitāb al-nikāh, bāb 11*). Cf. Muḥammad Ibn Qayyim al-Jawziyya, *Tuḥfat al-mawdūd bi-ahkām al-mawlūd* (Bombay: Sharafuddin & Sons, 1961), 6.

<sup>51</sup> Al-Ghazālī, *Iḥyā’*, vol. II, 33–4; not to be found in the collections of canonical traditions. Cf. Abū Naṣr b. al-Faḍl Ṭabarsī (the Shī’ī-Imāmī scholar of the twelfth century), *Makārim al-akhḥāq* (Cairo: Maktabat al-Qāhira, n.d.), 158: *al-mar’a al-sawdā’ idhā kānat walūd<sup>am</sup> aḥabb ilayya min al-ḥasnā’ al-‘āqir*; here the saying is attributed to “one of the ‘ulamā’.”

<sup>52</sup> Al-Ghazālī, *Iḥyā’*, vol. II, 33; not to be found in the collections of canonical traditions. For this theme in Shī’ī collections of ḥadīth see, for instance, Muḥammad b. Ya’qūb al-Kulīnī (or Kulaynī, a Shī’ī-Imāmī scholar of the ninth–tenth century), *Furu’ al-kāfi* (Beirut: Dār al-Adwā’, 1985), vol. V, 333ff. (*Karāḥiyat tazwīj al-‘āqir*). A tradition cited in *Qūt al-qulūb* by Abū Ṭālib al-Makkī, one of al-Ghazālī’s main sources, recommends early marriage for women so that they will be able to give birth as soon as possible: *min barakat al-mar’a sur’at tazwījihā wa-sur’at raḥimihā, ya’nī al-wilāda*. Abū Ṭālib Muḥammad b. ‘Alī al-Ḥārithī al-Makkī, *Qūt al-qulūb fī mu’āmalat al-maḥbūb wa-waṣf ṭarīq al-murīd ilā maqām al-tawḥīd* (Cairo: Muṣṭafā al-Bābī al-Ḥalabī, 1961), vol. II, 513. Leila Ahmed (*Women and Gender*, 92–3) distinguishes between Islamic law that “made sexual and other services a wifely duty but not necessarily the bearing of children,” and “oral culture” that emphasized women’s generative capacity.

<sup>53</sup> For the biblical roots of this notion see, for instance, Deuteronomy, 7:12–14: “And if you do obey these rules and observe them carefully, the Lord your God will maintain faithfully for you the covenant that He made on oath with your fathers. He will favour you and bless you and multiply you; He will bless the issue of your womb and the produce of your soil, your new grain, your wine and oil, the calving of your herd and the lambing of your flock[. . . there shall be no sterile male or female among you or among your livestock . . .]; trans. *JPS Tanakh*. In the Qur’ān, several verses express the idea that offspring are a sign of divine blessing. See, for instance, 13:38, “And We sent messengers before thee, and We assigned to them wives and seed” (*wa-ja’alnā lahum azwāj<sup>am</sup> wa-dhurriyyat<sup>am</sup>*); trans. Arberry; 25:74, “And those who bear not false witness . . . who say, ‘Our Lord, give us refreshment of our wives and seed’” (*bab lanā min azwāj<sup>am</sup> wa-dhurriyyat<sup>am</sup> qurrat a’yūn*); trans. Arberry. Later, religious scholars, struggling against the common tendency to put newborn female children in a lower position vis-à-vis males from the moment of birth, or even reject them altogether, include the birth of females as another indication of God’s good will. See, for instance, Ibn Qayyim al-Jawziyya, *Tuḥfat al-mawdūd*, Chapter 2: *fī karḥāhat tasakhkhuṭ al-banāt* (Reprehensibility of people being displeased with having girls). For an English translation (by Yaron Klein) see Avner Giladi, “Islam,” in *Children and Childhood in World Religions: Primary Sources and Texts*, ed. by Don S. Browning

God's central role in reproduction and do not follow the instructions, offered by ḥadīth reports, to utter religious formulas during intercourse.<sup>54</sup> This is contrary to the spirit of the Qur'ān, it should be emphasized, since the holy book of Islam, while admitting the religious significance of having many offspring, presents infertility not necessarily as retribution but as another revelation of God's will and His wisdom in creation: "To God belongs the Kingdom of the heavens and earth; He creates what He will (*yakhlūqu mā yshā'u*); He gives to whom He will females (*yahabu li-man yashā'u ināth<sup>an</sup>*), and He gives to whom he will males (*wa-yahabu li-man yashā'u al-dhukūr*) or He couples them, both males and females (*aw yuzzawijuhum dhukrān<sup>an</sup> wa-ināth<sup>an</sup>*), and He makes whom he will barren (*wa-yaj'alu man yashā'u 'aqīm<sup>an</sup>*). Surely He is All-knowing, All-powerful."<sup>55</sup>

No wonder Khadija bint Khuwaylid, the first wife of the Prophet Muḥammad and the only one to bear children for him – four daughters and a disputable number of sons – was in some ways the most privileged among his spouses: Muḥammad did not take another wife during her lifetime, he promised her a house in Paradise, and he used to mention her frequently after her death, to the extent that 'Ā'isha, his beloved young wife, whom the Prophet married three years after the passing of Khadija, became jealous of her.<sup>56</sup>

Ḥadīth reports reflecting awareness of the danger involved in pregnancy and childbirth, assure to potential mothers a status of martyr (*shahīda*) in case of death – *wa-fī al-nafsā' yaqtuluhā waladuhā jum<sup>an</sup> – shahāda*<sup>57</sup> – that is higher than the rank of the virgins in

and Marcia J. Bunge (New Brunswick, NJ and London: Rutgers University Press, 2009), 175–7. Cf. Marsman, *Women in Ugarit and Israel*, 194, 199.

<sup>54</sup> See Kueny, "The birth of Cain," 118–20, on the question of the sterility of many of the Prophet's wives, including 'Ā'isha, the most beloved one, and the ways the Islamic tradition copes with it. Cf. Marsman, *Women in Ugarit and Israel*, 196, 197, 209, 211, 213, 222–4, 229, 242.

<sup>55</sup> Qur'ān, 42:49; trans. Arberry. Ibn Qayyim al-Jawziyya presents this verse as an argument against the common negative reaction of his contemporaries to the birth of female infants. See *Tuḥfat al-mawdūd*, 10–13.

<sup>56</sup> *Ṣaḥīḥ al-Bukhārī* (Dār al-Sha'b: n.p., n.d.), V, 48 (*bāb tazwīj al-nabiyyi ṣallā Allāh 'alayhi wa-sallama Khadija wa-faḍlūhā raḍiya Allāh 'anhā*). See Meir J. Kister, "The sons of Khadija," *Jerusalem Studies in Arabic and Islam* 16 (1993), 59–95, especially 69ff.

<sup>57</sup> For examples of ḥadīth reports on this theme see Muḥammad b. Maḥmūd al-Iskandarī, *Masā'il fī al-zawāj wa-al-ḥaml wa-al-wilāda* (Beirut: Dār Ibn Ḥazm, 2002), 108–10.

Paradise,<sup>58</sup> thus encouraging women to bear children in spite of the risk to their lives. That this was a real threat we can learn from the seemingly exceptional permission given by al-Ghazālī to men who wished to protect their wives against the danger of childbirth (*istibqā' ḥayātihā khawf<sup>an</sup> min al-talq*) to resort to the popular contraceptive technique of 'azl (coitus interruptus), which he defines as either legally neutral, indifferent (*mubāh*) or at most reprehensible (*makrūh*), but only in the limited meaning of "abandoning virtue" (*tark al-faḍīla*).<sup>59</sup>

However, in a pro-natal spirit, the sharī'a offers a series of concessions to help pregnant women observe the principle Islamic rituals in a state of physical weakness. Thus they are allowed to combine two daily prayers and to postpone the fulfilment of the commandments relating to fasting and pilgrimage.<sup>60</sup>

Ḥadīth reports cited in consolation treatises for bereaved parents – a genre that flourished in the late Middle Ages, when many children fell victim to the Black Death and its cyclic recurrences – guide Muslim women on how to cope with the tragic loss of newborn or very young children, a common occurrence even before the disastrous plague of the late Middle Ages. They promise women the reward of being admitted into Paradise or being protected from the fires of Hell, thus inspiring them to keep to their maternal destiny after all. A particularly touching anecdote describes Khadīja, the above-mentioned wife of the Prophet Muḥammad, with milk still flowing from her breasts, lamenting their infant al-Qāsim. Created to feed her now dead child, her milk inflamed her memory and she burst out crying. So deep was her sadness that she, who had been the first to believe in her husband's prophecy, reacted with scepticism when the Prophet tried to console her by assuring her that Sarah, Abraham's spouse, was now looking after the boy in Paradise.<sup>61</sup>

<sup>58</sup> Annemarie Schimmel, *My Soul Is a Woman: The Feminine in Islam* (New York: Continuum, 1997), 94.

<sup>59</sup> Al-Ghazālī, *Iḥyā'*, vol. II, 66. See also Avner Giladi, "Birth control," *Encyclopaedia of Islam*, 3rd edition (*EB*), vol. IV, 108–13.

<sup>60</sup> Al-Iskandarī, *Masā'il*, 120–4.

<sup>61</sup> *Lisān al-'arab*, XIII, 372 (s.v. *l.b.n.*).

Muḥammad b. Muḥammad al-Manbijī, who lived in northern Syria in the fourteenth century, dedicates a special chapter in his consolation treatise to "those who lost a nursing child," where he quotes consoling ḥadīth reports assuring parents that the

A more heroic model for mothers is offered by Umm Sulaym, Rumayṣā' bint Milḥān (d. ca. 650), one of the Prophet's (female) companions. It is told that when her young son died, she deliberately waited to break the news to her husband, Abū Ṭalḥa, until she had conceived anew by him the following night. This narrative highlights not only the moral value of *ṣabr* – steadfastness – praised by Qur'ān and ḥadīth alike, but also the bravery of a woman who, overcoming despair, compensates her husband and herself for their loss thanks to her formidable psychological and physical powers.<sup>62</sup>

In spite of the Qur'ānic objection to excessive appreciation by pagan parents of male offspring as a source of strength in this world (“Wealth and sons [*al-māl wa-al-banūn*] are the adornment of the present world; but the abiding things, the deeds of righteousness, are better with God in reward, and better in hope”),<sup>63</sup> the holy book itself, as well as later Islamic tradition, on the whole supports a pronatal position (even though Muslim scholars, as we have seen, allow certain forms of birth control in a relatively wide range of situations).<sup>64</sup> The Qur'ān contains several pro-natal verses, for instance, “Mankind, fear your Lord, who created you of a single soul, and from it created its mate, and from the pair of them scattered abroad many men and women” (*wa-baththa minhumā rijāl<sup>an</sup> kathīr<sup>an</sup> wa-nisā<sup>an</sup> . . .*)<sup>65</sup>; “God has appointed for you of yourselves wives, and He has appointed for you of your wives sons

infant's lactation period will be completed in Paradise; this is done either by nurses or by a tree whose branches carry nipples. See *Tasliyat abl al-maṣā'ib* (Beirut: Dār al-Kutub al-Ilmiyya, 1986), 102. On the question of parents' reactions to the death of their children from an Islamic-religious point of view and testimonies (albeit structured in certain literary patterns) on such reactions, see Avner Giladi, “The child was small . . . not so the grief for him’: Sources, structure and content of al-Sakhāwī's consolation treatise for bereaved parents,” *Poetics Today* 14 (1993), 367–86, especially 384–5 (the behavior of mothers facing the loss of a child or children).

<sup>62</sup> For more details see Avner Giladi, “*Ṣabr* (steadfastness) of bereaved parents: A motif in medieval Islamic consolation treatises and some parallels in Jewish writings,” *The Jewish Quarterly Review* 80 (1989), 35–48.

<sup>63</sup> Qur'ān 18:46, trans. Arberry. See also Qur'ān 8:28 (“ . . . and know that your wealth and your children are a trial, and that with God is a mighty wage”; trans. Arberry); 26:88. See also Avner Giladi, “Children,” *EQ*, vol. I, 301–3, especially 302.

<sup>64</sup> Musallam, *Sex and Society*, especially chapters 1, 2, 5, and 6; Giladi, “Birth control,” *EP*, vol. IV 108–13.

<sup>65</sup> Qur'ān, 4:1; trans. Arberry.

and grandsons (*wa-ja'ala lakum min azwājikum banīna wa-ḥafada*), and He has provided you of the good things . . .”<sup>66</sup>

In ḥadīth reports Muḥammad denounces abstinence (*mā yukrahu min al-tabattul wa-al-khiṣā'*, as one of the chapters of *Kitāb al-nikāḥ* in al-Bukhārī's *Ṣaḥīḥ* is entitled),<sup>67</sup> encourages marriage (*inni la-akshākum li-Allāh wa-atqākum lahu*, the Prophet is said to have boasted, *lakinnī aṣūmu wa-uftīru wa-uṣallī wa-arqudu wa-atazawwaju al-nisā'*)<sup>68</sup> and praises parenthood: Muḥammad and his companions are often portrayed as caring, loving fathers who readily express paternal emotions, especially when their children and grandchildren are in danger or suffer a premature death.<sup>69</sup>

Well-known '*ulamā'* argue in purely religious terms for procreation as the main goal of marriage (*wa-huwa [al-walad] al-aṣl wa-lahu wuḍi'a al-nikāḥ*<sup>70</sup>), while ignoring the personal and social (mundane) interests that have motivated human beings throughout history – including Muslims, of course – to establish big families: Children were supposed to take care of their parents in old age, continue the family line, supply the family with working hands, and the like.<sup>71</sup> For both al-Ghazālī, the Shāfi'i jurist of the eleventh-twelfth century, and Ibn Qayyim al-Jawziyya, the Ḥanbali theologian and jurist of the fourteenth century, the personal motivation for having children is connected with death and afterlife: “to seek the blessing of the righteous child's invocation after him [i.e., after the death of the father]” (*ṭalab al-tabarruk bi-du'ā' al-walad al-ṣāliḥ ba'dahu*) and “to seek intercession through the death of the young child should he precede his [father's] death” (*ṭalab al-shafā'a bi-mawt al-walad al-ṣaghīr idhā*

<sup>66</sup> Qur'an, 16:72; trans. Arberry and see 13:38; 25:74.

<sup>67</sup> *Ṣaḥīḥ al-Bukhārī*, vol. VII, 5. See also, Ibn Qayyim al-Jawziyya, *Tuḥfat al-mawḍūd*, 6. For Shī'i ḥadīths see, e.g., al-Kulīnī, *Furū'*, vol. V, 494–6 (*karābiyat al-rahbaniyya wa-tark al-bāh*).

<sup>68</sup> *Ṣaḥīḥ al-Bukhārī*, vol. VII, 2.

<sup>69</sup> Ibn Abī al-Dunyā, *Kitāb al-'iyāl*, e.g., chapters 6–8; Muḥammad Ibn Zafar, *Kitāb anbā' nujabā' al-abnā'*, ed. by Ibrāhīm Yūnus (Cairo: Dār al-Ṣaḥwa, n.d.), e.g., 80–5. Cf. Giladi, “The child was small,” 367–86.

<sup>70</sup> Al-Ghazālī, *Iḥyā'*, vol. II, 31; Abū al-Faraj Ibn al-Jawzī, *Kitāb aḥkām al-nisā'* (Beirut: al-Maktaba al-'Aṣriyya, 1981), 374–5. Here procreation as the main purpose of marriage (*mawḍū' al-nikāḥ li-ṭalab al-walad*) is mentioned within a chapter denouncing intentional abortion.

<sup>71</sup> Cf. Marsman, *Women in Ugarit and Israel*, 192.

*māta qablahu*). There is not a single word on the comfort and satisfaction parents find in their children, on children's role in the family's survival, maintenance, and prosperity, or on their position as a sort of link between parents and 'ulamā' (*fa-idhā ḥadatha labu mawlūd ḡahara amruhu wa-kathura khayruhu wa-bāshara al-'ulamā' wa-sami'a fawā'idahum bi-wāsiṭat waladihi ilā ḡhayr dhālika min al-ni'am al-mutatarādifa*), as suggested by Ibn al- Ḥājj al-'Abdarī.<sup>72</sup> But even these intentions behind procreation are secondary to the most sublime ones: "to conform to the love of God by seeking to produce the child in order to perpetuate mankind" (*muwāfaqat maḡabbat Allāh bi-al-sa'yi fī taḡṣīl al-walad li-ibqā' jins al-insān*) . . . and "to earn the love of the Prophet of God by increasing those in whom he can be glorified" (*ṡalab maḡabbat rasūl Allāh ṡallāh Allāh 'alayhi wa-sallama fī takthīr mā fīhi mubahātuhu*).<sup>73</sup>

In light of this dominant approach, Muslim scholars, aware of the "genetic" effect of pregnancy and lactation, instruct men to choose fertile women of a good bodily and moral disposition to ensure the birth of many children of praiseworthy traits. The care for one's child starts well before his or her birth, when the potential father asks for a woman's hand in marriage. This is how Muslims who wish to fulfill their obligations vis-à-vis their families (*ṡilat al-raḡim*) should respect the child's right, says Ibn al- Ḥājj.<sup>74</sup> No wonder al-Rāḡhib al-Iṡfahānī, the tenth-century religious and literary scholar, describes Abū Aswad [al-Duwalī?] as priding himself on having behaved well towards his sons even before their birth by carefully selecting their mothers (*li-annū ittakhadhtu ummahātakum min ḡaythu la tu'ābūna*).<sup>75</sup> Al-Iṡfahānī pretends to know the precise effect of the mother's ethnic origin on her children's traits and defends the idea, common among Muslim physicians and religious scholars alike, that the mother's milk (or that

<sup>72</sup> Ibn al-Ḥājj, *al-Madkhal*, vol. III, 301.

<sup>73</sup> al-Ghazālī, *Iḡyā'*, vol. II, 31; English translation: Farah, *Marriage and Sexuality in Islam*, 53. Cf. Ibn Qayyim al-Jawziyya, *Tuḡfat al-mawdūd*, 5–8. For English translation (by Yaron Klein) see Giladi, "Islam," in *Children and Childhood in World Religions*, 165–6.

<sup>74</sup> Ibn al-Ḥājj, *al-Madkhal*, vol. III, 297.

<sup>75</sup> Ḥusayn b. Muḡammad al-Rāḡhib al-Iṡfahānī, *Muḡāḡarāt al-udabā' wa-muḡāwarāt al-shu'arā' wa-al-bulaghā'* (Beirut: Maktabat al-Ḥayāt, 1961), vol. I, 329.

of the wet-nurse) transmits her physical and mental disposition to her nurslings (*al-laban yu'dī*).<sup>76</sup>

When wishing to become a father, one should look for a woman who is blessed with a healthy body (*khayra, ṣaḥīḥat al-badan*) and a sound temper (*ṣiḥḥat al-qarīḥa*), advises Ibn al-Jazzār al-Qayrawānī (d. 979 or 980) in his pioneering work on pediatrics.<sup>77</sup> Al-Ghazālī, who naturally puts the bride's piety (*ṣāliḥa, dhāt dīn*) and morality (*ḥusn al-khulq*) at the top of his list of requirements, nevertheless does not overlook some desirable physical characteristics, such as beauty (*ḥusn al-wajh*) and of course fertility (*an takūna al-mar'a walūd<sup>an</sup>*).<sup>78</sup> Most interestingly, he includes the potential damage that may occur as a result of sexual relations between relatives (i.e., cousins, if we take into account the shar'ī prohibitions of marriage) among his considerations. According to him, the weakened desire involved in relations of this kind (*dhālika [al-qarāba] yuqallilu al-shahwa*) results in bodily defects in the child (*fa-inna al-walad yukhlaqu dāwiyy<sup>an</sup>, ayy nahīf<sup>an</sup>*).<sup>79</sup>

However, it should be borne in mind that the prominent pronatal approach coexisted in medieval Islamic cultures with opposite attitudes that are best reflected, again, in al-Ghazālī's writings. First, as we have seen, he allows the practice of coitus interruptus in certain circumstances and for several purposes, including "to prevent one's concubine from bearing a child so that she will not qualify for manumission upon her master's death," "to preserve a woman's beauty and shapeliness, [and] secure continuing enjoyment," and "to avoid hardships associated with large families and protect oneself from the temptation to pursue illegitimate ways of augmenting one's income."<sup>80</sup> In praising sexual pleasure as a means for the believer to have a notion, by analogy, of the delight awaiting him or her in the afterlife (*an yudrika ladh dhatahu [ladhdhat al-wiqā'] fa-yaqīsa bihi ladh dhāt al-ākhirā*),

<sup>76</sup> *Ibid.*, 329 (*ta'thīr ajnās al-ummahāt fī al-awlād*); 331 (*ta'thīr al-radā' fī al-awlād wa-al-ḥathth 'alā i'tibārihi*). Cf. Avner Giladi, *Infants, Parents and Wet Nurses: Medieval Islamic Views on Breastfeeding and Their Social Implications* (Leiden, Boston, MA and Köln: Brill, 1999), 36, 43–4, 46, 50–1, 55, 109, 110, 121, 142.

<sup>77</sup> Ibn al-Jazzār al-Qayrawānī, *Siyāsat al-ṣibyān wa-tadbīrhum*, ed. by Muḥammad al-Ḥabīb al-Hīla (Tunis: al-Dār al-Tūnisiyya li-al-Nashr, 1968), 59.

<sup>78</sup> Al-Ghazālī, *Iḥyā'*, vol. II, 48–53.

<sup>79</sup> *Ibid.*, 53. See also Al-Ghazālī, *al-Wasīl*, 28.

<sup>80</sup> Al-Ghazālī, *Iḥyā'*, vol. II, 66–7; Farah, *Marriage and Sexuality in Islam*, 111–12.

al-Ghazālī implicitly accepts “the idea of a total, absolute Eros that is its own end,”<sup>81</sup> therefore permitting sexual relations not necessarily aimed at procreation.<sup>82</sup>

Secondly, in light of the advantages and disadvantages of marriage, which he discusses in detail in the context of Šūfī ethics, al-Ghazālī encourages every single (male) Muslim to choose for himself the most appropriate way of life. Although a combination of marriage and seclusion for the worship of God is in his view the ideal solution, he does not exclude the option of celibacy, actually preferred by certain well-known ascetics (*zuhād*) and mystics: “If he [a Muslim with spiritual aspirations] should worship by means of knowledge, meditation and the path of esotericism, and should lawful gain complicate that, then abstaining from marriage is preferable” (*fa-tark al-nikāḥ afdal*).<sup>83</sup>

Finally, parents in premodern Muslim societies extended a warm welcome to male infants but regarded the rearing of females – destined, on their marriage, to join their husbands’ families and give birth – as an investment *à fond perdu*. This is understandable if we acknowledge that Muslims have not completely abandoned pre-Islamic tribal values and practices, particularly those pertaining to family life. Medical and magical methods were developed to help couples conceive males<sup>84</sup>; moreover, efforts were made to totally prevent pregnancies in order to avoid the risk of having female infants. Though, as we have seen, in *Iḥyā’ ‘ulūm al-dīn* he grants permission for contraception, al-Ghazālī denounces birth control when it is motivated by fear of the birth of female children (*al-khawf min al-awlād al-ināth*).<sup>85</sup> In pre-Islamic Arab societies infanticide was deemed a legitimate means to get rid of unwanted girls, and they were buried alive immediately after birth, as described in the Qur’ān: “[A]nd when any of them [the pagans] is given the good tidings of a girl, his face is darkened and he chokes inwardly, as he hides him from the people because of the evil of the good tidings

<sup>81</sup> Bouhdiba, *Sexuality in Islam*, 158.

<sup>82</sup> Al-Ghazālī, *Iḥyā’*, vol. III, 126 (*Kitāb kasr al-shahwatayni*).

<sup>83</sup> *Ibid.*, II, 45; Farah, *Marriage and Sexuality in Islam*, 76. On Šūfī attitudes to celibacy see Annemarie Schimmel, *Mystical Dimensions of Islam* (Chapel Hill, NC: University of North Carolina Press, 1975), 36, 111, 252, 428.

<sup>84</sup> Āmāl Qarāmī, *al-Ikhtilāf fī al-thaqāfa al-‘arabiyya al-islāmiyya* (Benghazi: Dār al-Madār al-Islāmī, 2007), 47–55.

<sup>85</sup> Al-Ghazālī, *Iḥyā’*, vol. II, 66.

that have been given unto him, whether he shall preserve it in humiliation, or trample it into the dust. Ah, evil is that they judge!”<sup>86</sup> No wonder then that the second chapter in Ibn Qayyim al-Jawziyya’s *Tuḥfat al-mawdūd* denounces the rejection of female infants (*fī karāhat tasakhkhuṭ al-banāt*),<sup>87</sup> after having dealt with the advantages of having children in general in the preceding chapter that opens the treatise (*fī istiḥbāb ṭalab al-awlād*).<sup>88</sup> Al-Ghazālī advises Muslims “not to be overjoyed with the birth of a male child nor [...] to be excessively dejected over the birth of a female child (*an lā yakthura farāḥuhu bi-al-dhakar wa-ḥuznuhu bi-al-unthā*), for he does not know in which of the two his blessings lie. Many a man who has a son wishes he did not have him, or wishes that he were a girl. Girls give more tranquillity and [divine] remuneration, which are greater” (*bal al-salāma minhunna akthar wa-al-thawāb fihinna aḥzāl*).<sup>89</sup>

“A sterile woman has scarcely any other prospects than that of being an unwanted, inopportune burden on her father or brothers,” observes Bouhdiba in the context of contemporary Muslim societies. “Married without children, she can hardly aspire to be anything but the servant of her younger, more beautiful or more fruitful co-wives.”<sup>90</sup> This was most probably also the case in past patriarchal societies, where “the cult of the mother,”<sup>91</sup> which developed as the other side of the coin, contributed its share to the complex image of the midwife.

### “Paradise is under her foot” (*‘Inda rijlayhā al-janna*): The cult of the mother

Men – who have authored the entire corpus of religious writings in the Islamic world, where no ethical or legal text written by a woman has survived – have acknowledged the huge physical and psychological investment on the part of their fertile and caring wives (or female

<sup>86</sup> Qur’ān, 16:57–59; trans. Arberry.

<sup>87</sup> Ibn Qayyim al-Jawziyya, *Tuḥfat al-mawdūd*, 10–13.

<sup>88</sup> *Ibid.*, 5–10. See Avner Giladi, “Gender differences in child rearing and education: Some preliminary observations with reference to medieval Muslim thought,” *Al-Qantara* 16 (1995), 291–308, especially 294–7.

<sup>89</sup> Al-Ghazālī, *Iḥyā’*, vol. II, 67; Farah, *Marriage and Sexuality in Islam*, 113.

<sup>90</sup> Bouhdiba, *Sexuality in Islam*, 215. <sup>91</sup> *Ibid.*, 214ff.

slaves, for that matter)<sup>92</sup> in giving birth to, rearing, and keeping alive their offspring, thereby playing a crucial role in establishing a long-lived lineage.<sup>93</sup>

The natural aspects of parenthood are identified already in the Qur’ān, in particular the maternal functions – pregnancy, giving birth, breast-feeding, and weaning: “And it is God who brought you forth, knowing nothing, from your mothers’ wombs” (Qur’ān 16:78)<sup>94</sup>; “He creates you in your mothers’ wombs creation after creation in threefold shadows” (Qur’ān 39:6)<sup>95</sup>; “Very well He knows you, when He produced you from the earth, and when you were yet unborn in your mothers’ wombs” (Qur’ān 53:32).<sup>96</sup>

Although terms designating “father” (*ab*, *wālid*) are mentioned in the Qur’ānic text about four times more frequently than those designating “mother” (*umm*, *wālidā*), and although the holy book presents filial piety as a duty incumbent on every Muslim,<sup>97</sup> two verses that echo texts of wisdom from the ancient Near East and preach respect for both parents<sup>98</sup> emphasize the special troubles with which mothers cope, and thus implicitly encourage believers to recognize the advantage the latter have over their fathers and to reciprocate accordingly:

And We [God] have charged man concerning his parents – **his mother** bore him in weakness upon weakness (*ḥamalathu ummuhu wahn<sup>an</sup> ‘alā wahn<sup>m</sup>*), and his weaning was in two years – “Be thankful to Me [God], and to thy parents [. . .] (Qur’ān 31:14; emphasis added).<sup>99</sup>

<sup>92</sup> According to Islamic law, a man is entitled to take his slave-girl(s) as concubine(s) and therefore to have sexual relations with her (them) and beget children. A slave-girl who has borne her master a child – *umm al-walad* in Islamic legal terminology – becomes free on the death of her master and no longer liable to be sold or given to another. The child borne to her master by a slave is free from the moment of birth. See J. Schacht, “Umm al-Walad,” *EIF*, vol. X, 857–9.

<sup>93</sup> A saying attributed to the Prophet Muḥammad reduces women’s roles to four: bearing children, giving birth, breast-feeding and treating their (husbands’) children mercifully: *Hāmīlāt, wālidāt, murđī’āt, raḥīmāt bi-awlādihinna*. Al-Makkī, *Qūt al-qulūb*, vol. II, 515.

<sup>94</sup> Trans. Arberry.    <sup>95</sup> Trans. Arberry.    <sup>96</sup> Trans. Arberry.

<sup>97</sup> On the economic duties children have with regard to their parents see, for instance, Qur’ān 2:180; 4:11.

<sup>98</sup> “God made [both] parents the reason for [God’s] servants to come into existence”: Abū al-Fidā’ Ismā’il Ibn Kathīr, *Tafsīr al-qur’ān al-‘aẓīm* (Beirut: Dār al Ma’rifa, 2004), commentary on 4:36. See also, Avner Giladi, “Parents,” *EQ*, vol. IV, 20–2. See also “Patriarchy,” *EQ*, vol. IV, 31–3.

<sup>99</sup> Trans. Arberry.

We have charged man, that he be kind to his parents; **his mother** bore him painfully (*ḥamalathu ummuhu kurb<sup>an</sup>*), and painfully she gave birth to him (*wa-waḍa‘athu kurb<sup>an</sup>*); his bearing and his weaning are thirty months [...]. (Qur’ān, 46:15; emphasis added).<sup>100</sup>

Furthermore, some other verses illustrate this idea by telling the stories of biblical figures. In one of them God enjoins the infant Jesus, among other things, to cherish his mother (*wa-awṣānī bi-al-ṣalāt wa-al-zakāt mā dumtu ḥayy<sup>an</sup> wa-barr<sup>an</sup> bi-wālidatī*)<sup>101</sup>; in two others, Aaron attributes himself and his brother Moses to their mother rather than to their father, calling Moses “son of my mother” (*ibn umma*)<sup>102</sup>; for this sort of speech is “more elegant and efficacious” (*araqq wa-anja*’),<sup>103</sup> says Ismā‘īl Ibn Kathīr in his Qur’ān exegesis. Or, according to another commentary, when he mentions their mother while addressing his brother Moses, Aaron reveals his emotions (*a’taf li-qalbihi*; literally, “inclination of [his own] heart”).<sup>104</sup> It is interesting to note in this context that according to Islamic tradition, believers’ genealogy,

<sup>100</sup> Trans. Arberry. See also al-Iskandarī, *Masā’il*, 102–5. Cf. the preaching to reciprocate the efforts of one’s mother with generous support, in an ancient Egyptian text as cited by Marsman, *Women in Ugarit and Israel*, 203:

Double the food your mother gave you,  
Support her as she supported you; She had a heavy load in you,  
But she did not abandon you.  
When you were born after your months,  
She was yet yoked to you,  
Her breasts in your mouth for three years.  
As you grew and your excrement disgusted, she was not disgusted, saying: ‘What shall I do!’  
When she sent you to school,  
And you were taught to write,  
She kept watching you daily,  
With bread and beer in her house.

<sup>101</sup> Qur’ān, 19:31–32, trans. Arberry.

<sup>102</sup> Qur’ān, 7:150; 20/94. “Wombs” in Qur’ān 4:1 (trans. Arberry), “and fear God . . . and the wombs (*arḥām*)” probably refers to relatives in general, not particularly to mothers, although the emphasis on the maternal lineage is significant. Cf. Genesis 43:29, where Joseph is quoted as speaking of “his brother Benjamin, his mother’s son” (Heb. *ahiv ben imō*).

<sup>103</sup> Ismā‘īl Ibn Kathīr, 644 (commentary on Qur’ān 7:151).

<sup>104</sup> Muḥammad b. Aḥmad al-Maḥallī and Jalāl al-Dīn al-Suyūfī, *Tafsīr al-Jalālaynī* (Beirut: Dār al-Ma‘rifā, n.d.), 214 (commentary on Qur’ān 7:150), 414 (commentary on Qur’ān 20:94).

patrilineal in this world, will become matrilineal in the Hereafter.<sup>105</sup> On the Day of Resurrection, in order to avoid any disgrace by attributing a person to a wrong progenitor, every Muslim will be called by his or her own (first) name (*ism*) and the name of his or her mother only.<sup>106</sup>

Maternal love finds emphatic expression in Qur’ān 28:7–12, which tells the story of the infant Moses. Unlike the rather dry, almost matter-of-fact way in which the Bible (Exodus 2:1–9) reports the events surrounding the rescue of the infant Moses, the Qur’ān goes into great detail as to his mother’s emotions. Her heart “is empty” with horror and anxiety when the child is at risk (*wa-aṣḥaba fu’ād umm Mūsā fārigh<sup>an</sup>*); then, when God brings the child back to her, her grief disappears and she is comforted (*fa-radadnāhu ilā ummihi kay taqarra ‘aynuhā wa-lā taḥzana*).<sup>107</sup>

Muḥammad b. Jarīr al-Ṭabarī evokes, with reference to Qur’ān 46:15, the hardships the mother faces during pregnancy, explaining *kurh<sup>an</sup>* (lit., “unwillingly,” “reluctantly,” “under duress”)<sup>108</sup> as *mashaqqa* (“difficulty”), and underlines the believers’ obligation to show respect for their mothers.<sup>109</sup> Moreover, some exegetes – Shī’ites, such as ‘Abdallāh b. Aḥmad al-Nasafī (d. 1310) and al-Ḥasan b. Muḥammad al-Khurāsānī al-Qummī (d. 1328), as well as Sunnis, such as Fakhr al-Dīn al-Rāzī (d. 1209) and Ismā’īl Ḥaqqī b. Muṣṭafā al-Burūsī (d. 1715)<sup>110</sup> – see in the abovementioned verses a hint concerning the

<sup>105</sup> There were, however, a few cases of Muslim societies where (real) matrilineal lineage was common. See, e.g., H. T. Norris, *The Berbers in Arabic Literature* (London: Longman and Beirut: Librarie du Liban, 1982), 40–3.

<sup>106</sup> Jacqueline Sublet, *Le voile du nom: Essai sur le nom propre arabe* (Paris: Presses Universitaires de France, 1991), 15–16, referring to Mas’ūdī’s *Murūj al-dhahab*.

<sup>107</sup> See also Giladi, *Infants, Parents and Wet Nurses*, 14–15.

<sup>108</sup> Considering the literal meaning of *kurh<sup>an</sup>* – “unwillingly,” “reluctantly,” “under duress” – one should take into account also the possibility that the verse hints at situations of unwanted pregnancies, in spite of their seeming advantages for wives. Cf. Shorter, *A History of Women’s Bodies*, 4–9.

<sup>109</sup> Al-Ṭabarī, vol. XIII, 15 (commentary on Qur’ān, 46:15). For a more detailed description of the hardships involved in pregnancy, namely, sickness, heaviness and grief, see Ibn Kathīr, 1449 (commentary on Qur’ān, 46:15). See also Aliah Schleifer, *Motherhood in Islam* (Cambridge: The Islamic Academy, 1986), 54.

<sup>110</sup> ‘Abdallāh b. Aḥmad al-Nasafī, *Tafsīr al-Nasafī* (Beirut: Dār al-Kitāb al-‘Arabī, 1982), vol. III, 280 (commentary on Qur’ān 31:14); al-Ḥasan b. Muḥammad b. al-Ḥusayn al-Qummī al-Naysābūrī, *Gharā’ib al-qur’ān wa-raghā’ib al-furqān* (Cairo: Muṣṭafā al-Bābī al-Ḥalabī, 1967), vol. XXI, 50 (commentary on Qur’ān 31:14); Ismā’īl Ḥaqqī al-Burūsī, *Rūḥ al-bayān* (Beirut: Dār Iḥyā’ al-Turāth al-‘Arabī,

advantage mothers gain over fathers. Al-Rāzī accepts that due to the difficulties she faces while bearing her children and rearing them, the mother's right (to be respected) is greater (*wa-dhālika yadullu anna ḥaqqahā a'zam wa-anna wuṣūl al-mashāqq ilayhā bi-sabab al-walad akthar*).<sup>111</sup> Ibrāhīm b. 'Umar al-Biqā'ī, in an effort to harmonize the Qur'ānic verses on filial piety with patriarchal values, says: "The rights of the father as the provider, protector and educator in the family are clear whereas the period of the child's dependence upon his mother is relatively short; as a result her rights are frequently [and wrongly] ignored."<sup>112</sup> According to him, the Qur'ānic references to the maternal role and efforts have to be regarded as a sort of moral compensation to the mother for her inferior social status in comparison with that of the father, not as a sign of real change in that status.<sup>113</sup>

This Qur'ānic theme is developed in ḥadīth literature, which contains the "oral tradition" attributed to the Prophet Muḥammad and his companions. Ḥadīth was consolidated in a period (7<sup>th</sup>–9<sup>th</sup> centuries) when, under the influence of the newly converted societies in Middle Eastern cities, the patrilineal-patriarchal structure of "the Muslim family," involving close relationships between mothers and sons, was strengthened.<sup>114</sup>

Filial piety (*birr al-wālidayni*),<sup>115</sup> which appears as a theme in the comprehensive collections of ḥadīth,<sup>116</sup> as well as in separate treatises

1985), vol. VII, 78 (commentary on Qur'ān 31:14); vol. VIII, 473 (commentary on Qur'ān 46:15).

<sup>111</sup> Fakhr al-Dīn al-Rāzī, *al-Tafsīr al-kabīr – mafātīḥ al-ghayb* (Beirut: Dār al-Kutub al-'Ilmiyya, 1990), vol. XIV, 13 (commentary on Qur'ān 46:15). See also vol. XIII, 129 (commentary on Qur'ān 31:14).

<sup>112</sup> Al-Biqā'ī, *Naẓm al-durar*, vol. XV, 164 (commentary on Qur'ān 31:14).

<sup>113</sup> *Ibid.*, vol. XVIII, 145–6 (commentary on Qur'ān 46:15). See also Donna Lee Bowen, "Birth," *EQ*, vol. I, 233; al-Iskandarī, *Masā'il*, 102–3.

<sup>114</sup> Ahmed, "Early Islam," 58–9; Bouhdiba, *Sexuality in Islam*, 212–30.

<sup>115</sup> For the term *birr* see Lane, *Arabic-English lexicon*, Book I, 176: "[I]t is said by some to signify primarily amplexness, largeness, or extensiveness . . . then benevolence and solicitous regard or treatment or conduct [to parents and others; i.e., piety to parents and towards God]."

<sup>116</sup> Sayings attributed to the Prophet Muḥammad in this regard are in some cases presented in the introductions to sections on the good manners any Muslim should adopt – *adab* – or in chapters on *birr* (reverence, piety) and *ṣīla* (bond, relationship). See, for instance, *Ṣaḥīḥ al-Bukhārī*, vol. VIII, 2ff. ("*Kitāb al-adab*"); Abū 'Abdallāh Muḥammad b. Yazīd al-Raba'ī Ibn Māja, *Sunan* (Beirut: Dār al-Fikr, n.d.), vol. II,

entirely dedicated to it,<sup>117</sup> is defined not only in ethical but also in legal terms as a duty graded on the scale of commandments either in between prayer and *jihād* (endeavor in the cause of God; participation in war against infidels) or as having the same rank as the latter.<sup>118</sup> In the spirit of the Qur’ān, which places filial piety at the top of the list of commandments, inferior only to the duty to obey God,<sup>119</sup> rebellion against one’s parents is depicted in the “oral tradition” as the second gravest sin after *shirk* (polytheism, idolatry).<sup>120</sup> Filial piety, being a religious duty, comes before the obligation to care for one’s own children and should be fulfilled even after the demise of one’s parents through continuous invocations for the salvation of the dead as well as concern for the parents’ friends and relatives who have survived.<sup>121</sup>

1206–8 (“*Kitāb al-adab*”); *Sunan al-Tirmidhī* (Istanbul: Çağrı Yayınları and Dār Saḥnūn, 1992), vol. IV, 309–14 (“*Kitāb al-birr wa al-ṣīla*”).

<sup>117</sup> See, for instance, Muḥammad b. al-Walīd b. Khalaf al-Turtūshī, *Birr al-wālidayni* (Beirut: Dār al-Kutub al-‘Ilmiyya, 2005); Abū al-Faraj ‘Abd al-Raḥmān Ibn al-Jawzī, *Kitāb al-birr wa-al-ṣīla*, ed. by ‘Ādil ‘Abd al-Mawjūd and ‘Alī Mu’awwaḍ (Cairo: Maktabat al-Sunna, 1993).

<sup>118</sup> See, e.g., *Ṣaḥīḥ Muslim* (Beirut: Dār Iḥyā’ al-Turāth al-‘Arabī, 1955–72), vol. I, 89; *Ṣaḥīḥ al-Bukhārī*, vol. VIII, 2–3; *Sunan al-Tirmidhī*, vol. IV, 310; Aḥmad Ibn Ḥanbal, *al-Musnad* (Cairo: al-Maktaba al-Maymaniyya, 1894–5), vol. I, 409, 418, 421, 439, 444, 448, 451.

<sup>119</sup> See Qur’ān, 17:23–4: “Thy Lord has decreed you shall not serve any but Him, and to be good to parents (*wa-bi-al-wālidayni iḥsān<sup>am</sup>*), whether one or both of them attains old age with thee; say not to them ‘Fie’ neither chide them, but speak unto them words respectful, and lower to them the wing of humbleness out of mercy (*wa-iḥfiḍ lahumā janāḥ al-dhull min al-raḥma*) and say, ‘My Lord, have mercy upon them, as they raised me up when I was little (*kamā rabbayānī ṣaghīr<sup>am</sup>*)’”; trans. Arberry. In Qur’ān 2:83 filial piety is presented as a commandment imposed on the Jews, again, second only to the duty to worship God alone: “And when We took compact with the Children of Israel: ‘You shall not serve any save God; and to be good to parents, and near kinsmen, and to orphans and to the needy . . .’”; trans. Arberry. Cf. Exodus 20:1–14. See also Qur’ān 4:36; 6:151; 29:8. For the religious limits the Qur’ān establishes on the commandment to respect one’s parents see 31:15: “But if they strive with thee to make thee associate with Me that whereof thou hast no knowledge, then do not obey them. Keep them company honourable in this world; but follow the way of him who turns to Me” (trans. Arberry). See Schleifer, *Motherhood*, 39–44.

There are Qur’ān commentators who dwell particularly on the mother’s role while dealing with some of the abovementioned verses, although these verses do not refer particularly to mothers. See, e.g., Schleifer, *Motherhood*, 20–1.

<sup>120</sup> See, e.g., *Ṣaḥīḥ Muslim*, vol. I, 91; *Ṣaḥīḥ al-Bukhārī*, vol. VIII, 4, 5; *Sunan al-Tirmidhī*, vol. IV, 312; Ibn al-Jawzī, *al-Birr wa-al-ṣīla*, 106–11.

<sup>121</sup> Schleifer, *Motherhood*, 14–15; *Sunan Ibn Māja*, vol. II, 1208–9; *Sunan Abī Dā’ūd*, vol. V, 352.

More explicit than the Qur'ān, ḥadīth literature and its ramifications underline the mother's advantage over the father in terms of investment in children, on the one hand, and of compensation in this world and the hereafter alike, both for herself and for those who pay tribute to her, on the other. Here is an example: In response to a protest of female believers, "O Messenger of Allāh, you brought tidings of all the good things to men but not to women!" (*tubashshiru al-rijāl bi-kull khayr wa-lā tubashshiru al-nisā'!*), the Prophet is said to have detailed the forms of religious reward conferred on mothers:

Does it not please any one of you that if she is pregnant by her husband and he is satisfied with her that she receives the reward of one who fasts and prays for the sake of Allāh (*a-fa-mā tarqā iḥdākunna annahā idhā kānat ḥāmīl<sup>an</sup> min zawjihā . . . anna lahā mithla ajr al-ṣā'im al-qā'im fī sabīl Allāh*)? And when the labour pains come, no one in Heaven or earth knows what is concealed in her womb to soothe her (to cool her eyes) (*fa-idhā aṣābahā al-ṭalq lam ya'lam abl al-samā' wa-ahl al-arḍ mā ukhfiya lahā min qurrat a'yūn*). And when she delivers, not a mouthful of milk flows from her and not an instance the child's suck, but that she receives, for every mouthful and for every suck, the reward of one good deed (*fa-idhā waḍa'at lam yakbruj minhā jur'a min labanihā wa-lam yumaṣṣa maṣṣa illā kāna lahā bi-kull jur'a wa-bi-kull maṣṣa ḥasana*). And if she is kept awake by her child at night, she receives the reward of one who frees seventy slaves for the sake of Allāh (*fa-'in asharahā laylat<sup>an</sup> kāna lahā mithla ajri sab'īna raqaba tu'tiqhunna fī sabīl Allāh*).<sup>122</sup>

Recurrent themes and literary patterns served to inculcate this set of ideas with assumedly great success. Following are two exemplary models of ḥadīth reports that can be found in the chapters dealing with "the priority one should give to his/her mother concerning filial

<sup>122</sup> Sulaymān b. Aḥmad al-Ṭabarānī, *al-Mu'jam al-awsaṭ*, ed. by Maḥmūd al-Taḥḥān (Riyad: Maktabat al-Ma'ārif, 1995), vol. VII, 375; English translation: Ismā'īl 'Abdul Razāck and 'Abdul Jawād al-Bannā, *Women and Family in the Sunnah of the Prophet* (Cairo: Al-Azhar and Dār al-Kutub, n.d.) 15, as cited in Schleifer, *Motherhood*, 52–3. See also, Ibn al-Jawzī, *Kitāb al-birr wa-al-ṣīla*, 35 (where the mother is praised for her total devotion, self-sacrifice, and altruism, without, however, ignoring the father's love and care and his role in begetting the child, in raising and educating it), 36, 37; Schleifer, *Motherhood*, 8. Ḥadīth reports defining the mother's role in the family – for instance, "The woman is a guardian and is responsible for her husband's house and his offspring" (*wa-al-mar'a rā'iya 'alā bayt zawjihā wa-waladīhi*, *Ṣaḥīḥ al-Bukhārī*, vol. VII, 41) – and lauding her for her affection, benevolence, and generosity are cited by Schleifer, *Motherhood*, 47–50, 55.

piety” (*fī taqdīm al-umm fī al-birr*) and “on the punishment of those [Muslims] who disobey their mothers” (*fī dbikr ‘uqūbat al-‘āqq ummahu*) in Ibn al-Jawzī’s *Kitāb al-birr wa-al-ṣila* (12<sup>th</sup> century):

- (a) [. . .] Jāhima [al-Sulamī] went to the Prophet and said: “O Messenger of Allāh, I want to fight and I have come to ask your advice.” He [the Prophet] said: “Do you have a mother?” Jāhima said: “Yes.” He said: “Then, stay with her because paradise is under her foot” (*fa-alzimbā, fa-inna ‘inda rijlayhā al-janna*).<sup>123</sup>
- (b) A man came to Allāh’s Apostle and said: “O Apostle of Allāh! Who is more entitled to be treated with the best companionship by me (*ayyu al-nās aḥaqqu minnī bi-ḥusni al-ṣuḥba*)?” The Prophet said, “Your mother” (*ummuka*). The man said, “Then who?” The Prophet said, “Your mother” (*thumma ummuka*). The man said, “Then who?” The Prophet said, “Your mother” (*thumma ummuka*). The man further said, “Then who?” the Prophet said, “Then your father” (*thumma abūka*).<sup>124</sup>

And there are legendary accounts of early Muslims who devoted huge efforts to supporting their mothers and helping them – for instance, of a man who carried his mother on his back from Khurasān to Mecca, only to find out that this was insufficient to truly repay for her own sacrifices.<sup>125</sup>

More concrete guidance as to the priority a Muslim should give to his mother is based on a comparison between the religious value of

<sup>123</sup> Ibn al-Jawzī, *Kitāb al-birr wa-al-ṣila*, 63. Cf. Schleifer, *Motherhood*, 7, 12, 27. See also ‘Umar b. Muḥammad b. ‘Awḍ al-Sunnāmī (13<sup>th</sup>–14<sup>th</sup> century), *Niṣāb al-iḥtisāb*, ed. by Marīzan Sa‘īd Marīzan ‘Asīrī (Mekka: Maktabat al-Ṭālib al-Jāmi‘ī, 1986), 197: . . . *wa-yahillu li-al-umm an tamna’a ibnahā min al-jihād* . . .

On the high esteem in which mothers were held in the ancient Near East see Marsman, *Women in Ugarit and Israel*, 203–4.

<sup>124</sup> Ibn al-Jawzī, *Kitāb al-birr wa-al-ṣila*, 59. Cf. Schleifer, *Motherhood*, 8. See also *Ṣaḥīḥ al-Bukhārī*, vol. VIII, 2; *Sunan al-Tirmidhī*, vol. IV, 309; *Sunan Ibn Māja*, vol. II, 1207 and also 1206; Sulaymān b. al-Ash‘ath Abū Dā‘ūd, *Sunan* (Istanbul: Dār Saḥnūn and Çağrı Yayınları, 1992), vol. V, 351 where a Muslim’s relatives are arranged according to their priority in terms of filial piety: mother, father, sister, and brother. Note that the sister precedes the brother just as the mother comes before the father. Interesting also is the special place allocated to the aunt in the maternal line (*khāla*).

<sup>125</sup> Ibn al-Jawzī, *Kitāb al-birr wa-al-ṣila*, 37. An example of a mother’s altruism is given on 65, in the story of a pauper who divided the three dates ‘Āisha had given her among her little children, leaving nothing for herself.

maternal piety and that of the fulfilment of some of the most central Islamic rituals such as prayer, pilgrimage, and participation in a war for the cause of God. It includes permission for a son in the middle of his prayer to answer a call of his mother, while prohibiting such an interruption when the father calls (*fa-ajib ummaka wa-lā tujib abāka*)<sup>126</sup>; the recommendation to obey a mother even when she holds her son back from going out to the mosque on a rainy night, or lets him observe only the fundamental religious duties<sup>127</sup>; to prefer dining with one's mother, thus to comfort her, to learning [a part of] the Qur'ān – this is more religiously significant, we are told, than going on a voluntary pilgrimage [to Mecca] (*ta'ashshā al-'ashā' ma'a ummika tuqirru bihi 'aynahā aḥabba ilayya min ḥijja tahujjuhā taṭṭawu*<sup>an</sup>)<sup>128</sup>; to stay close to one's mother, so that she is able to hear her son's breath, rather than going out to war on behalf of God (*al-walad bi-al-qurb min ummihi ḥaythu tasma'u nafasahu afdal min alladhī yaḍribu bi-sayfihi fī sabīl Allāh 'azza wa-jalla*)<sup>129</sup>; to consider the repudiation of one's beloved wife when one's mother pushes him to do so<sup>130</sup>; or to follow a mother's order even in the event that the father opposes her.<sup>131</sup> Interestingly, those who have lost a mother are encouraged to “divert” their filial sentiments towards their mother's sister, who replaces her. The Prophet is said to have declared that the aunt's status is equal to the mother's: *al-khāla bi-manzilat al-umm*.<sup>132</sup> Therefore, according to Islamic law, and contrary to the logic of patrilineal family structure, she has the right to custody of her nephew or niece as long as the latter is dependent on maternal care.<sup>133</sup>

<sup>126</sup> Ibid., 61–2. <sup>127</sup> Ibid., 67. <sup>128</sup> Ibid., 69.

<sup>129</sup> Ibid. See also Schleifer, *Motherhood*, 7, 11, 12.

<sup>130</sup> Ibn al-Jawzī, *Kitāb al-birr wa-al-ṣīla*, 62. See also *Sunan al-Tirmidhī*, vol. IV, 311.

<sup>131</sup> Ibn al-Jawzī, *Kitāb al-birr wa-al-ṣīla*, 67.

<sup>132</sup> See, e.g., *Sunan al-Tirmidhī*, vol. IV, 313–14; Ibn al-Jawzī, *Kitāb al-birr wa-al-ṣīla*, 147–8.

<sup>133</sup> Ibid., 147–8 (*Fī birr al-khāla*); *Sunan al-Tirmidhī*, vol. IV, 313. See also, Y. Linant de Bellefonds, “Ḥaḍāna,” *EP*, vol. III, 16–19. For an example taken from the Prophet's biography see, 'Izz al-Dīn Ibn al-Athīr, *Usd al-ghāba fī ma'rifat al-ṣaḥāba*, ed. by Muḥammad Ibrāhīm al-Banā and Muḥammad Aḥmad 'Ashūr (Beirut: al-Sha'b, n.d.), vol. VII, 147 (on Salmā bint Abī Dhu'ayb, the sister of Ḥalīma, the most well-known wet-nurse of the Prophet and therefore Muḥammad's milk aunt – *khālatuhu min al-riḍā'a – yuqālu: innahā atat al-nabiyy ṣal'am fa-basaṭa labā ridā'ahu fa-qāla: marḥab<sup>an</sup> yā ummi*).

Moreover, the obligation to respect one’s mother crosses the lines of religious affiliation. In light of Qur’ān 60:8 (“God forbids you not, as regards those who have not fought you in religion’s cause, nor expelled you from your habitations, that you should be kindly to them, and act justly toward them”), believers are called upon to honor their non-Muslim mothers.<sup>134</sup>

There are also ḥadīth reports that present the supremacy of maternal piety in quantitative terms; for instance, “two thirds of one’s filial piety should go to the mother, one third to the father” (*li-al-wālida al-thulthāni min al-birr wa-li-al-wālid al-thulth*),<sup>135</sup> and there are those that claim that respect for one’s mother guarantees one’s access to Paradise or at least, with its atoning effect, protects one from the fire of Hell.<sup>136</sup> On the other hand, severe punishments await children who disobey their parents, their mothers in particular.<sup>137</sup>

Notions of filial piety with a special emphasis on respect for mothers, which we find in early Arabic sources, have become an essential element of Muslim ethics on both the learned and the popular levels. Muḥammad b. Abī Bakr al-Jūghī, a well-known muftī and preacher of twelfth-century Būkhārā (d. 1177) dedicates a chapter in his *Shir’at al-Islām* to the parents’ rights and the ways to honor them (*faṣl fī ḥuqūq al-wālidayni wa-al-sunna fī iqāmatihā*),<sup>138</sup> where he underscores the mother’s privilege (*wa-ḥaqq al-wālida a’zam min ḥaqq al-wālid fa-birruhā awjabu*).<sup>139</sup> In a commentary on al-Jūghī’s treatise, Ya’qūb b. Sayyid ‘Alī al-Burūsawī, a jurist from Bursa (d. 1524), observes that the mother’s mercy and love are greater than those of the father (*shafaqat al-umm akthar min al-ab ... kānat maḥabbat al-wālida akthar min al-ab*). This, according to him, is due to the

<sup>134</sup> *Ṣaḥīḥ al-Bukhārī*, vol. VIII, 5. See also Schleifer, *Motherhood*, 16, 25, 39. While the Qur’ān forbids male Muslims to marry polytheist women, it allows them to take women of the People of the Book, namely, Jews and Christians, as wives. See, e.g., Harald Motzki, “Marriage and divorce,” *EQ*, vol. III, 277.

<sup>135</sup> Ibn al-Jawzī, *Kitāb al-birr wa-al-ṣīla*, 67. See also, al-Ghazālī, *Iḥyā’*, vol. II (*Kitāb ādāb al-ulfa wa-al-ukhuwwa*), 276: *Birr al-wālida ‘alā al-walad ḍi’fāni*.

<sup>136</sup> Ibn al-Jawzī, *Kitāb al-birr wa-al-ṣīla*, 67–8.

<sup>137</sup> *Ibid.*, 106–11: *fī dhikr ‘uqūbat al-‘āq ummahu*.

<sup>138</sup> Muḥammad b. Abī Bakr Imām Zadah al-Jūghī, *Shir’at al-Islām*, ed. by Muḥammad Raḥmat Allāh Ḥāfiẓ Muḥammad Nāẓim al-‘Adawī (Beirut: Dār al-Bashā’ir al-Islāmiyya, 2007), 238–42.

<sup>139</sup> *Ibid.*, 238–40

“fact” that the source of the woman’s “semen” is her breast, close to her heart, whereas the man’s semen issues from the spine of his back.<sup>140</sup> An undated tractate, probably from the late Ottoman period, *Nūr al-shurūq fī madḥ al-birr wa-dhamm al-‘uqūq* (“The glowing light – praising filial piety and denouncing disobedience”) by Muḥammad b. Muḥammad al-Lu’lu’ī (an author whom I could not identify), in addition to frequent quotations of well-known ḥadīth reports in this regard, touchingly describes the suffering involved in pregnancy (*kam bātāt bi-thiqlika tashtakī tuwāšilu mimmā shaqqahā al-bu’s wa-al-ghamā* [*ghamy*]), birth (*wa-min al-waḍ‘ kam qāsat wa-‘inda wilādihā mashāqq<sup>an</sup>* [*mashaqqa*] *tudhību al-laḥm wa-al-jild wa-al-‘azm*) and motherhood (*wa-kam asharat wajd<sup>an</sup>* ‘*alayka jufūnahā . . . wa-kam ghasalat ‘anka al-adhā bi-yamīnihā ḥunuww<sup>an</sup>* *ishfāq<sup>an</sup>* *wa-aktharat al-ḍamm*) as well as the total devotion of mothers to their offspring and their noble altruism.<sup>141</sup>

Ethnographers such as Hilma Granqvist, who carried out field-work in Artas, near Bethlehem in the 1920s, have noted similar moral ideals.<sup>142</sup>

<sup>140</sup> Ya‘qūb b. Sayyid ‘Alī [al-Burūsawī], *Mafātīḥ al-jinān fī sharḥ shir‘at al-islām* (Istanbul: Maktabat al-Ḥaḳīqa, 2007), 562–3.

<sup>141</sup> Muḥammad b. Muḥammad al-Lu’lu’ī, *Nūr al-shurūq fī madḥ al-birr wa-dhamm al-‘uqūq* (MS. The Chester Beatty Library, Dublin, Ar. 4766), especially fol. 2b, and see also fols. 4a–14a.

<sup>142</sup> Hilma Granqvist, *Child Problems among the Arabs: Studies in a Muhammadan Village in Palestine* (Helsinki: Söderström; Copenhagen: Ejnar Munksgaard, 1950), 166–7. In a section dedicated to the “mother’s reward,” Granqvist quotes sayings and a popular story with motifs very similar to some of those we find in the early written sources, for instance:

Nothing can recompense a mother for her trouble. A man took his mother seven times to Mecca, carried her and her provisions on his back. Our Prophet Moses passed them. He said: “Peace be unto you!” He answered: “And peace unto thee!” They said: “Whither goest thou, Lord Moses, thou Speaker with God?” Moses said: “We wish to discuss rights for the people.” The man said: “Please tell me! He who has carried his mother to Mecca seven times, what is his reward from God?” Moses performed his ablutions and said his prayers on the Minaret of the Mount of Olives. God said to him: “Learn once for all, oh Moses! Seven times to Mecca is not enough for one movement of the child in its mother’s womb!” Moses said to God: “He wishes to have his reward.” God said: “Even if he continuously weeps and collects his tears and with these tears washes her from head to foot, he has earned no reward. A mother cannot be recompensed.”

Sitt Louisa, one of Granqvist’s informants in Artas, adds: “A child always remains indebted to his mother . . . A man esteems his mother; he places her before his wife. What is the wife compared with the mother? he may ask. He wishes his wife to honour and obey her. Similarly he demands that his wife take care of his old father.”

Shar‘i rules from the classical period protect pregnant women and the strong ties they later establish with their small children in the “kingdom of the mothers” – the hidden autonomous domain within the patriarchal family. Implicitly supporting the ideal of respect and love for mothers on the part of their offspring, these rules inspire the observance of both the mother’s and the child’s rights to breast-feeding (*radā‘, riqā‘a*), for at least two full years, and custody (*hiḍāna, ḥaḍāna*) for as long as the child is physically and psychologically dependent.<sup>143</sup>

Indeed, the breast-feeding arrangements recommended by Islamic law are based, as I have pointed out elsewhere, on the patrilineal-patriarchal division of roles, according to which a woman’s body, including in the domains of sexual relations and procreation, is submitted to the will and authority of a man, be he father, brother, or husband.<sup>144</sup> This is also the case with custody, a right that the mother, thanks to her natural love and capability to nurture the child, gains temporarily for the good of the child and the benefit of the father and his family, to which the child belongs.<sup>145</sup> During this period, when paternalistic society relegates the child to the care of its mother or, in her absence, to her female relatives,<sup>146</sup> “the physical mother-child relationship is transformed into an extended psycho-sociological unity.”<sup>147</sup> This, in turn, guarantees to the mother the long-term economic and social protection with which her children, particularly her sons, provide her as adults.

It should be noted that the slave mother of a master’s child (*umm al-walad*) lacks the maternal right to stay with her child during his or her early years.<sup>148</sup>

<sup>143</sup> Giladi, *Infants, Parents and Wet Nurses*, 101–6. On the connection between the right to breast-feeding and the right to custody see, for instance, Abū Bakr Muḥammad b. ‘Abdallāh Ibn al-‘Arabī, *Abkām al-qur‘ān* (Cairo: Dār Iḥyā’ al-Kutub al-‘Arabiyya, 1957), 204.

<sup>144</sup> Giladi, *Infants, Parents and Wet Nurses*, 96, 116–17.

<sup>145</sup> Judith E. Tucker, “The fullness of affection: Mothering in the Islamic Law of Ottoman Syria and Palestine,” in *Women in the Ottoman Empire: Middle Eastern Women in the Early Modern Era*, ed. by Madeline C. Zilfi (Leiden: Brill, 1997), 246.

<sup>146</sup> *Ibid.*, 238. This exceptional rule in a patrilineal-patriarchal society is understandable if one takes into account the attention the sharī‘a has paid to the interests of the child.

<sup>147</sup> Bouhdiba, *Sexuality in Islam*, 214–15. See also Abdelwahab Bouhdiba, “The child and the mother in Arab-Muslim Society,” in *Psychological Dimensions of Near Eastern Studies*, ed. by L. Carl Brown and Norman Itzkowiz (Princeton, NJ: Darwin Press, 1977), 128.

<sup>148</sup> Madeline C. Zilfi, *Women and Slavery in the Late Ottoman Empire: The Design of Difference* (Cambridge University Press, 2010), 111–12.

The gendered division of roles in the family and the conception of children's needs that inspired muftis and shar'ī judges when they came to rule on questions connected with mothers' rights<sup>149</sup> are well rooted in early Islamic notions of fathering and mothering: "Every one [every man] of you is a ruler and every one of you shall be questioned about those who are under his rule (*kullukum rā<sup>in</sup> wa-kullukum mas'ul 'an ra'iyatibi*). The man rules the members of his family (or household) (*wa-al-rajul rā<sup>in</sup> 'alā ahl baytibi*)" and, as we have seen, the wife is in charge of her husband's home and children.<sup>150</sup> Fathers are described as possessing logic and the ability to predict the long-term consequences of their actions (*fa-inna al-ab li-kamāl 'aqlihi yalmahu al-'āqiba*) and therefore serve as guardians (*awliyā'*, sing. *waliyy*) of their children (as well as of their wives). Mothers, on the other hand, are marked by their love and compassion (*farat ḥubbihā; shafaqa*) but also by their limited mental qualifications (*quṣūr*). The child, himself in a state of ignorance, is strongly attached to his mother while regarding his father as an enemy.<sup>151</sup> Al-Ghazālī, in an effort to clarify the meaning of *tawakkul* (trust in God), an important station on the Path of the Muslim mystic, compares one of the advanced degrees of this kind of trust with the state of a small child who is fully dependent upon his mother – "knows only her, seeks succour of her only and relies exclusively on her" (*lā ya'rifu ḡhayrahā wa-lā yafza'u ilā aḡad siwāhā wa-lā ya'tamidu illā iyyāhā*). He touchingly depicts how little children hold onto their mothers' clothes and how, when something happens to them in her absence, they spontaneously call her first.<sup>152</sup> Particularly interesting is al-Ghazālī's observation that compassion is a natural element of maternal disposition, planted in or rather imposed on the mother by God while she is unable to reject it (... *thumma lammā infaṣala [al-janīn] sallata [Allāh] al-ḥubb wa-al-shafaqa 'alā al-umm li-tatakaf-fala bihi – shā'at am abat – idṭṭirar<sup>an</sup> min Allāh ta'ālā ilayhi bi-mā*

<sup>149</sup> Thanks to the *sijill* documents these questions have been extensively discussed by researchers in recent years. See, for instance, Tucker, "The fullness of affection," 232–52; Margaret L. Meriwether, "The rights of children and the responsibilities of women: Women as *wasis* in Ottoman Aleppo, 1770–1840," in *Women, the Family and Divorce Laws in Islamic History*, ed. by Amira El-Azhary Sonbol (Syracuse, NY: Syracuse University Press, 1996), 219–35.

<sup>150</sup> *Ṣaḡīḥ al-Bukhārī*, VIII, 41, and see above.

<sup>151</sup> Al-Ghazālī, *Iḥyā'*, vol. IV, 124 (*Kitāb al-ṣabr wa-al-shukr*).

<sup>152</sup> *Ibid.*, vol. IV, 324, 325 (*Kitāb al-tawḥīd wa-al-tawakkul*).

*ash‘ala fī qalbihā min nār al-ḥubb*).<sup>153</sup> And indeed, *rahma* – “mercy” – as well as some of God’s attributes derived from it, are of the same root of – *rahim* – “womb.”

Reports of Muslims who, acknowledging the role their biological or surrogate mothers have played in their lives, applied the moral value of maternal piety and respected their mothers are scattered throughout classical and medieval sources. It is said that the Prophet Muḥammad was greatly moved, as a child of six (or eight) years old, by the passing of his mother (*wa-zāda firāqubā ḥuznubū*)<sup>154</sup> and that he subsequently used to redirect his filial sentiments towards his nurses, particularly Ḥalīma bint Abī Dhu‘ayb, who breast-fed him during his first two years of life and then continued to nurture him devotedly for another three years.<sup>155</sup> The warm relationship between Muḥammad and Ḥalīma is portrayed as a long-lasting one, like that which prevails between a mother and her grown-up son: “When she entered (his place), he called out ‘my mother, my mother’ (*ummī, ummī*) and reached for his cloak, which he then spread for her to sit on.”<sup>156</sup> He supported Ḥalīma in her old age and shed tears (*fa-dhrafat ‘aynābu*) when the sad news of her death reached him.<sup>157</sup>

Mothers appear also in the biographies of great scholars and saintly men. Šūfīs, in particular, underscore in their writings the role of their

<sup>153</sup> *Ibid.*, 339. On maternal love in medieval Europe, see Danièle Alexandre-Biddon and Didier Lett, *Children in the Middle Ages: Fifth-Fifteenth Centuries* (Notre Dame, IN: University of Notre Dame Press, 1999), 54–6.

<sup>154</sup> Aḥmad b. ‘Abd al-Raḥmān al-Shāfi‘ī al-Nābulṣī, *Durar al-biḥār fī mawlid al-mukhtār* (MS. The Chester Beatty Library, Dublin, Ar. 3859/4), fol. 121a. On the death of Āmina, Muḥammad’s mother, see Aḥmad b. Yaḥyā al-Balādhūrī, *Ansāb al-ashraf*, ed. by Muḥammad Ḥamīdullāh (Cairo: Dār al-Ma‘ārif, 1959), 94.

<sup>155</sup> See, e.g., ‘Abd al-Malik Ibn Hishām, *Kitāb sirat rasūl Allāh*, ed. by Ferdinand Wüstenfeld (Göttingen: Dieterichsche Universitäts-Buchhandlung, 1858), vol. I, 103–7.

<sup>156</sup> Muḥammad Ibn Sa‘d, *Kitāb al-ṭabaqāt al-kabīr*, ed. by Edward Sachau (Leiden: Brill, 1904), vol. I, 71.

<sup>157</sup> Al-Balādhūrī, *Ansāb al-ashraf*, 95. Arabic tractates on filial piety present, besides the Prophet of Islam and some of his companions, a series of biblical-model figures as applying the moral command to respect one’s mother. Among these, Jacob is highly praised for the kindness and devotion he showed towards his mother while still in her womb (*abarr al-nās bi-ummihī Ya‘qūb ‘alayhī al-salām ḥaythu aḡhara birrahā wa-buwa fī baṭnihā*); this he did by giving up his birthright and letting his twin, Esau, be born first lest the latter realize his threat to tear their mother’s belly. See al-Lu‘lu‘ī, *Nār al-shurūq*, fol. 7a. This is an addition to the original biblical story of the birth of Jacob and Esau in Genesis 25:22–6.

pious mothers as model ascetics who share with them their spiritual experience, while poets express their gratitude and love for their mothers.<sup>158</sup> It was Jalāl al-Dīn al-Rūmī, the Persian poet and the founder of the Mawlawiyya order of dervishes (d. in Konya, 1273), who connected maternal tenderness, of heavenly origin in his view,<sup>159</sup> and “the sacred duty and the worthy task to serve her.”<sup>160</sup> In a few cases, sons were named after their mothers. This occurred when the mother was noted for special traits, for instance, when she was a foreigner (Rūmiyya), or possessed of an exceptional physical characteristic (Zarqā’ – blue-eyed) or when her family was more important than the father’s.<sup>161</sup>

The biographical or, rather hagiographic collection by Muḥammad Ibn Zafar al-Ṣiqillī (of Sicilian origin, 1104–1170), *Kitāb anbā’ nujabā’ al-abnā’* (“Reports on sons of noble breed”) portrays mothers as not only fulfilling their “natural” role in rearing their children, with all the emotional investment involved, but also as playing, thanks to their intimate proximity to their offspring, a special role in discovering and keeping secret the special traits of their little sons for whom a great future as holy men, leaders, commanders, poets, and the like awaits. Thus Āmina, Muḥammad’s mother, during the time of her pregnancy, serves as a channel through which the tidings of the birth of the coming Prophet are transmitted.<sup>162</sup> Similarly, Salmā bint Ṣakhr, the mother of the first caliph, Abū Bakr (r. 632–634), tells of a voice she heard while giving birth that revealed her son’s destiny to her.<sup>163</sup> Years later, Abū Bakr’s daughter, Asmā, heard the Prophet predicting the career of her own son ‘Abdallāh b. al-Zubayr (who in 683 proclaimed himself an anti-caliph). Shocked, she stops breast-feeding the child, but the Prophet encourages her to carry on feeding the boy, even with her tears

<sup>158</sup> Schimmel, *My Soul Is a Woman*, 89–97; Schimmel, *Mystical Dimensions of Islam*, 429–30.

<sup>159</sup> See al-Ghazālī’s observation, above.

<sup>160</sup> Schimmel, *My Soul Is a Woman*, 89, 93. On p. 94 Rumi is quoted as saying: “Like a child that dies on its mother’s lap, so will I die on the lap of Mercy.”

<sup>161</sup> *Ibid.*, 90. See also Annemarie Schimmel, *Islamic Names* (Edinburgh University Press, 1989), 8–9. On a man called Ibn al-Dāya or Ibn al-Qābila, after a mother who served as a midwife, see Chapter 2. Cf. Marsman, *Women in Ugarit and Israel*, 221, 241: In literary and administrative texts of Ugarit, persons were sometimes referred to by matronyms; this seldom occurs in the Bible.

<sup>162</sup> Ibn Zafar, *Kitāb anbā’*, 26. <sup>163</sup> *Ibid.*, 65.

(*arḍi’thi wa-law bi-mā’ ‘aynayki*).<sup>164</sup> And Fāṭima bint Asad, the mother of ‘Alī b. Abī Ṭālib, who became the third caliph and the founding father of the Shī’a (r. 565–661), shares his secret with her little son: He is able to consume only food served in the Prophet’s house, not in his parents’, thus receiving through his mouth some of Muḥammad’s holy traits. The child adjures her not to disclose this characteristic and she complies (*fa-qāla a-taktumīna ‘alayya? fa-qālat: na’am*).<sup>165</sup> No wonder that more or less at the same time, as if to counterbalance this story, a narrative about Hind bint ‘Utba b. Rabī’a was disseminated relating how she received the tidings of the great future of her son, M’āwiya, later founder of the Ummayyad dynasty (r. 661–680) and a bitter adversary of ‘Alī.<sup>166</sup>

The mother of Dāwūd al-Ṭā’ī, one of the early Muslim mystics (d. ca. 780), is the first to discover his uniqueness in that while still a child, he prefers to recite the Qur’ān and spend his time in solitude rather than play with friends.<sup>167</sup>

In spite of the legendary, sometimes miraculous character of the anecdotes on mother-son relationships included in *Kitāb anbā’ nujabā’ al-abnā’*, they seem to reflect a common notion of special bonds connecting them to each other.<sup>168</sup> Ṣūfī hagiographic literature describes other cases of strong attachment between future mystics and their mothers, and the latter’s role in their spiritual development. Particularly inspiring were mothers who exempted their promising sons from the “mother’s right” (*ḥaqq al-wālida*), “freeing” them to dedicate themselves to their Ṣūfī career, to travel and wander far from home and family. Understandably, there were mothers who found the separation from their sons difficult even in favor of such a noble destiny and tried to maintain their strong relationships with them.<sup>169</sup>

While narratives of this genre were intended to supply moral guidance to Muslims, through model examples, there are more concrete

<sup>164</sup> *Ibid.*, 106. <sup>165</sup> *Ibid.*, 73. <sup>166</sup> *Ibid.*, 86. <sup>167</sup> *Ibid.*, 212.

<sup>168</sup> On *Kitāb anbā’ nujabā’ al-abnā’* as a source for concepts of childhood and educational ideas in medieval Muslim societies, see Avner Giladi, “Les enfants qu’ils étaient: Récits d’enfance merveilleuse dans *Kitāb anbā’ nujabā’ al-abnā’* d’Ibn Zafar et leur valeur comme une source historique,” in *Portrait of Family with Saints: Hagiography, Sanctity and Family in the Muslim World*, ed. by Catherine Mayeur-Jaouen and Alexandre Papis (Berlin: Klaus Schwartz, 2014), 73–105.

<sup>169</sup> Salamah-Qudsi, 199–226, especially 208–19.

testimonies of the actual relations between mothers and their offspring in, for instance, biographical literature and letters from the Mamluk period.

An exceptional testimony of a mother-son relationship is to be found in a touching text by Aḥmad b. ‘Abd al-Ḥalīm Ibn Taymiyya, the famous Hanbali jurist and theologian (d. 1328), who is otherwise known for his difficult character and genuineness. In a letter he sent from Egypt to his mother in his hometown of Damascus,<sup>170</sup> he apologizes for his absence and explains it by his public religious duties: “We have not chosen to be far away from you. If the birds had carried us, we would have [immediately] traveled to you” (*wa-lasnā, wa-[A] llāhi mukhtārīna li-al-bu’d ‘ankum, wa-law ḥamalatnā al-ṭuyūr la-sirnā ilaykum*). Moreover, Ibn Taymiyya assures his mother that there is nothing, either in earthly or in religious matters, that he regards as preferable to his closeness to her (*fa-lā yazunnu al-zānn annā nu’thiru ‘alā qurbikum shay’an min umūr al-dunyā faqaṭ, bal wa-lā nu’thiru min umūr al-dīn mā yakūnu qurbukum arjah minhu*). And he ends his letter by sending warm regards to his mother (*wa-al-salām ‘alaykum wa-rahmat Allāh kathīr’an, kathīr’an . . .*) in addition to other members of the family as well as neighbors.

The Mamluk Sultan Sha‘bān b. al-Ḥusayn al-Malik al-Ashraf (r. 1363–1377) is described as having been saddened when his mother passed away in 774 AH (1373 CE) (*asifa ‘alayhā*), because during her lifetime he used to show much respect and love for her (*wa-kāna kathīr al-birr lahā*).<sup>171</sup> Muḥammad b. ‘Abd al-Raḥmān al-Sakhāwī (d. 1496), who, in a huge collection of biographies of his contemporaries (*al-Ḍaw’ al-lāmi’ li-ahl al-qarn al-tāsi*), particularly in the volume devoted to women (*Kitāb al-nisā’*), offers details not only on the elites but also on his own household – family members, servants, and slaves – pays

<sup>170</sup> Taqīy al-Dīn Aḥmad b. ‘Abd al-Ḥalīm Ibn Taymiyya, *Rasā’il min al-sijm*, ed. by Muḥammad al-‘Ābda (Riyad: Dār Ṭayyiba, 1986), 17–19. Cf. Yahya Michot, “Un célibataire endouci et sa maman: Ibn Taymiyya (m. 728 AH; 1328 CE) et les femmes,” *Acta Orientalia Belgica* 15 (2001), 165–90, especially 178–9 where the author offers a partial translation of the letter into French. The article as a whole is an interesting attempt to explain Ibn Taymiyya’s lifelong celibacy in terms of his attachment to his mother and probable homosexual inclinations.

<sup>171</sup> Aḥmad b. Nūr al-Dīn ‘Alī Ibn Ḥajar al-‘Asqalānī, *al-Durar al-kāmina fī a’yān al-mī’a al-thāmina*, ed. by Muḥammad Sayyid Jād al-Ḥāqq (Cairo: Dār al-Kutub al-Ḥadītha, 1966), vol. II, 7.

some attention to mother-child relationships, with all the sentiments involved.<sup>172</sup> He occasionally mentions the reverence children show toward their mothers (or grandchildren toward their grandmothers): *wa-li-banihā atamm al-birr bihā*, it is said of the full respect the sons of Sitt al-Wuzarā’ bint al-Sharaf b. Mukhāṭa (d. 1503) pay to their mother<sup>173</sup>; and Zaynab bint ‘Alī Barakāt (b. 1428 or 1429) is described as being gratified by her children – *aqarra Allāh ‘aynahā bi-wuldihā*. The author praises his own cousin, Fāṭima bint Muḥammad al-Ṭūḥī, for honoring her mother from an early age until the passing of the latter (*wa-birr al-wālida ghayr munqaṭi’ ‘anhā min ṣigharihā wa-ilā an mātat al-wālida*).<sup>174</sup>

Al-Sakhāwī recounts stories of loving, caring mothers who made huge efforts to raise their little children properly, sometimes in difficult circumstances. Thus the mother of Umm Ḥusayn bint ‘Abd al-Raḥmān, after having been repudiated by her husband during pregnancy, raised her daughter alone and, moreover, taught her writing, Qur’ān, and ḥadīth.<sup>175</sup> And Su‘ādāt bint al-Shaykh Nūr al-Dīn (who was still alive when al-Sakhāwī wrote the entry dedicated to her in 1493 or 1494), initiated her divorce (*khul’*) and therefore had to leave her beloved son (portrayed as “the blood of her heart” – *mubjatuḥā*) with his father (her former husband), and to pay a fortune for the right to occasionally meet him.<sup>176</sup>

Unlike the consolation treatises for bereaved parents that presented well-elaborated models of parental reactions mainly through ḥadīth reports,<sup>177</sup> the testimonies in *al-Daw’ al-lāmi’* are direct and concrete. Some biographical notes in *Kitāb al-nisā’* include descriptions of the

<sup>172</sup> Avner Giladi, “Toutes les femmes d’al-Sakhāwī: quelques remarques sur *Kitāb al-nisā’* (Le Livre des femmes), comme source de ‘l’Histoire intime’ des sociétés musulmanes médiévales,” in *Les non-dits du nom: Onomastique et documents en terres d’Islam. Mélanges offerts à Jacqueline Sublett*, ed. by Christian Müller and Muriel Roiland-Rouabah (Damascus and Beirut: Institut Français du Proche-Orient, 2013), 547–66.

<sup>173</sup> Shams al-Dīn Muḥammad b. ‘Abd al-Raḥmān al-Sakhāwī, *al-Daw’ al-lāmi’ li-ahl al-qarn al-tāsi’* (Beirut: Maktabat al-Ḥayāt, n.d.), vol. XII, 133 (entry 815).

<sup>174</sup> *Ibid.*, vol. XII, 44 (entry 260), 104 (entry 659).

<sup>175</sup> *Ibid.*, vol. XII, 140 (entry 861). Umm Ḥusayn bint ‘Abd al-Raḥmān died in 1422.

<sup>176</sup> *Ibid.*, vol. XII, 62 (entry 377).

<sup>177</sup> See Giladi, “The child was small,” 367–86, an article devoted mainly to the analysis of a consolation treatise authored by al-Sakhāwī under the title *Irtiyāḥ al-akbād bi-arbāḥ faq al-awlād* (“The contentment of parents [literally, parents’ livers] with

profound grief caused to mothers by the passing or disappearance of a child – *fa-ishtadda ḥuznubā* (“her anguish increased”);<sup>178</sup> *fa-lam tazal āsifa ‘alā faqdihi* (“she was continually afflicted by his loss”);<sup>179</sup> *wa-‘azuma alamuhā* (“her suffering was grievous” is said of a mother who lost all her children).<sup>180</sup> Dramatic bodily changes – blindness, weakness<sup>181</sup> – or even the demise of the mother herself<sup>182</sup> – are also among the types of maternal response reported by al-Sakhāwī.

In contrast to the rosy image of the mother in Arabic-Islamic sources, we find also – albeit more rarely – narratives that reflect ambivalence in mother-child relationships: a mother who hits her little child,<sup>183</sup> another who uses a tough device to wean him,<sup>184</sup> or a reference to hostility between a mother and her (grown-up) son.<sup>185</sup>

The complex relationships between children and their parents, in particular those between mothers and their offspring, are most clearly – and indeed tragically – revealed through abandonment and infanticide, as noted above. Though practiced in the ancient world as a legitimate device of postpartum birth control – sometimes in periods of destitution, in cases of invalidism, or out of pity for the newborn infant – infanticide was strongly rejected and denounced by monotheist ethics. Yet it did not totally disappear, either in Christian Europe or in Islamic countries throughout the Middle Ages. Early Islamic sources show that it was most often men who initiated and committed infanticide, particularly when they preferred to have male children. Sometimes a mother might commit infanticide against her will; at other times she might manage to save the potential victim. However, there are indications that mothers were sometimes behind such an act, not only

the advantages [gained through] the loss of children”) (MS. The Chester Beatty Library, Dublin, Ar. 3463).

<sup>178</sup> Al-Sakhāwī, *al-Ḍaw’ al-lāmi*, vol. XII, 13 (entry 61).

<sup>179</sup> *Ibid.*, 131 (entry 805).

<sup>180</sup> *Ibid.*, 135 (entry 831).

<sup>181</sup> *Ibid.*, 83 (entry 506); 2 (entry 2).

<sup>182</sup> *Ibid.*, 130 (entry 801): *Mātat ba’da waja’ jum’a fī ghaybat waladibā*.

<sup>183</sup> Ibn Zafar, *Kitāb anabā’*, 77 (on the mother of ‘Amr b. al-‘Āṣ, one of the prominent figures of the first generation of Muslims).

<sup>184</sup> *Ibid.*, 43–4 (on the weaning of Abū Bakr).

<sup>185</sup> Al-Sakhāwī, *al-Ḍaw’ al-lāmi*, vol. XII, 12 (entry 59) (Badriyya, the daughter of the Sultan al-Ashraf Īnāl, was irritated, displeased – *sākhiṭa* – with her firstborn son). On the “cruel mother” in medieval Europe see Alexandre-Bidon and Lett, 56–8.

in pre-Islamic Arabia, as stated by the Qur’ān<sup>186</sup> but also during the first centuries of Islam, mainly to hide the results of an adulterous relationship.<sup>187</sup>

There is no doubt that concepts of birth and motherhood and the attendant feelings they call up played a decisive role in the formation of the midwife’s image as well.

Midwives represent the epitome of the physical essence of femininity, with its periods of impurity – during menstruation and childbirth and after delivery; they are associated with its creative power and threatening mystery alike, and embody the purely feminine subculture.<sup>188</sup> As such they draw simultaneous feelings of contempt and of fear from men. These, in turn, made the midwife a likely target for misogynous sentiments, on occasion explicitly expressed, or implicitly reflected through the ignorance and silence some of them display about the midwife’s crucial roles in society.

In patriarchal terms, by giving birth and life, by breast-feeding and caring for the newborn child, the woman as wife performs her duties, first as a place of “safekeeping” for her husband’s (or master’s) semen<sup>189</sup> and then as a protecting mother, thus fulfilling the expectations of her husband’s family. The woman bearing the child is a vessel, then, and the midwife is a tool for extracting the baby from it. In contrast, because the future of a lineage was entrusted to her hands, it is hard to imagine men in patriarchal societies ignoring the power of the midwife altogether.

<sup>186</sup> Qur’ān, 60:12: “O Prophet, when believing women come to thee, swearing fealty to thee upon the terms that they will not associate with God anything, and will not steal, neither commit adultery (*wa-lā yaznīna*), nor slay their children (*wa-lā yaqtulna awlādahunna*), nor bring a calumny they forge between their hands and their feet . . . ask God’s forgiveness for them;” trans. Arberry.

<sup>187</sup> Avner Giladi, *Children of Islam: Concepts of Childhood in Medieval Muslim Society* (Houndmills and London: Macmillan and St Antony’s College, Oxford, 1992), 101–15, especially 107 (and n. 41), 108, 110.

<sup>188</sup> Cf. Lila Abu Lughod, *Veiled Sentiments: Honor and Poetry in a Bedouin Society* (Berkeley, Los Angeles, CA and London: University of California Press, 1986), especially 124–34.

<sup>189</sup> See, e.g., Maḥmūd b. ‘Umar al-Zamakhsharī, *al-Kashshāf*, commentary on Qur’ān 2:233.

## Midwifery as a Craft

### Terminology

The most common Arabic term to designate a midwife is *qābila* – “she who receives (the newborn infant)” (“the midwife receives the infant just as one who draws water [from a well] receives the bucket”),<sup>1</sup> or *muwallida* – she who helps a woman give birth to a child (*walad*).<sup>2</sup>

Admittedly, the term *qābila* in itself, with its straightforward, simple meaning, is less appreciative than the French *sage-femme*, or the German *weise Frauen* or *nashīm ḥakhamōt* as in ancient and medieval Hebrew sources – all signifying the midwife’s wisdom born of experience.<sup>3</sup> To indicate that a midwife is a professional, and to distinguish

<sup>1</sup> *Wa-qabilat al-qābila al-walad qibāla kamā yaqbalu al-mustaqī al-gharb* ... ‘Alī b. Muḥammad al-Khuzā‘ī, *Takhrīj al-dalālat al-sam‘iyya*, ed. by Iḥsān ‘Abbās (Beirut: Dār al-Gharb al-Islāmī, 1985), 750.

<sup>2</sup> In contrast to the rich and diverse terminology referring to various phenomena connected with pregnancy, abortion, and childbirth in the relevant chapter (*bāb al-ḥaml wa-al-wilāda*) in the classified dictionary of Ibn Sīda, the Andalusian scholar of the eleventh century, *qābila* remains the single term applied to a midwife. See Abū al-Ḥasan ‘Alī b. Ismā‘īl Ibn Sīda, *Kitāb al-mukhaṣṣaṣ* (Būlaq: al-Maṭba‘a al-Kubrā al-Amīriyya, 1898 or 99, vol. I, 17–23). We find in this chapter dozens of terms to designate the different stages of pregnancy, the behavior of the pregnant woman, labor pains, length of pregnancy, different types of abortion (early, late, etc.), different degrees of hardship in childbirth, the newborn and the postpartum mother. See also vol. IV, 29–31: *nu‘ūt al-nisā’ fī wilādātihinna; allatī lā talidu*.

<sup>3</sup> Barkaï, *Les infortunes de Dinah*, 143, n. 9; Elisheva Baumgarten, *Mothers and Children: Jewish Family Life in Medieval Europe* (Princeton, NJ and Oxford: Princeton University Press, 2004), 43.

her from nonprofessional yet experienced (often old) women who occasionally help female family members and neighbors during and after childbirth, some additional Arabic titles can be located in written texts. Thus we find female doctors and professional midwives from the high Middle Ages described as *imra'a ʿarifa* (“a woman much acquainted with [. . .], possessing knowledge of [bodily treatment]”),<sup>4</sup> *ʿarifat al-mawḍiʿ min al-qawābil* (“a local expert midwife”), *al-qawābil al-thiqāt al-āmināt*, *al-ʿarifāt*, *al-marjūʿ ilayhinna fīmā lā yuṭliʿu ʿalayhi al-rijāl min aḥwāl al-nisāʾ* (“trusted, reliable, knowledgeable midwives, who are consulted on female issues that males may not see”), *māhira bi-al-ṭibb* (“a woman skilled in medicine”) or *ahl al-khibraʾ al-maʿrifa min al-nisāʾ* (“expert women”).<sup>5</sup>

Interestingly, in an Arabic text from the thirteenth century Oribasius, the (male) Greek expert in gynecology (*kāna māhir<sup>an</sup> bi-maʿrifat aḥwāl al-nisāʾ*) of the fourth century, is designated, *al-qawābilī*<sup>6</sup>; so, too, Paul of Aegina (7<sup>th</sup> century), the Byzantine physician who, mainly thanks to his gynecological works, enjoyed great popularity in the Islamic world.<sup>7</sup>

It is worth noting that the term still in use in the Middle East today to name the traditional midwife is *dāya*, a Persian word meaning “nurse” and “wet-nurse” which, however, served as a synonym of *qābila* from at least as early as the Mamluk period.<sup>8</sup> Thus Nūr al-Dīn

In English “midwife” = “with-wife” (from Anglo-Saxon “mid” = “with”) expresses the role of helper and supporter to women in confinement attributed to the birth attendant. *Webster’s New International Dictionary of the English Language* (London: Bell and Sons, 1982), s.v. “Midwife.”

On the terms *qābila* and *dāya* as designating veterinarians who specialize in problems of pregnancy and midwifery in animals, see: Housni Alkhateeb-Shehada, *Veterinary Medicine and Veterinarians during the Mamluk Period* (unpublished PhD dissertation, Tel Aviv University, 2005), 212 (in Hebrew).

<sup>4</sup> See, for instance, Ibrāhīm b. ʿUmar al-Biqāʿī (d. 1480), *Izhār al-ʿaṣr li-asrār ahl al-ʿaṣr*, ed. by Muḥammad Sālim b. Shadīd al-ʿAwfī (Cairo: Hajar, 1992–3), vol. III, 43, where the Cairene historian of Syrian origin tells in detail the story of an exceptional pregnancy of one of his female slaves.

<sup>5</sup> Ron Shaham, *The Expert Witness in Islamic Courts: Medicine and Crafts in the Service of Law* (Chicago, IL and London: University of Chicago Press, 2010), 50, 88 (and n. 26), 89, 90, 96.

<sup>6</sup> Abū al-ʿAbbās Aḥmad b. al-Qāsim Ibn Abi Uṣaybiʿa, *ʿUyūn al-anbāʾ fī ṭabaqāt al-aṭibbāʾ*, ed. by August Müller (Königsberg: Selbstverlag, 1884), vol. I, 103.

<sup>7</sup> Manfred Ullmann, *Die Medizin im Islam* (Leiden and Köln: Brill, 1970), 86.

<sup>8</sup> On the use of the term *dāya* in fifteenth-century Damascus, see the survey of Ibn Ṭawq’s diary in Chapter 4. For the term in nineteenth-twentieth-century Egypt, see, for instance, Amira el-Azhary-Sonbol, *The Creation of a Medical Profession in Egypt*,

b. Burhān al-Dīn al-Ḥalabī (d. 1635), being aware of the confusion among the terms, suggests using *ḥāḍina* (lit. “a woman who has the charge of a child”)<sup>9</sup> to designate a “dry nurse,” as, for instance, in the case of Umm Ayman, the woman who helped rear the Prophet Muḥammad, and *qābila* for a midwife, as in the case of Shifā’, who helped Muḥammad’s mother give birth (see Chapter 4).<sup>10</sup>

### Professionals and volunteers

There are indications in Ibn al-Ḥājj’s text – confirmed, though from a totally different perspective, by Ibn Khaldūn’s highly theoretical and idealistic chapter (see Introduction, above) as well as by medical and legal texts of the classical and medieval periods – that midwifery in the big cities of the Mediterranean Islamic lands was a socially differentiated craft. Professional midwifery entailed training through apprenticeship – mostly by relatives – application, in the birthing room, of particular methods, debatable as they were, and the occasional use of certain instruments, work for wages, reputation, and competition.<sup>11</sup>

1800–1922 (Syracuse, NY: Syracuse University Press, 1991), 3, 135. See also Mahmoud Omidsalar and Theresa Omidsalar, “Dāya,” *Encyclopaedia Iranica*, vol. VII, 164–6; Aḥmad ‘Abd Ar-Rāziq, *La femme au temps des mamluks en Égypte* (Cairo: Institut Français d’Archeologie Orientale, 1973. *Textes arabes et études islamiques*), V, 62.

<sup>9</sup> Lane, *Arabic-English Lexicon*, Book I, 591.

<sup>10</sup> Nūr al-Dīn b. Burhān al-Dīn al-Ḥalabī, *Insān al-‘uyūn fī sirāt al-amīn wa-al-ma’amūn (al-Sīra al-Ḥalabiyya)* (Cairo: al-Maṭba‘a al-Zahariyya, 1902), vol. I, 70: *wa-waqa‘a fī kalām Ibn Dībya anna Umm Ayman dāyatuhu ṣallā Allāh ‘alayhi wa-sallama. Wa-qad yuqālu iṭlāq al-dāya ‘alā Umm Ayman li-annahā qāmat bi-khidmatihī ṣallā Allāh ‘alayhi wa-sallama wa-mīn thamma qīla lahā ḥāḍinatuhu wa-li-al-Shifā’ – qābilatuhu.*

<sup>11</sup> Cf. the anthropological definition suggested by Sheila Kaminski (as cited by Monica Green in “Bodies, gender, health, disease,” 36, note 46): “The term midwife refers to a position which has been socially differentiated as a specialized status by the society. Such a person is usually regarded as a specialist and a professional in her own eyes and by her community.” Byzantine sources mention two types of midwives: the trained and the less skilled folk midwife. See Mati Meyer, “‘Woman to woman’: Parturient-midwife imagery in Byzantine art,” *Bizantinistica: Rivista di Studi Bizantini e Slavi* 6 (2004), 112–13. On the distinction between urban qualified and supervised midwives and “traditional” ones practicing without training or supervision in Europe before 1800 see Shorter, *A History of Women’s Bodies*, 36–40. See also Biller, “Childbirth,” 43.

On the use of gynecological and obstetrical instruments by doctors see, for example, ‘Abd al-Raḥmān b. Naṣr al-Shayzari (d. 1193), *Nihāyat al-rutba fī ṭalab al-ḥiṣba*, ed. by al-Sayyid al-Bāz al-‘Aārīnī (Beirut: Dār al-Thaqāfa, n.d.), 99.

It is reasonable to assume that such Muslim midwives had, through their involvement in the ritual aspects of birth and their occasional appearance in court, a more public presence than volunteer helpers.<sup>12</sup> This might be the result of urbanization and the rise of a qualified medical profession, processes that started in the Islamic Middle East, North Africa, and Al-Andalus in the eighth century, about three hundred years earlier than in Europe.<sup>13</sup> However, nothing like the church and municipal laws regulating midwifery, the examination and supervision system, and the training schools for midwives in Europe from the fourteenth through the eighteenth centuries seems to have existed in these regions before the 1830s,<sup>14</sup> and there is very little information about the frameworks for professional qualification.

Ibn Khaldūn acknowledges the expertise of urban midwives not only as obstetricians but also as pediatricians, thus echoing assertions by earlier scholars that they were widely regarded as professionals (*a'lam al-nās bi-al-janīn fa-lā yakūnu fī al-rahīm shay' illā 'arafnahu wa-'alimnahu* – “best informed of all people about the embryo; there is nothing in the womb they do not know”)<sup>15</sup> and trustworthy (*al-qābila ma'mūna*)<sup>16</sup>;

<sup>12</sup> Samuel S. Thomas, “Early modern midwifery: Splitting the profession, connecting the history,” *Journal of Social History* 43, no. 1 (2009), 115–38, especially 121.

<sup>13</sup> See, for instance, Claude Cahen, *L'Islam* (Paris: Bordas, n.d.), chapter 12; K.N. Chaudhuri, “The economy in Muslim societies,” in *The Cambridge Illustrated History of the Islamic World*, ed. by Francis Robinson (Cambridge University Press, 1996), 142–8. Cf. Biller, “Childbirth,” 48–9.

<sup>14</sup> Biller, “Childbirth,” 48–9; Shorter, *A History of Women's Bodies*, 40–3, 60–1 and cf. Delia Cortese and Simonetta Calderini, *Women and the Fatimids in the World of Islam* (Edinburgh University Press, 2006), 200, 201, 220.

<sup>15</sup> This observation is made in a mythical context – the story of the birth of Ibrāhīm (Abraham). His father Āzar (the biblical Terah, Ar. Tārīḥ or Tārakh) suspects that his wife, Ibrāhīm's future mother, is pregnant in a period when men were ordered by the potent tyrant Namrūd, to keep separated from their wives. He then asks midwives to check his wife (*fa-arsala ilā qwābil dhālika al-zaman*) but they, due to a miracle – the wife's back cleft to her womb – and despite their expertise, discover nothing. Thus the pregnancy of Ibrāhīm's mother remains secret until the moment of his birth and then for thirteen additional years. See 'Alī b. Mūsā b. Ja'far Ibn Tāwūs (1193–1266), *Faraj al-mahmūm fī ta'rīkh 'ulamā' al-nujūm* (al-Najaf: Manshūrāt al-Maṭba'a al-Ḥaydariyya, 1948), 24–6.

<sup>16</sup> Al-Kulīnī, *Furū'*, vol. VI, 52. *Huwa ma'mūn al-mu'āmalā*: “He is [trustworthy, or trustworthy, in dealing with others; or] free from exorbitance and deceit or artifice or craft to be feared.” Lane, *Arabic-English lexicon*, Book I, 101; *Ma'mūna*: “A woman whose like is sought after and eagerly retained because of her valuable qualities,” *ibid.*, Book I, 102.

Ibn al-Ḥājj underscores their shortcomings as craftswomen, yet sees in midwifery a distinguishable occupation.<sup>17</sup>

Moreover, medical treatises and legal discussions in compilations of positive law (*furūʿ al-fiqh*) and *responsa (fatāwā)* throughout the classical and medieval periods give a clear impression that midwifery, at least in the central and western areas of the Islamic world, was regarded as a professional occupation grounded in expertise and experience long before the fourteenth century, the time when Ibn Khaldūn and Ibn al-Ḥājj wrote on the subject (see also [Chapters 3](#) and [5](#)).<sup>18</sup> In Europe, professional urban midwifery started developing during “the second feudal period” (ca. 1050–1200, according to Marc Bloch), a time characterized by urbanization, the rise of universities, and a qualified medical profession, the recovery of Greek medicine, including obstetrical texts, and the rise of hospitals and their extension of childbirth facilities to the poor.<sup>19</sup>

Arabic-Islamic texts, from the ninth century onwards – some of which are of a purely literary-anecdotal character but nevertheless seem to reflect aspects of everyday life – also mirror social recognition of midwifery as a craft. Firstly, they inform us that well-to-do men used to employ midwives, on a permanent basis, to help their wives in childbirth and then to serve as nurses or nannies: “There was a midwife who lived in my house, belonging to the mother of my children” (*wa-kāna fī dārī qābila li-umm awlādī*), says the narrator of a story told by Abū ‘Alī al-Tanūkhī (941–994) in *Nishwār al-muḥāḍara*.<sup>20</sup>

<sup>17</sup> See [Introduction](#), above.

<sup>18</sup> For the Fatimid period see Cortese and Calderini, *Women and the Fatimids*, 200, 201, 218, 220. Cf. Green, “Bodies, gender, health, disease,” 15–17 and see [Chapters 2](#) and [4](#).

<sup>19</sup> Biller, “Childbirth,” 48–9. Cf. Green and Smail, “The trial of Floreta d’Ays,” 191, where the authors claim that “studies of female occupations among Christians rarely show ‘midwife’ alongside such professional identities as baker, seamstress, etc., prior to the fourteenth century.”

<sup>20</sup> Abū ‘Alī al-Muḥassin b. ‘Alī al-Tanūkhī, *Nishwār al-muḥāḍara wa-akbbār al-mudbākara*, ed. by ‘Abūd al-Shālījī (n.p., 1393 AH/1973 CE), vol. V, 129–34, within a fantastic, most interesting story: *Shaqīqāni ‘ashīqāni*, a brother and sister who fall in love and live as husband and wife. For an English translation and a discussion of the story and its various versions see Geert J. van Gelder, *Close Relationships: Incest and Inbreeding in Classical Arabic Literature* (London and New York: I. B. Tauris, 2005), 154–9. Cf. Edward Lane, *An Account of the Manners and Customs of the Modern Egyptians* [written in Egypt during the years 1833–43] (London: John Murray, 1860), 163.

A narration in *Kitāb an-bā' nujabā' al-abnā'* by Muḥammad Ibn Zafar about the mother of Maṣṣūr b. 'Ammār Abū al-Sariyy [al-Saqāṭī?] giving birth also mentions a private, paid midwife (*aṣāba ummuhu waja' al-wilāda wa-'indahā qābilatuhā*).<sup>21</sup>

Second, these texts refer to midwives as authoritative experts on gynecology and obstetrics. When 'Amr b. Baḥr al-Jāḥiẓ (d. 869), the well-known litterateur, in *Kitāb al-ḥayawān* ("The book of animals") raises the question of a prolonged pregnancy of thirteen months (!) he says: "This is not unknown, although I have met neither a single midwife nor a physician who believed in even a small bit of stories like this" (*wa-laysa hādhā bi-mustankar wa-in kuntu lam ara qaṭṭu qābila tuqirru bi-shay' min hādhā al-bāb wa-ka-dhālika al-aṭibbā'*).<sup>22</sup> The fact that midwives are mentioned here alongside physicians is remarkable.

As mentioned above, the Shī'ī scholar 'Alī b. Mūsā Ibn Ṭāwūs (1193–1266) refers, in his book on astrologers, to midwives at the time of Ibrāhīm (the biblical Abraham) as "the most knowledgeable experts in what concerns the fetus"; so much so "that there is nothing in the womb that they do not know and are not acquainted with," presumably like the midwives in the author's time.<sup>23</sup> And Taqī al-Dīn Ibn Taymiyya, the Damascene Ḥanbali jurist (d. 1328), relying on them as experts, accepts midwives' observation, quoted in an enquiry (*istiftā'*) directed at him, that Muslim pregnant women prefer to break the fast of Ramaḍān out of concern for the well-being of their fetuses (*wa-dhakara al-qawābil anna al-mar'a tuftiru li-ajl manfa'at al-janīn*).<sup>24</sup>

Third, Arabic-Islamic texts distinguish between experts in the domain of midwifery and non-experts, those old, experienced women

For *qābila* as "nanny" see, for instance, Jamāl al-Dīn Yūsuf Ibn Taghribirdī (d. 1470), *al-Nujūm al-Zāhira fī mulūk miṣr wa-al-qāhira* (Beirut: Dār al-Kutub al-'Ilmiyya, 1992), vol. XV, 273: *wa-huwa* [Ibn al-Maḥarr al-Ashraf] *mīman taghadbdhā bi-libān al-faḍā'il wa tarabbā fī ḥajar qawābil al-fawāḍil*.

<sup>21</sup> Muḥammad Ibn Zafar, *Kitāb an-bā' nujabā' al-abnā'*, ed. by Muṣṭafā al-Qabānī (Cairo, n.d.), 163. The phrase *wa-'indahā qābilatuhā* does not appear in Ibrāhīm Yūnis' edition, 216. And see below the story narrated by Aḥmad b. Yūsuf. Cf. Meyer, "Woman to woman", 111–12 (midwives in wealthy Roman households).

<sup>22</sup> 'Amr b. Baḥr al-Jāḥiẓ, *Kitāb al-ḥayawān*, ed. by 'Abd al-Salām Muḥammad Hārūn (Cairo: Muṣṭafā al-Bābī al-Ḥalabī, 1364 AH/1945 CE), vol. VII, 124–5.

<sup>23</sup> Ibn Ṭāwūs, *Faraj al-mahmūm*, 24–5.

<sup>24</sup> Taqī al-Dīn Ibn Taymiyya, *al-Fatāwā al-kubrā* (Cairo: Dār al-Kutub al-Ḥadīth, 1966 [?]), vol. I, 77.

(*al-‘ajā’iz qawābil al-nisā’*) who lack any professional training and are sometimes held in derision – a distinction known already in societies of the ancient Near East.<sup>25</sup> An anecdote narrated in *Kitāb al-mukāfa’a wa-ḥusn al-‘uqbā* by Aḥmad b. Yūsuf Ibn al-Dāya (d. in Egypt sometime between 941 and 951), is illuminating from this point of view.<sup>26</sup> It tells of a poor woman named Umm Āsiya who one day accidentally finds herself helping a lady in confinement. When the delivery she had been overseeing was rapidly concluded, the neighbor who had summoned her “mistakenly thought this is what Umm Āsiya was meant to do thanks to her competent craftsmanship and her delicacy in her profession” (*wa-ẓanna anna hādihā shay’ qad i’tamadtuhu bi-ḥidhāq šinā’a wa-lutf fī mihna*).<sup>27</sup> In the wake of her chance miraculous success as a “skilled” midwife, she was recommended to and then hired by Khumārawayh Ibn Ṭulūn, Egypt’s ruler (r. 884–896), as helper for his pregnant wife.

The story of Umm Āsiya is instructive also from other perspectives:

(a) It exemplifies the role ritual and magic played – even in the context of professional midwifery (as they did in ancient and medieval medicine as a whole<sup>28</sup>) – in dangerous situations, when the well-being and even the life of mother and infant alike were at stake and medicine, certainly the limited medical expertise of the midwife, could offer very little (see [Chapter 6](#)). In fact, prayer is the most effective means Umm Āsiya can think of when she first examines her suffering patient,

<sup>25</sup> Ṣalaḥ al-Dīn Khalīl b. Aybak al-Ṣafadī (d. 1363), *Nuṣrat al-thā’ir ‘alā al-mathal al-sā’ir* (Damascus: Majma’ al-Lughā al-‘Arabiyya, 1972), 116. On experienced women in a Bedouin society in the twentieth century – the Awlād ‘Alī community in western Egypt – who serve voluntarily as midwives for their sons’ wives and other women in their tribe, considering this service an act of religious value to be rewarded by God, see Abu-Lughod, *Veiled Sentiments*, 131–3.

For the ancient Near East see, Marsman, *Women in Ugarit and Israel*, 200.

<sup>26</sup> I would like to thank my friend and colleague Dr. Ibrahim Jerjes for drawing my attention to this text and discussing it with me.

<sup>27</sup> Aḥmad b. Yūsuf Ibn al-Dāya, *Kitāb al-mukāfa’a wa-ḥusn al-‘uqbā*, ed. by Maḥmūd Muḥammad Shākīr (Cairo: al-Maktaba al-Tijāriyya al-Kubrā, 1940), 137–40.

For English translation, see *Land of Enchanters: Egyptian Short Stories from the Earliest Times to the Present Day*, ed. by Bernard Lewis (London: The Harvill Press, 1948), 106.

<sup>28</sup> Lawrence Conrad, “The Arab-Islamic medical tradition,” in *The Western Medical Tradition 800 BC to AD 1800*, ed. by L. Conrad et al. (Cambridge University Press, 1995), 94–6; Peter E. Pormann and Emilie Savage-Smith, *Medieval Islamic Medicine* (Cairo: The American University in Cairo Press, 2007), 144–61.

whereas the patient's relatives believe she is weaving spells – perfectly legitimate from their point of view: *wa-‘ajajtu ilā Allāh ta‘ālā fī sirri bi-tawfiqī wa-kuntu ad‘ū wa-man ḥaḍara min ablihā yatawabhamu anni arqī*.<sup>29</sup> When Khumārawyh, following the physical examination – during which Umm Āsiya succeeds in allaying the pain of his pregnant wife – decides to invite her to serve as a midwife for the latter, he expresses the hope that “Almighty God will save her by your blessing,” that is, not necessarily through the midwife's dexterity: *arjū an yukhli-ṣabā Allāh bi-barakatiki*.<sup>30</sup> Although the narration as a whole is intended, like other stories in this part of Ibn al-Dāya's collection, to prove the power of sincere belief in God and to demonstrate His omnipotence, it also reflects a prevalent world-view that still survives in Middle Eastern societies today and is mirrored in ethnographic-anthropological works.<sup>31</sup>

At the same time, the story of Umm Āsiya offers also a few details on the medical aspects of childbirth at the time, such as the use of a birthing stool (*kursiyy al-wilāda*).<sup>32</sup>

(b) While the account of Umm Āsiya depicts the delivery scene as an exclusively female domain into which no male is allowed,<sup>33</sup> it presents

<sup>29</sup> Ibn al-Dāya, *Kitāb al-mukāfa'a*, 139; trans. Lewis, 106. Cf. the story of Abū al-Sariyy Maṣūr b. ‘Ammār in Ibn Zafar's *Kitāb anba'* where he, as a child, advises his mother, while she is painfully giving birth, to appeal to God for help. The moment she does, her baby is born. See also the report cited by Abū Sa'd 'Abd al-Malik al-Kharkūshī (d. 1015), in his *Manāḥil al-shifā wa-manāḥil al-ṣafā bi-taḥqīq kitāb sharaf al-muṣṭafā* (Mecca: Dār al-Bashā'ir al-Islāmiyya, 2003), 351, on Āmina, Muḥammad's mother, wearing, before giving birth, an iron amulet as recommended to her by her companions; but not for long: It broke after a short time, probably to signal that, in this particular case, God's direct protection made any magical device unnecessary. See also Abū al-Ḥasan 'Alī b. Rabban al-Ṭabarī, *Firdaws al-ḥikma fī al-ṭibb* (compiled in the 9th century), ed. by M. Z. Siddiqi (Berlin: Sonne, 1928), 380–3, where amulets covered with verses from Psalms are prescribed by a physician as a device for dealing with women's illnesses, and the 39th *maqāma* in *Maqāmāt al-Ḥarīrī* (Beirut: Dār Bayrūt; Dār Ṣādir, 1958), 315–20. Cf. Manfred Ullman, *Islamic Medicine* (Edinburgh University Press, 1978), 109. On the use of magic by Egyptian rural midwives in the twentieth century, see El-Hamamsy, “The daya,” 21. For the role of magic in medieval Jewish and Christian midwifery see Baumgarten, *Mothers and Children*, 48–9, 53.

<sup>30</sup> Ibn al-Dāya, *Kitāb al-mukāfa'a*, 137–40; trans. Lewis, 106.

<sup>31</sup> See Chapter 6. <sup>32</sup> Ibn al-Dāya, *Kitāb al-mukāfa'a*, 139.

<sup>33</sup> Cf. Abū 'Alī al-Muḥassin al-Tanūkhī, *al-Faraj ba'da al-shidda li-al-waqā'i' al-gharība wa-al-asrār al-'ajība* (Beirut: Dār al-Kutub al-'Ilmiyya, 1418 AH/1997 CE), 196–7. The protagonist in the story, “Judge Abū al-Ḥasan's Neighbour,” returns home while

a man (Khumārawayh) who is trying to “cross the border,” not in an effort to change an old custom but out of love and concern for his suffering wife. This popular ruler is vividly portrayed as a caring husband who is genuinely interested in the well-being of his pregnant wife and impatiently waits for news of the great event, that is, the delivery. “Rising and sitting, going and coming” during the delivery, he then, after two hours, when it is all over, cries out to the midwife “O blessed woman, give me news of her [i.e., of his wife; interestingly, not of his newborn baby!]” (*wa-Abū al-Jaysh yaqūmu wa-yaq’udu wa-yadhhabu wa-yaji’u. fa-lammā waladat . . . wa-ṣāḥa Khumārawayh: “akhbirīnī, yā mubāraka, bi-khabarihā”*).<sup>34</sup> And as Umm Āsiya is calming him down he, “in his excess of solicitude, insisted on seeing her [his wife]” and pressed the midwife to let him into the room. But she refused till all traces of the birth were removed (*wa-alaḥḥa Abū al-Jaysh fī al-naẓar ilayhā li-farṭ ishfaqīhi ‘alayhā fa-istawqafutuhu ilā an naqaltu ḥawā’ij al-wilāda*).<sup>35</sup>

(c) The gratitude expressed by both Khumārawayhi and his wife gives us a sense of the image and status that midwives of the elite could gain in society. The woman in confinement, relieved after a short and easy labor, “kissed my eyes in her joy” (*fa-qabbalat ‘aynayya . . . min al-farah*), narrates the midwife,<sup>36</sup> and Khumārawayh confers grants

his wife is giving birth and finds the house full of women (*kull mā fīhi min al-nisā*). Cf. the narrations on the Prophet Muḥammad’s birth in [Chapter 4](#).

The separation between women and men in the context of childbirth, when fathers were kept out of the birthing room, is beautifully illustrated in the Book of Jeremiah (20:14–15):

Accursed be the day  
That I was born!  
Let not the day be blessed  
When my mother bore me!  
Accursed be the man  
Who brought my father the news  
And said, “A boy  
Is born to you,”  
And gave him such joy!

trans. JPS Tanakh.

<sup>34</sup> Ibn al-Dāya, *Kitāb al-mukāfa’a*, 139; trans. Lewis, 106–7.

<sup>35</sup> Ibn al-Dāya, *Kitāb al-mukāfa’a*, 139; trans. Lewis, 107. Cf. Green, “Bodies, gender, health, disease,” 18–19.

<sup>36</sup> Ibn al-Dāya, *Kitāb al-mukāfa’a*, 139; trans. Lewis, 107.

and favors on her. Moreover, the midwife's closeness to the ruler promotes her to the status of a mediator between him and some Cairene notables: *wa-iktasabat hādhibi al-mar'a bi-maḥallihā min Abī al-Jaysh māl<sup>an</sup> kathīr<sup>an</sup> wa-qaḍat li-jamā'a min wujūh al-balad ḥawā'ij khathīra* ("This woman earned much money through her post with Khumārawaih, and fulfilled important duties for a number of the great ones of the city").<sup>37</sup>

As noted earlier, midwifery as a profession existed side by side with nonprofessional birth assistance based on family relations and voluntary support, which was (and still is) common in rural and nomadic societies and among the urban poor in Islamic countries.<sup>38</sup> In traditional tribal societies, the role of the birth assistant was generally reduced to providing physical support and massage for the mother. This is why helpers, who almost always sat, kneeled or stood behind the mother, were called "the one who holds." The massage was particularly important in cases where malpresentation of the fetus had to be dealt with.<sup>39</sup>

Midwifery as a profession developed naturally out of the less specialized role of birth assistant in response to cases of difficult or problematic births.<sup>40</sup> With their knowledge of herbal medicine and expertise in the techniques of easing difficult births, the professionals acquired a reputation for being better birth assistants.<sup>41</sup>

Peter Pormann and Emilie Savage-Smith argue that "healthcare [in general], both in the medieval Islamic and in early modern European

<sup>37</sup> Ibn al-Dāya, *Kitāb al-mukāfa'a*, 140; trans. Lewis, 107.

<sup>38</sup> Pormann and Savage-Smith, *Medieval Islamic Medicine*, 90. Cf. Jemmy Carter and Thérèse Duriez, *With Child: Birth through the Ages* (Edinburgh: Mainstream Publishing Company, 1986), 59, on the distinction between trained urban and untrained rural midwives in medieval Germany. According to the testimony of Felix Pabris, a German Dominican traveler who visited Cairo in 1483, poor, homeless Cairene women used to give birth on the streets. See his *Le Voyage en Egypte*, (Paris, 1975), 568, as quoted in Adam Sabra, *Poverty and Charity in Medieval Islam: Mamluk Egypt, 1250–1517* (Cambridge University Press, 2000), 108. For the Roman and Byzantine world cf. Meyer, "Woman to Woman", 110–13. See also Judith Goldsmith, *Childbirth Wisdom from the World's Oldest Societies* (Brookline, Mass.: East West Health Books, 1974), 23–5.

<sup>39</sup> Goldsmith, *Childbirth Wisdom*, 38–9.

<sup>40</sup> For the gradual transition from deputy to midwife, not through licensing but through a process of self-identification and selection by the community in Early Modern England, see Thomas, "Early modern midwifery," 117.

<sup>41</sup> Goldsmith, *Childbirth Wisdom*, 43–4.

societies, was for the most part provided by women. . . . As nurses and midwives, as carers and curers, they contributed fundamentally to the health of the wider society.”<sup>42</sup>

On the basis of the *Geniza* documents Shlomo Dov Goitein distinguishes between professional midwives and experienced women from among the family who assisted in childbirth. The fact that “Son of the Midwife” (*Ibn al-Dāya*; *Ibn al-Qābila*) served as a family name among Jews and Muslims alike is, according to him, another indication of the existence of midwifery as a distinct occupation.<sup>43</sup> At the beginning of the twentieth century the popular midwife, *dāya*, is still described as one “who until recently was an illiterate extremely ignorant woman who learned her profession from any practicing midwife in her district. . . . These formed the main bulk of the profession.”<sup>44</sup> If this was the case in premodern times as well, we can reasonably think of three categories of midwives, a division supported by the data

<sup>42</sup> Pormann and Savage-Smith, *Medieval Islamic Medicine*, 103, and see also 108, 135, 144.

‘Ā’isha, the Prophet Muḥammad’s wife, is praised by one of her contemporaries on her perspicacity in medical matters (*u’jibu min baṣariki bi-al-ṭibb*). See Jalāl al-Dīn al-Suyūfī, *al-Minhāj al-sawī wa-al-manḥal al-rāwī fī al-ṭibb al-nabawī*, ed. by Ḥasan Muḥammad Maqbūlī al-Ahdal (Beirut and Sana: Mu’assasat al-Kutub al-Thaqāfiyya and Maktabat al-Jil al-Jadīd, 1986), 384–5.

<sup>43</sup> Goitein, *A Mediterranean Society*, vol. I: “Economic foundations,” 127–8, 430, n. 6. On the use of *Ibn al-Dāya* and *Ibn al-Qābila* by Muslims, see above, the lineage of Aḥmad b. Yūsuf, the author of *Kitāb al-mukāfa’a*. On Ibn al-Qābila, Abū al-Najm al-Mubārak b. al-Ḥasan al-Faraḍī, see Ibn Ḥajar al-‘Asqalānī, *Tabṣīr al-muntabih bi-taḥrīr al-mushtabih*, ed. by ‘Alī Muḥammad al-Bajāwī (Cairo: al-Mu’assasa al-Miṣriyya al-‘Āmma li-al-Ta’līf wa-al-Anbā’ wa-al-Nashr, n.d.), vol. III, 119. On Majd al-Dīn Ibn al-Dāya, son of the midwife of the Sultan Nūr al-Dīn’s mother and then a wet-nurse to the newborn boy (who consequently became a milk-brother of her own son), see Ṣalāḥ al-Dīn Khalīl b. Aybak al-Ṣafadī, *Kitāb al-wafī bi-al-wafayāt*, vol. X, ed. by ‘Alī ‘Amāra and Jacqueline Sublet (Wiesbaden: Franz Steiner, 1980), 231–2 and ‘Umar b. Aḥmad Ibn al-‘Ādīm, *Bughyat al-ṭalab fī ta’riḫ Ḥalab*, ed. by Suhayl Zakkār (Damascus, 1409/1988), vol. V, 2397. On Ibn al-Qābila al-Sabṭī see Aḥmad b. Muḥammad al-Maqqarī, *Nafḥ al-ṭib*, ed. by Iḥsān ‘Abbās (Beirut: Dār al-Ṣādir, 1968), vol. III, 610; vol. IV, 13. Cf. Elisheva Baumgarten, “‘Thus sayeth the wise midwives’: Midwives and midwifery in 13th-century Ashkenaz,” *Zion* 65 (1) (2000), 45–74, especially 57, 63–5 (in Hebrew), on professional midwifery among German Jewish communities in the Middle Ages.

<sup>44</sup> Naguib Bey Mahfouz, *The History of Medical Education in Egypt* (Cairo: Government Press, 1935), 84. In medieval Europe, too, we find that professional midwives were sometimes illiterate or only marginally literate. See Green and Smail, “The trial of Floreta d’Ays,” 203.

presented above: (a) the rather exceptional instances of women who grew up in physicians' families, enjoyed a more or less systematic training (including a theoretical background of a certain level), and achieved a high standard of expertise as doctors and/or midwives<sup>45</sup>; (b) the professional midwives who had served as apprentices to skilled, experienced midwives (in most cases mothers and/or other relatives) and thus became practitioners in the field without structured, theoretical training; and finally (c) volunteers – family members, neighbors, and friends who occasionally helped women in confinement where no professional midwife was available.

In nineteenth-century Egypt, corporations of midwives are mentioned among women's guilds, although it is difficult to trace the historical roots of these organizations. Gabriel Baer, for example, is unsure whether these were really organized guilds with a *shaykh* – or rather *shaykha* – at their head. He assumes that women did not undergo ceremonies of initiation.<sup>46</sup> No evidence exists for midwives' corporations in other Middle Eastern cities such as Damascus, Aleppo or Jerusalem in the Ottoman period.<sup>47</sup> And there is no mention of a midwives' association among the rather long list of guilds of medical and paramedical professionals in Istanbul in the sixteenth century.<sup>48</sup>

<sup>45</sup> See the survey of Ibn Khaldūn's chapter on midwifery in the Introduction, and Chapter 3 below.

<sup>46</sup> Gabriel Baer, *Egyptian Guilds in Modern Times* (Jerusalem: Israel Oriental Society, 1964), 32–3; Ehud R. Toledano, *Slavery and Abolition in the Ottoman Middle East* (Seattle, WA and London: University of Washington Press, 1998), 76–7.

<sup>47</sup> Shaham, *The Expert Witness*, 84 and n. 11.

<sup>48</sup> See Miri Shefer, "Medical and professional ethics in sixteenth-century Istanbul: Towards an understanding of the relationships between the Ottoman state and the medical guilds," *Medical Law* 21 (2002), 309; Miri Shefer, "Physicians in Mamluk and Ottoman courts," in *Mamluks and Ottomans: Studies in Honour of Michael Winter*, ed. by David Wasserstein and Ami Ayalon (London and New York: Routledge, 2006), 116. A women's craft or guild is not mentioned, nor is a corporation of women, in *Crafts and Craftsmen of the Middle East*, ed. by Suraiya Faroqhi and Randi Deguilhem (London and New York: I. B. Tauris, 2005).

## The Subordinate Midwife: Male Physicians versus Female Midwives

Women frequently provided health care within their families and beyond, treating mainly women and children as well as practicing ophthalmology and, occasionally, other sorts of medicine. Practically “they contributed fundamentally to the health of the wider society,” according to Pormann and Savage-Smith, as quoted above (Chapter 2). The learned medical discourse, however, including on gynecology and obstetrics, was dominated by male physicians. In the medieval Muslim world, famous physicians were known for their wide knowledge of not only medicine but also philosophy, science, and *adab*, the most illustrious among them being those who wrote books.<sup>1</sup> “A man of science and a man of letters, the physician is first of all a scholar.”<sup>2</sup> Not a single medical treatise written by a Muslim female physician or a midwife is known before the nineteenth century.<sup>3</sup> Moreover, biographers of physicians in the medieval Muslim world are interested mainly in medicine as an intellectual activity and, therefore, in authors of medical compilations and treatises, as well as court physicians.<sup>4</sup> One can hardly expect them to dedicate special entries to female medical practitioners

<sup>1</sup> Françoise Micheau, “Great figures in Arabic medicine according to Ibn al-Qifṭī,” in *Health, Disease, and Healing in Medieval Culture*, ed. by S. Campbell et al. (New York: St. Martin’s Press, 1992), 170–3.

<sup>2</sup> *Ibid.*, 173.

<sup>3</sup> Pormann and Savage-Smith, *Medieval Islamic Medicine*, 103, and see below.

<sup>4</sup> Micheau, “Great figures,” 170–3; Shefer, “Physicians in Mamluk and Ottoman courts,” 118.

in their biographical dictionaries, not to speak of midwives, although, as noted earlier, occasional references to female doctors are to be found in entries dedicated to male physicians.<sup>5</sup> And indeed, a survey of three collections of physicians' biographies in Arabic from the tenth through the thirteenth centuries – by Ibn Juljul (b. in Cordoba in 944, d. after 994),<sup>6</sup> Ibn al-Qiftī (b. in Upper Egypt in 1172, d. in Aleppo in 1248)<sup>7</sup> and Ibn Abī Uṣaybi'a (b. in Damascus after 1194, d. in Sarkhad, or Salkhad, in the Ḥawrān, in 1270)<sup>8</sup> – yielded only one entry devoted specifically to a female physician, namely, Zaynab, the legendary doctor (*ṭabība*) of Banū Awd in the Umayyad period, who is said to have been both a surgeon and an ophthalmologist.<sup>9</sup> But there is not a single article devoted entirely to a midwife.<sup>10</sup>

In his *Ta'riḫ al-bīmāristānāt fī al-islām* ("The history of hospitals in Islam"), published in Damascus in 1939, Aḥmad 'Īsā surveys the careers of dozens of doctors, all males except for five: the above-mentioned Zaynab, Rufayda al-Aslāmiyya, the sister of al-Ḥafīd Abū Bakr b. Zuhr and her daughter, and Umm al-Ḥasan bint Aḥmad

<sup>5</sup> On the exclusion of female healers from the professional hierarchy of physicians in the Ottoman world of the early modern period, see Miri Shefer-Mossensohn, "A sick sultana in the Ottoman imperial palace: Male doctors, female healers and female patients in the early modern period," *Hawwa: Journal of Women of the Middle East and the Islamic World*, 9 (2011), 281–312, especially 289.

<sup>6</sup> Abū Dāwūd Sulaymān b. Ḥassān Ibn Juljul, *Ṭabaqāt al-aṭibbā' wa-al-ḥukamā'*, ed. by Sayyid Fu'ād (Cairo: Institut Français d'Archéologie Orientale, 1955). See also A. Dietrich, "Ibn D̲j̲ul̲d̲j̲ul̲," *EI<sup>2</sup>*, vol. III, 755–6.

<sup>7</sup> Abū al-Ḥasan 'Alī b. Yūsuf Ibn al-Qiftī, *Ikkbār al-'ulamā' bi-akbbār al-ḥukamā'* (Cairo: Maṭba'at Muḥammad Ismā'īl, 1908). See also A. Dietrich, "Ibn al-Qiftī," *EI<sup>2</sup>*, vol. III, 840.

<sup>8</sup> Aḥmad b. al-Qāsim Ibn Abī Uṣaybi'a, *Kitāb 'uyūn al-anbā' fī ṭabaqāt al-aṭibbā'*, ed. by August Müller (Königsberg I Pr.: Selbstverlag, 1884), vol. I, 123. See also J. Vernet, "Ibn Abī 'Uṣaybi'a," *EI<sup>2</sup>*, vol. III, 693–4.

<sup>9</sup> Ibn Abī Uṣaybi'a, *Kitāb 'uyūn al-anbā'*, *ibid.* See also Umayma Abū Bakr and Hūda al-Sa'dī, *al-Nisā' wa-miḥnat al-ṭibb fī al-mujtama'āt al-islāmiyya* (Cairo: Multaqā al-Mar'a wa-al-Dhākira, 1999), 17, 25. On female oculists in the medieval Middle East, see Pormann and Savage-Smith, *Medieval Islamic Medicine*, 104. On ophthalmology as a female specialization in medieval southern Europe, see Joseph Shatzmiller, *Jews, Medicine and Medieval Society* (Berkeley, Los Angeles, CA and London: University of California Press, 1994), 111.

<sup>10</sup> Two midwives of the Ibn Zuhr family are mentioned in an entry devoted to al-Ḥafīd Abū Bakr Ibn Zuhr of Seville (d. 1198 or 1199), see Ibn Abī Uṣaybi'a, *Kitāb 'uyūn al-anbā'*, vol. II, 67–74. See also R. Arnaldez, "Ibn Zuhr," *EI<sup>2</sup>*, vol. III, 976–9.

b. ‘Abdallāh.<sup>11</sup> In another context ‘Īsā mentions – although, interestingly, not by name – the daughter of the “chief physician” (*shaykh al-ṭibb, raʿīs al-aṭṭibbā*) in the Maṣṣūrī hospital in Cairo, who succeeded her father in this post after his death in 1626 or 1627.<sup>12</sup>

As noted earlier, Muslim physicians writing in Arabic devoted special chapters to gynecology and obstetrics in their comprehensive medical encyclopedias – in a few cases, entire treatises – and paid special attention to fertility-related matters.<sup>13</sup> This is understandable

<sup>11</sup> Ahmad ‘Īsā, *Taʾrīkh al-bīmāristānāt fi al-Islām* (Damascus: Maṭbūʿat Jamʿiyyat al-Tamaddun al-Islāmī, 1939), 15–17.

<sup>12</sup> *Ibid.*, 164. For a similar case in the Qalaʿunide hospital in Cairo in the Ottoman period, see Amira Sonbol, “Doctors and midwives: Women and medicine at the turn of the century,” in *La France et l’Égypte à l’époque des vice-rois, 1805–1882*, ed. by D. Panzac and A. Raymond (Cairo: Institut Français d’Archéologie Orientale, *Cahier des Annales Islamologiques* 22/2002), 138. Cf. Pormann and Savage-Smith, *Medieval Islamic Medicine*, 104.

<sup>13</sup> Western scholars tend to belittle the contribution of medieval Arabic medicine to gynecology and obstetrics from the point of view of originality or even quantity. They point out that the demand for Greek and Syriac writings in these fields within the Muslim world was low, so that only a few minor gynecological writings were actually translated into Arabic. More significantly though, only two works, and those of secondary importance, of the Hippocratic corpus on gynecology were translated into Arabic, and it is as yet unclear how much of the medical-gynecological heritage of Soranus of Ephesus (2<sup>nd</sup> century), the author of *Gynaïkeia*, was available in Arabic. See Manfred Ullmann, *Die Medizin in Islam*, 76–8, 250–1; Manfred Ullmann, *Islamic Medicine* (Edinburgh University Press, 1978), 15; Ron Barkai, *A History of Jewish Gynaecological Texts* (Leiden: Brill, 1998), 41–4, especially 42 and n. 12. Barkai suggests that “Muslim medicine was preoccupied, at least from the perspective of practicality, in caring for pregnant women, newborn babies and young children, and not with gynecological problems *per se*.” And see, for instance, Maḥmūd al-Ḥājj Qāsim Ibrāhīm on Muḥammad b. Zakariyā’s heritage in *al-Ṭibb ‘inda al-‘Arab wa-al-muslimīn: taʾrīkh wa-musāhamāt* (Jedda: al-Dār al-Suʿūdiyya li-al-Nashr wa-al-Tawzīʿ, 1978), 71–4. See also Gourevitch, “Préparation intellectuelle et déontologie de la sage-femme,” 69–80. According to Gerrit Bos, the passive role of Muslim male physicians in the treatment of women’s diseases, due to ethical considerations, explains the modest contribution of Arabic medicine to gynecology and obstetrics. See *Ibn al-Jazzār on Sexual Diseases and Their Treatment: A critical edition of Zād al-musāfir wa-qūt al-ḥādīr*, translation, introduction and commentary by Gerrit Bos (London and New York: Kegan Paul International, 1997), 51; Gerrit Bos, “Ibn al-Jazzār on women’s diseases and their treatment,” *Medical History* 37 (1993), 312. For an entirely different assessment see Muhammad Z. Siddiqi, *Studies in Arabic and Persian Medical Literature* (London: Luzac, 1959), xxi.

On Indian writings and their influence on Arabic medical texts see the last section in ‘Alī b. Rabban al-Ṭabarī’s *Firdaws al-ḥikma*, 557ff., devoted to a survey of the Indian medical literature. Cf. Cyril Elgood, *Safavid Medical Practice or the Practice of Medicine, Surgery and Gynaecology in Persia between 1500 AD and 1750 AD*

if we remember that the ability to procreate defined the social, economic, and legal status of women in the medieval Muslim world and moreover the social position of their husbands (or masters) (see [Chapter 1](#)). Within the circles of the political elites, it was the desire to ensure the continuity and prosperity of a dynasty that encouraged the study of pregnancy, childbirth, and child rearing.<sup>14</sup>

A series of medical writings – among them some that were highly authoritative and in use both inside and outside the Muslim world for a long time – not only see the midwife as professionally inferior to and dependent upon the male physician but sometimes – taking her role in childbirth for granted – ignore her altogether. Thus a treatise on the inspection of physicians by ‘Abd al-‘Azīz al-Sulamī of Damascus (d. 1208) lacks any reference to gynecology and obstetrics and therefore also to midwifery.<sup>15</sup> An earlier compilation on medical ethics by Abū al-‘Alā’ Ṣā’id b. al-Ḥasan al-Ṭabīb, intended to enable readers to distinguish between a professional physician and a pretender, enumerates, in a special chapter, the moral, religious, and intellectual traits as well as the skills of the former but, again, has nothing to say about

(London: Luzac, 1970), 207, who has a totally different impression of the character of the Arabic gynecological texts. It should be emphasized, however, that Arab physicians discussing gynecology and obstetrics frequently refer to their Greek predecessors. See, for instance, ‘Arīb b. Sa’īd al-Qurṭubī, *Kitāb khalq al-janīn wa-tadbīr al-ḥabālā wa-al-mawliḍīn*, ed. by Noureddine ‘Abd al-Qādir and Henri Jahier (Algiers: Ferraris, 1956), Arabic text, 47, 48, 49, 51.

Ḥadīth reports of the *Ṭibb nabawī* (Prophetic medicine) type occasionally recommend certain sorts of food appropriate for pregnant women or women in labor. See, e.g., Jalāl al-Dīn al-Suyūṭī, *al-Ḥāwī li-al-fatāwī* (Beirut: Dār al-Kutub al-‘Ilmiyya, 1988), vol. I, 37; idem, *al-Minhāj al-sawī wa-al-manḥal al-rawī*, 272. But, as far as we can judge, they have nothing to say about the delivery process itself or the role of the midwife. Thus, for instance, the chapters dealing with women’s illnesses, the treatment of parturient women and newborn children in *Tashīl al-manāfi’ fī al-ṭibb wa-al-ḥikma* by Ibrāhīm b. ‘Abd al-Raḥmān al-Azraq of the fifteenth century (Beirut: Dār al-Kutub al-‘Ilmiyya, 2000), lack any reference to midwives. In a compilation from the eighteenth to nineteenth century of medical traditions transmitted from the Shī’ī imāms, the chapters dedicated to gynecological and obstetrical themes contain suggestions for amulets and supplications but no reference is made to the midwife. See al-Sayyid ‘Abdallāh Shubar, *Ṭibb al-a’imma* (Beirut and London: al-Irshād li-al-Ṭibā’ā wa-al-Nashr, 1994 (?), 295–314.

<sup>14</sup> Cortese and Calderini, *Women and the Fatimids*, 216–17.

<sup>15</sup> ‘Abd al-‘Azīz al-Sulamī, *Imtīḥān al-alibbā’ li-kāffat al-aṭibbā’*, Study and English translation: *Questions and Answers for Physicians*, translated and edited by Gary Leiser and Noury al-Khaledi (Leiden and Boston, MA: Brill, 2004).

midwives.<sup>16</sup> A similar text, portraying the ideal midwife in terms of age, disposition, marital status, experience, training, and the like, could have helped contemporary patients make a parallel distinction and would have enabled today's scholars to define the outlines of professional midwifery in medieval Muslim societies. This is exactly what Soranus (1<sup>st</sup>–2<sup>nd</sup> century) did in *Gynaecology*, his most well known treatise, representing ancient gynecological and obstetrical practice at its height,<sup>17</sup> when he discussed the questions of “What Persons Are Fit to Become Midwives?” and “Who Are the Best Midwives?”<sup>18</sup> So far I have not come across any similar profound and systematic discussion, although one can find some signs of Soranus' influence in Arabic gynecological-obstetrical texts, particularly from Al-Andalus.

The midwife is hardly mentioned, if at all, in some of the important Arabic medical manuals and encyclopedias – whether compiled by “philosopher-physicians” (from the 8<sup>th</sup> to 10<sup>th</sup> centuries), or by “humanist-practitioners” who replaced them in the period of the Ayyūbid “Renaissance” (12<sup>th</sup> and 13<sup>th</sup> centuries).<sup>19</sup>

Among the medical compilations in which the midwife is altogether – or almost totally – ignored one should mention Thābit b. Qurra's *Kitāb al-dhaḥīra fī 'ilm al-ṭibb* and 'Alī b. Rabban al-Ṭabarī's *Firdaws al-ḥikma*, both from the ninth century,<sup>20</sup> Abū al-'Abbās al-Majūsī's *Kāmil al-ṣinā'a al-ṭibbiyya* from the tenth century,<sup>21</sup> Muḥammad b. Zakariyā' al-Rāzī's, *Ṭabīb man lā ṭabīb lahu* (or: *Man*

<sup>16</sup> Ṣā'id b. al-Ḥasan al-Ṭabīb, *al-Tashwīq al-ṭibbī*, 65–7: *al-bāb al-thālith fī ṣifāt al-ṭabīb al-mābir allādhī yastahiqqu al-taqaddum 'alā man yantahilu hādhibi al-ṣinā'a wa-yantamī ilayhā*.

<sup>17</sup> Soranus' *Gynecology*, translated by Owsei Temkin (Baltimore, MD and London: The Johns Hopkins University Press, 1956), xxv (Translator's Introduction).

<sup>18</sup> Soranus' *Gynecology*, 5–7.

<sup>19</sup> Françoise Micheau, “A quantitative approach to scientific activity,” *International Workshop: Experience and Knowledge Structures in Arabic and Latin Sciences* (Berlin: Max Planck Institute for the History of Science, Reprint 83, 1997), 7–13; Emilie Savage-Smith, “Ṭibb,” *EP*, vol. X, 452–60.

<sup>20</sup> On the marginality of the themes of birth and midwifery in the medical writings of European physicians in the Middle Ages and later developments in this regard, see Shulamith Shahar, *Childhood in the Middle Ages* (London and New York: Routledge, 1990), 33–4.

<sup>21</sup> Abū al-'Abbās al-Majūsī, *Kāmil al-ṣinā'a al-ṭibbiyya* (Frankfurt: Ma'had Ta'rīkh al-'Ulūm al-'Arabīyya wa-al-Islāmiyya, 1985), vol. II/2, 68–70.

*lā yahḍuruhu al-tabīb*) from the ninth or tenth century,<sup>22</sup> *Kitāb al-taysīr* by the Andalusian doctor of the twelfth century ‘Abd al-Malik Ibn Zuhr,<sup>23</sup> *Ibn al-Nafīs’ al-Mūjiz fī al-ṭibb* from the thirteenth century<sup>24</sup> and *al-Mukhtārāt fī al-ṭibb* by ‘Alī Ibn Hubal (d. 1213).<sup>25</sup>

Aḥmad al-Baladī (d. ca. 990), the physician to the Egyptian vizier Abū al-Faraj Ya‘qūb b. Yūsuf Ibn Killis, admits that his detailed treatise on obstetrics and pediatrics, which relied heavily upon Greek medical sources, was written as a guide for male doctors (*fa-inna jamī‘ mā waṣaftuhu fī hādihā al-kitāb wa-mā urīdu an aṣifahū fa-innamā dhikrī iyyāhu ‘alā an al-ṭabīb huwa al-musta‘mil lahu kamā yajibū*).<sup>26</sup> And indeed, in the part devoted to the treatment of pregnant women, fetuses, and newborn infants (*fī tadbīr al-ḥabālā wa-al-atfāl wa-al-ajinna ...*), direct references to the midwife’s role in assisting the parturient woman are very rare, and even this role she is supposed to play under the supervision of a male physician.<sup>27</sup>

In other theoretical writings, even when she is more present, the midwife appears as subordinate to the male doctor, serving as his assistant in examining women’s bodies and in applying treatment involving contact with the patient’s intimate parts. Thus, for example,

<sup>22</sup> Edited by Muḥammad Rakābī al-Rashīdī (Cairo: Dār Rakābī li-al-Nashr, 1998). This is a guide for laymen on how to manage without a physician when necessary, where directions concerning giving birth could be very useful.

<sup>23</sup> Abū Marwān ‘Abd al-Malik Ibn Zuhr, *Kitāb al-taysīr fī al-mudāwāt wa-al-tadbīr*, ed. by Muḥammad b. ‘Abdallaāh al-Rawdānī (Rabat: Akadimiyyat al-Mamlaka al-Maghribiyya, 1991). There is no mention of midwives in the chapters dealing with women’s diseases. See, for instance, 328–34. Moreover, on p. 338 the physician is advised (under the inspiration of ancient medical texts?) to treat the ailing woman himself without any reservation.

<sup>24</sup> ‘Alā’ al-Dīn ‘Alī b. Abī al-Ḥazm al-Qurashī Ibn al-Nafīs (1207–88), in his *al-Mūjiz fī al-ṭibb*, ed. by ‘Abd al-Karīm al-Gharbāwī (Cairo: Mu’assasat al-Ahrām, 1997), 255–62, does not mention the midwife even once in his chapters on abortion (*al-isqāt*), the care of pregnant women (*tadbīr al-ḥawāmīl*), childbirth (*tashīl al-wilāda*), and treating women’s diseases (*awrām al-raḥīm*).

<sup>25</sup> ‘Alī b. Aḥmad b. ‘Alī Ibn Hubal, *Kitāb al-mukhtārāt fī al-ṭibb* (Hyderabad: Dā’irat al-Ma’ārif al-‘Uthmāniyya, 1943–5), vol. I, 187–92. In a chapter on pregnancy, delivery, and the treatment of a newborn child, most of the instructions are addressed to the mother, and the midwife is almost totally ignored.

<sup>26</sup> Aḥmad b. Muḥammad b. Yahyā al-Baladī, *Kitāb tadbīr al-ḥabālā wa-al-atfāl wa-al-ṣibyān wa-ḥifẓ ṣiḥḥatihim wa-mudāwāt al-amrād al-‘arīḍa lahum*, ed. by Maḥmūd al-Ḥājī Qāsim Muḥammad (Baghdad: Dār al-Shu’ūn al-Thaqāfiyya al-‘Āmma, 1987), 15 (quoted in the Editor’s Introduction).

<sup>27</sup> *Ibid.*, 163.

midwives are occasionally mentioned in the quotations taken from ancient writings (mostly Greek) of which al-Rāzī's comprehensive medical encyclopedia, *al-Hāwī fī al-ṭibb*, consists. However, it is hard to assess from these brief and scattered references what al-Rāzī himself thought of midwives and how he saw the ideal division of labor between them and male physicians. In some quotations the midwife is presented more realistically as a practitioner, performing physical examinations of women, helping them when they have difficulties in conceiving (*tasta'mīlu al-qawābil bakhūrāt li-man lā taḥbalu*) or giving birth (*allati ya'suru wilāduhā li-kibar al-janīn tadkhulu al-qābila yadahā fa-tajdhību qalīl<sup>an</sup> qalīl<sup>an</sup> . . .*), diagnosing pregnancy (*za'ama qawm anna al-qawābil yanẓurna ilā al-mar'a fa-in ra'ayna thadyahā qad inbasāta wa-taghayyara 'ammā kāna 'alayhi 'alimat annahā ḥublā*), and determining the sex of the fetus (*fa-ammā ta'arruf al-dhukūr fa-inna al-qawābil yanẓurna ilā baṭn al-ḥāmīl . . .*). But some instructions are addressed to the male physician, who is allowed, in the spirit of the ancient medical sources, to treat a female body without moral restrictions. In at least one case, the doctor is advised to guide the midwife on how to examine a woman's cervix (*fa-qul li-al-qābila tajissu 'unq al-raḥīm*), which means that he is the professional authority to whom the midwife should refer. It emerges that the male physician was supposed to be involved when an urgent need arose to extract a dead fetus or in complex deliveries. This was so particularly because lack of professionalism on the part of midwives might end with the fetus presenting in the wrong position (*wa-qad yakhruju al-janīn 'alā ghayr al-shakl al-ṭabī'ī li-sū' tadbīr al-qābila . . .*).<sup>28</sup>

Ibn Sīnā (d. 1037), in his *al-Qānūn fī al-ṭibb* ("Canon of medicine"), probably the most influential medical compilation throughout the Middle Ages and beyond, also warns against the damage an incompetent midwife may cause and advises the physician not to allow her to be too rough while carrying out a delivery: *wa-iyyāka an tumakkina al-qābila an ta'mufa fī al-qabūl*.<sup>29</sup> After having almost totally ignored

<sup>28</sup> Abū Bakr Muḥammad b. Zakariyā' al-Rāzī, *al-Hāwī fī al-ṭibb* (Beirut: Dār al-Kutub al-Ilmiyya, 2000), vol. III, 49, 51, 62, 65–6, 84, 97.

<sup>29</sup> Al-Ḥusayn b. 'Alī Ibn Sīnā, *al-Qānūn fī al-ṭibb* (Beirut: Dār al-Fikr, 1994), vol. II, 284, and see also 281. Cases of grave professional failure by midwives were known, of course, not only to doctors, as reflected for instance in Ibn Sīda's *Kitāb al-mukḥṣṣas*, vol. I, 22 (see Chapter 2): While certain midwives, through caring, compassionate

her in his chapter on pregnancy and childbirth (*al-maqāla al-thāniyya min al-kitāb al-thālith: fī al-ḥaml wa-al-waḍʿ*), Ibn Sina rather surprisingly turns to the midwife's role in complex deliveries (*tadbīr man kharaja min janīnihā al-rijl qabla al-raʿs*; *tadbīr man taʿassara wilāduhā bi-sabab ʿizam al-ṣabiyy*), in extracting the placenta (*ikhraj al-mashyama*) and in removing a dead fetus – embryotomy (*ikhraj al-janīn al-mayyit*) – that is, destroying the fetus when the delivery fails. But in all this the midwife serves as the male doctor's assistant or acts under his supervision.<sup>30</sup>

Saʿīd Ibn Hibat Allāh, the eleventh-century physician to the ʿAbbāsīd Caliph al-Muqtaḍī, in his *Kitāb khalq al-insān* (“The generation of the human being”), while similarly regarding the midwife as subordinate to the male physician in terms of professional expertise and authority, reminds us that even among male doctors there are “many ignorant who [for instance] cannot properly distinguish between an infected placenta and a womb” (*wa-kathīr min al-aṭibbāʾ al-juhāl yarawna al-mashyama wa-qad ʿafinat wa-yazunūna annahā al-rahīm*). In other words, lacking opportunities to practice gynecology, their knowledge remains purely theoretical.<sup>31</sup> In another compilation, however, Ibn Hibat Allāh recognizes the midwife's role in treating women suffering from gynecological disorders and women in confinement, particularly when the birth is becoming complicated (*ʿusr al-wilāda*). It is clear that in his view only a midwife, not a male doctor, should be allowed to have close contact with a female body, not to speak of touching, spreading ointments, massaging, or

treatment, help the newborn infant to exit easily from the mother's womb (*wa-qad yassarathu al-qawābil idhā rafaqna bibi wa-bi-ummihī wa-aḥsanna wilāyatahumā*), others, frequently, by acting to the contrary, bring about great suffering for the mother and endanger the baby's life (*wa-rubbamā lam tuyassirhu al-qawābil fa-taẓharu bibi ummuhu fa-yakhtaniqu fa-yamūtu*). For instance, they tear the membrane enclosing the fetus in the womb thus letting it drown in the surrounding liquid or causing it to be strangled (*wa-rubbamā kharraqat bibi fa-tanfatiq al-sābiyāʾ allatī yakūnu al-walad fihā fa-yaghraqu*). Cf. Shorter, *A History of Women's Bodies*, 58–65.

<sup>30</sup> Ibn Sīnā, *al-Qānūn*, 274–5, 276–7, 285. Cf. Shorter, *A History of Women's Bodies*, 86–8.

<sup>31</sup> Saʿīd Ibn Hibat Allāh, *Kitāb khalq al-insān*, ed. by Kamāl al-Samarāʾī (Baghdad: Dār al-Shuʿūn al-Thaqāfiyya al-ʿĀmma, 1990), 132–46, 149–50, especially 135.

examining its intimate parts. And it is implicit that the midwife is authorized also to extract a dead fetus from the womb of the parturient woman.<sup>32</sup>

Another example, from a later period: Dāwūd Ibn ‘Umar al-Anṭākī (d. 1599), in two chapters within a part he dedicates to gynecological illnesses in his *Bughyat al-Mukhtāj*, mentions the midwife only briefly when he discusses treatment involving examination of a female’s sexual organs.<sup>33</sup> The instructions in another chapter, on difficult childbirth and the extraction of the placenta or a dead fetus, are all given in verbs in the passive voice, thus leaving open the question of who, among the helpers in the birth scene, is responsible for applying the author’s recommendations.<sup>34</sup>

All in all, it seems that Muslim male physicians who – unlike their predecessors in the ancient world whom they frequently quote – were supposed to avoid any contact with the intimate body parts of a female patient, tended in any case to leave procedures involving the use of manual techniques to their attendants and concentrate on treatment based upon diet and medication.<sup>35</sup>

Unlike authors of medical encyclopedias and gynecological-obstetrical treatises in the eastern parts of the Muslim Mediterranean world, two famous Andalusian physicians of the tenth and eleventh centuries write appreciatively of the firsthand physical experience of the midwife and see her as a key figure in the delivery scene, either under a male doctor’s supervision or independently, even in complicated and dangerous situations.<sup>36</sup> As we can infer from the treatises by ‘Arīb b. Sa‘īd (or Sa‘d) al-Qurṭubī *Khalq al-ḵanīn wa-tadbīr al-ḵabāla wa-al-mawlūdīn* (“On the generation of the fetus and the treatment of pregnant women and newborn babies”)<sup>37</sup> – probably the only one

<sup>32</sup> Sa‘īd Ibn Hibāt Allāh, *Kitāb al-mughnī fī al-ṭibb*, ed. by ‘Abd al-Rḥmān al-Daqqāq (Beirut: Dār al-Nafā‘is, 1999), 142, 180.

<sup>33</sup> Dāwūd Ibn ‘Umar al-Anṭākī, *Bughyat al-muḵtāj fī al-muḵarrab min al-‘ilāj* (Beirut: Dār al-Fikr, 1995), Part XIII: *Fī amrāḍ takhtaṣṣu bi-al-nisā’ wa-al-aṭṭāl*. See especially 266, 275–6.

<sup>34</sup> *Ibid.*, 304–6.

<sup>35</sup> Pormann and Savage-Smith, *Medieval Islamic Medicine*, 122; Barkaī, *Les infortunes de Dinah*, 87.

<sup>36</sup> Cf. Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France* (Aldershot: Ashgate, 2005), 2.

<sup>37</sup> Ullmann, *Die Medizin im Islam*, 139–40.

of its kind to have been written in Al-Andalus<sup>38</sup> – and Khalaf b. al-‘Abbās al-Zahrāwī *Kitāb al-taṣrīf li-man ‘ajiza ‘an al-ta’līf* (“The arrangement [of medical knowledge] for one who is unable to compile [a manual for himself]”),<sup>39</sup> physicians in Al-Andalus were familiar with some highly competent and reliable midwives.<sup>40</sup>

Although al-Qurtubī (d. ca. 980) addresses his instructions in chapter 8 of *Tadbīr al-ḥabālā*<sup>41</sup> to the male physician – in his view the highest professional authority – the presence of the midwife (generally referred to in the third person) as the doctor’s right hand and in certain situations as altogether autonomous, is remarkable. Particularly significant is the list of qualities al-Qurtubī expects to find in a midwife, a list that vaguely echoes the one that Soranus offers in his *Gynaecology*: She should be compassionate and tender (*rafiqa, latīfa*) as well as highly professional, that is, “equipped with the necessary instruments, knowledge, expertise and experience in treating women, [and] possessing dexterity in midwifery” (*dhāt ālāt wa-ma’rifa wa-tūl khibra wa-mumārāsa li-al-nisā’ wa-ḥidḥq bi-qabūl al-ajinna*); she should also follow the rules of hygiene.<sup>42</sup> Al-Qurtubī’s guidelines include detailed directions on how to prepare for and conduct a normal childbirth: How to identify the symptoms of an imminent birth (*dalā’il ḥudūth al-wilād*) and treat the woman experiencing them; how to recognize

<sup>38</sup> Richard Hitchcock, “Arabic medicine: The Andalusī context,” in *The Human Embryo*, ed. by G. R. Dunstan, 70–8, especially 70, 75–6. For similar compilations in the Middle East and North Africa see Avner Giladi, *Children of Islam: Concepts of Childhood in Medieval Muslim Society* (Houndmills and London: Macmillan in association with St Antony’s College, Oxford, 1992), 4–8. See also Margarita Castells, “Medicine in Al-Andalus until the fall of the Caliphate,” in *The Formation of Al-Andalus*, Part II: “Language, religion, culture and science,” ed. by M. Fierro and J. Samsó (Aldershot: Ashgate, 1998), 393–402, especially 397–8 (on *Khalq al-janīn* as a treatise interweaving the Hippocratic-Galenic medical tradition with the Arabic and Indian ones as well as elements of popular medicine and astrology).

<sup>39</sup> Ullmann, *Die Medizin im Islam*, 149–51; Emilie Savage-Smith, “al-Zahrāwī,” *EI*<sup>2</sup>, vol. XI, 398–9; Pormann and Savage-Smith, *Medieval Islamic Medicine*, 61.

<sup>40</sup> Nevertheless, I know of no midwifery textbook having existed in Al-Andalus such as those authored by male physicians in Europe as early as the sixteenth century (see Shorter, *A History of Women’s Bodies*, 41).

<sup>41</sup> *fi dalā’il al-waḍ’ wa-tashīl al-wilād wa-ahkām qabūl al-janīn wa-tadbīr al-nufasā’ wa-istikhrāj al-mashyama* (“The signs of the [approaching] birth and the ways to facilitate it; the rules of receiving the newborn, the treatment of the woman in confinement, and how to extract the placenta after birth”).

<sup>42</sup> Al-Qurtubī, *Khalq al-janīn*, Arabic text, 46. On the midwife’s preferable age, see below, Chapter 4. Cf. Soranus’ *Gynecology*, 5–7.

indications for either a regular and easy delivery or a complex one; how to physically check the parturient woman to assess the readiness of her body for the delivery and to prepare for it; how to have the mother sit on a special chair (*maq'ad al-mikhād*), which he portrays, and to locate three female helpers – one on either side of the mother, and the third behind her; how to proceed with the birth from the moment it starts, and how to cope with difficult situations caused either by the condition of the mother or by that of the embryo.<sup>43</sup>

He then discusses irregular and complicated deliveries, particularly those involving exceptional and dangerous positions of the baby while exiting the womb, and instructs the midwife on how to handle them or to extract a dead fetus.<sup>44</sup> Finally, al-Qurṭubī discusses the treatment of a baby immediately after birth: to have prepared for it a warm, airy, and dark room with an appropriate bed, how to deal with the baby's umbilical cord and to spread salt on its body – a magical protective device known already in the ancient Near East and popular in the area until the twentieth century<sup>45</sup>; how to clean the baby, particularly its eyes, nose, and ears, and to bathe it for the first time. Finally, to fold a napkin around the baby's private parts, clothe the baby and wrap it.<sup>46</sup>

The role of the physician is only rarely mentioned explicitly in this chapter<sup>47</sup>; it is clear that the midwife, albeit supervised, is given a free hand in treating both the woman in confinement and the infant, including prescribing medicines.<sup>48</sup> It is therefore reasonable to assume that the midwives with whom al-Qurṭubī was acquainted, were educated, literate women who came from urban elite families.<sup>49</sup>

<sup>43</sup> Al-Qurṭubī, *Khalq al-janīn*, Arabic text, 45–8.

<sup>44</sup> *Ibid.*, 48–50; 52–3.

<sup>45</sup> Avraham Stahl, *Family and Child-rearing in Oriental Jewry* (Jerusalem: Academon, 1993), 322, n. 7 (in Hebrew). See particularly the reference to Ezekiel 16:4: “As for your birth, when you were born your navel cord was not cut, and you were not bathed in water to smooth you; you were not rubbed with salt, nor were you swaddled”; trans. *JPS Tanakh*.

<sup>46</sup> Al-Qurṭubī, *Khalq al-janīn*, Arabic text, 50–1. Cf. *Soranus' Gynecology*, 70–2 (“What Must One Prepare for Labor?”); 72–6 (“What Must One Do in Delivery?”); 79–90 (“On the Care of the Newborn”); 184–9 (“How in General to Treat Difficult Labor . . .”). See also Goldsmith, *Childbirth Wisdom*, chapters 1 and 2.

<sup>47</sup> See, for instance, al-Qurṭubī, *Khalq al-janīn*, Arabic text, 52.

<sup>48</sup> *Ibid.*

<sup>49</sup> Cf. Barkāi, *Les infortunes de Dinab*, 84. Cf. *Soranus' Gynecology*, 5, where the author describes “a suitable person [to become a midwife as] . . . literate”.

Abū al-Qāsim Khalaf b. al-‘Abbās al-Zahrāwī (d. 1013), a younger contemporary of ‘Arīb b. Sa‘īd, adopts the same attitude of trust and confidence in the professional midwife, she who has “dexterity, kindness and wisdom and is skilled in all these cases and beware[sic] of failures and mistakes” (*fa-yanbaghī li-al-qābila an takūna ḥādhiqa, laṭīfa, ‘ālima bi-hādhihi al-ashyā’ kullihā wa-taḥdhara al-zalal wa-al-khaṭa*).<sup>50</sup> Indeed, in chapters 75–8 of his comprehensive medical manual, in which he deals with natural and complex deliveries and with gynecological instruments to be used in the birth room when necessary, al-Zahrāwī addresses the male physician; yet, like al-Qurṭubī, he allocates to the midwife a central role even in extreme situations, or when cooperation between her and the male doctor is needed in operating some of the instruments.<sup>51</sup> However, al-Zahrāwī leaves no doubt about who is the main source of medical knowledge and authority in gynecology and obstetrics (as in other fields of medicine) – “I shall explain the technique in these modes of delivery so that she may be instructed and may be acquainted with them all” (*wa-anā mubayyin kull shakl minhā wa-kayfa al-ḥīla fīhi li-tastadilla bi-dhālika wa-taqifa ‘alaybi . . .*) (emphasis added).<sup>52</sup>

When compared with ‘Arīb b. Sa‘īd’s treatise, the male physician in al-Zahrāwī’s *Taṣrīf* seems to be more directly involved in the treatment of females, particularly when it comes to extracting the afterbirth or a dead fetus, and less restricted by the rules of modesty and separation of the sexes. But even here, the doctor is instructed how to take advantage of the skilled midwife who is allowed, as a female, to treat women without any ethical reservations, and how to delegate his authority to her.

We should take into account that what we find in the writings of these two Andalusian physicians is theoretical and that the image of the midwife in these works is idealized. For instance, it is questionable whether the techniques described in the Greek and Arabic literature

<sup>50</sup> Abū al-Qāsim Khalaf b. ‘Abbās al-Zahrāwī, *al-Maqāla al-thalāthūna min al-taṣrīf li-man ‘ajiza min al-ta’līf*, ed. by Muḥammad Yāsir Zakūr (Damascus: Manshūrāt al-Hay’a al-‘Āmma al-Sūriyya li-al-Kitāb, 2009), 431.

<sup>51</sup> *Ibid.*, 430–60, English translation, *Albucasis on Surgery and Instruments: A Definitive Translation and Commentary* by M. S. Spink and G. L. Lewis (London: The Wellcome Institute for the History of Medicine, 1973), 469–76.

<sup>52</sup> Al-Zahrāwī, *al-Maqāla al-thalāthūna*, 431.

(including, as we have seen, in *al-Taṣrīf*) for extracting a dead fetus from the womb were ever used.<sup>53</sup> Moreover, a comparison of al-Qurṭubī's guidelines for midwives with those given in Soranus' *Gynaecology*, and his explicit references to Greek medical writings,<sup>54</sup> raise the question of the influence, direct or indirect, of ancient medicine on Muslim physicians in Al-Andalus.

However, we know that al-Zahrāwī criticized the excess of theory and lack of experience among the physicians of his time,<sup>55</sup> that he included his own experiences and case histories in the huge compilation he wrote and, moreover, contributed a number of technological innovations, among them a variety of obstetrical forceps<sup>56</sup> (devices that were introduced in Christian Europe only about five centuries later and are said to mark the end of the female midwife's monopoly in the birth scene).<sup>57</sup> It is therefore reasonable to assume that skilled midwives served in Al-Andalus at the time and that he worked with one or more of them, at least in complex situations. This assumption is supported by other occasional references to female doctors and professional midwives in the "Golden Age" of Al-Andalus – not unknown in other European societies of the time as well.<sup>58</sup> Ibn Abī Uṣaybi'a, in an

<sup>53</sup> Emilie Savage-Smith, "The practice of surgery in Islamic lands: Myth and reality," *Journal of the Society for the Social History of Medicine* 13, no. 2 (2000), 307–21, especially 308 where abdominal deliveries (Caesarean sections) are presented as a "popular surgical myth[,] . . . a subject of fiction and legend" in the medieval literature. See also Emilie Savage-Smith, "The exchange of medical and surgical ideas between Europe and Islam," in *The Diffusion of Greco-Roman Medicine into the East and the Caucasus*, ed. by J. A. C. Greppin et al. (Delmar, NY: Caravan Books, 1999), especially 41–2, 51–5.

<sup>54</sup> See, for instance, Al-Qurṭubī, *Khalq al-janīn*, Arabic text, 47 (a reference to Galen); p. 48 (a reference to Archigenes, a physician in the time of Soranus who was known as a surgeon); 49 (a reference to Hippocrates). As for Soranus, who is not mentioned by name, it is unclear how much of his writings were available in Arabic, if at all. See Ullmann, *Islamic Medicine*, 15.

<sup>55</sup> *Abucasis on Surgery and Instruments*, 2 (the author's introduction to the section on surgery in *Kitāb al-taṣrīf*). See also Castells, 398–402.

<sup>56</sup> Savage-Smith, "The exchange of medical and surgical ideas," 41–2, 51–5; Pormann and Savage-Smith, *Medieval Islamic Medicine*, 63.

<sup>57</sup> In Europe, the invention of the forceps is attributed to the Chamberlen family of England in 1598, but it did not become widely used until the beginning of the eighteenth century. See Lay, *The Rhetoric of Midwifery*, 53.

<sup>58</sup> Al-Zahrāwī, in *al-Taṣrīf*, complains, however, that only rarely does one find competent female doctors. See Emilie Savage-Smith, "Medicine," *Encyclopedia of the History of Arabic Science*, ed. by R. Rashid (London and New York: Routledge, 1996),

entry on al-Ḥafīd Abū Bakr b. Zuhr, mentions the latter's sister and her daughter who, "being both experts in gynecology" (*‘ālimatayni bi-ṣinā‘at al-ṭibb wa-al-mudāwāt wa-lahunnā ḥibra jayyida bi-mā yata‘allaqu bi-mudāwāt al-nisā’*), "served as the only physicians and midwives for the women of Caliph al-Manṣūr's household" in eleventh-century Cordoba (*wa-kānatā tadkbulāni ilā nisā’ al-Manṣūr wa-lā yaqbalu li-al-Manṣūr wa-ahlihi walad<sup>an</sup> illā ukht al-Ḥafīd aw bintuhā ...*).<sup>59</sup> Another Andalusian woman, depicted as a learned and honorable doctor (*al-ṭabība al-adība ... nabīla, ḥasība*) was Umm al-Ḥasan (or Umm al-Ḥusayn), the daughter of the Qadi Aḥmad b. ‘Abdallāh b. ‘Abd al-Mun‘im b. Abī Ja‘far al-Ṭanjālī (d. in Lawsha in 1349 or 1350), who himself had studied medicine in addition to religious law.<sup>60</sup> Umm al-Ḥasan excelled not only in medicine, which she had learned from her father, but also in Qur’ān recitation; she used as well to write poetry.<sup>61</sup>

A short *fatwā* by Aḥmad b. Muḥammad Ibn Zayd of the tenth century deals with a dispute between a female physician – *ṭabība* – and a mother whose daughter was treated by that physician, about the remuneration the mother owes the latter.<sup>62</sup> And Ibn Ḥazm, the Andalusian jurist and writer of the eleventh century, in his *Tawq al-ḥamāma* ("Ring of the dove," a treatise on love and lovers) mentions the female

vol. III, 947. Athenian law as early as the ninth century BCE divided midwives into two groups: the ordinary midwives who could conduct a normal delivery, and the senior or "doctor" midwives who were called in if there was a complication. See Carter and Duriez, *With Child*, 59. For the Jewish communities in southern Europe see Joseph Shatzmiller, *Jews*, 108–11.

<sup>59</sup> "Al-Ḥafīd Abū Bakr b. Zuhr," in Ibn Abī Uṣaybi‘a, *Uyūn al-anbā’*, vol. II, 70. See also R. Arnaldez, "Ibn Zuhr," *EI<sup>2</sup>*, vol. III, 976–9. Expert advice of midwives (*qawl al-qawābil*) is mentioned in a legal treatise by Abū al-Ḥasan ‘Alī b. Muḥammad al-Bāq al-Andalusī al-Umawī (d. 1362), *Kitāb zabrat al-rawḍ fī talkhīṣ taqdīr al-farḍ*, ed. by Rachid El Hour (Madrid: Consejo Superior de Investigaciones Científicas, 2003), Arabic text, 67.

<sup>60</sup> Shihāb al-Dīn Aḥmad Ibn Ḥajar al-‘Asqalānī, *al-Durar al-kāmina fī a’yān al-mi’a al-thāmina*, ed. by Muḥammad Sayyid Jād al-Ḥaqq (Cairo: Dār al-Kutub al-Ḥadītha, 1966), vol. I, 195–6. Cf. ‘Isā, *Ta’rikh al-bimāristānāt*, 15–17.

<sup>61</sup> Lisān al-Dīn Ibn al-Khaṭīb, *al-Iḥāṭa fī akhbār Gharnaṭa*, ed. by Muḥammad ‘Abdallāh ‘Inān (Cairo: Dār al-Ma‘ārif, n.d.), vol. I, 438–9. My thanks to Professor Maribel Fierro and Dr. Maria Luisa Ávila for helping me locate al-Ṭanjālī and his daughter in the biographical dictionaries.

<sup>62</sup> Luisa F. Aguirre de Cárcer, "Sobre el ejercicio de la medicina en al-Andalus : una fetua de Ibn Sahl," *Anaquel de Estudios Árabes* 2 (1991), 147–62, especially 149–62. I would like to thank Prof. Peter Pormann for drawing my attention to this article.

doctor and the blood-letter (*ḥajjāma*) at the top of a list of “women plying a trade or profession that gives them ready access to people.”<sup>63</sup> In spite of the legal restrictions imposed on them under the Christian rule in Castilia, Muslim (and Jewish) women continued to practice medicine. In certain cases, midwives served women of royal families; for instance, Queen Leonor of Navarre was assisted by such midwives. They were well remunerated and enjoyed a partial exemption from taxes. Three examples of Muslim midwives from Toledo in the service of royals at the end of the fourteenth and beginning of the fifteenth century are discussed in an article by Jean-Pierre Molénat, in addition to a midwife from Segovia who served women of the lower social strata in the second half of the fifteenth century.<sup>64</sup>

No wonder, then, that given the years he spent in Al-Andalus during the fourteenth century, Ibn Khaldūn had such a high opinion of midwives (see [Introduction](#) above). And when at exactly the same time we find Abū al-Faraj b. Lubb of Granada (d. 1381) complaining of a decline in the standards of midwifery,<sup>65</sup> this may well mean that he had a similarly high image of midwives.<sup>66</sup> But even for Ibn Khaldūn, learned

<sup>63</sup> Ibn Ḥazm al-Andalūsī, *Tawq al-ḥamāma fī al-ulfa wa-al-ullāf*, ed. by Iḥsān ‘Abbās (Sūsa: Dar al-Ma‘ārif, n.d.), 131; English translation by A.J. Arberry, *The Ring of the Dove* (London: Luzac, 1953), 74. See also E. Lévi-Provençal, *Histoire de l’Espagne musulmane* (Paris and Leiden, 1953), vol. III, 404 and footnote 2. On female physicians in the Jewish community of Fāṭimid Fuṣṭāṭ, see Goitein, *A Mediterranean Society*, vol. I, 127–8.

<sup>64</sup> Jean-Pierre Molénat, “Privilégiées ou poursuivies: Quatre sages-femmes musulmanes dans la Castille du XV<sup>e</sup> siècle,” in *Identidades Marginales*, ed. by Cristina de la Puente (Madrid: CSIC, *Estudios Onomásticos-Biográficos de al-Andalus*, XIII), 2003, 413–21; Green, “Bodies, gender, health, disease,” 14–15, 24–2, quoting M. Nabrona-Cárceles, “Women at court: A prosopographic study of the court of Carlos III of Navarre (1387–1425),” *Medieval Prosopography* 22 (2001), 31–64. George Krotkoff shows that an enigmatic line in verse 2 of Poem 226 of the *Cancionero de Juan Alfonso de Baena* (beginning of the 15<sup>th</sup> century) refers to a Moorish midwife (*al-qābila mora*) and assumes that “the practice of midwifery by Moorish women is a result of the medical superiority of the Arabs over the Christians during the Middle Ages.” See *Hispanic Review* 42 (1974), 427–9.

<sup>65</sup> David S. Powers, “Four cases relating to women and divorce in Al-Andalus and the Maghrib, 1100–1500,” in *Dispensing Justice in Islam: Qadis and Their Judgments*, ed. by Khalid Masud et al. (Leiden: Brill, 2006), Chapter 15.

<sup>66</sup> In light of the debate on the status of women in Al-Andalus [see, e.g., Maria J. Viguera “*Aşluḥu li’l-ma’ālī*: On the social status of Andalusi women,” in *The Legacy of Muslim Spain*, ed. by Salma Khadra Jayyusi (Leiden, New York and Köln: Brill, 1992), 709–24; Maria Luisa Ávila, “Women in Andalusi biographical sources,” in *Writing the Feminine: Women in Arab Sources*, ed. by Manuela Marin and Randi

male doctors on the whole ranked higher within the hierarchy of the medical profession. After recognizing the midwife's expertise in pediatrics, Ibn Khaldūn expresses a significant reservation: "This is simply because the human body, at this stage, is only potentially a human body. After (the child) is weaned, [its body] becomes actually a human one. Then, its need for a [male] physician is greater [than its need for a midwife]."<sup>67</sup>

As midwives were known for their expertise not only in obstetrics but also in child-rearing and pediatrics, we can assume that advice on daily treatment, hygiene, and the treatment of infant and child diseases given by physicians from both the eastern and western regions of the Muslim world was intended to instruct literate midwives in their capacity either as nurses or as pediatricians, even without explicitly referring to them. Comprehensive medical compilations such as those by al-Majūsī, Ibn Sīnā and Ibn Hubal, mentioned above, include chapters on the appropriate treatment of healthy as well as ailing children. These topics are more extensively and profoundly discussed in treatises – for example, those by al-Baladī and al-Qurṭubī – that are wholly dedicated to gynecology, obstetrics, and pediatrics. Another compilation, *Siyāsat al-ṣibyān wa-tadbīrūhum* ("The book of child-rearing") by Ibn al-Jazzār al-Qayrawānī of the tenth century (d. 980), is apparently the earliest Arabic treatise that exclusively and systematically discusses infant and childhood diseases and child care. The first six chapters of this compilation are devoted to the hygienic treatment of the newborn infant and to questions connected with breast-feeding. There follow fifteen chapters on infant diseases and methods of healing in which the material is arranged according to the parts of the body, beginning with the head and ending with the bladder.<sup>68</sup>

Deguilhem (London and New York: I. B. Tauris, 2002), 149–63, especially 151] and Ávila's conclusion that "the Andalusī woman played a completely different role in society from that of her male contemporary" (*ibid.*, 159), one can assume either that the diversified evidence showing that female urban professionals – doctors and midwives – acquired a high position in the Andalusī society is accidental and the lack of such evidence for the eastern parts of the Muslim world does not mean an absence of similarly appreciated professionals there; or one can conclude that Andalusī female professionals were indeed favored with exceptional prestige but not beyond the domain of gynecology and obstetrics.

<sup>67</sup> Ibn Khaldūn, vol. II, 330–1; trans. Rosenthal, vol. II, 370.

<sup>68</sup> Ibn al-Jazzār al-Qayrawānī, *Siyāsat al-ṣibyān wa-tadbīrūhum*, ed. by Muḥammad al-Ḥabīb al-Hīla (Tunis: al-Dār al-Tūnisiyya li-al-Nashr, 1968). For further details on the content of the book, see Giladi, *Children of Islam*, 5–6. For an English translation

Medical and hygienic knowledge of infants was not confined to learned Muslim physicians; rather, it was disseminated in a popularized version to wider circles of religious scholars (and through them to other readers or listeners). Proof of this is to be found in chapter 16 of *Tuḥfat al-mawdūd bi-ahkām al-mawlūd* (“A present for the beloved on the [legal] rules concerning the treatment of infants”) by the Ḥanbali theologian and jurist Muḥammad b. Abī Bakr Ibn Qayyim al-Jawziyya (d. 1350).<sup>69</sup> The chapter “On Matters of Childrearing That Will Benefit Children in Adulthood” (*fuṣūl nāfi’a fī tarbiyat al-atfāl tuḥmadu ‘awā-qibuhā ‘inda al-kibar*) deals with a wide range of matters of interest to parents, midwives, and nurses alike. These include lactation and feeding in general, swaddling, first steps, teething, first words, and the like.<sup>70</sup>

Particularly relevant for midwives is the section in chapter 17 (dealing with the different stages of human existence from conception to death<sup>71</sup>) on the trauma experienced by the infant at birth when abruptly removed from the protected environment of the womb to the harsh outside world (*wa-al-janīn ‘inda mufārqatibi li-al-rahīm yantaqilu ‘ammā qad alifahu wa-i’tadāhu fī jamī’ aḥwālihi daf’a wāḥida wa-shiddat dhālika al-intiqāl ‘alayhi akthar min shiddat al-intiqāl bi-al-tadrīj*). According to Ibn Qayyim al-Jawziyya, the safe shelter in its mother’s belly enables the fetus to develop, to strengthen, and to withstand difficulties that it would hardly survive after birth. The sudden change of environment, which demands rapid adjustment of the body, particularly the digestive and respiratory organs, exposes the infant to great danger. The newborn baby therefore deserves very devoted and careful treatment.<sup>72</sup> Thus, Ibn Qayyim al-Jawziyya warns parents and nurses against carrying the baby around or moving it much in the first three months of its life, as during this period it is still not accustomed to the new environment and its body is weak.<sup>73</sup>

by Yaron Klein of a few extracts from the book, see Giladi, “Islam,” in *Children and Childhood*, 180–2.

<sup>69</sup> Ibn Qayyim al-Jawziyya, *Tuḥfat al-mawdūd*. See Giladi, *Children of Islam*, 19–34.

<sup>70</sup> Ibn Qayyim al-Jawziyya, *Tuḥfat al-mawdūd*, 137–45. For an English translation by Yaron Klein of extracts from this chapter, see Giladi, “Islam,” in *Children and Childhood in World Religions*, 183–5.

<sup>71</sup> Ibn Qayyim al-Jawziyya, *Tuḥfat al-mawdūd*, 145–90: *fī atwār banī ādam min waqt kawnihi nuṭfa ilā istiqrārihi fī al-janna aw al-nār*.

<sup>72</sup> Ibn Qayyim al-Jawziyya, *Tuḥfat al-mawdūd*, 173–5.

<sup>73</sup> *Ibid.*, 137.

It is reasonable to conclude that in the medieval Muslim world, as in Christian Europe (from the appearance of the first faculties of medicine in the newly established universities), the more distinguished, authoritative male doctor (*ṭabīb*) was mostly identified with theoretical medicine – the prestigious *scientia*, *theoria* or *medicia* – whereas female physicians and midwives possessed *experientia*, *practica*, and *cerugia*, much like the male practitioner (*mutaṭabbib*).<sup>74</sup> This distinction was probably more pronounced in the case of medical treatment for women – a domain where the rules of separation of the sexes discouraged men from looking at or touching the bodies of female patients. (As we shall see, these rules were inevitably broken, with the permission of Islamic law, when the lives of a mother and her baby were at risk.)<sup>75</sup> Female patients themselves presumably preferred to have midwives as helpers during and after delivery, particularly as the latter offered, in addition to medical treatment, social, and psychological support that male doctors could hardly provide, as well as charging lower fees (see [Chapter 6](#)).<sup>76</sup>

Thanks to the availability of archival documents and perhaps due to real changes in attitude, the picture of the Ottoman world in the early modern period appears more complex. While the ideal of separation of the sexes in the domain of medical care continued to play a role on the moral-normative level, preached by religious leaders and strictly followed by members of the elites, in other social groups women actually extended medical treatment to men and vice versa, even when the intimate parts of the body were involved.<sup>77</sup>

<sup>74</sup> Gary Leiser, “Medical education in Islamic lands from the seventh to the fourteenth century,” *Journal of the History of Medicine and Allied Sciences* 38 (1983), 48–75, especially 56. Cf. David Herlihy, *Opera Muliebría: Women and Work in Medieval Europe* (New York: McGraw-Hill, 1990), 104, 112–14; Biller, “Childbirth,” especially 49.

<sup>75</sup> Maimonides, the great Jewish thinker (d. 1204), who served as physician to the Muslim elite in twelfth-century Cairo, admits to having been present when a midwife inserted suppositories into a patient’s vagina. See W. Steinberg and S. Munter, “Maimonides’ views on gynecology and obstetrics: English translation of Chapter Sixteen of his treatise *Pirke Moshe* (Medical Aphorisms),” *American Journal of Obstetrics and Gynecology* 91, no. 3 (1965), 446.

<sup>76</sup> Cf. El-Hamamsy, “The daya,” 6; Petra Kuppinger, “Death of a midwife,” in *Situating Globalization: Views from Egypt*, ed. by C. Nelson and Sh. Rouse (New Brunswick, NJ and London: Transactions Publishers, 2000), 255–82, especially 268.

<sup>77</sup> Shefer-Mossensohn, “A sick sultana,” especially 285, 286, 288, 290, 293.

It should be noted here that while we know rather little about the professional training and licensing of male doctors in the medieval Islamic context prior to the Ottoman period<sup>78</sup> – which in any case seem to have been varied, flexible, and unsystematic, although partly institutionalized<sup>79</sup> – we are totally in the dark concerning the professional education of midwives.<sup>80</sup> Our sources – including treatises dealing with the classification of professions and occupations from a socio-religious point of view, which praise the medical profession as such, as well as *ḥisba* manuals – ignore midwifery and midwives altogether.<sup>81</sup>

Given the lack of any organized formal framework, the craft of midwifery was mostly passed from mother to daughter, or to other female members of a family, through apprenticeship.<sup>82</sup> Cases of female

<sup>78</sup> Leiser, “Medical education,” especially 58–60; Conrad, “The Arab-Islamic medical tradition,” 131; Pormann and Savage-Smith, *Medieval Islamic Medicine*, 85–8; Shefer, “Medical and professional ethics,” 313.

<sup>79</sup> ‘Abd al-Qādir b. Muḥammad al-Nu‘aymī (d. 1521), in his comprehensive survey of institutions of higher education in Damascus, mentions three colleges for medical qualification, *madāris al-ṭibb*. See his *al-Dāris fī ta’rīkh al-madāris* (Beirut: Dār al-Kutub al-‘Ilmiyya, 1990) II, 100–8.

<sup>80</sup> Cf. Goitein, *A Mediterranean Society*, vol. I, 128.

<sup>81</sup> My survey of chapters in *ḥisba* treatises that deal with the control of the medical professions in medieval Muslim societies bore no fruit regarding the inspection of midwives. Neither is there any hint in this regard to be found in research works on the subject, for instance, ‘Īsā, *Ta’rīkh al-bīmāristānāt*, 52ff.; M. Meyerhof, “La surveillance des professions médicales et para-médicales chez les arabes,” *Bulletin de l’Institut d’Égypte* 26 (1943–4), 119–34; Ghada Carmi, “State control of the physicians in the Middle Ages: An Islamic model,” in *The Town and the State Physician in Europe from the Middle Ages to the Enlightenment*, ed. by A. W. Russell (Wolfenbüttel: Herzog August Bibliothek, 1981), 63–84.

In other branches of Islamic writing, midwifery is ignored even when female occupations are discussed. See, for instance, the list of such occupations in al-Kulīnī, *Furū’*, vol. V, 119, where the only female occupations mentioned in *bāb al-ṣinā’āt* are wailing for the dead (*nā’iḥa*), hairdressing (*māshīṭa*), female circumcision (*khāfiqa*), and singing (*mughanniyya*). For Islamic classifications of occupations and professions, see L. Marlow, *Hierarchy and Egalitarianism in Islamic Thought* (Cambridge University Press, 1997), chapter 7: “Hierarchies of occupations,” 156–73. On the lack of inspection of Christian as well as Jewish midwives in medieval Europe and, consequently, the poor information at our disposal on their training and practice, see Baumgarten, *Mothers and Children*, 44, 45.

<sup>82</sup> Cf. El-Hamamsy, “The daya,” 7–8; Kuppinger, “Death of a midwife,” 256–7, 260, 265; Shamina Islam, “Rural women and childbirth in Bangladesh: The social-cultural context,” in *Gender and the Household Domain: Social and Cultural Dimensions*, ed. by Maithreyi Krishnaraj and Karuna Chanana (New Delhi, Newbury Park, CA and London: Sage Publications, 1989), 236–49.

doctors having been trained by a professional male relative can be found, as we have seen, but are rare.<sup>83</sup>

Finally, it seems that the relatively developed hospital system in the eastern parts of the Muslim world, particularly Iraq, Syria, and Egypt, did not offer special gynecological and obstetric services even within those wards where female patients were hospitalized and therefore did not employ female physicians and midwives.<sup>84</sup>

<sup>83</sup> Leiser, "Medical education," 49; Conrad, "The Arab-Islamic medical tradition," 129, and see above on female doctors in Al-Andalus. On the training of a Jewish midwife in medieval Europe, see Baumgarten, "Thus sayeth the wise midwives," 54-5.

<sup>84</sup> Pormann and Savage-Smith, *Medieval Islamic Medicine*, 96-101.

## The Absent Midwife

### Midwives in biographical-hagiographic texts

The total absence of midwives in the Qur’ān is remarkable.<sup>1</sup> No midwife is mentioned in Qur’ānic verses referring to pregnancy or early childhood, for instance 31:14 (see [Chapter 1](#)), or in those describing the stages of human life from conception to old age and death, for instance 22:5 (“[S]urely We created you of dust, then of a sperm-drop, then of a blood clot, then of a lump of flesh. . . . And We establish in the wombs what We will, till a stated term, then We deliver you as infants . . .”)<sup>2</sup> and 23:13–15 (“We created man of an extraction of clay, then We set him a drop in a receptacle secure . . .”).<sup>3</sup> No midwife features in the story of the birth of Maryam, Jesus’ mother, in Qur’ān 3:36 (“And when she gave birth to her she said: ‘Lord, I have given birth to her, a female’”),<sup>4</sup> in the context of the miraculous birth of Jesus, hinted at in *Surat Maryam* (19:23–26: “So she conceived him, and withdrew with him to a distant place. And the birth pangs surprised her by the

<sup>1</sup> Cf. the role midwives played in a few biblical stories: Genesis 35:16–17; 38:27–30; Exodus, 1:15–20. On midwives in biblical and postbiblical Jewish sources, see F. Rosner, *Encyclopedia of Medicine in the Bible and the Talmud* (Northvale and Jerusalem: Jason Aronson, 2000), 210–11.

<sup>2</sup> *Thumma nukbrijukum tiŕf<sup>an</sup>* – “then We [God] deliver you as infants” (trans. Arberry). Even here Qur’ān commentators such as al-Ṭabarī, Ibn Kathīr and al-Jalālayni have nothing to say about the midwife’s role.

<sup>3</sup> Trans. Arberry.      <sup>4</sup> Trans. Arberry.

trunk of the palm-tree. She said, ‘Would I had died ere this, and become a thing forgotten!’<sup>5</sup>; likewise in connection with the story of the infant Moses in Qur’ān 28:7–12 (see Chapter 1). This might explain, at least partly, why midwives appear only rarely in the huge corpus of canonical traditions (ḥadīth) attributed to the Prophet Muḥammad, many of which comment on the Qur’ānic text, and why ḥadīth reports that tell the story of Jesus’ birth ignore midwives altogether.<sup>6</sup>

There are different versions of the story of Muḥammad’s birth, all highly interesting in themselves. We find them in chronicles and in biographical writings, particularly in the traditional accounts of Muḥammad’s life and background (*sīra*),<sup>7</sup> and encounter them in treatises dedicated to the miracles that the Prophet performed or that happened to him – *Dalā’il al-nubuwa*, *Amārāt al-nubuwa*, *A’lām al-nubuwa* – especially, of course, those devoted entirely to the event of his birth – *Mawlid al-nabiyy*.<sup>8</sup> These texts combine hagiography with biography and thus abound in legendary motifs that make the reconstruction of the real lives of their central characters a complicated if not impossible task. However, as hagiographic literature often tends to highlight the uniqueness of miraculous events by placing them in a setting as ordinary as possible, details in the accounts of the Prophet’s birth and that of other members of his family can help shed light on the contemporary images and roles of midwives. While surveying the sources, I not only tried to tease out from them information on midwives – who again, disappointingly, play a secondary albeit not completely insignificant role – but also found it hard to escape other aspects of the fascinating story of Muhammad’s birth.

<sup>5</sup> Trans. Arberry.

<sup>6</sup> See, for instance, ‘Alī Abū al-Qāsim Ibn ‘Asākir al-Dimashqī (d. 1176), *Sīrat al-sayyid al-masīh* (based on *Ta’rīkh madīnat Dimashq*), ed. by Sulaymān ‘Alī Murād (Amman and Ramallah: Dār al-Shurūq, 1996), 29–42. For a comparison between the births of Muḥammad and Jesus, see Muḥammad b. Yūsuf al-Ṣāliḥī (d. 1535 or 1536), *Subul al-hudā wa-al-rashād fī sīrat khayr al-‘ibād* (Cairo: Lajnat Iḥyā’ al-Turāth al-Islāmī, 1972), vol. I, 414.

<sup>7</sup> W. Raven, “Sīra,” *EP*, vol. IX, 660; W. Raven, “Sīra and the Qur’ān,” *EQ*, vol. V, 29.

<sup>8</sup> For the historical development of these texts, see Marion Holmes Katz, *The Birth of the Prophet: Devotional Piety in Sunni Islam* (London and New York: Routledge), 6–12. The birth of the Prophet Muḥammad was celebrated also by Arabic-Islamic poetry. For an example from the late Middle Ages, see Suleyman Chelibi (d. in Bursa 1421), *The Mevlidi Sherif*, translated by Lyman MacVallum, in *Wisdom of the East* series, ed. by L. Crammer-Byng (Edinburgh, 1943), 4, 11.

Here I wish to highlight the questions that arise when examining the role of the midwife in these narrations: Was Āmina bint Wahb, the Prophet's mother, assisted by one or more midwives? If so, who was (were) she (they)? Of greater importance, how do Islamic biographical-hagiographic works portray her (them), and what can we learn from this about the status and function of midwives at the time these texts were written?

On the whole, the role of the women who helped Muḥammad's mother, when they are mentioned at all, is represented as marginal. This is understandable if we take into account the theological background of the birth stories. According to early Islamic conceptions of history, Muḥammad was destined to be a Prophet long before the creation of Adam. Indeed, the latter came into being so as to help prepare for the appearance of the Prophet of Islam:

Nine thousand years before things were created, says a tradition, God created the Light of Muḥammad. This Light turned around the power (*qudra*) and praised Him. From this Light God created a jewel; from this jewel He created sweet water and granted it His blessing. For a thousand years the water raged and could not come to rest. Then, from this Light God created ten things: the Throne, the Pen, the Tablet, the Moon, the Sun, the Stars, the Angels, the Light of the Believers, the Chair and Muḥammad.<sup>9</sup>

In such a setting it is no wonder that the physical body of Muḥammad, "the Seal of all Prophets," is seen as out of the ordinary<sup>10</sup> and his birth becomes an event of cosmological magnitude that reduces its earthly aspects to secondary importance.<sup>11</sup> Such is the case in certain versions

<sup>9</sup> M. J. Kister, "The *Sirah* literature," in *Arabic Literature to the End of the Umayyad Period*, ed. by A.F.L. Beeston et al. (Cambridge University Press, 1983), 354. For a detailed discussion of the motifs of the preexistence of the Prophet and the Light of Muḥammad (*nūr Muḥammad*), see Holmes Katz, *The Birth of the Prophet*, 12–29; Uri Rubin, *In the Eye of the Beholder: The Life of Muhammad as Viewed by the Early Muslims* (Princeton, NJ: Darwin Press, 1995), 37–8 and n. 85. See also Adrien Leites, "Temps béni et temps historique. Deux conceptions religieuses du temps dans la Tradition Musulmane," *Studia Islamica* 89 (1999), 23–41, especially 37.

<sup>10</sup> Denis Gril, "Le corps du Prophète," in *Le corps et le sacré en Orient musulman*, ed. by Catherine Mayeur-Jaouen and Bernard Heyberger, *Revue des Mondes Musulmans et de la Méditerranée* 113–14 (2006), 41.

<sup>11</sup> Tor Andrae, *Muhammad: The Man and His Faith* (London: George Allen & Unwin, 1956), 35. For a detailed survey and discussion of the narrations of the Prophet's birth, see Holmes Katz, *The Birth of the Prophet*, 32–41.

of the Jewish tradition of the birth of Moses, where no midwife is mentioned,<sup>12</sup> and, of course, in the story of Jesus' nativity in the Gospels of Matthew (1:18–25) and, particularly, Luke (2:1–8), where we find no reference even to the occurrence of parturition, let alone helpers.<sup>13</sup> The most authoritative early *sīra* compilation, by Muḥammad Ibn Ishāq and 'Abd al-Malik Ibn Hishām (8<sup>th</sup> and 9<sup>th</sup> centuries, respectively), altogether ignores the moment of the prophet Muḥammad's birth, and no mention is made of a midwife.<sup>14</sup>

In his *Kitāb al-tabaqāt al-kabīr* ("The book of generations"), one of the earliest comprehensive collections of biographies of the Prophet, his companions, and their followers in the first two centuries of Islam, Muḥammad Ibn Sa'd (d. 845), Ibn Hishām's contemporary, pays some attention to the Prophet's birth. He describes surrealistic-fantastic phenomena: light that appeared the moment the infant was separated

<sup>12</sup> See, for instance, Louis Ginzberg, *The Legends of the Jews* (Baltimore, MD and London: Johns Hopkins University Press, 1998), vol. II, 262–5.

<sup>13</sup> See David Flusser in collaboration with R. Steven Notley, *Jesus* (Jerusalem: Magnes Press, 2001) 25; Laurent, "L'accouchement dans l'iconographie médiévale," 150: "La nativité symbolise en fait le 'non-accouchement' par excellence. C'est une naissance 'extraordinaire' au sens littéral du terme, où le déroulement normal d'un accouchement n'est aucunement respecté. La Vierge enfante seule, même si parfois les sages-femmes sont représentées." The Qur'ānic story of Jesus' birth (19:23–26) contains only a reference to the pangs of labor. In Islamic-Shī'ī tradition, Fāṭima, the Prophet's daughter, wife of 'Alī b. Abī Ṭālib and mother of al-Ḥasan and Ḥusayn, is described, like Mary, as *batūl*, a virgin, and as cleansed from the physical impurities of her sex, that is, menstruation and postpartum bleeding. Moreover, her sons, according to one report, were born out of her thigh. See Chapter 1, and Cortese and Calderini, *Women and the Fatimids*, 7.

<sup>14</sup> Although the chapters on the pregnancy of the Prophet's mother and on his childhood in the early *sīra* compilation of Ibn Ishāq and Ibn Hishām do not totally lack miraculous elements, these are not yet fully developed compared with later works of this genre. See Muḥammad Ibn Ishāq, *Sīrat rasūl Allāh*, ed. by Ferdinand Wüstenfeld (Göttingen: Dieterichsche Universitäts-Buchhandlung, 1858), vol. I, 102–3, English translation, *The Life of Muhammad: A Translation of (Ibn) Ishaq's Sīrat rasul Allah*, with Introduction and Notes by A. Guillaume (Karachi and Oxford: Oxford University Press, 1997), 69–70. For Muslim scholars who followed Ibn Ishāq's line, see, for instance, Abū Bakr Aḥmad b. al-Ḥusayn al-Bayhaqī (d. 1066), *Dalā'il al-nubuwwa wa-ma'rīfat aḥwāl šāhib al-sharī'a* (Beirut: Dār al-Kutub al-'Ilmiyya, 1985), vol. I, 102–14; Shams al-Dīn Muḥammad b. Aḥmad al-Dhahabī (d. 1348), *Ta'rikh al-Islām wa-wafayāt al-mashāhīr wa-al-'alām* (Beirut: Dār al-'Arab al-Islāmī, 2003), vol. I, 486; 'Alī b. 'Abd al-Qādir b. Muḥammad al-Maqrīzī (d. 1442), *Imtā' al-asmā'*, ed. by Muḥammad 'Abd al-Ḥamīd al-Namīsī (Beirut: Dār al-Kutub al-'Ilmiyya, 1999), vol. I, 6–8. Cf. Holmes Katz, *The Birth of the Prophet*, 8.

from his mother, illuminating everything between east and west<sup>15</sup>; and the exceptional way Muḥammad dropped down, rested upon his knees, and raised his head towards heaven (*mā waqa'a kamā yaqa'u al-ṣibyān*, as one of Ibn Sa'd's contemporaries puts it).<sup>16</sup> Then there is the pottery vessel that, according to a local custom (*kamā kāna ma'hūd<sup>an</sup> 'indahum*),<sup>17</sup> had been placed on top of him, probably to protect him during the night from the evil eye, and was found split in two, with Muḥammad lying beneath it, his eyes wide open, gazing up to heaven.<sup>18</sup> Moreover, Ibn Sa'd tells us, the child was born clean (*naẓīf*), with his umbilical cord already cut (*masrūr*), and circumcised (*maḥtūn*), "so that no one saw my private parts" (*wa-lam yara aḥad saw'atī*), as Muḥammad is said to have explained later.<sup>19</sup> Yet, here too,

<sup>15</sup> A similar description of Muḥammad's miraculous birth appears in the early ḥadīth collection of 'Abd al-Razzāq b. Hammām al-Ṣan'ānī (d. 826 or 827), *al-Muṣannaf*, ed. by Ḥabīb b. al-Rahnan al-'Azamī (Johannesburg, Karachi and Gujarat: al-Majlis al-'Ilmī, V, 1972), 318, and in a compilation by Aḥmad b. 'Alī al-Ṭabarsī (a Shī'ī scholar of the 11th–12th century), *al-Iḥtijāj* (Najaf: Dār al-Nu'mān, 1966), 331. Cf. Annemarie Schimmel, "The Prophet Muhammad as a centre of Muslim life and thought," in *We Believe in One God: The Experience of God in Christianity and Islam*, ed. by A. Schimmel and A. Falaturi (London: Burns & Oates, 1979), 43.

<sup>16</sup> Muḥammad b. Hibbān (d. in Bust in Sijistān in 965), *Kitāb al-thiqāt* (Hyderabad: Dā'irat al-Ma'ārif al-Uthmaniyya, 1973), vol. I, 41. Cf. Adrien Leites, "Sīra and the question of tradition," in *The Biography of Muhammad: The Issue of the Sources*, ed. by Harald Motzki (Leiden, Boston, MA and Köln: Brill, 2000), 49–66, especially 58–9 and 61–3.

<sup>17</sup> 'Abd al-Rahmān b. 'Abd al-Mun'im al-Khayāṭ (d. 1786), *Mawlid al-nabiyy ṣallā Allāh 'alayhi wa-sallama*, ed. by Aḥmad Ḥusayn al-Namakī (Cairo: Dār al-Āfāq al-'Arabiyya, 2002), 82.

<sup>18</sup> Al-Ḥalabī, *Insān al-'uyūn*, vol. I, 74: *fa-lammā wulida rasūl Allāh ṣallā Allāh 'alayhi wa-sallama waḍa'ūhu taḥta burma*. This practice, says al-Ḥalabī, was used when a child was born at night (*idhā wulida lahum mawlūd min taḥt al-layl*). He also describes (p. 60) a symbolic act predicting Muḥammad's rule in the world (*ishāra ilā ḥuṣūl kull raf'a wa-siyāda*) when he raised his face towards the sky (*rafa'a ra'sahu ilā al-samā' . . . shākhbiṣ<sup>an</sup> bi-baṣarihi ilā al-samā'*) and then took up a handful of soil immediately after having come out of his mother's belly (*qabaḍa qabḍa min turāb*).

<sup>19</sup> Muḥammad Ibn Sa'd, *Kitāb al-ṭabaqāt*, vol. I, 62–4. Cf. Abū al-Fidā' Ismā'il Ibn Kathīr, *The Life of the Prophet Muḥammad*, translated by Trevor Le Gassick (Reading, MA Garnet, 1998), vol. I, 149; Jalāl al-Dīn al-Suyūṭī (d. 1505), *al-Khaṣā'ish al-kubrā*, ed. by Muḥammad Khalīl Harrās (Cairo: Dār al-Kutub al-Ḥadītha, 1967), vol. I, 132–3; Aḥmad b. Ḥajar al-Haytamī (d. 1567), *Mawlid al-nabiyy* (Damascus[?]: n.d.), 22.

On a similar description of the birth of Moses in Jewish sources – the motifs of light spreading in the house the moment his mother gives birth to him and of the boy born circumcised – see, for instance, *Babylonian Talmud*, "Sotah," 12a: *Aḥerīm omrīm nōlad ke-she-hū mabūl ve-ḥakhamīm omrīm: be-sba'a she-nōlad Moshe nitmalē ha-bayit kullō ōr* ("Others say he was born circumcised. The sages say: 'When Moses

the narrator assigns no role to human helpers of any kind. But then, of course, given the miraculous circumstances of his birth, such help was unnecessary and, indeed, no midwife is mentioned.<sup>20</sup> Even in much “thicker,” more detailed narrations of the Prophet’s birth, such as those of Muḥammad al-Kharkūshī (d. 1015)<sup>21</sup> and Muḥammad Ibn Fahd (d. 1480),<sup>22</sup> midwives do not appear in the place of birth: Āmina is depicted as being alone at home when contractions come upon her.<sup>23</sup> But, unlike reports in other compilations and despite the supernatural character of the delivery as a whole, in these accounts she is said to have suffered terribly: *fa-ishtadda bī al-amr*<sup>24</sup>; *fa-akhdhanī al-mukhādh wa-ishtadda bī al-amr jidd<sup>an</sup>*.<sup>25</sup>

was born the entire house was filled with light”). These motifs were further developed in the story of Moses’ birth as it appears in later medieval Jewish sources: see, e.g., *Midrash Rabbah – Exodus*, translated by S. M. Lehrman (London and Bournemouth: Soncio Press, 1951), 26–7 and in Islamic sources of the time, possibly with mutual exchanges. See, for instance, ‘Alī b. Ḥasan Ibn ‘Asākir al-Dimashqī, *Ta’rīkh madīnat Dimashq* (Beirut: Dār al-Fikr, 1998), vol. LXI, 17. There are, however, contradictory reports in Muslim tradition according to which Muḥammad was circumcised either by the angel Gabriel during the event known as *sharḥ al-ṣadr* (the “opening of the Prophet’s breast”) alluded to in Qur’ān 94:1 or by his grandfather, ‘Abd al-Muṭṭalib, on the seventh day after his birth. See, for instance, Ibn Qayyim al-Jawziyya, *Tuḥfat al-mawdūd*, 120–4. Cf. M. J. Kister, “. . . And he was born circumcised . . .”: Some notes on circumcision in hadith,” *Oriens* 34 (1994), 10–30. Some elements in the descriptions of Muḥammad’s birth reappear in Shī‘ī traditions on the birth of their leaders (*imāms*). See Mohammad ‘Alī Amir-Moezzi, *The Divine Guide in Early Shi‘ism: The Sources of Esotericism in Islam* (Albany, NY: State University of New York Press, 1994), 56–8.

<sup>20</sup> See also: Jamāl al-Dīn Abū al-Faraj ‘Abd al-Raḥmān b. ‘Alī Ibn al-Jawzī (d. 1200), *Ṣifat al-ṣaḥwā*, ed. by Maḥmūd Fakhūrī (Aleppo: Dār al-Wa‘y, 1969), vol. I, 52.

<sup>21</sup> Al-Kharkūshī, *Manāḥil al-shifā’*, 341–64.

<sup>22</sup> Muḥammad Ibn Fahd, *Ithāf al-warā bi-akhbār umm al-qurā*, ed. by Fahīm Muḥammad Shaltūt (Mecca: Markaz al-Baḥth al-‘Ilmī wa-al-Turāth al-Islāmī, 1983), 45–57.

<sup>23</sup> Al-Kharkūshī, *Manāḥil al-shifā’*, 354: *wa-innī la-waḥīda fī al-manzil*; *ibid.*, 361, where Āmina is described as embarrassed, amazed and angered by the absence of her relatives at such a difficult time for her, an absence that no doubt seemed to her in total contradiction of the common practice of familial, particularly female, support during and after childbirth; Ibn Fahd, *Ithāf al-warā*, 46. On the theme of Āmina’s loneliness at the time of the Prophet’s birth, see also Holmes Katz, *The Birth of the Prophet*, 37.

<sup>24</sup> Al-Kharkūshī, *Manāḥil al-shifā’*, 354, 355; al-Khayāṭ, *Mawlid al-nabiyy*, 81: *wa-lammā āna awān waq’ihī ṣal’am akhdha ummuhu Āmina ‘alayhā al-salām mā ya’khdhu al-nisā’ min al-alam . . . fa-akhdhabā al-mukhbādh wa-ishtadda bibā al-amr*.

<sup>25</sup> Ibn Fahd, *Ithāf al-warā*, 47. Greek writings of the twelfth century describing the birth of saints such as the Virgin and St. John the Baptist use the motif of painless birth. See

These are not the only versions of the story of Muḥammad's birth, of course. At a rather early stage (probably in the 9<sup>th</sup> or 10<sup>th</sup> century) the figure of a woman, Fāṭima bint 'Abdallāh, the mother of Uthmān b. Abī al-'Āṣ, a later close companion of the Prophet,<sup>26</sup> appears in our texts as being present at the Prophet's birth, although she is given no active role in assisting Āmina.<sup>27</sup> Her "mission" is not only to serve as a witness to the miracles that occurred when Muḥammad was born, corroborating Āmina's testimony, but probably also to testify, in a "legal" sense, to the birth itself (see Chapter 5).<sup>28</sup> Moreover, ignoring the "historical" question of whether a woman of the tribe of Thaḳīf, located in Ṭā'if 120 kilometers (about 75 miles) south-east of Mecca, actually attended the Prophet's birth, one can assume that early Islamic writings, by giving her a role, however marginal, in the story of the Prophet's birth, intended to glorify Fāṭima bint 'Abdallāh's son more than her.

*Dalā'il al-nubuwwa* by Abū Nu'aym al-Iṣfahānī (d. 1038) is probably one of the few works of its time to mention a midwife and even to identify her: al-Shifā', mother of 'Abd al-Raḥmān b. 'Awf. The latter, another prominent companion, took part, after Muḥammad had become a prophet, in both emigrations of Muslims, first to Abyssinia and later to Yathrib (Medina, Ar. al-Madīna), fought in all the main battles of the Prophet and, according to Muslim tradition, was one of

Meyer, "Woman to woman," 101–14, especially 103–4; Mati Meyer, "On the hypothetical model of childbearing iconography in the Octateuchs," *AEATION THΣ ΧΡΙΣΤΙΑΝΙΚΗΣ ΑΡΧΑΙΟΛΟΓΙΚΗΣ ΕΤΑΙΡΕΙΑΣ* (*Delition of the Christian Archaeological Society*) 2005, 311–17, especially 311, 315.

<sup>26</sup> Uthmān b. Abī al-'Āṣ al-Thaqafī (d. 671) played an important role in the early Islamic conquests. See Khayr al-Dīn al-Ziriklī, *al-A'lām* (Beirut: Dār al-'Ilm li-al-Malāyīn, 1992), vol. IV, 207; *EP*, vol. I, 695b; vol. II, 811b, 823b; vol. IV, 14b.

<sup>27</sup> According to 'Alī b. Muḥammad al-Māwardī (d. 1058), it was Umm 'Uthmān who covered the newborn child with a pottery vessel. See al-Māwardī, *A'lām al-nubuwwa* (Beirut: Dār al-Kitāb al-'Arabī, 1987), 273.

<sup>28</sup> Muḥammad b. Jarīr al-Ṭabarī (d. 922), *Ta'riḳh al-rusul wa-al-mulūk*, ed. by M. J. De Goeje (Leiden: Brill, 1964), Prima Series, vol. II, 968–9. Cases where a husband refuses to confirm his wife's pregnancy or, although confirming the delivery, claims that the child presented by his wife is not the one born to her were not unfamiliar to Muslim judges. Here, according to the Prophet's biography, 'Abdallāh, Muḥammad's father, was no longer alive when his son was born, and the need to convince relatives and neighbours alike that his wife has given birth to his child should have been even more urgent. See Shaham, *The Expert Witness*, 91, and below, Chapter 5.

ten believers to whom Muḥammad assured a place in Paradise; he died about 652.<sup>29</sup> Al-Shifā' herself was among the first converts to Islam and one of the Muslim migrants from Mecca to Medina.<sup>30</sup> Her role in the story is, again, to attest to the birth and to the miraculous phenomena surrounding it. At the same time, the text alludes to some more concrete aspects of her function: She is quoted as recounting how the infant dropped into her hands and made the first sound – a cry or a sneeze – upon which she heard a voice responding: “May God have mercy on you”; and how she then dressed him and laid him down.<sup>31</sup>

According to a Shī'ī-Ithnā-'Asharī version of the Prophet's birth story, some anonymous midwives came to help Āmina and found to their astonishment (*fa-ta'ajabat al-qawābil min dhālika*) that the baby had already had his umbilical cord cut, been swaddled, and had his eyes anointed with collyrium (*makhūl*) although nobody, including his mother, actually had treated him. Thus left “unemployed,” their main task, here too, was to pass on their testimony.<sup>32</sup>

<sup>29</sup> Al-Ḥalabī, *Insān al-'uyūn*, vol. I, 70. See also M. T. Houtsma and M. W. Watt, “Abd al-Rḥmān b. 'Awf,” *EP*<sup>2</sup>, vol. I, 84.

<sup>30</sup> Ibn Sa'd, *Kitāb al-ṭabaqāt*, vol. VIII, 180. Interestingly, Ibn Sa'd and later biographers such as Ibn al-Athīr, Ibn 'Abd al-Barr and Ibn Ḥajar al-'Asqalānī, in the entries they dedicated to al-Shifā', entirely ignore her presence at the birth of the Prophet.

<sup>31</sup> Abū Nu'aym al-Iṣfahānī, *Dalā'il al-nubuwwa* (Hyderabad: Dā'irat al-Ma'ārif al-'Uthmāniyya, 1977), 93–4. For al-Shifā' in later texts see, for instance, Abū al-Fidā' Ismā'īl Ibn Kathīr, *al-Bidāya wa-al-nihāya* (Beirut: Dār al-Kutub al-'Ilmiyya, 1994), vol. I, 209–12; Abū al-Fidā' Ismā'īl Ibn Kathīr, *The Life of the Prophet Muhammad*, vol. I, 145–53. In al-Khayāt, *Mawlid al-nabiyy*, 81, Muḥammad's midwife (*qābilatuhu*) is mentioned in this context but not named.

For a detailed discussion of the first sound made by Muḥammad and the blessing his midwife heard, see al-Ḥalabī, *Insān al-'uyūn*, vol. I, 71–2; 78–9. In addition to the popular explanation of the baby's first cry, namely, that it was a response to the devil poking his body, al-Ḥalabī offers (vol. I, 79) an interesting observation from our point of view: It is the difficulty involved in leaving the warm womb and being transferred to the relatively cold air of the outside world that causes the first cry: *inna istibilāl al-mawlūd wa-ṣurākhubu ḥina yūladu li-ḥissihī alam al-bard alladhī yajiduhu ba'da mufāraqat sukhūnat al-raḥim*. Sometimes the first cry of Muḥammad is described as a sneeze – *uṭās*. According to the Ḥanbali jurist, Muwwafaq al-Dīn Ibn Qudāma (d. in Damascus, 1223), the newborn's first cry echoes the exclamation heard from those who see it coming into being; this resembles the loud sound one utters when looking at the new moon (*hilāl*): *fa-summiya ṣiyāḥ al-mawlūd istiblā' li-annahu fī zuhūrihi ba'da khaḥā'ihī ka-al-hilāl wa-ṣiyāḥuhu ka-ṣiyāḥ man yatarā'ahu*. See *al-Mughnī* (Beirut: Dār al-Kitāb al-'Arabī, 1972), vol. IX, 551.

<sup>32</sup> Muḥammad Bāqir al-Majlisī (d. 1700), *Bihār al-anwār* (Beirut: Mu'assasat al-Wafaā', 1983), vol. XV, 329.

Some elaborations of the story of Muḥammad's birth from the late Middle Ages add realistic details to the supernatural characteristics of the delivery.<sup>33</sup> For example, while al-Kharkūshī, in the tenth–eleventh century, describes Muḥammad not only as born circumcised, like the twelve preceding prophets,<sup>34</sup> with his umbilical cord cut, but also clean, purified, perfumed, and anointed<sup>35</sup> and the pregnancy is depicted as exceptionally easy – no complaint of any pain, weakness, or bad odor is mentioned (*lā tashkū wajʿ<sup>an</sup> wa-lā duʿf<sup>an</sup> wa-lā riḥ<sup>an</sup> wa-lam yaʿriḍ li-ummihī mā yaʿriḍu li-al-nisāʾ*),<sup>36</sup> al-Ṣāliḥī, al-Haytamī and al-Nābulṣī in the fifteenth–sixteenth century, portray Muḥammad's mother much more realistically: Before and during the birth she perspires heavily and suffers unbearable pains,<sup>37</sup> and after it she falls ill and thus proves unable to breast-feed her infant for more than a week.<sup>38</sup>

The lacuna left by the absence in several texts of helping women or a midwife, and the reduced role al-Shifāʾ plays in others, is filled in a few cases – probably beginning with al-Kharkūshī – by supernatural figures who function very much like human helpers and midwives but have the

<sup>33</sup> Goldziher and others argue that the legendary elements in the Prophet's biography “were only produced after the popular veneration of saints had already developed during the first decades of Islam. Originally, the Prophet was perceived as an ordinary human being; his legendary image was only established as a later development, in contrast to the initial Islamic concepts,” Rubin, *In the Eye of the Beholder*, 1–2. See also Abū al-Fidāʾ Ismāʿīl Ibn Kathīr, *Mawlid rasūl Allāh*, ed. by Ṣalāḥ al-Dīn al-Munajjid (Beirut: Dār al-Kitāb al-Jadīd, 1961), 8–9, Editor's Introduction. Nevertheless, as we have seen, some of the early reports on Āmina's pregnancy and Muḥammad's birth already include a few legendary elements, and these were rapidly developed as early as the tenth century, as reflected, for instance, in al-Kharkūshī's *Manāḥil al-shifāʾ*.

<sup>34</sup> Khayāt, *Mawlid al-nabiyy*, 85. The list includes Adam, Noah, Joseph, Moses, Solomon, John (but not Jesus?) and the Arabs Hūd and Ṣāliḥ – all are regarded as prophets in the Islamic tradition.

<sup>35</sup> Ibn Fahd, *Iṭḥāf al-warāʾ*, 47; al-Nābulṣī, *Durar al-biḥār*, fol. 115a; al-Haytamī, *Mawlid al-nabiyy*, 17.

<sup>36</sup> Al-Kharkūshī, *Manāḥil al-shifāʾ*, 349–51. See also Ibn Ḥibbān, *Kitāb al-thiqāt*, vol. I, 41, where the motif of the light appears also in connection with Āmina's pregnancy period: *wa-la-qad raʾaytu ḥīna ḥamaltu bihi annahu kharaja minnī nūr aḍāʾa minhu aʾnāq al-ibl bi-buṣra*.

<sup>37</sup> Al-Ṣāliḥī, *Subul al-hudā*, 411; al-Haytamī, *Mawlid al-nabiyy*, 16: *Fa-yaʾkhubuhā mā yaʾkhubu al-nisāʾ min al-alam*. According to Ibn Ṣafar (*Kitāb anbāʾ*, 39), Āmina used to complain during her pregnancy that the burden of her fetus was too heavy.

<sup>38</sup> Al-Nābulṣī, *Durar al-biḥār*, fol. 115b.

advantage of being pure and therefore more appropriate to help the mother of a “holy man”<sup>39</sup> – an angel who, as in the Qur’anic story of Jesus’ birth, calms the mother down, and gives her milk,<sup>40</sup> and female figures who fill the house, surrounding and supporting the mother in their arms, giving her something to drink, and anointing her belly.<sup>41</sup> Tall women, identified as Āsiya, the Israelite wife of Pharaoh,<sup>42</sup> and Maryam, Jesus’ mother – both, by the way, destined to be Muḥammad’s wives in Paradise (*yaṣīrāni zawjatayni labu ṣal’am fī al-janna*)<sup>43</sup> – are there, presenting Āmina to women to whom they refer as *ḥūr al-‘ayn* – “the virgins of Paradise.”<sup>44</sup>

Nūr al-Dīn b. Burhān al-Dīn al-Ḥalabī, in an effort to harmonize contradictory traditions – those describing Āmina as giving birth without any human assistance, on the one hand, and those according to which al-Shifā’ and Uthmān b. Abī al-‘Āṣ’s mother attended her, on the other – argues that the latter joined Āmina at a late stage of her

<sup>39</sup> In Mesopotamian literature female deities seem to have been involved in midwifery. And there are a few places in the Bible where metaphoric imagery is used of God as a midwife: for instance, Psalms 22:10: “You drew me from the womb, made me secure at my mother’s breast. I became Your charge at birth; from my mother’s womb You have been my God”; trans. *JPS Tanakh*. See Marsman, *Women in Ugarit and Israel*, 231, 423–4, 430, 725.

<sup>40</sup> Al-Kharkūshī, *Manāḥil al-shifā’*, 354; Ibn Fahd, *Ithāf al-warā*, 46; al-Haytamī, *Mawlid al-nabiyy*, 16–22. Cf. al-Qur’ān, *Surat Maryam* (19:23–26): “And the birth pangs surprised her by the trunk of the palm tree. She said, ‘would that I had died ere this, and become a thing forgotten!’ But the one that was below her [the angel Jibrīl, according, for instance, to al-Ṭabarī, Ibn Kathīr and al-Jalālayni, in their commentary on this verse] called to her, ‘Nay, do not sorrow: see, Thy Lord has set below thee a rivulet. Shake also to thee the palm-trunk, and there shall come tumbling upon thee dates fresh and ripe. Eat therefore, and drink, and be comforted’ ...”(trans. Arberry).

<sup>41</sup> Al-Kharkūshī, *Manāḥil al-shifā’*, 354–5; Ibn Fahd, *Ithāf al-warā*, 47; al-Haytamī, *Mawlid al-nabiyy*, 16–22; al-Ḥalabī, *Insān al-‘uyūn*, vol. I, 72. For other versions, see Holmes Katz, *The Birth of the Prophet*, 36. In a Shī‘ī Imāmī text from the tenth–eleventh century describing, rather similarly, the birth of ‘Alī b. Abī Ṭālib, Abū Ṭālib, while rushing to summon four of his wife’s friends to her side, when she is about to give birth, is warned by a mysterious voice that impure women are not allowed to touch the body of the expected baby, “the friend of God.” Then four female figures appear dressed in white silk and exuding a perfumed scent; they replace the human helpers and accompany ‘Alī’s mother throughout the delivery. See al-Fattāl al-Naysābūrī (d. 1114), *Rawḍat al-wā‘iẓīn* (Najaf: al-Maktaba al-Ḥaydariyya, 1966), 79.

<sup>42</sup> A. J. Wensinck, “Āsiya,” *EI*<sup>2</sup>, vol. I, 710.

<sup>43</sup> See al-Ḥalabī, *Insān al-‘uyūn*, vol. I, 72.

<sup>44</sup> Al-Haytamī, *Mawlid al-nabiyy*, 16; A. J. Wensinck and C. Pellat “Ḥūr,” *EI*<sup>2</sup>, vol. III, 581–2. On similar narrations disseminated by Ibn Bābawayh in the context of the birth of both ‘Alī and Fāṭima, see Holmes Katz, *The Birth of the Prophet*, 37–9.

labor.<sup>45</sup> The theme of saints extending help to women in labor, thus in fact replacing the regular midwife, appears also in stories of miracles related to women – for instance, in Moroccan hagiographic writings from the Middle Ages,<sup>46</sup> where it reflects, perhaps, a yearning for supernatural intervention when the usual physical treatment proves ineffectual or unsuccessful.

From the above it is clear that even in a hagiographic context it was difficult to imagine childbirth – in regular daily life an all-female communal event with the midwife as supervisor and guide at its center – without any sort of moral or physical support extended by women, whether human or celestial.<sup>47</sup> Given the hagiographic context, the presence of supernatural figures overshadows the role of the human helpers involved in the Prophet's birth, who remain on the margins of the story.

Interesting from another point of view is Āmina's report of an angel, one of three with a human appearance, who a short while after Muḥammad's birth stamps the seal of prophecy between his shoulders and then puts his mouth to the infant's, feeding him as if he were a bird.<sup>48</sup> This can be regarded as an early act of initiation, preceding the event alluded to in the Qur'ān (94:1–3)<sup>49</sup> of an angel opening the

<sup>45</sup> Al-Halabī, *Insān al-'uyūn*, vol. I, 72. On p. 70–1 al-Halabī mentions Umm Ayman Baraka, the Prophet's dry nurse (here designated *dāya*), whom some regarded, mistakenly, as Āmina's midwife. Arabic sources describe a very close relationship between the Prophet and Umm Ayman, whom he used to call *ummī ba'da ummī* ("my mother after my [deceased] mother"). See Ibn Sa'd, *Kitāb al-ṭabaqāt*, vol. VIII, 162–4. Cf. Ibn 'Asākir, *Ta'rīkh Madīnat Dimashq*, vol. LXI, 17–18, for the two different versions of the story of Moses' birth. According to one, Moses' mother gave birth with the help of a midwife; according to the other, no helper at all supported her and only Moses' sister was present.

<sup>46</sup> Manuela Marin, "Women and sainthood in medieval Morocco," in *Donne tra saperi e poteri nella storia delle religioni*, ed. by Sofia Boesch Gajano and Enzo Pae (Brescia: Morcelliana, 2007) 283–98.

<sup>47</sup> Cf. Goldsmith, *Childbirth Wisdom*, 24–5, 27–8. As noted earlier, Muslim sources describe the mother of Ibrāhīm (Abraham) giving birth to him secretly in a cave all alone (*wa-i'tazalat fī ghār fa-waḍa'at Ibrāhīm*). Then, like a midwife, she treats the newborn baby and swaddles him. See, for instance, Ibn Ṭawūs, *Faraḥ al-mahmūm*, 25–6, and above, Chapter 2.

<sup>48</sup> Al-Kharkūshī, *Manāḥil al-shifā'*, 360, 361; Ibn Fahd, *Ithāf al-warā'*, 51. Muḥammad himself, as a prophet, used to bestow his blessing on young children by passing saliva from his own mouth to theirs. On the ceremony of *tahnik*, see Giladi, *Children of Islam*, 35–41.

<sup>49</sup> "Did We not expand thy breast for thee and lift from thee thy burden?"; trans. Arberry.

breast of the child Muḥammad and purifying his heart.<sup>50</sup> Āmina's emotional reaction when she discovers that her newly born infant has disappeared is touchingly described: "My soul became anxious and my heart dismayed" (*fa-jazi'a fu'ādī wa-dhabila qalbī*).<sup>51</sup>

Like al-Shifā', Salmā Umm Rāfi' – Muḥammad's freed slave and servant (according to some sources the freed slave of Ṣafīyya bint 'Abd al-Muṭṭalib, Muḥammad's aunt)<sup>52</sup> – seems to have been relegated to the margins of Islamic mythology. She served as midwife to the Prophet's first wife, Khadija,<sup>53</sup> as well as to his female slave (*ama*) Māriya the Copt and his daughter, Fāṭima.<sup>54</sup> Salmā appears more frequently than does al-Shifā' in biographical and other collections; still her figure remains "dim."<sup>55</sup> Ibn Sa'd alludes to her experience as a midwife when he recounts how she made the necessary preparations each time she helped Khadija give birth to one of the Prophet's sons (*wa-tu'iddu qabla dhālika mā taḥtāju ilayhi*).<sup>56</sup> Others mention her also as the woman who, together with Asmā' bint 'Umays and 'Alī b. Abī Ṭālib, washed the body of the ailing Fāṭima prior to her death – a hint of another task midwives carried out in Muslim societies: purifying women's bodies before burial.<sup>57</sup>

<sup>50</sup> See Rubin, *In the Eye of the Beholder*, 59–64.

<sup>51</sup> Al-Kharkūshī, *Manāḥil al-shifā'*, 361.

According to a popular belief among Palestinian women in the first half of the twentieth century, the door to heaven is open during labor, as the fate of mother and child is at stake. The coming and going of the angels is deemed a most appropriate time to pray for all wishes. See Leila Hudson, "Reproduction: Health – the Ottoman empire," *Encyclopedia of Women and Islamic Cultures*, vol. III, 331.

<sup>52</sup> Ibn al-Athīr, *Uṣd al-ghāba*, vol. VII, 147–8.

<sup>53</sup> Ibn Ḥajar al-'Asqalānī, *al-Iṣāba fī tamyīz al-ṣaḥāba*, ed. by 'Adil Aḥmad 'Abd al-Mawjūd and 'Alī Aḥmad Mu'awwad (Beirut: Dār al-Kutub al-'Ilmiyya, 1995), vol. VIII, 188–9.

<sup>54</sup> Some biographical collections refer particularly to her role as a midwife supporting Māriya when she gave birth to Muḥammad's beloved son, Ibrāhīm. See, for instance, Ibn al-Athīr, *Uṣd al-ghāba*, vol. V, 147–8; Ṣlāḥ al-Dīn b. Khalīl Ayyak al-Ṣafadī, *al-Wāfi bi-al-wafayāt*, ed. by Bernd Radtke (Wiesbaden: Franz Steiner, 1979), vol. VX, 306.

<sup>55</sup> See, for instance, 'Alī b. Muḥammad b. Mas'ūd al-Khuzā'i, *Takbrīj al-dalālat al-sam'iyya*, ed. by Iḥsān 'Abbās (Beirut: Dār al-Gharb al-Islāmī, 1985), 749; Ibn Ḥajar al-'Asqalānī, *Tahdhīb al-tahdhīb*, ed. by Muṣṭafā 'Abd al-Qādir 'Aṭā (Beirut: Dār al-Kutub al-'Ilmiyya, 1994), vol. XII, 376.

<sup>56</sup> Ibn Sa'd, *Kitāb al-ṭabaqāt*, vol. VIII, 164.

<sup>57</sup> Ibn al-Athīr, *Uṣd al-ghāba*, vol. VII, 147; Abū 'Umar Yūsuf b. 'Abdallāh Ibn 'Abd al-Barr, *al-Istī'āb fī ma'rīfat al-aṣḥāb* (Beirut: Dār al-Jil, 1992), vol. IV, 1862; Jamāl

According to a tradition cited by Ibn Ḥajar al-‘Asqalānī,<sup>58</sup> it was Sawda bint Misraḥ who served as a midwife to Fāṭima, the Prophet’s daughter, when she gave birth to al-Ḥasan the son of ‘Alī b. Abī Ṭālib. Remarkable is the active involvement attributed to the Prophet in his grandson’s birth and the rites that followed it. As a caring father, Muḥammad is worried about the condition of his parturient daughter. After the delivery, he asks the midwife to hand the newborn baby to him; even before the child’s father, ‘Alī, gets the opportunity to have a look at him. In a ceremonial act the Prophet blesses his grandson by transmitting some saliva from his mouth to that of the latter, and when ‘Ali is at last called to come in, it is the grandfather, not the father, who gives the boy a name, and a different one from that chosen by ‘Alī.<sup>59</sup> Thus the Prophet, due to his supernatural powers, “expropriates” the child from his father and, as reflected in many other traditions, “adopts” him (as well as his brother al-Ḥusayn).<sup>60</sup> The report also contains details on how the midwife treated the infant immediately after his birth: She cut his umbilical cord, wrapped him in a yellow cloth – in general identified with infidels and therefore forbidden for Muslim males – and then covered him with another cloth, this time a white one, recommended in Islam for males and females alike.<sup>61</sup> This change of colors, preparing the newborn infant for his encounter with Muḥammad, his distinguished grandfather, was probably intended to emphasize his transition from a natural, feminine environment to the monotheistic sphere of the new religion.

As mentioned above, none of the women who served the Prophet’s family became mythological figures; they might thereby have enhanced the craft of midwifery and heightened the prestige of the women practicing it – as was the case, for instance, with the midwives in ancient Mesopotamia, who embodied on earth the Mother Goddess,

al-Dīn Abū al-Hajjāj Yūsuf al-Mizzī, *Tabdhīb al-kamāl fī asmā al-rijāl*, ed. by Bash-shār ‘Awwād Ma’rūf (Beirut: Mu’assasat al-Risāla, 1992), vol. XXXV, 196–8.

<sup>58</sup> Ibn Ḥajar al-‘Asqalānī, *al-Iṣāba*, vol. VIII, 195.

<sup>59</sup> Cf. Giladi, *Children of Islam*, 35–41.

<sup>60</sup> Benkheira et al., *La famille*, 285–7.

<sup>61</sup> See Fierro, “Al-Aṣfar,” *Studia Islamica* 77 (1993), 169–81; Fierro, “Al-Aṣfar again,” *Jerusalem Studies in Arabic and Islam* 22 (1998), 196–213.

the “Wise Mother.”<sup>62</sup> Nor did any of them become the prototype for later midwives, as we see happening in the Jewish tradition, where Shifra and Pu’a are said to have helped the Hebrew women in Egypt to give birth, enjoying God’s blessing as the people of Israel multiplied and strengthened thanks to their courage:

The king of Egypt spoke to the Hebrew midwives, one of whom was named Shiphrah and the other Puah, saying, “When you deliver the Hebrew women, look at the birth stool: if it is a boy, kill him; if it is a girl, let her live.” The midwives, fearing God, did not do as the king of Egypt had told them; they let the boys live. So the king of Egypt summoned the midwives and said to them, “Why have you done this thing, letting the boys live?” The midwives said to Pharaoh, “Because the Hebrew women are not like the Egyptian women: they are vigorous. Before the midwife can come to them, they have given birth.” And God dealt well with the midwives; and the people multiplied and increased greatly. And because the midwives feared God, He established households for them.<sup>63</sup>

*Midrash Rabbah – Exodus*, an almost purely Haggadic exegesis compiled in Palestine either in the early Islamic period or between the ninth and eleventh–twelfth centuries, goes one step further in its effort to create a mythical aura around the two midwives who served the Children of Israel in Egypt; it identifies them with the more famous Jochebed, Moses’ mother, and Miryam, his sister. Elaborating on the relevant verses in Exodus 1, the *Midrash* praises both of them for their role in saving the children born to the Israelites and emphasizes the generous remuneration God bestowed on them:

“And because the midwives feared God” [Exodus 1:17]. Concerning them it is said: “A woman that feareth the Lord, she shall be praised” [Proverbs, 31:30]. . . . Now since they did not fulfill the command [of Pharaoh], do we not know that they saved the children alive, then why must the Bible tell us: “And they saved the men-children alive?” It is only to add praise to praise; for not only did they not fulfill his command, but even went beyond this and did deeds of kindness to them . . .

<sup>62</sup> See Marten Stol, “Private life in ancient Mesopotamia,” in *Civilizations of the Ancient Near East*, ed. by Jack M. Sasson (New York: Simon & Schuster, Macmillan, 1995), vol. I, 491.

<sup>63</sup> Exodus, 1:15–21; trans. *JPS Tanakh*. Cf. Barkai, *A History of Jewish Gynaecological Texts*, 51.

“And God dealt well with the midwives” [Exodus 1:20]. What was this favor? –That the King of Egypt accepted their words and did not hurt them. Another explanation ... what is the reward for fear? Torah [Pentateuch]. Because Jochebed feared the Lord there issued from her Moses.” Moreover, the Torah, which is termed “a goodly doctrine” [Proverbs 4:2] was also given through him and is called by his name. ... From Miriam descended Bezalel who was full of wisdom. ... He made an ark for the Torah which was called “good.”

“And it came to pass, because the midwives feared God, that he built them houses” [Exodus 1:21]. Rab and Levi discussed this. One says: “It means that they established priestly and Levitical families”; and the other, that they were founders of a royal family. Priestly and Levitical families from Moses and Aaron; a royal family from Miriam because David descended from Miriam.<sup>64</sup>

The marginality in medieval Islamic writings of the midwife or midwives who helped the Prophet Muḥammad’s mother stands out all the more when one compares the chapters on the lactation of the infant Muḥammad with those on his birth. It is remarkable how compilers such as Ibn Hishām, al-Kharkūshī and al-Bayhaqī focus on Ḥalīma bint Abī Dhu’ayb al-Sa’diyya, the prophet’s best known wet-nurse: They make her the central figure and the main narrator in the relevant chapters while altogether ignoring the midwife who assisted Muḥammad’s mother.<sup>65</sup>

Why did the issue of nursing – maternal breast-feeding as well as wet-nursing – attract the attention of Muslim writers of biographical-hagiographic and normative texts, particularly of jurists who in their legal compilations devoted detailed chapters to the subject, much more than they did to midwifery?

Nursing is a long-term intrafamilial affair. It plays a decisive role not only in ensuring the nursling’s survival prospects, the first stages of his/her socialization and, according to Islamic medical theories, the consolidation of his or her character traits,<sup>66</sup> but also in corroborating

<sup>64</sup> *Midrash Rabbah – Exodus*, 19–22.

<sup>65</sup> Among other women who are said to have helped Āmina during and after the delivery is Thuwayba, Muḥammad’s first wet-nurse. See al-Ḥalabī, *Insān al-’uyūn*, vol. I, 71, 94. Ibn al-Athīr dedicates a short biographical note even to Ḥalīma’s daughter, al-Shaymā bint al-Ḥārith al-Sa’diyya, Muḥammad’s milk sister, who, together with her mother, took care of little Muḥammad (*kānat taḥḍunu rasūl Allāh ṣal’am ma’a ummihī*). See *Usd al-ghāba*, vol. VII, 166–7.

<sup>66</sup> Giladi, *Infants, Parents and Wet Nurses*, 50–1.

women's status vis-à-vis men and the power relations reigning within the family. The attention physicians and religious scholars alike paid to the issue of a male's sexual relations with a woman during her nursing period brings to the fore the impact breast-feeding had on everyday family life.<sup>67</sup> Moreover, by enabling it to form the basis for a complex and ramified network of impediments to marriage, Islamic law assigned nonmaternal breast-feeding a crucial role in social life as a whole.<sup>68</sup>

As we saw in [Chapter 1](#), the breast-feeding arrangements recommended by Islamic law are based on the patrilineal-patriarchal division of roles, according to which a woman's body is submitted to the will and authority of a man. Yet it is the special sensitivity concerning the weak in society that helped create within the patriarchal domain a sort of female autonomy whose foundations were laid with a mother's right to breast-feed for at least two full years and to have custody of her children for the first six to seven years for boys and until marriage for girls. In this way mothers were able to establish strong relationships with their children, especially their sons.

In Arabic-Islamic writings midwives never gained as much importance as wet-nurses, as the almost total absence of the former from the rich and ramified biographical-hagiographic literature shows. Although midwives, like wet-nurses enjoyed some significant legal privileges in their capacity as the agents of the patriarchs in the "kingdom of the mothers" (see [Chapter 5](#)), their role in everyday life was taken for granted both by the authors of normative-theoretical writings and in accounts of daily life.

<sup>67</sup> Mohammed H. Benkheira, "Le commerce conjugal gâte-t-il le lait maternel? Sexualité, médecine et droit dans le sunnisme ancien," *Arabica* 50 (2003), 1-78.

<sup>68</sup> Mohammed H. Benkheira, "Donner le sein c'est comme donner le jour: La doctrine de l'allaitement dans le sunnisme médiéval," *Studia Islamica* 92 (2001), 5-52.

In reality, unlike her image in early Islamic hagiography, the wet-nurse was sometimes held in contempt for hiring out her bodily resources. See, for instance, Abū al-Ḥayān al-Tawḥīdī (10th-11th century), *al-Baṣā'ir wa-al-dhakhā'ir*, ed. by Aḥmad Amīn and Aḥmad Ṣāqar (Cairo: Lajnat al-Ta'lif wa-al-Tarjama wa-al-Nashr, 1953), 250: *wa-fi amthālihim: tajū'u al-ḥurra wa-lā ta'kulu bi-thadyayhā, ayy lā tadkḥulu murḍi'at<sup>an</sup> fi duwar al-nās* ("According to one of their [the Arabs'] sayings, it is better for a woman to stay hungry than to eat thanks to her breasts, that is to say, she should refrain from entering to other people's houses as a wet nurse.")

## Midwives in everyday life

Unlike the biographies-hagiographies dedicated to the life story of the Prophet, the idealized accounts of the lives of his relatives and companions and the members of the intellectual elites of the first generations of Muslims, biographical collections and personal diaries, particularly from the late Mamluk period, often provide a vivid picture of everyday life at the time of the collections' authors. This picture concerns not only the public sphere but also the inner circle of the family, reflecting a wide range of professional activities of men and women. Nevertheless, here, too, midwives, as well as female doctors are underrepresented.<sup>69</sup> In other words, none of the compilers of biographical collections – all of them men, of course – shared Ibn Khaldūn's high opinion of midwifery and its practitioners. Midwives – those of the first generations of Muslims and “professionals” of later periods – are almost totally absent.

Thus among the 1,075 women featured in a separate part (*Kitāb al-nisā'*) of Shams al-Dīn Muḥammad b. 'Abd al-Raḥmān al-Sakhāwī's biographical collection, *al-Ḍaw' al-lāmi' li-ahl al-qarn al-tāsi'* (see Chapter 1), only three can be clearly identified as midwives: Umm

<sup>69</sup> Ahmad 'Abd ar-Raziq, *La femme au temps des mamlouks en Égypte* (Institut Français d'Archéologie Orientale du Caire, *Textes arabes et études islamiques*, V, 1973), 62. On the nature of women's biographies in the comprehensive Arabic biographical dictionaries of the late Middle Ages, see Asma Afsaruddin, “Islamic biographical dictionaries: 11th to 15th century,” *Encyclopedia of Women and Islamic Cultures*, vol. I, 32–6.

On the lack of biographical information on Andalusī women, see A. Ávila, “The structure of the family in al-Andalus,” in *The Formation of al-Andalus*, Part I: “History and Society,” ed. by M. Marin (Aldershot: Ashgate/Variorum, 1998), 469–83, especially 473–4 and n. 5. Regarding the eastern parts of the Muslim world, Annemarie Schimmel suggests, albeit without referring to any specific source, that a considerable number of physicians in the Middle Ages were women. See her *My Soul Is a Woman*, 90.

*Mut'at al-adhbān* by Muḥammad Shams al-Dīn Ibn Ṭulūn, which contains a short section of women's biographies, mentions no midwife. 'Umar Riḍā Kaḥāla in his twentieth-century biographical dictionary on women in the Arab and Islamic worlds (*A'lām al-nisā' fi 'alamay al-'arab wa-al-islām* [Damascus: al-Maktaba al-Hāshimiyya, n.d.], vol. I, 14) dedicates only one entry to a midwife, Umm Aḥmad, probably from fifteenth-century Cairo, and refers in very general terms (vol. IV, 183) to a “midwife of the desert: a midwife from one of the Arab tribes” (*qābilat al-bādiya: qābila min qawābil al-'arab*).

al-Khayr bint Aḥmad b. Muḥammad b. Muḥammad (d. 1456),<sup>70</sup> Fāʿida or Hajar, probably the daughter of Muḥibb al-Dīn (d. 1467 or 1468)<sup>71</sup> and Khadīja bint Muḥammad b. ʿAbdallāh Balkam (no death date mentioned).<sup>72</sup> All three were well educated and involved in religious activities, and it is probably this, rather than their occupation as midwives, that secured them an entry in al-Sakhāwī’s collection. Umm al-Khayr and Khadīja, both designated *raʿīsa* (master? woman of authority?) received various teaching licenses (*ijāzāt*) from religious scholars and may thus be called *ʿālimāt*. Umm al-Khayr was a teacher, probably of ḥadīth, as was common among educated women in the Middle East in the late Middle Ages.<sup>73</sup> Fāʿida served as the *shaykha* of women in a Ṣūfī convent, *ribāʿ al-Zāhiriyya*, in Mecca, and is praised for her religious knowledge and preaching. Little is said about the midwifery activities of the three women and it is therefore difficult to assess the extent to which they engaged in the field as “professionals.” Khadīja seems to have acquired her expertise from her grandmother, and Fāʿida from her mother. Khadīja and Umm al-Khayr assisted noble women in Cairo and in Mecca, respectively, whereas Fāʿida is said to have served Meccan women of all social groups. It is obvious that women who practiced midwifery must often have combined this with other occupations such as teaching. An earlier example is given by the Damascene historian Muḥammad b. Ibrāhīm al-Jazarī (d. 1338). In his report of the death of Umm al-Khayr Khadīja bint Fakhr al-Dīn Abū ʿAmr ʿUthmān al-Nawzarī (known as Ḍawʿ al-Ṣabāḥ) in Cairo in December 1333, al-Jazarī first describes in detail her accomplishments as a scholar and then notes that she gained prosperity in old age thanks

<sup>70</sup> Al-Sakhāwī, *al-Ḍawʿ al-lāmiʿ*, vol. XII, 144. Cf. ʿUmar b. Fahd al-Hāshimī al-Makkī (d. 1480 or 1481), *Muʿjam al-shuyūkh*, ed. by Muḥammad al-Zāhī (Riyad: Dār al-Yamāma, 1982), 304–5. This latter compilation includes biographies of 317 male and 51 female religious scholars from the late medieval Middle East (in addition to another 113 entries on male and 16 entries on female scholars in the supplement). The entry devoted to Umm al-Khayr is the only one in this collection to mention midwifery as a woman’s craft.

<sup>71</sup> Al-Sakhāwī, *al-Ḍawʿ al-lāmiʿ*, vol. XII, 114.

<sup>72</sup> *Ibid.*, vol. XII, 31.

<sup>73</sup> Jonathan Berkey, “Women and Islamic education in the Mamluk period,” in *Women in Middle Eastern History*, ed. by Nikkie R. Keddie and Beth Baron, 143–60; Huda Lutfi, “Al-Sakhāwī’s *Kitāb al-Nisāʿ* as a source for the social and economic history of Muslim women during the fifteenth century A.D.,” *The Muslim World* 71 (1981), 104–24, especially 119–21.

to the midwifery services she rendered to the wife of Sultan al-Malik al-Nāṣir [Muḥammad]: *wa-ḥaṣala lahā fī ākhar ‘umrihā sa’āda wa-tharwa bi-sabab annahā kānat qābilat zawjat al-sulṭān al-Malik al-Nāṣir*.<sup>74</sup> This may allude also to the advantages old, experienced women enjoyed in Muslim societies: as they had stopped menstruating and could no longer give birth, thus guaranteeing their purity, they could move more freely in the public space and cooperate with male doctors in assisting pregnant women.<sup>75</sup> And, as we shall see, they could also play a crucial role as expert witnesses in court.

When we turn to the vast compilation of Ibrāhīm b. ‘Umar al-Biqā’ī (d. 1480), *Izhār al-‘aṣr li-asrār abl al-‘aṣr* (“Lightening the dusk with regard to the secrets of the people of the age”), we find several accounts of childbirth. These are interwoven with episodes in the author’s domestic life that are openly and graphically depicted in the *Izhār* – a combination of chronicle and personal diary.<sup>76</sup> But then, while devoting some attention to the pregnancy histories of his wives and concubines, on the one hand,<sup>77</sup> and to the postpartum treatment extended to his newborn children, particularly the childhood rites performed on his sons, on the other,<sup>78</sup> al-Biqā’ī totally ignores the delivery scene itself. Thus midwives, acting within an exclusively female domain inaccessible to men, are rarely mentioned either as assistants in childbirth or as dry-nurses and pediatricians. An exception is the detailed account of the birth of Muḥammad Abū al-Yusr, the son of al-Biqā’ī and his wife Su‘ādāt<sup>79</sup> – first, because the child was born after only eight months of

<sup>74</sup> Shams al-Dīn Abū ‘Abdallāh Muḥammad b. Ibrāhīm b. Abī Bakr al-Jazarī, *Ta’rīkh ḥawādīth al-zamān wa-ambā’ihī wa-wafayāt al-akābir wa-al-‘ayān min abnā’ihī*, ed. by ‘Umar ‘Abd al-Salām Tadmurī (Sidon and Beirut: al-Maktaba al-‘Aṣriyya, 1998), vol. III, 701.

<sup>75</sup> For the observation on the midwife’s preferred age by an ethnographer who worked in Palestine in the first half of the twentieth century, see Hilma Granqvist, *Birth and Childhood among the Arabs* (Helsinki: Söderstorm, 1947), 60–1.

<sup>76</sup> Li Guo, “Tales of a medieval Cairene harem: Domestic life in al-Biqā’ī’s autobiographical chronicle,” *Mamlūk Studies Review* 9 (2005), 101–21, especially 102.

<sup>77</sup> Ibrāhīm b. ‘Umar al-Biqā’ī, *Izhār al-‘aṣr li-asrār abl al-‘aṣr (Ta’rīkh al-Biqā’ī)*, ed. by Muḥammad Sālim b. Shadīd al-‘Awfī (Jīza: Hajar, 1992–3), vol. II, 299–301 (and cf. Guo, “Tales of a medieval Cairene harem,” 117); al-Biqā’ī, *Izhār*, vol. III, 42–5 (and cf. Guo, “Tales of a medieval Cairene harem,” 109–11, 113).

<sup>78</sup> Al-Biqā’ī, *Izhār*, vol. II, 88, 300–1; vol. III, 355–6. Cf. Guo, “Tales of a medieval Cairene harem,” 115, 117.

<sup>79</sup> Only a few lines are devoted to the birth of Umm Hānī Fāṭima, the daughter of al-Biqā’ī and his Indian concubine, Thurayyā. See al-Biqā’ī, *Izhār*, vol. II, 367.

pregnancy, “as I was told by his mother and other women who are experts in the matter (i.e., midwives?)”; and second, because, like his father, little Muḥammad experienced a miraculous birth and was rescued by a midwife: He did not cry and showed no sign of life when he emerged from his mother’s womb (*lam yaṣrukh wa-lā tanaffasa*); he was therefore regarded as dead. It was the *qābila* (in the case of al-Biqā’ī senior, an aunt who attended the delivery) who insisted on covering the author’s son with clothes prepared in advance and then produced something that caused him to sneeze (*thumma ašhammathu šhay<sup>an</sup> fa-‘aṭasa*).<sup>80</sup>

Shihāb al-Dīn Aḥmad b. Muḥammad Ibn Ṭawq (1430–1509), a Damascene notary (*shāhid – kātib*) of modest rural origins, wrote, between 1480 and 1502, a detailed diary published in part under the title of *al-Ta’līq* (“The commentary”).<sup>81</sup> The author’s background as a middle-rank functionary in the religious-legal system (the type of person who rarely left a written heritage) and the comprehensiveness and personal, sometimes intimate, tone of his diary makes *al-Ta’līq* a unique document.<sup>82</sup> In his diary Ibn Ṭawq reports on a great variety of events, experiences and impressions involving the natural environment and social life in his time and place: weather, agriculture, material culture (housing, dress, food, and cuisine), health and medicine, law (order and transgression), political and religious affairs, and features of his own household and family life as well as that of his contemporaries: marriage, divorce, childbirth and child-rearing; selling, buying, and looking after slaves; inheritance; and the like. In the four published parts of his diary, covering a period of twenty-two years, Ibn Ṭawq mentions his wife’s five occasions of childbirth and two of abortion,<sup>83</sup>

<sup>80</sup> Al-Biqā’ī, *Izhār*, vol. II, 88. Cf. Guo, “Tales of a medieval Cairene harem,” 114–15.

<sup>81</sup> I would like to thank Dr. Haim Nissim for having drawn my attention to the treasures hidden in Ibn al-Ṭawq’s diary for family history.

<sup>82</sup> Shihāb al-Dīn Aḥmad b. Ṭawq, *al-Ta’līq*, ed. by Ja’far al-Muhājir (Damascus: Institut Français de Damas, 2000), Editor’s Introduction, 8–18; French Introduction by Sarab Atassi, 4–5. Two other diaries that I have browsed through, both from Damascus in the late Mamlūk period, focus on public rather than private affairs and are much less broad and exhaustive than *al-Ta’līq*. They are: ‘Alī b. Yūsuf al-Buṣrawī, *Ta’rīkh al-Buṣrawī*, ed. by Akram Ḥusayn al-‘Ulabbī (Beirut: Dār al-Ma’mūn li-al-Turāth, 1988), covering the years 871–904 AH (1466–98 CE); Anon., *Hawliyyāt Dimashqiyya*, ed. by Ḥasan Ḥabashī (Cairo: Maktabat al-Anglo-Miṣriyya, 1968), covering the years 834–9 AH (1430–5 CE).

<sup>83</sup> Ibn Ṭawq, *al-Ta’līq*, vol. I, 28, 195, 341, 472; vol. II, 782, 992; vol. III, 1363. In vol. III, on p. 1350, the author’s milk-daughter (i.e., a woman who, while not his

in addition to dozens of events of childbirth and quite a few of abortion in the families of relatives, friends, and colleagues. He refers also to cases of infant and child illness (frequently resulting in their premature death) and a few examples of gynecological illnesses and of women who died following an unsuccessful delivery.

In accounts of complex deliveries and abortions,<sup>84</sup> as well as of women's and children's diseases,<sup>85</sup> one expects the midwife to appear as a central figure, or at least to play a certain role in extending help and support to parturient and ailing women as well as infants and children. But in fact Ibn Ṭawq rarely refers to midwives in any of these situations. Who tended his wife during the long and painful pangs prior to the delivery on 2 Muḥarram, 896 AH (November 15, 1490), when she gave birth to a daughter, and then when her placenta remained stuck, putting her life at risk?<sup>86</sup> And who treated Zaynab, the daughter of the Qadi Muḥyī al-Dīn when, on the night of 21 Dhū al-Qa'da, 888 AH (December 21, 1483), she gave birth to a daughter but for hours remained at risk again because her placenta failed to emerge?<sup>87</sup> Who attended the delivery that took place in the house of

biological daughter, was as a nursing breast-fed by his wife), is mentioned as giving birth to a male.

<sup>84</sup> See, for instance, Ibn Ṭawq, *al-Ta'liq*, vol. I, 296, 404 (an abortion), 414; vol. II, 637, 666 (a woman who dies three days after giving birth); vol. II, 899 (an abortion); vol. II, 1017 (a woman who passes away after giving birth to twins); vol. III, 1128 (a baby that is born prematurely in the eighth month of pregnancy), 1237 (a delivery involving difficulties, *muqāsāt shadīda*), 1305 (a woman who dies during childbirth), 1325 (an abortion), 1503 (a woman who dies of the plague after her birth pangs have begun); vol. IV, 1549 (a woman who dies as a result of an abortion or an illness), 1598 (a woman who passes away after a premature childbirth), 1621 (a woman who gives birth to twins), 1646 (an abortion), 1749 (a woman who passes away two or three days after giving birth), 1878 (a woman who gives birth to a stillborn baby), 1881 (a premature birth in the seventh or eighth month of pregnancy).

<sup>85</sup> For reports on the illnesses of the author's children, sometimes resulting in their death, see, e.g., Ibn Ṭawq, *al-Ta'liq*, vol. I, 196, 244, 259, 280, 497; vol. II, 864; vol. III, 1136. Note the touching description, in the latter reference, of the infant's last hours, during which time she was conscious and could talk, and the efforts Ibn Ṭawq makes to comfort his wife and himself on the loss of their daughter, using some religious formulas. Cf. Giladi, "The child was small'," 367–86.

<sup>86</sup> Ibn Ṭawq, *al-Ta'liq*, vol. II, 992.

<sup>87</sup> *Ibid.*, vol. I, 296. For another difficult delivery that lasts a whole day and night, where Ibn Ṭawq refrains from referring to a midwife, see *ibid.*, vol. II, 637. Another case of delay in the emission of the placenta (*tawaqqafa al-khalāš*) is referred to in *al-Ta'liq*, vol. IV, 1755. The use here of the term *khalāš* (lit. "salvation," "redemption") for

Ibn Ṭawq, when, in addition to the mother's excruciating pains and a delay in the emission of the placenta, an unidentified problem arose with the newborn girl, who did not cease crying for four days and nights from the moment of her birth on the 10<sup>th</sup> of Rajab 893 AH (June 20, 1488)? In none of these cases is a midwife mentioned<sup>88</sup>; nor in the account of his wife's painful abortion<sup>89</sup> and similar cases in other families; nor in his accounts of infants who fell ill, sometimes immediately after birth<sup>90</sup>; nor in the many cases he lists of infants (including nurslings) and children who passed away<sup>91</sup> and women who died following a complex delivery.<sup>92</sup> In none of these accounts is there any mention of a midwife.

Ibn Ṭawq reports on a strange occurrence in a birthing room, probably based on hearsay, on 27 Jumādā al-Ākhira, 906 AH (January 18, 1501). Umm 'Alā' al-Dīn (the midwife who had served the author's wife) attended the delivery of a woman named Bint Sariyy al-Dīn that ended tragically with the birth of a stillborn baby girl. Somehow the midwife was hurt (contaminated?) "in her body and mouth" (*fī bada-nihā wa-fammihā*) by the flesh (*min laḥmihā* – by the blood? secretions?) of the parturient woman. She had to be evacuated from the birthing room in serious condition and remained unconscious until her death three months later, on the 27 of Ramaḍān, 906 AH (April 16, 1501). Remaining as a rule behind the curtains of the birthing room, the author is more interested in the results in terms of the newborn child than in the process, difficulties, and complexities of its delivery. Ignoring the role of the midwife, he nevertheless shares with us a few details, particularly on the social relations between his wife and her own *dāyāt*, midwives (sing. *dāya*). He confirms the impression that

placenta reminds us how dangerous it was for a mother to have the placenta adhere to her womb for a long time after the child had been delivered.

<sup>88</sup> Ibn Ṭawq, *al-Ta'liq*, vol. II, 782.

<sup>89</sup> *Ibid.*, vol. I, 341.

<sup>90</sup> See, for instance, Ibn Ṭawq, *al-Ta'liq*, vol. I, 196 (the author's baby daughter falls ill immediately after her birth), 280; vol. II, 631 (two ailing daughters of the author pass away as infants), 864 (a daughter of the author falls ill, probably as a result of teething, which was sometimes dangerous in premodern times. See Giladi, *Children of Islam*, 29.

<sup>91</sup> See, for instance, Ibn Ṭawq, *al-Ta'liq*, vol. I, 106, 175, 262, 286, 370–1, 498; vol. II, 667, 685, 694, 699, 779, 790, 873, 889, 930, 969.

<sup>92</sup> See, for instance, *ibid.*, vol. I, 78; vol. II, 666, 884, 1017.

women tended to stay loyal to a midwife who had accompanied them for some years (see Chapter 2),<sup>93</sup> although they had to accept a replacement, according to changing circumstances. The first time a midwife is mentioned in Ibn Ṭawq's diary, she is identified as Umm al-Mihtār (the wife of the Shaykh Aḥmad al-Ḥimaṣī) who helped the author's wife give birth to his son Muḥammad Abū al-Faḍl (*waladat . . . walad<sup>an</sup> dhakar<sup>an</sup> 'alā yad Umm al-Mihtār*); it was probably she who remained the "midwife of the house" for some time.<sup>94</sup> Following this event "the midwife (*al-dāya*)" is mentioned by her title only when the author occasionally refers to his expenses, including gifts to her – another sign of a stable, long-term relationship. Thus the midwife is rewarded when Ibn Ṭawq's wife has her first ritual bath five weeks after the birth of his son, marking the end of the period of impurity (*nifās*; see Chapter 1).<sup>95</sup> In another case, this is done after nine weeks, when the longer period of impurity following the birth of a daughter is terminated (*wa-arsalnā li-al-dāya li-ajl firāgh al-nifās wa-dukhūl al-ḥammām*).<sup>96</sup> A ceremony takes place when an infant is put in its own bed for the first time (*ṭuli'a/ṭuli'at li-al-sarīr*), after period of one or two weeks. Until then, due to its frailty, the baby remains close to its mother, its wet-nurse or its dry-nurse. The ceremony also involved a gift to the midwife, a gesture to acknowledge her aid (*yad al-dāya li-ajl al-sarīr*): a silver coin, a box of sweets, and an entry to the public bath.<sup>97</sup> In the first volume of *al-Ta'liq*, covering five years (1480–1485), we find the names of four midwives who served the author's wife<sup>98</sup> – al-Ḥājja Sutayta replaced her "permanent" *dāya* (here named Umm 'Alā'), who when needed at Ibn Ṭawq's house had been on a call to another mother.<sup>99</sup> The reports of gifts and regular visits allude not only to the

<sup>93</sup> The death of an unnamed midwife who helped a mother or mothers in the family of an anonymous sheikh at the birth of all his children, is mentioned in *al-Ta'liq*, vol. III, 1199. It is another indication of the stable lasting tie between a midwife and the families she served.

<sup>94</sup> Ibn Ṭawq, *al-Ta'liq*, vol. I, 28. <sup>95</sup> *Ibid.*, vol. I, 35. <sup>96</sup> *Ibid.*, vol. I, 215.

<sup>97</sup> *Ibid.*, vol. I, 199. See also 142. Gifts for the midwife (*li-al-dāya hadiya*) are mentioned without explanation of the circumstances – e.g., in *al-Ta'liq*, vol. I, 132, 196. In vol. I, 404, the author refers to a gift given to the midwife on the eve of her pilgrimage to the Ḥijāz.

<sup>98</sup> The names of two different midwives are given in connection with the birth of Muḥammad Abū al-Faḍl: Umm al-Mihtār, as noted above, and Umm al-Shihāb al-Hallāj (*al-Ta'liq*, vol. I, 332).

<sup>99</sup> *Ibid.*, vol. I, 472.

psychological and social ties established between midwives and their patients but also to the informal, voluntary character of the service, which in small communities was usually given without pay. This raises a whole series of questions about the professional background of midwives in fifteenth-century Damascus (or, rather, its outskirts), their training, licensing, cooperation with male doctors, and so forth – questions that remain unanswered despite the window Ibn Ṭawq opens for us on family life in his time.

## The Privileged Midwife

Discussions of midwifery in Islamic legal and ethical texts, though pertaining to a defined occupation in specific circumstances, are nevertheless essential for the understanding of some wider aspects of the relationship between the sexes, of legal-economic relations within the family, and of the socio-legal status of women in society as a whole. These discussions from the early stages in the history of Islamic law, have revolved around the following issues: (a) the breaking of the rules of chastity – among members of the same sex, not to speak of members of the opposite sex – that the treatment of women in general and of women in confinement, in particular, involves; (b) the legal status of the midwife as a witness in court when questions of childbirth, abortion, sexual abuse connected with a female’s private parts, breast-feeding, and the like are brought before a judge; (c) the responsibility for hiring and paying for a midwife’s services; and (d) the legality of marriage between a man and the midwife who helped his mother give birth to him.

In what follows I will try to identify the main trends in legal, particularly Sunni, writings dealing with these issues.

### Breaking the rules of chastity

Looking at the intimate parts of another person’s body, that is, those parts between the navel and the knees (the *‘awra* – genitals), when there is no urgent need to do so, is forbidden according to Islamic rules of chastity, even when this involves two (nonrelated) persons of the

same sex (*lā yanẓuru al-rajul ilā 'uryat al-rajul wa-lā tanẓuru al-mar'a ilā 'uryat al-mar'a*).<sup>1</sup>

With regard to the opposite sex, these rules are of course much stricter, forbidding, for instance, a man to look at a (nonrelated) woman at all.<sup>2</sup> The only exceptions are “an emphatic necessity and the treatment of a serious illness” (*wa-lā yaḥillu al-naẓar ilā al-'awra illā li-ḥāja mu'akkada ka-mu'ālat maraḍ shadīd . . .*), as Abū Ḥāmid Muḥammad al-Ghazālī put it in the eleventh century.<sup>3</sup>

Al-Ghazālī's assertion reflects an underlying assumption of jurists that the help of other women, and particularly of experienced midwives, is indispensable in cases relating to the female body. This in itself and, moreover, the occasional involvement of men in such circumstances, calls for some compromise with common moral rules.

Ḥadīth reports that describe how believing women joined military expeditions led by the Prophet Muḥammad as nurses, extending support and medical treatment to male fighters,<sup>4</sup> form the background of

<sup>1</sup> Aḥmad b. Shu'ayb al-Nasā'ī (d. 915 or 916), *Kitāb 'isbrat al-nisā'*, ed. by 'Amr 'Alī 'Umar (Cairo: Maktabat al-Sunna, 1988), 295; Muhammad b. al-Ḥusayn al-Ājurri (d. 970 or 971), *Dhamm al-liwāt* (Cairo: Maktabat al-Qur'ān, 1990), 52. For further legal discussion of this question see, for instance, al-Sunnāmī, *Niṣāb al-iḥtisāb*, chapter 23 (*fī al-iḥtisāb 'alā man kashaḥa 'awratuhu aw naẓara ilā 'awrat ḡayribi*), 216–28. Cf. 'Abd al-Karīm Zaydān, *al-Mufaṣṣal fī aḥkām al-mar'a wa-al-bayt al-muslim fī al-sharī'a al-islāmīyya* (Beirut: Mu'assasat al-Risāla, 1993), vol. III, 182–226.

<sup>2</sup> See, for instance, Husayn Mar'ī, *al-Qāmūs al-fiqhiyy* (Beirut: Dār al-Mujtabā, 1992), 147: *wa-'awratuhā* [*'awrat al-mar'a*] *bi-al-nisba li-al-naẓar kull badanihā 'adā al-wajh wa-al-kaffayni . . .*

<sup>3</sup> Abū Ḥāmid Muḥammad al-Ghazālī, *al-Wasīṭ fī al-madḥḥab [al-shāfi'ī]* (al-Ghuriya: Dār al-Salām, 1997), vol. V, 37; see also 29–37. Al-Shāfi'ī is quoted by al-Ghazālī as saying that looking at a woman's vulva (*al-naẓar ilā farj al-mar'a*) weakens one's sight (*yuwahbinu al-baṣar*). See al-Ghazālī, *Iḥyā'*, vol. II, 26.

<sup>4</sup> See, e.g., *Ṣaḥīḥ al-Bukhārī, Kitāb al-ṭibb; The Translation of the Meaning of Ṣaḥīḥ al-Bukhārī* by Muḥammad Muḥsin Khān (Medina: Dār al-Fikr, 1981), vol. III, 395–6: “Narrated al-Rubayya' bint Mu'awwadh b. 'Afrā': ‘We used to go for military expeditions along with Allāh's apostle and provide the people with water, serve them and bring the dead and the wounded back to Medina.’” See also 'Abd al-Malik b. Ḥabīb al-Andalusī (d. 853), *al-Ṭibb al-nabawī*, ed. by Muḥammad 'Alī al-Bār (Damascus: Dār al-Qalam and Beirut: Dār al-Shāmiyya, 1993), 175–83; Aḥmad b. Yūsuf al-Tifāshī, *al-Shifā' fī al-ṭibb* (Beirut: Dār al-Ma'rifa, 1988), 54–5, 153.

As noted above, the foundation of the first “hospital” in which Muslim fighters were treated in Medina is attributed to a woman named Rufayda. See Ibn Hishām, *Kitāb sirāt rasūl Allāh*, vol. I, 688: “The apostle had put Sa'd in a tent belonging to a woman of Aslam called Rufayda inside his mosque. She used to nurse the wounded and see to those Muslims who needed care”; trans. Guillaume, 463.

a general principle we find formulated, for instance, in compilations of *ṭibb nabawī* (prophetic medicine, guides to medical regimen and therapy that were compiled by religious scholars for pious Muslims)<sup>5</sup>: In emergencies, when no one of the same sex is around, medical care by a member of the opposite sex, even that involving exposure of the genitals, is allowed (*wa-in mariḍat imra'a wa-lam yūjad man yaṭib-buhā* [yuṭabbibuhā] *ghayr rajul jāza lahu minhā naẓar mā tad'ū al-ḥāja ilā naẓaribi minhu ḥattā al-farjayni wa-kādhā al-rajul ma'a al-rajul*).<sup>6</sup>

It seems that, on the whole, Muslims, doctors and patients alike, actually adopted this attitude when there was no choice, in spite of their moral reservations.<sup>7</sup>

According to a testimony from as early as the ninth century, this principle was applied also to cases of deliveries in general and to complex ones in particular, when, in addition to the midwife's help, the intervention of a male physician was needed – for instance, to extract a dead fetus from its mother's womb (see [Chapter 3](#)).<sup>8</sup> As Abū Bakr Muḥammad al-Sarakhsī, a Ḥanafī jurist of the eleventh century argues:

There is no harm in looking at [another person's] genitals on account of an emergency . . . including during delivery, when a woman looks at the vulva and

Women also appear as carers in early Arabic poetry. See, Pormann and Savage-Smith, *Medieval Islamic Medicine*, 8.

<sup>5</sup> Pormann and Savage-Smith, *Medieval Islamic Medicine*, 71–5.

<sup>6</sup> Muḥammad Ibn Muflīḥ al-Maqdisī (d. 1362), *Khamsūna faṣṣḥan fi al-tadawī wa-al-'ilāj wa-al-ṭibb al-nabawī* (Riyad: Dār 'Alam al-Kutub, 2000), 102. See also Muḥammad b. Aḥmad al-Dhahabī, *al-Ṭibb al-nabawī* (Cairo: al-Muṣṭafa al-Bābī al-Ḥalabī, 1961), 112. Al-Qāḍī al-Nu'mān (d. 974), the most authoritative Fāṭimid jurist, also supports this rule by quoting a report from Ja'far b. Muḥammad (the second hidden Ismā'īlī Imām) to the effect that in case of necessity a man is allowed to extend medical help to a woman. See al-Qāḍī Abū Ḥanīfa al-Nu'mān, *Da'ā'im al-islām*, ed. by 'Ārif Tāmir (Beirut: Dār al-Aḍwā', 1995), vol. II, 110. Permission to a woman to touch a man's genitals as part of a medical treatment, although not unequivocal, is given by Ibn Qayyim al-Jawziyya. See his *Rawḍat al-muḥibbīna wa-nuzhat al-mushtaḳīna* (Cairo: Dār al-Ṣafā', 1973), 134. Asked whether a nonrelated woman is allowed to help a man masturbate in order to prevent “the destruction of his testicles,” he replies: *hādḥā fīhi naẓar. fa-in ubīḥa jarā majrā taṭbīb al-mar'a al-ajnabiyya li-al-rajul wa-massibā minhu mā tad'ū al-ḥāja ilā massihi*. My thanks go to Dr. Mūsa Ighbāriyya for drawing my attention to this reference.

<sup>7</sup> Pormann and Savage-Smith, *Medieval Islamic Medicine*, 105–8; C. Álvarez-Millán, “Practice and theory: Tenth-century case histories from the Islamic Middle East,” *Social History of Medicine* 13, no. 2 (2000), especially 295, 297. For Ottoman urban societies, see Shefer-Mossensohn, “A sick sultana,” especially 284–8.

<sup>8</sup> 'Abd al-Malik b. Ḥabīb al-Andalusī, *al-Ṭibb al-nabawī*, 175.

other [private] parts of another woman, since it is necessary to have a midwife there to receive the infant. Without her presence the newborn [’s well-being or even life] is at stake. This is why the Prophet, God bless and grant him salvation, approved a midwife’s testimony concerning childbirth and here is [another] proof that she is allowed to look [at the pudenda of a woman in confinement] (... *fa-lā ba’s bi-al naẓar ilā al-’awra li-ajl al-ḍarūra* ... *wa-min dhālika ’inda al-wilāda al-mar’a tanẓuru ilā mawḍi’ al-farj wa-ghayribi min al-mar’a li-annahu lā budda min qābila taqbalu al-walad wa-bi-dūnihā yukhāfu ’alā al-walad. wa-qad jawwaza rasūl Allāh ṣal’am shahādat al-qābila ’alā al-wilāda fa-dhālika dalīl ’alā annahu yubāḥu lahā al-naẓar*).<sup>9</sup>

Moreover, according to the clearly exceptional opinion of Muḥammad b. Jamāl al-Dīn Makkī al-’Āmilī, a Shī’ī scholar from the sixteenth century, since men are allowed to look at their wives’ genitals,<sup>10</sup> there is no reason why, by the same token, husbands could not be present at the childbirth scene as helpers in a regular delivery.<sup>11</sup>

Aḥmad Ibn Ḥanbal (d. 855), the eponym of the Ḥanbalī school of law, is said to have limited his concessions concerning medical examination and care that involves either females or males looking at or touching the private body parts of others. According to him, this is allowed only to members of the community of believers, which means that Jewish and Christian women are prohibited from serving as midwives to Muslim females.<sup>12</sup>

<sup>9</sup> Abū Bakr Muḥammad b. Aḥmad al-Sarakhsī, *Kitāb al-mabsūṭ*, ed. by Muḥammad Ḥasan Ismā’īl al-Shāfi’ī (Beirut: Dār al-Kutub al-’Ilmiyya, 2001), vol. IX, 163; note the difference between this and the Dār al-Ma’rifa edition used elsewhere in this work. A more prudent position is attributed by Shī’ī-Imāmīs to ’Alī b. al-Ḥusayn. He is said to have ordered the removal of all the women surrounding a woman in labor (except the midwife, one supposes), the moment the birth starts, to avoid their breaking the rules of chastity by looking at the woman’s intimate parts: *akbrijū man fī al-bayt min al-nisā’ lā yakūmu awwal nāzir ilā ’awra*, al-Kulīnī, *Furū’*, vol. VI, 17 (*Bāb ādāb al-wilāda*).

<sup>10</sup> ’Alī b. Aḥmad Ibn Ḥazm, *al-Muḥallā*, vol. IX, 164–5.

<sup>11</sup> Muḥammad b. Jamāl al-Dīn Makkī al-’Āmilī (known as al-Shahīd al-Awwal), *al-Lum’a al-dimashqīyya* (Beirut: Dar Iḥyā’ al-Turāth al-’Arabī, 1983), vol. V, 440–1. On the permission given to mothers to serve as midwives to their own daughters, see Aḥmad b. Yaḥyā al-Wansharīsī, *al-Mī’yār al-mu’rib wa-al-jāmi’ al-mughrib ‘an fatāwā ’ulamā’ ifriqiyya wa-al-andalus wa-al-maghrib* (Beirut: Dār al-Gharb al-Islāmī, 1981), vol. XI, 298. Cf. Goldsmith, *Childbirth Wisdom*, 27–8.

<sup>12</sup> *Al-Mawsū’a al-fiqhiyya* (Kuwait: Wizārat al-Awqāf wa-al-Shu’ūn al-Islāmiyya, 1983–2007), vol. XXXII, 241. Similarly, the *Mishnah* prohibits Jewish women helping their non-Jewish counterparts give birth. However, this prohibition was ignored in the Middle Ages. See Barkai, *Les infortunes de Dinah*, 86.

Jews and Christians apart, the more flexible attitude within the Muslim community itself regarding the modesty code in the context of childbirth – an attitude that seems to have been endorsed during the first centuries of Islam – probably became more susceptible to doubt in later periods, when urban Muslim women, particularly of the social and political elites, were expected to comply with stricter rules of separation between the sexes.<sup>13</sup> Thus, for example, Ibn Ḥajar al-ʿAsqalānī, in the fifteenth century, sounds sceptical when commenting on the testimony (quoted in *Ṣaḥīḥ al-Bukhārī*) given by Muslim nurses who had joined Muḥammad’s army. Refusing to translate the contents of these ḥadīth reports into a compelling rule, he suggests: (a) that the nurses participated in war prior to the application of the more stringent Qur’ānic laws pertaining to women’s dress, and (b) that they treated only their close relatives among the combatants.<sup>14</sup>

On another level, discussing the fate of a fetus whose mother has died during childbirth, Ḥanbalī jurists reject the procedure of cutting open the dead mother’s body in an attempt to extract the infant alive. They insist on a “natural” delivery, to be carried out by midwives, and categorically forbid them to carry out a postmortem operation, generally conducted by male doctors. Such an intervention is forbidden even in the absence of a midwife, thus also, in fact, putting the life of the infant at risk. Interestingly, Ibn Ḥazm bases his objection to this position (a) on the fundamental belief that saving life deserves every possible effort, and (b) on his rejection of the practice of extracting the fetus through its mother’s vulva while a more prudish alternative exists – namely, extracting it directly from the womb, thus avoiding any contact with the woman’s genitals.<sup>15</sup>

<sup>13</sup> See, e.g., Ahmed, *Women and Gender*, 41–123; Ahmed, “Early Islam and the position of women,” 58–73, especially 58–65; and above, [Chapter 1](#).

<sup>14</sup> Ibn Ḥajar al-ʿAsqalānī, *Fath al-bārī bi-sharḥ al-Bukhārī* (Cairo: Muṣṭafā al-Bābī al-Ḥalabī, 1959), vol. XII, 242. Cf. Afsaruddin, “Islamic biographical dictionaries,” 34–5. The Ḥanafī jurist ʿAbdallāh b. Maḥmūd b. Mawdūd al-Mawṣilī (d. 1283), permits midwives to look at their patients’ intimate parts on condition that, in the spirit of Qurʾān 24:30 they “lower their gaze” (*yaghḍuḍna min absārihinna*). See *al-Ikhtiyār li-taʿlīl al-mukhtār* (Beirut: Dār al-Arḡam b. Abī al-Arḡam, 1995), vol. II, 414.

<sup>15</sup> ʿAbd al-Malik b. Ḥabīb al-Andalusī, *al-Ṭibb al-nabawī*, 179–80 (editor’s notes); Muwafaq al-Dīn Aḥmad b. Muḥammad Ibn Qudāma (d. 1223), *al-Mughnī* (Beirut: Dār al-Kitāb al-ʿArabī, 1972), vol. II, 413–4.

### The legal status of midwives as witnesses in court

Given the Islamic rules of chastity, on the one hand, and the lack of confidence in women's credibility, as expressed in the most authoritative early scriptures of Islam, on the other, Muslim jurists were called to offer solutions to legal questions dealt with in court concerning all-female incidents where the available witnesses in most cases are themselves women. In this context, I suggest paying special attention to the legal status and role of the "professional" midwife, who was allowed to give testimony even on events she did not directly observe, testimony based on her expertise in interpreting bodily signs. In this capacity, midwives served as "expert witnesses" – those who, each according to his or her professional experience, could shed light in court on facts usually hidden from a layman's eyes, thus becoming indispensable for judges.<sup>16</sup> Other women as well, particularly experienced old ones, could be called to act as standard eye-witnesses in cases concerning females.<sup>17</sup>

Summarizing some three hundred years of legal debate, Ibn Ḥazm, in the eleventh century, presents different opinions prevalent in legal circles on this question. There are jurists, he tells us, who are ready, due to their profound distrust of women, to make concessions with regard to the rules of chastity. They would not on any account allow *infirād* (women's testimony unaccompanied by male witnesses),<sup>18</sup> even when that evidence concerned the intimate parts of a woman's body (*lā yajūzu qabūl al-nisā' munfaridāt dūna rajul fī shay' aṣl<sup>m</sup>, lā fī wilāda*

It is interesting to note that the earliest extant Arabic treatise in the field of medical ethics, *Adab al-ṭabīb* ("The conduct of the physician") by Ishāq b. 'Alī al-Ruhāwī, a Christian doctor of the ninth century, ignores altogether the question of medical treatment extended to members of the opposite sex. See M. Levey, *Medical Ethics of Medieval Islam with Special Reference to al-Ruhāwī's "Practical Ethics of the Physician"* (Philadelphia, PA: The American Philosophical Society, 1967), 7–16.

<sup>16</sup> Shaham, *The Expert Witness*, 27–8. On the role of expert witnesses in Islamic courts, and particularly physicians, see *ibid.*, 56–60, 81–2.

<sup>17</sup> *Ibid.*, 49–50, 83–98. For the legal role of the midwife according to Justinian legislation, see Meyer, "Woman to woman," 110–11. On respectable old women in medieval Europe testifying in cases of rape, pregnancy, infanticide, and the like, see Shulamith Shahar, *Growing Old in the Middle Ages: "Winter Clothes Us in Shadow and Pain"* (London and New York: Routledge, 1997), 86.

<sup>18</sup> *Infirād*, lit.: "loneliness," "seclusion," J. G. Hava, *Al-Faraid Artabic-English Dictionary* (Beirut: Catholic Press, 1964), s.v. *f.r.d.*

*wa-lā fī raqā' wa-lā fī 'uyūb al-nisā' wa-lā fī ghayr dhālika*).<sup>19</sup> Nevertheless, these jurists would permit women (at least two) to give testimony, together with a man, in a limited range of additional legal cases, such as slaves' emancipation, wills, and debts (*wa-ajāza shahādāt imra'atayni ma'a rajul fī al-'itq wa-al-waṣiyya wa-al-dayn*).<sup>20</sup> Some jurists with a similar approach reject women's testimony altogether in certain defined areas, such as marriage, divorce, and criminal offences (... *lā tajūzu shahādāt al-nisā' fī al-ṭalāq wa-lā fī al-nikāḥ wa-lā fī al-dimā' wa-lā al-ḥudūd*),<sup>21</sup> whether accompanied by men or, all the more so, alone (*wa-lā ma'a rajul wa-lā dūnahu*).<sup>22</sup> On the other hand, there are jurists who, taking into account the rules that impose separation of the sexes, allow *infirād* on issues surrounding a woman's body only and in cases where men, due to the modesty code, are unable to give evidence (*min al-shahādāt – shahāda lā yajūzu fihā illā shahādāt al-nisā'*<sup>23</sup>; *lā tajūzu shahādāt al-nisā' illā 'alā mā lā yaṭṭali'u 'alayhi ghayruhunna*).<sup>24</sup> Finally, there are those who accept *infirād* also in a few additional cases – marriage, divorce, and accidents occurring in all-female spaces such as unintentional killing of an infant by lying on top of it, in most cases during night feedings done in bed (*inna imr'a awṭa'at [waṭi'at] ṣabiyy<sup>an</sup> fa-qatalathu fa-shahida 'alayhā arba' niswa fa-ajāza 'Alī b. Abī Ṭālib shahādatabunna*).<sup>25</sup>

<sup>19</sup> Ibn Ḥazm, *al-Muḥallā*, vol. VIII, 477; see also 478–9, 481. For the difficulty of Aḥmad Ibn Ḥanbal in reaching a decisive conclusion in this regard, see *Masā'il al-imām Aḥmad b. Ḥanbal, riwāyat ibnihi Abī al-Faḍl Ṣāliḥ* (Riyad: Dār al-Waṭan, 1999), 205 (*fatwā* 692). A later Ḥanbali formulation of this position is to be found, e.g., in Shams al-Dīn Abū al-Faraj Muḥammad b. Aḥmad Ibn Qudāma (d. 1283), *al-Sharḥ al-kabīr 'alā matn al-Muqni'* (Beirut: Dār al-Kitāb al-'Arabī, 1983), vol. VI, 290. Cf. al-'Āmilī, *al-Lum'a al-Dimashqiyya*, vol. III, 144; vol. V, 440–1.

<sup>20</sup> Ibn Hazm, *al-Muḥallā*, vol. VIII, 478; see also 479–82.

<sup>21</sup> *Ibid.*, vol. VIII, 478; see also 479, 481–2.

<sup>22</sup> *Ibid.*, vol. VIII, 478. <sup>23</sup> *Ibid.*, vol. VIII, 477.

<sup>24</sup> *Ibid.*, vol. VIII, 478 and see also 480–2. For a similar formula in Shī'ī-Imāmī legal literature, see, for instance, Muḥammad b. 'Alī b. al-Ḥusayn Ibn Bābawayhi al-Qummī, *Man lā yaḥḍuruḥu al-faqīh* (Beirut: Dār al-Aḍwā', 1985), vol. III, 31 (*yajūzu fī shahādāt al-nisā' fīmā lā yastaṭi'u al-rijāl al-naẓar ilayhi*), 32; al-Kulīnī, *Furū'*, vol. VII, 390–2 (*tajūzu shahādāt [al-qābila] al-waḥīda [fī al-wilāda]; tajūzu shahādāt al-nisā' waḥdahunna bi-lā rijāl fī kull mā lā yajūzu li-al-rijāl al-naẓar ilayhi wa-tajūzu shahādāt al-qābila waḥdahā fī al-manfūs*).

<sup>25</sup> Ibn Ḥazm, *al-Muḥallā*, vol. VIII, 480. Cf. Ibn Bābawayhi, *Man lā yaḥḍuruḥu al-faqīh*, vol. III, 32.

Both the first and the last of these attitudes seem to be in a minority among Muslim jurists, whereas *infirād* was recognized as a necessity by most of them.

### *Infirād* in court

When issues involving women's reproductive organs – menstruation, competence for sexual intercourse,<sup>26</sup> virginity at the time of marriage and pregnancy, particularly when moral suspicions arise,<sup>27</sup> miscarriage and the age of the miscarried fetus,<sup>28</sup> birth,<sup>29</sup> the first cry of the

<sup>26</sup> See Judith E. Tucker, *In the House of the Law: Gender and Islamic Law in Ottoman Syria and Palestine* (Berkeley, Los Angeles, CA and London: University of California Press, 1998), 156, on Qadis who used to ask women to inspect girls and help them decide, according to male criteria, whether a girl is qualified to have sexual relations or not.

<sup>27</sup> Two examples from adjacent societies are illuminating: Muḥammad b. Jarīr al-Ṭabarī reports of a Sasanid king, Ardashīr b. Bābak and his son Sābūr I, who was born to him by a daughter of a king of a rival dynasty. The young woman pretended to be a handmaid of one of her father's wives and thus escaped a massacre in the palace. It is told that when she revealed her real identity, Ardashīr ordered one of his senior advisers to kill her. She then admitted to the old man that she was pregnant and "[h]e took her along to the midwives (*fa-atā bihā al-qawābil*), who confirmed that she was indeed pregnant (*fa-shahidna biḥablihā*)." Muḥammad b. Jarīr al-Ṭabarī, *Tarīkh al-rusul wa-al-mulūk*, Prima Series, vol. II, 823–4. English translation: *The History of al-Tabari*, vol. V, translated by C. E. Bosworth (Albany, NY: State University of New York Press, 1999), 24.

See also Goitein, *A Mediterranean Society*, vol. III, 175: A midwife is asked by a man and members of his family to examine the body of his young wife, "but, thank God, she found her to be pure."

<sup>28</sup> See, for instance, Ibn al-Jawzī, *Kitāb aḥkām al-nisā'* (Beirut: Manshūrāt al-Maktaba al-'Arabiyya, 1981), 376: *idhā alqathu [al-mar'a] muḍgha wa-shahida [sic] al-qawābil annahu khalq ādamī wajabat al-ghurra*. On the testimony of three midwives in a case of abortion, a testimony accepted by the Qadi (or Mufti) that also sheds light on the practice of coitus interruptus in sexual relations between men and their concubines, see al-Wāsharīsī, *al-Mi'yār al-Mu'rib*, vol. IX, 213: *wa-su'ila 'an ama qāmat 'alā sayyidihā wa-za'amat annahā asqāṭat minhu wa-annahu arāda bay'ahā. fa-qala: 'lam tusqit minni wa-lā a'lamu in kānat asqāṭat min ghayrī'. wa-za'ama annahu kāna yaṭa'u lakinnahu kāna yataḥaffaḥu yunzilu khārījī' 'anhā wa-lā yunzilu fihā. wa-shahidat qābīlatāni amma al-jāriya asqāṭat 'inda mawlāhā wa-shahidat thālitha bi-annahā ra'at al-saqṭ wa-lam taḥḍur isqāṭahu. fa-qabiltu shahādatahunna wa-a'dhiru ilayhi*. For a French summary of this *fatwā*, see Vincent Lagardère, *Histoire et société en occident musulman au moyen age: Analyse du Mi'yār d'al-Wāsharīsī* (Madrid: Casa de Velazquez, 1995), 424. Cf. Camila Adang, "Islam as the inborn religion of mankind: The concept of *fiṭra* in the works of Ibn Ḥazm," *Al-Qantara* 21 (2000), especially 404.

<sup>29</sup> A live birth, when a fetus becomes a child, inaugurates a new stage of being not only existentially but also legally. See Tucker, *In the House of the Law*, 116.

newborn, verification of the mother's identity,<sup>30</sup> breast-feeding, and defects of the sexual organs – are brought before a shar'ī court, the qāḍī may authorize one or more midwives to conduct the necessary physical examinations and summon her (them) to testify as expert(s).<sup>31</sup> As mentioned above, this is not necessarily a direct testimony but sometimes a circumstantial one and, again, midwives are allowed to give it independently: that is to say, in the absence of male witnesses.<sup>32</sup> Muslim jurists who accept this rule, on occasion reluctantly, are unanimous that due to the modesty code there is no choice but to rely on the testimony of women regarding what men are forbidden to witness (*fīmā lā yaṭṭali'u al-rijāl ka-al-wilāda wa-al-radā' wa-mā yukhbā 'alā al-rijāl ghālib<sup>am</sup>*)<sup>33</sup> except in cases of danger to life – for example,

Unlike Islamic law, which ignores the category of “firstborn,” Jewish law raises the question of which of twins emerges first. The answer is essential for the division of heritage. That is why a Jewish midwife's testimony in this regard was particularly important. See Kueny, “The birth of Cain,” 124.

<sup>30</sup> In societies where polygamous marriages, sexual relations with female slaves, and divorce are legal, the need to verify the identity of the mother – for instance, in the context of succession – can arise. A mother may be required to prove a child to be hers with the support of a midwife or some other respectable woman who was present in the birthing room. See R. Levy, *The Social Structure of Islam* (Cambridge University Press, 1969), 136.

<sup>31</sup> R. Peters, “Shāhid,” *EI<sup>2</sup>*, vol. IX, 207–8; Ron Shaham, “Women as expert witnesses in pre-modern Islamic courts,” in *Law, Custom, and Statute in the Muslim World: Studies in Honor of Aharon Layish*, ed. by Ron Shaham (Leiden: Brill, 2007), 41–65. Ordinary women also could supply direct eye-witness of exclusively female events at which they were present; see *ibid.*, 45–6; Shaham, *The Expert Witness*, 83–98; Zaydān, *al-Mufaṣṣal*, vol. V, 106. For more concrete examples, see, for instance, Abū 'Abdallāh Muḥammad al-Ṭarābulṣī (known as al-Ḥaṭṭāb, d. 1547), *Mawāhib al-jalīl li-sharḥ mukhtaṣar khalīl* (Ṭarāblus [Libya]: Maktabat al-Najāh, n.d.), vol. V, 60, on a Qadi instructing a midwife to conduct a physical examination of a young orphan who was given away in marriage and to testify whether or not she has attained puberty (*wa-rufi'a amrubā li-al-qāḍī fa-yanzurubā al-qawābil fa-wajadat[hā] kamā dhukira min 'adam al-bulūgh fa-ḥukima bi-faskh nikāḥihā bi-ṭalāq*) (I would like to thank Dr. Mūsā Ighbāriyya for drawing my attention to this reference); David S. Powers, “Four cases,” 386–7 (a case from Granada, or somewhere nearby, in the second half of the eighth century AH/fourteenth century CE). On midwives as expert witnesses in Egyptian courts in the Ottoman period, see Sonbol, “Doctors and midwives,” 139–40. Cf. Laurent, *Naitre au Moyen Âge*, 176–7 on midwives as witnesses in court in medieval Europe.

<sup>32</sup> Cf. Tucker, *Women, Family, and Gender*, 142, 158–9, on the infrequent appearance of women in court as witnesses in the Ottoman period.

<sup>33</sup> See, for instance, Shams al-Dīn Muḥammad b. Aḥmad al-Minhājī al-Suyūṭī (the Egyptian Shāfi'ī scholar, d. 1475), *Jawāhir al-ūqūd wa-muṣn al-quḍāt wa-al-muwaqqi'īn wa-al-shuhūd* (n.p., 1955), vol. II, 438.

during a complex delivery, when male physicians are called upon to extend help. Already in the eighth or ninth century we find this rule formulated in ‘Abd al-Razzāq’s ḥadīth collection:

The *sunna* proceeded in allowing the testimony of females without the presence of a male witness in matters they are in charge of, such as birth, the infant’s first cry and other feminine matters which they and only they are entitled to witness (. . . *maḍat al-sunna fī an tujawwiza shahādāt al-nisā’ laysa ma’ahumma rajul fimā yalīna min wilādat al-mar’a wa-istiblāl al-ḡanīn wa-fī ḡhayr dhālika min amr al-nisā’ allādhī lā yaṭṭali’u ‘alayhi wa-lā yalībi illā humma*).<sup>34</sup>

This principle, *al-infrād*, the testimony of women, or even a single woman, not authenticated by male witnesses, is an exception – justified by necessity (*ḍarūra*)<sup>35</sup> – to the basic rule derived from a Qur’ānic verse (2:282) that implies the testimony of a woman is less credible than that of a man.<sup>36</sup> Later elaborations, involving efforts to harmonize contradictory teachings concerning women’s reliability,<sup>37</sup> sanction the testimony given by adult Muslim males who are sane, free, and of good morals (*‘adl*), the number of whom being dependent on the case<sup>38</sup> or, alternatively – when financial matters and (according to the Ḥanafis) matters pertaining to the

<sup>34</sup> ‘Abd al-Razzāq, *al-Muṣannaf*, vol. VIII, 333. For a later formulation of the same rule by the Ḥanafī jurist of Central Asia Abū al-Ḥasan ‘Alī b. Abī Bakr al-Marghīnānī (d. 1197), see *al-Hidāya – sharḥ bidāyat al-mubtadi’* (Cairo: Muṣṭafā al-Bābī al-Ḥalabī, n.d.), vol. III, 117: *wa-tuḡbalu fī al-wilāda wa-al-bakāra wa-al-‘uyūb bi-al-nisā’ fī mawḍi’ lā yaṭṭali’u ‘alayhi al-rijāl shahādāt imra’a wāḡhida li-qawlihi ‘alayhi al-ṣalāt wa-al-salām: ‘shahādāt al-nisā’ jā’iza fimā lā yastaṭī’u al-rijāl al-naẓar ilayhi’*. Cf. *al-Mawsu’a al-fiqhiyya*, vol. XXVI, 228. Similar concessions were applied when testimony on breast-feeding was required. See chapters in ḥadīth collections – e.g., *Sunan al-Dārimī* and *Sunan al-Tirmidhī*, dealing with *shahādāt al-mar’a al-wāḡhida ‘alā al-raḍā’*.

<sup>35</sup> “Necessity allows the forbidden” (*wa-al-ḍarūrāt tubīḡhu al-maḡzūrāt*). See al-Sarakhsī, *al-Mabsūt*, ed. by Ismā’īl al-Shāfi’ī, vol. IX, 161 (*Kitāb al-Istiḡsān*); al-Sarakhsī, *al-Mabsūt* (1978–80 edition), vol. XVI, 142–3 (*bāb shahādāt al-nisā’*). See Shaham, *The Expert Witness*, 48–52. Cf. D. Herlihy, *The Black Death*, 42, on the permission given to women in medieval Europe to testify in court, again out of necessity, due to the very high mortality rates in the wake of the Black Death.

<sup>36</sup> Qur’an 2/282: “And call in to witness two witnesses, men; or if the two be not men, then one man and two women, such witnesses as you approve of, that if one of the two errs, the other will remind her . . .” (. . . *wa-istashḡidū shahīdayni min rijālikum fa-’in lam yakūnā rajulayni fa-rajul wa-imra’atāni* . . .) trans. Arberry. See M. Fadel, “Two women, one man: Knowledge, power and gender in medieval Sunni legal thought,” *International Journal of Middle East Studies* 29 (1997), 185–204, especially 187; Shaham, *The Expert Witness*, 31–2.

<sup>37</sup> Fadel, “Two women, one man,” 185–204.

<sup>38</sup> For instance, the testimony of no fewer than four Muslim males is required in cases of fornication and no fewer than two in other cases of *qiṣās* (retaliation) and *ḥadd*

status of persons are discussed – by one man and two women.<sup>39</sup> At the same time, most jurists do not accept the testimony of women in criminal and penal cases or in disputes on marriage and divorce.<sup>40</sup>

The controversy among jurists, sometimes taking place within the same school of law (*madhhab*), focuses mainly on the range of legal questions to which the exceptional rule of *infrād* applies and on the number of female witnesses required.<sup>41</sup> In fact, when legal discussions come to the applicative-practical level, the fundamental regulation that sanctions the exclusive testimony of women in all cases in which men are not allowed to attend is significantly reduced. Thus, for example, Abū Ḥanīfa, the eponym of the Ḥanafī school of law (d. 767), as well as Mālikī and Shāfi‘ī scholars are said to have sanctioned testimony given by a sole woman or several women concerning the first sound an infant makes at birth (*istihlāl*) before he dies shortly afterwards,<sup>42</sup> only as far as the funereal-ritual arrangements are concerned,<sup>43</sup> not in the

(a fixed punishment for such crimes as unlawful intercourse, drinking wine, theft, and highway robbery). See *al-Mawsū‘a al-fiqhiyya*, vol. XXVI, 226–7.

<sup>39</sup> These rules conform in principle to those we find in the Talmud, with one significant difference: The Talmud excludes women from fulfilling the role of a witness in court except in cases pertaining to female matters. See Mathias Radscheit, “Witnessing and testifying,” *EQ*, vol. V, 495; “Shāhid,” *ET*. The formula *shahādāt al-mar’a mithla niṣf shahādāt al-rajul* or *shahādāt imra’atayni ta’dilu shahādāt rajul* recurs in legal texts. See for instance *Ṣaḥīḥ al-Bukhārī, Kitāb al-ḥayḍ*, 6.

The difficulty of Muslim jurists with regard to women’s testimony lies in the contradiction between two trends in early religious sources: discrimination against women’s statements in court, sometimes bluntly justified by women’s alleged “lack of intelligence and faith” (*fa-innahunna naqiṣāt al-‘aql wa-al-dīn*), al-Sarakhsī, *al-Mabsūṭ* (1978–80 edition), XVI, 142 (*Bāb shahādāt al-nisā’*) echoes *Ṣaḥīḥ al-Bukhārī*, vol. I, 83 (*Kitāb al-ḥayḍ*), on the one hand, and treating their “normative speech” on issues lacking a public-“political” dimension exactly like those made by men, on the other. Thus, for instance, women’s transmission of Prophetic ḥadīth and *fatāwā* issued by women were mostly accepted without reservation. See Fadel, “Two women, one man,” 185–204.

<sup>40</sup> Fadel, “Two women, one man,” 197–9; Shaham, *The Expert Witness*, 48–52.

<sup>41</sup> See, e.g., al-Sarakhsī, *al-Mabsūṭ* (1978–80 edition), vol. XVI, 144. For the historical development of jurists’ attitudes towards women as witnesses in court, see Susan A. Spector, *Women in Classical Islamic Law* (Leiden and Boston, MA: Brill, 2010), 191–5.

<sup>42</sup> A newborn whose first cry (*istihlāl*) was heard before he died is allocated a share as an heir: *idhā istaballa al-mawlūd waritha*, as a saying attributed to the Prophet Muḥammad puts it. See Ibn Abī al-Dunyā, *Kitāb al-‘iyāl*, 264.

<sup>43</sup> For traditions on the prayer for aborted fetuses and deceased small children, see Ibn Abī al-Dunyā, *Kitāb al-‘iyāl*, 265–6. See also al-Sarakhsī, *al-Mabsūṭ* (1978–80 edition), vol. XVI, 144 (*Kitāb shahādāt al-nisā’*). Muḥammad b. Maḥmūd al-Asrūshānī,

context of bequest, for which the testimony of at least one man and two women is demanded.<sup>44</sup> The testimony of a sole woman, even a midwife, is rejected whenever a believer's [material?] rights or duties are involved – for instance, the attribution of a child to a man (probably based on the secrets women were ready to reveal to the midwife during childbirth when their lives were at stake),<sup>45</sup> particularly after the marriage ties between the disputants have been dissolved.<sup>46</sup> This position is said to have been opposed by Abū Ḥanīfa's best-known disciples, namely, Abū Yūsuf (d. 798) and Muḥammad [al-Shaybānī] (d. 804). Relying on a ḥadīth report according to which the Prophet Muḥammad sanctioned testimony given by a sole midwife – or even by a sole woman serving as a nonprofessional birth attendant – on the first sound the newborn makes (*ajāza shahādat al-qābila fī al-istihlāl; tajūzu shahādat al-mar'a waḥdahā fī al-istihlāl*)<sup>47</sup>; such testimony was permitted on condition that the midwife was a free Muslim of good morals, and it was applied also when questions of inheritance

*Jāmi' ahkām al-ṣiḡhār*, ed. by Abū al-Muṣ'ab al-Badrī and Maḥmūd 'Abd al-Raḥmān 'Abd al-Mun'im (Cairo: Dār al-Faḍīla, n.d.), vol. II, 101, declares that a prayer should not be said on a fetus that was born dead, and therefore the assertion of a first cry is significant. According to al-Ghazālī (*al-Wasīṭ*, vol. VII, 367), Abū Ḥanīfa sanctioned the testimony of a sole midwife regarding a birth, on condition that this birth was the result of legitimate sexual relations (*'inda qiyām al-firāsh*) or when the pregnancy was identified immediately after divorce [within the 'idda period?] (*wa- ḡubūr makhā'il al-ḥaml ba'da al-ṭalāq*).

<sup>44</sup> Al-Suyūfī, *Jawāhir al-'uqūd*, vol. II, 439. Ibn Qudāma (*al-Mughnī*, vol. XII, 16) attributes to Abū Ḥanīfa another exceptional opinion according to which the first cry is to be heard after, not during, the delivery, which means that a man or men obtaining access to the birth place at this point can still hear and give testimony on it.

<sup>45</sup> This is why midwives were considered prime witnesses in paternity suits in medieval Christian societies in Europe. See M. E. Wiesner, "The midwives of South Germany and the public/private dichotomy," in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. by H. Marland (London and New York: Routledge, 1993), 86–8, as cited in Baumgarten, *Mothers and Children*, 52.

<sup>46</sup> For instance, when a divorced woman claims she is pregnant and demands that her former husband provide for her during pregnancy. Cf. *al-Mawsu'a al-fiqhiyya*, vol. IV, 132, 133; vol. XXXII, 241; al-Sarakhsī, *al-Mabsūt* (1978–80 edition), vol. XVI, 144. On disagreement among Ḥanafī jurists regarding the validity of testimony by a sole woman in cases in which the attribution of a child (e.g., a foundling) to a particular woman is disputed, see al-Asrūshanī, *Jāmi' ahkām al-ṣiḡhār*, vol. II, 136 (*tḡubūt al-nasab bi-shahādat al-qābila*).

<sup>47</sup> 'Abd al-Razzāq, *al-Muṣannaf*, vol. VIII, 333.

arose.<sup>48</sup> In other words, they equated the male and female expert witnesses whose role in court was anyway regarded by some jurists not as giving a formal testimony (*shahāda*) but as “reporting” (*ikhbār*), similar to ḥadīth transmission only.<sup>49</sup> It is unreasonable, they argued, to expect men – who are generally not allowed at the childbirth scene at all and certainly avoid any proximity to the mother – to hear this occasionally feeble, cry.<sup>50</sup>

An elaborated formula in this regard is offered by Shī‘ī-Imāmi ḥadīth reports included in Ibn Bābawayhi al-Qummī’s collection: The testimony of a sole midwife on the first cry is applicable to only one quarter of an inheritance, the testimony of two women [midwives?] is applicable to one half of an inheritance, the testimony of three to three quarters of it, and of four to an entire inheritance.<sup>51</sup>

Late Ḥanafī scholars also accepted the testimony of a sole midwife when a woman wished to establish legal mother-child relations with a minor, for example, a foundling (*wa-shahādat al-qābila ‘alā ta’yīn al-walad maqbūla bi-al-ijmā’*).<sup>52</sup> The Ḥanafī position is less unequivocal in cases where the child’s attribution to its mother involves a dispute among several women. There are jurists who sanction the testimony of a sole midwife even in such a situation; others demand that in a case of dispute no less than two men, or a man and two women, testify to the effect that the claimant actually gave birth to the child (*la yuqḍā bi-al-nasab min wāḥida minhumā mā lam tuqim kull wāḥida rajulayni aw rajul<sup>an</sup> wa-imra’atayni*).<sup>53</sup>

Some of the jurists who accepted the idea of women giving evidence on their own in principle nonetheless raised reservations regarding the minimal number necessary. Deducing (in different ways) from the general shar‘ī laws of testimony, they demanded at least two (e.g.,

<sup>48</sup> Al-Asrūshani, *Jāmi’ al-ḥkām al-ṣiḡbār*, vol. II, 101; al-Sarakhsī, *al-Mabsūṭ* (the 1978–80 edition), vol. XVI, 144; *al-Mawsū’a al-fiqhiyya*, vol. XXXII, 241. Cf. Shaham, *The Expert Witness*, 93.

<sup>49</sup> Shaham, *The Expert Witness*, 38–9; 41–3, 51.

<sup>50</sup> Al-Sarakhsī, *al-Mabsūṭ* (1978–80 edition), vol. XVI, 144; *al-Mawsū’a al-fiqhiyya*, vol. XXXII, 241.

<sup>51</sup> Ibn Bābawayhi, *Man lā yaḥḍuruḥu al-faqīh*, vol. III, 32.

<sup>52</sup> Al-Asrūshani, *Jāmi’ al-ḥkām al-ṣiḡbār*, vol. II, 135. <sup>53</sup> *Ibid.*, vol. II, 136.

Mālik b. Anas and Aḥmad b. Ḥanbal),<sup>54</sup> three (e.g., ‘Uthmān al-Battī)<sup>55</sup> or four (e.g., al-Shāfi‘ī and Ibn Ḥazm).<sup>56</sup>

Be that as it may, it is remarkable that, within the legal discussions of women’s rights as witnesses in court, the midwife occasionally appears, already in the eighth–ninth century as a unique category distinct from other female witnesses, her evidence being considered as “expert testimony.” Like other professionals whom the court summons according to the case in dispute, she was expected to report simple facts, universally valid, without intentionally supporting either party in the lawsuit.<sup>57</sup>

Individual differences apart, midwives probably had enough credibility to bring early Muslim authorities to accept them as sole witnesses, even when they rejected the testimony of a sole laywoman and, moreover, to allow a female expert witness (presumably a midwife in most cases) to supply circumstantial evidence concerning events she did not directly witness.<sup>58</sup> Ḥasan al-Baṣrī (d. 728) is quoted as explicitly distinguishing between two categories: “In what concerns childbirth the testimony of a single midwife is accepted whereas that of a single laywoman is rejected unless another woman supports her testimony” (*tuqbalu fī al-wilāda shahādat al-qābila waḥdahā wa-lā*

<sup>54</sup> Saḥnūn b. Sa’īd al-Tanūkhī, *al-Mudawwana al-kubrā*, ed. by al-Sayyid ‘Alī b. al-Sayyid ‘Abd al-Raḥmān al-Hāshimī (Cairo: Dār al-Naṣr, 2001), vol. IX, 14–15 (where Mālik is said to disqualify on principle the testimony of a sole woman: *lā tajūzu shahādat imra’a wāḥida fī shay’ min al-ashyā’*). On this matter Mālik does not distinguish between regular women and midwives. See Jalal al-Dīn ‘Abdallāh b. Najm Ibn Shās, *Iqd al-jawābir al-thāmina fī madhhab ‘ālim al-madīna*, ed. by Muḥammad Abū al-Ajḥān and ‘Abd al-Ḥafīz Maṣṣūr (Beirut: Dār al-Gharb al-Islāmī, 1995), vol. III, 153–4; Ibn Ḥazm, *al-Muḥallā*, vol. VIII, 482. See also: *Al-Mawsū’a al-fiqhiyya*, vol. XXVI, 228, vol. IV, 133.

<sup>55</sup> Ibn Qudāma, *al-Mughnī*, vol. XII, 17; Ibn Ḥazm, *al-Muḥallā*, vol. VIII, 482. See also *al-Mawsū’a al-fiqhiyya*, vol. XXVI, 229, vol. IV, 133.

<sup>56</sup> Muḥammad b. Idrīs al-Shāfi‘ī, *al-Umm* (Beirut: Dār al-Ma’rifa, n.d.), vol. VII, 48; vol. VIII (*Mukhtaṣar al-Muzanī*), 304. For later Shāfi‘ī jurists, see, for instance, al-Ghazālī, *al-Wasīṭ*, vol. VII, 366–7; Muḥammad b. Abī Bakr al-Bakrī (17th century), *al-I’tinā fī al-farq wa-al-istithnā’*, ed. by ‘Ādil Aḥmad ‘Abd al-Mawjūd and ‘Alī Muḥammad Mu’awwad (Beirut: Dār al-Kutub al-‘Ilmiyya, 1991), vol. II, 1072. See also *al-Mawsū’a al-fiqhiyya* and cf. Saḥnūn b. Sa’īd al-Tanūkhī, *al-Mudawwana al-kubrā*, vol. IX, 15–16 and Ibn Ḥazm, *al-Muḥallā*, vol. XI, 236–7. Cf. Shaham, *The Expert Witness*, 50–1.

<sup>57</sup> Fadel, “Two women, one man,” 195.

<sup>58</sup> Shaham, *The Expert Witness*, 49–50.

*tuqbalu shahādat ghayr al-qābila illā ma'a ghayrihā*).<sup>59</sup> Abū Ḥanīfa, unlike Ibn Ḥanbal, while restricting, as we have seen, the validity of testimony given by midwives, is said to welcome a Christian or Jewish midwife as sole witness when necessary.<sup>60</sup> Moreover, midwives in their capacity as witnesses in court could contribute to the creation of legal precedents or basic concepts. This was the case with the notion of the “sleeping child [or, rather, fetus]” (*rāqid*) if we accept the authenticity of a ḥadīth report about the female expert who advised 'Umar b. al-Khaṭṭāb not to blame a widow who gave birth to a child only six months after her marriage to another man: “The woman had been pregnant by her first husband, but when he died, the child, deprived of vital fluids due to the mother’s extreme grief, had entered a state of hibernation. When the woman remarried, her new husband’s seminal fluid reawakened the child, who completed his development in six months.”<sup>61</sup> Jurists of all Sunni law schools, and particularly Mālikīs, accepted this idea while dealing with charges against women of fornication.<sup>62</sup>

The midwife’s role as a witness in court added another, moral, dimension to the traits she was expected to possess. And parents who selected and hired a midwife had to take into account a future situation in which the latter might be required to give testimony. In a model document prepared for the case in which a newborn infant dies after having started to cry (*wathīqat istiḥlāl mawlūd ṣārikh<sup>an</sup>, thumma māta*) the eleventh-century Mālikī jurist Aḥmad b. Muḡhīth al-Ṭulayṭulī (from Toledo) includes a declaration to be made by midwives (in the plural!) who witness the death of an infant a short while after it was born alive. Interestingly, the model document relates to midwives who are selected and summoned by women in confinement not only for their reputation as experts (*al-qawābil al-'arīfāt*)<sup>63</sup> but also for their equity and good character (*al-qawābil al-mashhūrāt bi-al-'adāla*

<sup>59</sup> *Al-Mawsū'a al-fiqhiyya*, vol. XXVI, 228. See also Ibn Qudāma, *al-Muḡhnī*, vol. XII, 16–17; Ibn Ḥazm, *al-Muḡhallā*, vol. VIII, 482, formulas such as *fa-innahu yuqbalu fīhi [fī kull mā yuqbalu fīhi al-nisā' munfaridāt] al-qābila waḥdahā*.

<sup>60</sup> Ibn Ḥazm, *al-Muḡhallā*, vol. VIII, 482.

<sup>61</sup> Ingrid Mattson, “Law: Family law, 7th-late 18th centuries,” *Encyclopedia of Women and Islamic Cultures*, vol. II, 450–1.

<sup>62</sup> Odile Verberkmoes and Remke Kruk, “Rāqid,” *EI<sup>2</sup>*, vol. VIII, 407.

<sup>63</sup> *Al-Wansharīsī*, vol. III, 33.

*wa-al-khayr*).<sup>64</sup> In practice, not all midwives met these moral demands, of course, as we can learn from al-Wansharīṣī's complaint in the fifteenth century. From a discussion in his *al-Mi'yār* of a case involving an argument between a newly married man and his wife about the virginity of the latter, we can infer that the bodily examination performed by the midwife was sometimes regarded by others in the profession as unreliable and therefore disputable.<sup>65</sup>

In any case, it is here that midwives gained a unique, privileged legal status in premodern Muslim societies. Paradoxically so, because it stood in contrast to their low social position (in normative patriarchal terms) – with the probably rare exception of a highly professional female doctor or a court midwife – a position that made it possible for them to adopt midwifery as a craft in the first place in societies where women's segregation was not only an ideal but also a common practice among aristocratic and well-to-do families. It was precisely their low social position that endowed midwives (as well as other female professionals in the service of upper-class women) with relative freedom to move about in the public space – even at night when necessary – and to mingle with men. In other words, midwives were able to defy the strict rules of propriety along gender lines while safeguarding for other women the rules of sexual segregation and the boundaries of female territory so valued by Muslim social norms.<sup>66</sup> This was the case in urban Middle Eastern societies throughout the Middle Ages. That 'Abbāsīd caliphs used to assign to midwives the task of monitoring women of the Shī'ī-Imāmī households to detect

<sup>64</sup> Aḥmad b. Muḡhīth al-Ṭulayṭulī, *al-Muqni' fī 'ilm al-shurūṭ*, ed. by Francisco Javier Aguirre Sádaba (Madrid: Consejo Superior de Investigaciones Científicas, 1994), 340–1. In his commentary on the document's text, al-Ṭulayṭulī supports testimony by women also in cases involving inheritance. See Maya Shatzmiller, *Her Day in Court: Women's Property Rights in Islamic Law and Society* (Cambridge, MA: Harvard University Press, Harvard Series in Islamic Law 4, 2007), 96, 102.

<sup>65</sup> Al-Wansharīṣī, vol. III, 32–5.

<sup>66</sup> Huda Lutfi, "Manners and customs," especially 105–6; Yossef Rapoport, *Marriage, Money and Divorce in Medieval Islamic Society* (Cambridge University Press, 2005), 32–3. See also Guity Nashat, "Women in the Middle East 8,000 B.C.E.–C.E. 1800," in *Women in the Middle East and North Africa: Restoring Women to History*, ed. by Guity Nashat and Judith E. Tucker (Bloomington and Indianapolis, IN: Indiana University Press, 1999), 66; Leila Ahmed, *Women and Gender*, 84, 115. Cf. Judith E. Tucker, "Women in the Middle East and North Africa: The nineteenth and twentieth centuries," in *Women in the Middle East*, ed. by Nashat and Tucker, 79.

pregnancies among them is a remarkable example of the midwife's role as a "middle-woman."<sup>67</sup> The pictorial descriptions of the strict rules the Fāṭimid caliph al-Ḥākim bi-Amri Allāh (r. effectively 1000–1021) issued in order to totally seclude women in their own familial spaces, even if not necessarily authentic from a historical-factual point of view, highlight the unique privilege accorded to midwives, allowing them to cross the "moral borders" that marked the private and the public. It is related that al-Ḥākim forbade all women – free and enslaved, young and old – to appear in public places. Childbirth and the death of a woman were the only circumstances in which the movement of a "professional" female became possible, and this was only with special authorization on the part of the caliph and under the direct supervision of the police commander.<sup>68</sup> About eight hundred years later, with the moral ideal of keeping women out of the public space still dominant, recruiting young female candidates from among decent families for the Midwifery School established by Muḥammad 'Alī was still a difficult task – so much so that the first batch of students consisted of ten Ethiopian and Sudanese girls who were bought from the slave market and, lacking any family protection, were attached to the school along with two eunuchs from the viceroy's palace.<sup>69</sup> In the years that followed, other slave and orphan girls joined the school as well as a girl the board of the school asked the police to seize in order to complete

<sup>67</sup> Jonathan Berkey, *The Formation of Islam: Religion and Society in the Near East 600–1800* (Cambridge University Press, 2003), 133–4 (however, this work lacks any reference to primary sources in this regard).

<sup>68</sup> *wa-amara al-Ḥākim bi-luzūm al-nisā' manāzilahunna wa-mana'a min khurūj al-ḥarā'ir minhunna wa-al-amā' min al-shābbāt wa-al-'ajā'iz ilā al-ṭarīq aw al-zubūr bi-wajh min al-wujūh. wa-ḥadhdhara 'alayhimna fī dhālika ashadd taḥdhīr. wa-idhā dā'at al-dārura ilā iḥdār ghāsila aw qābila li-man yamūtu aw yalidu minhunna wa ghayribimā mimman yusāfiru wa-yaḍṭarru ilā al-khurūj min manzilībi, ustū'dhina fī dhālika bi-ruq'a turfa'u ilayhi fa-yuwaqqi'u 'alā zahribā bi-khaṭṭīhi ilā mutawallī al-shurṭa fa-yunaffidhu man yathbiqū bibi ilā an yukhrija al-mar'a al-mustatlaqa min mawḍi'ihā fa-yūshluhā ilā ḥaythu maqṣidihā wa-lam yazalna maḥṣūrāt 'alā hādhibi al-ṣifa ilā sannat tis' wa-arba'i mi'a. Histoire de Yahyā Ibn Sa'id d'Antioche, critical edition of the Arabic text by I. Kratchkovsky and annotated French translation by F. Micheau and G. Troupeau, *Patrologia Orientalis* 47/4, no. 212 (1997), 384; translation 373, 375. I am grateful to Professor Françoise Micheau for drawing my attention to this text.*

<sup>69</sup> On the use of eunuchs to enforce separation of the sexes and to guard the enclosed world of women in Byzantine society see Ahmed, *Women and Gender*, 27.

the required number of pupils.<sup>70</sup> Although the female students of the new Midwifery School had to break some common rules of behavior in public and, thus, “[f]orced by the nature of their work . . . [they] have lost their former prejudices and have discarded the veil, which hampered their movements,”<sup>71</sup> the modesty code remained a central consideration of the Board of Doctors when deciding that “the graduates of the Midwifery School, being women, should straightaway be married.”<sup>72</sup> This was in order for them to be able to function in public.

It is important to reemphasize here that her special socio-legal status was conferred on the Muslim midwife somewhat unwillingly by the patriarchal system, due to her role as a mediator between the realm of the patriarchs and the “queendom of the mothers.” In other words, in her capacity as an “overseer” in the all-female domain of the birth place – extending physical help in childbirth, being witness to events involving women’s bodies and, at the same time, fulfilling prescribed ritual roles – in childbirth, in the first rites of passage of the child, in female circumcision, in marriage ceremonies, and the like – the midwife found herself at the intersection of the public and private spheres in a quasi-official but still liminal status: the female representative of patriarchal authorities.<sup>73</sup>

In this socio-legal context it is tempting to reexamine the role of Fāṭima bint ‘Abdallāh, ‘Uthmān b. Abī al-‘Āṣ’s mother, and al-Shifā’ bint ‘Amr in terms of testimony given not before a regular court but before the “court of history.” Some authors of early *sīra*, *dalā’il* and *ṭabaqāt* writings may have been unaware of the importance of having an eyewitness to the Prophet’s birth, although, as we have seen, ḥadīth compilers as early as ‘Abd al-Razzāq do refer to the question of *infirād*.

<sup>70</sup> Naguib Bey Mahfouz, *The History of Medical Education in Egypt*, 71–2. See also Nancy Gallagher, “Writing women medical practitioners into the history of modern Egypt,” in *Re-Envisioning Egypt, 1919–1952*, ed. by Arthur Goldschmidt et al. (Cairo and New York: The American University in Cairo Press, 2005), 352.

<sup>71</sup> Mahfouz, *The History of Medical Education*, 74, quoting a report on the School of Medicine in Cairo submitted in 1849 by Professor Lallemand, Dean of the Faculty of Medicine in Montpellier.

<sup>72</sup> Mahfouz, *The History of Medical Education*, 73–4.

<sup>73</sup> Cf. Samuel S. Thomas, “Midwifery and society in Restoration York,” *Journal of the Social History of Medicine* 16 (2003), 1–16, especially 11–12; Heather Bell, “Circumcision in the inter-war Anglo-Egyptian Sudan,” *Journal of African History* 39 (1998), 293–312.

In contrast, it is reasonable to assume that later writers, from the ninth–tenth century onward, prompted by the intensifying legal discussion of women’s testimony, began allocating a role, however modest, to those women who helped the Prophet’s mother give birth. If we take into account the mystery surrounding the birth of the Prophet Muḥammad in the previously mentioned reports, particularly the absence of Āmina’s family members or those of her deceased husband, ‘Abdallāh, and the open question of the exact timing of ‘Abdallāh’s death, on the one hand,<sup>74</sup> and the importance attributed to the Prophet’s pure lineage (*nasab*), on the other hand, we may understand why religious scholars, mindful of the legal significance of such questions, insisted on furnishing judicial evidence for the Prophet’s genealogy through the testimony of two (!) female eyewitnesses.<sup>75</sup> Their testimony was essential in the context of yet another debate, which started among Muslim scholars around the twelfth century, on whether the Prophet was born at night or during the day. The supporters of the first opinion, for instance, make use of a narration transmitted by ‘Uthmān b. Abī al-‘Āṣ from his mother (which appears already in the works of al-Ṭabarī, al-Iṣfahānī and al-Bayhaqī), in which she describes stars falling at the moment of the birth.<sup>76</sup>

Likewise, traditions, in *sīra* and similar compilations, telling the stories of Muḥammad’s wet-nurses, particularly Ḥalīma, may well have been influenced by contemporary legal discussions on the prohibitions of marriage related to wet-nursing and at the same time helped consolidate the Islamic rules in this regard.<sup>77</sup>

<sup>74</sup> Michael Cook, *Muhammad* (Oxford University Press, 1987), 61–76, especially 63–4.

<sup>75</sup> Here, the reports about a woman who, having been attracted by ‘Abdallāh, competed with Āmina for his attention and tried (unsuccessfully) to tempt him to have sex with her (e.g., al-Bayhaqī, *Dalā’il al-nubuwwa*, 105–8), should be pointed out. Such reports made proof that Āmina was actually Muḥammad’s mother even more necessary.

Cases of a husband who altogether denied that his wife had given birth to a child, or who confirmed the delivery but claimed that the child presented by the wife was not the one born to her, are discussed in Islamic legal literature and show that maternity, not just paternity, was sometimes disputed. See Shaham, *The Expert Witness*, 91.

<sup>76</sup> See, e.g., al-Haytamī, *Mawlid al-nabiyy*, 16–22. Cf. Adrien Leites, “Temps béni et temps historique. Deux conceptions religieuses du temps dans la Tradition Musulmane,” *Studia Islamica* 89 (1999), 23–41, especially 33–4.

<sup>77</sup> Giladi, *Infants, Parents and Wet Nurses*, 33–9.

Finally, breast-feeding is one of those matters – such as virginity, childbirth, and the first cry of the baby – on which, according to ‘Abdallāh b. Aḥmad Ibn Qudāma, the Ḥanbalī *faqīh* of the thirteenth century, jurists unanimously accept *infirād*, testimony given by women alone.<sup>78</sup> The truth is that while the majority of Muslim scholars might be in favor of this position – and some went so far as to allow testimony on breast-feeding to be given by a single wet-nurse,<sup>79</sup> even “a black female slave” (*ama sawdā*),<sup>80</sup> thus conferring on her the same legal privileges as those of the midwife – there were those who rejected it altogether, claiming that male relatives were not prevented from witnessing breast-feeding,<sup>81</sup> and also those who tried to limit this privilege somehow. As I have dealt with this question in detail elsewhere,<sup>82</sup> it will suffice here to underline a common denominator between the roles that midwives and wet-nurses played in family life. Their intervention in particular situations when the routine of family life – including the regular “division of labor” – was disturbed as a result of the wife’s inability to carry out her “natural” functions placed midwives and wet-nurses alike in a delicate position vis-à-vis the husband and the wife. At the same time, having served as “public agents” in the intimate domain of the family, both enjoyed a special legal status. The discussions of this status, theoretical and abstract as they may be, supply the historian with a useful tool for better understanding gender relations within and outside the family.

### The responsibility for hiring and paying for the midwife’s services

Midwives who were recognized as professionals were not expected to reject payment for their services on ethical or religious grounds, although they were praised if they did so as an act of charity.<sup>83</sup>

<sup>78</sup> Ibn Qudāma, *al-Mughnī*, vol. XII, 15–16.

<sup>79</sup> Ibn Ḥazm, *al-Muḥallā*, vol. VIII, 482: *tuqbalu fī al-raḍā’ [shabādat] imra’a wāḥida*.

<sup>80</sup> Giladi, *Infants, Parents and Wet Nurses*, 88.

<sup>81</sup> Ibn Qudāma, *al-Mughnī*, vol. XII, 16 (‘*an Abī Ḥanīfa: lā tuqbalu shabādatahunna munfaridāt ‘alā al-raḍā’ li-annahu yajūzu an yaṭṭali’a ‘alayhi mahārim al-mar’a min al-rijāl*).

<sup>82</sup> Giladi, *Infants, Parents and Wet Nurses*, 87–9.

<sup>83</sup> *Masā’il al-imām Aḥmad b. Ḥanbal*, vol. III, 494; ‘Umar Riḍā Kaḥāla, *A’lām al-nisā’*, vol. I, 14, the entry on Umm Aḥmad (designated *al-qābila*, the midwife), where she is praised for her morality, particularly for helping pregnant women voluntarily “for the

Under Muslim law the relations between doctors and patients were generally those of hire.<sup>84</sup> Since hiring midwives was common, it was probably taken for granted by jurists. However, they debated the question of who should hire and pay for the midwife: the mother- or the father-to-be?<sup>85</sup> Some of the various, occasionally contradictory, opinions are worth mentioning here. The Shāf'īs, for instance, tended to charge the husband with all the expenses involved in his sexual life and its consequences, including hiring a midwife.<sup>86</sup> Others were less unequivocal. The Ḥanafīs argued that in the event that the midwife was summoned well in advance, her wages should be paid by the one who initiated the invitation. There was indecision about who was to pay for a midwife called at the last moment or in the event of an emergency: the husband – as part of the expenses involved in his sexual life – or the wife, who generally had to pay for her own medical care.<sup>87</sup> In the nineteenth century, Ibn 'Ābidīn decreed that the midwife's fees should be paid by the husband, for he, as the newborn's father, not the mother, was regarded as responsible for the child's maintenance and well-being. He argued, moreover, that it is the child who derives the greater benefit from the midwife's service, and therefore summoning her is first and foremost an act of mercy towards the newborn.<sup>88</sup> The Mālikīs, who were also grappling with this problem, contributed an interesting argument to the discussion: The husband should pay when it became clear that the midwife's help was essential for the well-being of the infant and, moreover, that the mother could not manage without her. That is, insofar as a woman could do without a "professional" midwife, hiring one should be done at the expense of the mother. However, there were Mālikī jurists, such as Ibn Ḥabīb (d. in Cordova, 853) and Ibn Shās (d. in Damiette, 1218) who obliged the husband to

sake of God": *qābila dhāt dīn wa-ṣalāḥ wa-birr wa-iḥsān kānat taqbalu li-Allāh wa-lā ta'khudhu 'alā dhālika ujra*. On the other hand, the Prophet is said to have advised one of the believers to properly acquit himself of his obligation towards a midwife by giving her "an excellent male or female slave." G. H. A. Juynboll, *Encyclopedia of Canonical Ḥadīth* (Leiden and Boston, MA: Brill, 2007), 184.

<sup>84</sup> Ya'akov Meron, "Medical treatment viewed by Moslem law," in *International Symposium on Society, Medicine and Law*, ed. by H. Karplus (Amsterdam, London and New York: Elsevier Scientific, 1973), 43.

<sup>85</sup> *Ibid.* <sup>86</sup> *al-Mawsū'a al-fiqhiyya*, vol. XXXII, 240.

<sup>87</sup> *Ibid.*; Meron, "Medical treatment," 43.

<sup>88</sup> Meron, "Medical treatment," 44.

pay the midwife's fees in all cases.<sup>89</sup> In any case, men – husbands, potential fathers – while excluded from the childbirth scene were nevertheless indirectly involved by selecting a midwife and paying for her services.<sup>90</sup>

### Prohibitions of marriage

Shī'ī-Imamī scholars raised the question of the legality of a marriage between a man and the midwife who helped his mother give birth to him or between him and the midwife's daughter – a question Sunni religious authorities seemed to ignore. The idea behind the prohibition of such a union – namely, the concept of a pseudomaternal relationship between a child and his mother's midwife (similar to the relationship created, according to Islamic law, between a nursling and its wet-nurse) (*hiya ba'd ummahātihi*) is intriguing; but, unfortunately, it is not elaborated upon at any length in Shī'ī *fiqh* collections, as far as I can judge. It is clear, however, that Shī'ī scholars were divided here: There were those who disapproved of such a marriage – that is, regarded it as *makrūh*, reprehensible, yet not formally forbidden – and there were those who, regarding it as a taboo similar, for instance, to the ban on intimate relations between a male doctor and his female patients in certain societies, categorically prohibited it.<sup>91</sup> Finally, some Shī'ī scholars allowed a midwife to marry a male she helped deliver years earlier, but only in specific circumstances. Among the latter a distinction was suggested between (a) a midwife who acted only as a helper at the birth (*qabīlat wa-marrat*), who is allowed to take the child as her husband when he comes of age; and (b) a midwife who by serving also as a nanny (*qabīlat wa-rabbat*) had established a sort of intimacy with the child as a substitute for the mother and was therefore legally barred from marrying him. There are others who, interestingly enough, prohibited marriage only in cases in which the child was born with its face turned to the midwife (*idhā istaqbala al-ṣabiyy al-qābila*

<sup>89</sup> Al-Bāq, *Kitāb zahrat al-rawḍ*, Arabic text, 69–70. See also *al-Mawsū'a al-fiqhiyya*, vol. XXXII, 240.

<sup>90</sup> Cf. Baumgarten, *Mothers and Children*, 53–4. See Introduction above for the instruction Ibn al-Hājī al-'Abdarī gives fathers concerning the necessary vetting of midwives.

<sup>91</sup> Margaret Mead, "Incest," *International Encyclopedia of the Social Sciences*, ed. by D. L. Sills (London: Macmillan, 1972, VII), 115–21, especially 116.

*bi-wajhibi ḥurrimat 'alayhi wa-ḥurrima 'alayhi waladuhā*)<sup>92</sup> – probably, again, a sign of affinity creating a pseudo-familial relationship. Despite the lack of any textual evidence, it is reasonable to assume that this prohibition was rooted in old popular beliefs and survived in various parts of the Islamic world. In Morocco, for instance, the blood from the birth, whose magical effect could be directed, according to popular belief, against the mother (and was therefore usually hidden), was said to create a special bond between a woman and her midwife.<sup>93</sup> Moreover, the midwife, who was designated *jaddat al-dharārī* (“the offspring’s grandmother”), took an active part in childhood ceremonies within the families she served.<sup>94</sup> Among Muslim Serbs, the very act by a midwife of tying the umbilical cord of a newborn child established kinship “by blood” similar to that created by the transmission of milk through suckling.<sup>95</sup>

<sup>92</sup> Al-Kulīnī, *Furū'*, vol. V, 447–8 (*Bāb nikāḥ al-qābila*); Muhammad b. al-Ḥasan al-ʿĀmilī, *Wasā'il al-shī'a ilā taḥṣīl masā'il al-sharī'a* (Beirut: Mu'assasat Āl al-Bayt li-lḥyā' al-Turāth, 1993), vol. XX, 500–2. See also Van Gelder, *Close Relationships*, 81–102, especially 101–2.

<sup>93</sup> Carla Makhoul-Obermeyer, “Pluralism and pragmatism: Knowledge and practice of birth in Morocco,” *Medical Anthropology Quarterly*, 14, no. 2 (2000), 186–7.

<sup>94</sup> *Ibid.*

<sup>95</sup> Peter Parkes, “Milk kinship in Southeast Europe. Alternative social structures and foster relations in the Caucasus and the Balkans,” *Social Anthropology* 12 (2004), 349. See also Benkheira, “Donner le sein c'est comme donner le jour,” 5–52; Giladi, *Infants, Parents and Wet Nurses*, 21–2, 24–31, 68–89; A. Giladi, “Wet-nursing,” *EQ*, vol. V, 175–6. Cf. Baumgarten, *Mothers and Children*, 58, on the prohibition of marriage between a co-parent and a baptized child in medieval Europe.

## Ritual, Magic, and the Midwife's Roles In and Outside the Birthing Place

From the previous chapters it becomes clear that the midwife in Muslim societies was involved not only in helping parturient women give birth through physical treatment and psychological support but also in a variety of other activities, in and outside the birthing place. Samuel Thomas's observation, that "[m]idwifery [in early modern England] blended the medical and the social with a significant emphasis on the latter,"<sup>1</sup> is applicable to many premodern societies, I think, including Muslim ones. These social activities made the midwife's role essential – in the feminine domain, certainly, but also in her community as a whole.

The work of a *dāya* ... was not merely a 'professional' activity but was deeply embedded in a social and communal context. ... The skills and practices of *dāyas* ... included anything related to pregnancy and childbirth, infant care and infant health,<sup>2</sup> ear piercing,<sup>3</sup> assistance on wedding nights [see below], the

<sup>1</sup> Thomas, "Early modern midwifery," 118.

<sup>2</sup> See above, [Introduction](#) and [Chapter 3](#).

<sup>3</sup> Tracing the roots of female circumcision back to the Patriarch's family by using the biblical story of Sarah and Hagar, Ibn Qayyim al-Jawziyya (*Tubfat al-mawdūd*, 112) relates that after having given Hagar to Abraham and realizing that she had conceived, Sarah became jealous of her and swore to cut her rival in three places. Abraham, fearing that Sarah would mutilate Hagar's nose and ears, ordered instead that Hagar's ears be pierced and that she be circumcised. Interestingly, piercing a girl's ears together with circumcision, is a practice still to be found well into the twentieth century in Tarīm in central Ḥaḍarmawt, as was observed by Robert B. Serjeant. See his "Sex, birth, circumcision: Some notes from South-West Arabia," in *Customary and Shari'a Law in*

organization of *subū'* celebrations seven days after birth, an occasion on which the *dāya* is 'the mistress of ceremony'<sup>4</sup> [see below], female circumcision [see below] and occasionally abortions [see below].<sup>5</sup>

This observation on the hygienic, medical, and social scope of the traditional midwife's occupation, based on fieldwork that took place in the community of El-Ṭayibin in Gīza (the western part of metropolitan Cairo) towards the end of the twentieth century, accords to a great extent with what we can deduce from occasional references to midwives in classical and medieval Arabic sources as well as in testimonies from the seventeenth through the twentieth centuries.<sup>6</sup> It reflects a long tradition of midwifery that remained more or less untouched until the nineteenth century and survived – at least partially – in the form of what Marcia Inhorn designates "ethno-obstetrics" and "ethno-gynaecology" even after Middle Eastern states had applied western-style reforms in these fields.<sup>7</sup> It is estimated that in late twentieth-century Egypt, for instance, about ten thousand active traditional *dāyāt* conducted between eighty and ninety percent of all deliveries among the rural and urban poor.<sup>8</sup>

In what follows I concentrate on certain functions the midwife carried out in premodern Muslim societies during and after the delivery which, in addition to her role as an expert witness in court

*Arabian Society* (Hampshire: Variorum, 1991), vol. XIV, 206. Cf. Avner Giladi, "Normative Islam versus local tradition: Some observations on female circumcision with special reference to Egypt," *Arabica* 44 (1997), especially 265.

<sup>4</sup> El-Hamamsy, "The *daya*," 22.

<sup>5</sup> Petra Kuppinger, "Death of a midwife," 255–82, especially 257.

<sup>6</sup> For the social and ritual aspects of the midwife's role in Iran (17th–20th centuries), see Firoozeh Kashani-Sabet, *Conceiving Citizens: Women and the Politics of Motherhood in Iran* (Oxford and New York: Oxford University Press, 2011), 35–48. For the eighteenth–nineteenth-century Ottoman Empire see Tuba Demirci and Selçuc Akşin Somel, "Women's bodies, demography, and public health: Abortion policy and perspectives in the Ottoman Empire of the nineteenth century," *Journal of the History of Sexuality* 17, no. 3 (2008), 377–420, especially 394, 399–400.

<sup>7</sup> Marcia C. Inhorn, *Quest for Conception: Gender, Infertility, and Egyptian Medical Traditions* (Philadelphia, PA: University of Pennsylvania Press, 1994), 81, 86 (on the roles of a traditional urban midwife in Egypt at the end of the twentieth century); El-Hamamsy, "The *dāya*," 1–3. Also illuminating are the descriptions of different attitudes towards (and practices of) childbirth – traditional and "modern" – coexisting today in Morocco and Algeria. See Makhlof-Obermeyer, "Pluralism and pragmatism," 180–201; Yamina Fekkar, "Childbirth, women's *jihad*," in *Women of the Mediterranean*, ed. by Monique Gadant (London: Zed Books, 1986), 178–81. Cf. Goldsmith, *Childbirth Wisdom*, 132–3; Baumgarten, "Thus sayeth the wise midwives," 54.

<sup>8</sup> Inhorn, *Quest for Conception*, 101.

(see Chapter 5), conferred on her a special social status within the exclusive feminine domain: A key figure, equipped with knowledge, dexterity, and experience, she also served as an agent on behalf of the patriarchal authority.

### The use of magical techniques

Umm Āsiya, the woman who, in the anecdote narrated by Ibn al-Dāya (see Chapter 2), suddenly finds herself acting as a midwife is thought by her patient's relatives to have successfully used magical methods. They do not criticize her for that; on the contrary, they regard it as an essential part of her role. In the light of additional evidence in pre-modern and contemporary sources, this is no doubt a factual detail in an otherwise fictitious story.

The famous picture by Yahyā b. Muḥammad al-Wāsiṭī, who copied and illustrated the *Assemblies (maqāmāt)* of al-Ḥarīrī (1054–1122) in Baghdad in 1237, vividly shows the central figure in the story of the thirty-ninth adventure – “The hour of birth” – a woman in travail who is assisted by a midwife and a supportive attendant (see the book's cover). When “the throes of childbirth were severe and fear was conceived for root [the mother] and branch [the infant] (*‘asura makhād al-waḍ‘ ḥattā khīfa ‘alā al-aṣl wa-al-far’*),” Abū Zayd, a rogue fulfilling the role of the *Maqāmāt*'s protagonist, sat outside the birthing place preparing an amulet to bring about a rapid and safe delivery: “Then he blotted out the writing unawares, bespattering it abundantly and tied the meerscham in a shred of silk, after having besprinkled it profusely with ambergris and bade [the midwife] fasten it to the thigh of the labouring woman . . .” (*thumma innahu ṭamasa al-maktūb ‘alā ghafla. wa-tafala ‘alayhi mi’a tafla wa-shadda al-zabad fī khīrqaṭ ḥarīr ba’da mā ḍammakhahā bi-‘abīr. wa-amara bi-ta’līqihā ‘alā fakhd al-mākhḍ . . .*).<sup>9</sup> Just as the positions of the mother and the midwife in the illustration seem to reflect the common practice in twelfth–thirteenth-century Iraq, so does the magic element in both the text

<sup>9</sup> *Maqāmāt al-Ḥarīrī* (Beirut: Dār Bayrūt and Dār Ṣādir, 1958), 319–21. English translation by F. Steingass, *The Assemblies of Al-Hariri* (London: Royal Asiatic Society, 1898), vol. II, 98–100. On the illustration, see Richard Ettinghausen, *Arab Painting* (Geneva: Skira, 1972), 120–3; Oleg Grabar, *The Illustrations of the Maqamat* (Chicago, IL and London: University of Chicago Press, 1984), 1–11, 87–9.

and the illustration. And indeed, a guide for *muḥtasibs* from the fourteenth century instructs the inspector of the markets on how to scrutinize “those who write amulets and those who ask someone to write one for them” (*fī al-iḥtisāb ‘alā man yaktubu al-ta’wīdh wa-yastaktibuhu*), which means that we have here a recognized profession.<sup>10</sup>

Amulets (*ruqʿan*, sing. *ruqya*) – recitations from the Qurʾān in the form of a spell (*duʿāʾ* pl. *adʿiya*) or in written form (*ṭillasm*, pl. *ṭillasmāt* or *ṭilasm*, pl. *ṭalāsim*)<sup>11</sup> – and other magical devices were regarded as necessary to protect parturient women and their babies in the crucial hours of childbirth and in the days and weeks that followed. Talismans could be carried on the mother’s body or placed under it, hung upon the bed of the mother or placed somewhere else in the house. They could also be used as a medication: the writing was washed with water or some other liquid (*maḥw*, erasure) and given to the woman in labor to drink.<sup>12</sup> Midwives throughout history have frequently applied these methods, justified by the Qurʾān itself, by the ḥadīth literature<sup>13</sup> and by religious scholars, particularly compilers of *Ṭibb nabawī* collections,<sup>14</sup> thus adding a spiritual dimension to their own role.

<sup>10</sup> ‘Umar b. Muḥammad al-Sunnāmī, *Niṣāb al-ḥisba* (Mecca: Maktabat al-Ṭālib al-Jāmiʿī, 1986), 250–2.

<sup>11</sup> Kathleen Malone O’Connor, “Amulets,” *EQ*, vol. I, 77–9.

<sup>12</sup> Tawfiq Canaan, “The decipherment of Arabic talismans,” in *Magic and Divination in Early Islam*, ed. by Emilie Savage-Smith (Aldershot: Ashgate Variorum, 2004), 126–7. Ibn al-Ḥājj al-ʿAbdarī, who due to his misogynist approach rejects many of the midwives’ ritual-magic activities (see [Introduction](#)), nevertheless accepts the formula of a magic potion to ease a difficult delivery (*ṣifāt dawāʾ yufʿalu li-ʿusr al-nifās*), *al-Madkhal*, vol. IV, 138.

<sup>13</sup> According to verse 82 in sūrat al-Isrāʾ (17), “We [God] send down, of the Koran, that which is a healing and a mercy to the believers” (*wa-nunazzil min al-Qurʾān mā huwa shifāʾ wa-rahma li-al-muʾminīna*); trans. Arberry. This may be seen as permission to adapt amulets, widely employed in pre-Muslim pagan societies, to the Islamic way of life by using a Qurʾānic text.

For the sanction of amulets in ḥadīth texts see, for instance, *Ṣaḥīḥ al-Bukhārī*, vol. VII, 171 (within *Kitāb al-ṭibb*). There are, however, ḥadīth reports that carry a more reserved or even negative message regarding the use of amulets. See Wensinck, *A Handbook*, 22 (s.v. “Amulets”).

<sup>14</sup> See, for instance, Ibn Qayyim al-Jawziyya, *al-Ṭibb al-nabawī* (Beirut: Dār Iḥyāʾ al-Turāth al-ʿArabī, 1982), 132–53 (on the religious legitimacy of the use of invocations and amulets – *al-taʿawwudhāt wa-al-ruqāʾ*), and Ibn Qayyim al-Jawziyya, *Tafsīr al-muʾawwidhatayni* (Bombay: Maṭbaʿat Qāf, 1955) (on the protective-magic value of Qurʾānic verses); Ibn Qayyim al-Jawziyya, *Zād al-maʿād fī ḥadyi khayr al-ibād*, ed. by Shuʿayb al-Arnāʿūt and ʿAbd al-Qādir al-Arnāʿūt (Beirut and Kuwait:

In the late Ottoman Empire, two to three months prior to the delivery, midwives used to bring a set of charms against the evil eye, together with swaddling clothes, to the house of the mother-to-be. This equipment was wrapped in a piece of cloth while the midwife sprinkled fennel seed over it and said the *basmallāh*.<sup>15</sup> The treatment of a newborn child also included quite a few magical elements, as depicted by Fanny Davis regarding the late Ottoman period:

On its head was put a skull cap with a pearl tassel, and to it was attached a gold coin or two and a collection of charms which consisted of a bunch of garlic, a piece of alum, one or two verses from the Koran written on blue cloth, and some blue glass beads – all being part of the *nazar takimi* [the outfit of charms against the evil eye]. The midwife then wrapped the baby in the rest of the *nazar takimi*, which comprised a printed blue kerchief[,] ... an embroidered veil of green gauze, and a red ribbon.<sup>16</sup>

And the mother, on her couch, was similarly protected from the evil eye:

At its [the couch's] head was hung a Koran in an embroidered bag, and at or near its foot hung an onion impaled on a skewer, wrapped in red muslin and ornamented with garlic and blue beads... . When the guests left, the midwife straight away fumigated the room against an evil eye they might have brought in by throwing into the *mangal* (brazier) a clove for each guest.<sup>17</sup>

A seventeenth-century work, *Kulthum Nanah*, written in Iran by Jamāl al-Dīn Khvansarī, reflects the prevalence of incantations, prayers, unconventional healing rituals, and magical techniques among local midwives.<sup>18</sup>

In contemporary Middle Eastern societies traditional midwives, with the magical solutions they offer to women, are still looked upon

Mu'assasat al-Risāla wa-Maktabat al-Manār al-Islāmiyya, 1987), vol. IV, 170–1, 358 (the use of amulets is sanctioned on the basis of permissions given by old religious authorities – *salaf*). See also Abū Bakr al-Azraq al-Yamanī (15th century), *Tashīl al-manāfi' fī al-ṭibb wa-al-ḥikma*, ed. by 'Abd al-Karīm al-Namarī (Beirut: Dār al-Kutub al-'Ilmiyya, 2000), 228–9 (amulets for a difficult delivery – *fīmā yuktabu li-'usr al-wilāda*); Jalāl al-Dīn al-Suyūfī, *al-Minhaj al-nabawī wa-al-manhal al-rauiyy fī al-ṭibb al-nabawī*, ed. by Barakāt Ṣalāḥ (Algier, n.d.), 113–14 (on the therapeutic value of prayer).

<sup>15</sup> Fanny Davis, *The Ottoman Lady: A Social History from 1718 to 1918* (New York: Greenwood Press, 1986), 33.

<sup>16</sup> *Ibid.*, 34. <sup>17</sup> *Ibid.*, 34–5.

<sup>18</sup> Kashani-Sabet, *Conceiving Citizens*, 40. See also 41, 46.

as “the repository of . . . occult wisdom,” a “trusted oracle.”<sup>19</sup> But while today the use of magical methods is a distinguishing feature of the popular midwife vis-à-vis the professional, certified one, magic in past Muslim societies was an integral part of all medical practice, whether learned or traditional.<sup>20</sup> There was no contradiction between science and medicine on the one hand and magic and astrology on the other.<sup>21</sup>

Thus Ibn Khaldūn includes a chapter on “The Sciences of Sorcery and Talismans” (*'ulūm al-sihr wa-al-ṭīlasmāt*) in the section he devotes in his *al-Muqaddima* to “The Various Kinds of Sciences” (*fi al-'ulūm wa-aṣnāfihā*). There he uses a neutral definition for both: “These are sciences showing how human souls may become prepared to exercise an influence upon the world of the elements. . . .” Moreover, he accepts the concept of the “evil eye” (*al-iṣāba bi-al-'ayn*) as “[A]nother psychic influence . . . an influence exercised by the soul of the person who has the evil eye.”<sup>22</sup>

Little wonder, then, that an earlier scholar, al-Ghazālī, who was deeply influenced by some branches of Greek philosophy and particularly fascinated by logic, had a strong regard for the occult power of numbers. Considering magic and talismans as sciences, he recommends in his *Munqidh min al-ḍalāl* (“The deliverer from error”) a “magic square” (Ar. *wafq, budūh*) as an amulet for women in labor. Gazing at the scraps of cloth on which numbers and letters are arranged in an ingenious grid (*yuktabu 'alā khirqatayni lam yuṣibhumā mā' wa-tanzuru ilayhimā al-ḥāmīl bi-'aynihā*) and putting these scraps under the mother's feet (*wa-taḍa'ahā taḥta qadamayhā*) hastens childbirth (*fa-yusri'u al-walad fi al-ḥāl ilā al-khurūj*). This, he suggests, is an example of phenomena that can be conceived through the “light of prophecy,” not by means of reasoning or accumulated experience.<sup>23</sup>

<sup>19</sup> El-Hamamsy, “The daya,” 21. On the application, in contemporary Yemen, of *ṣabr* (black ink) to both the mother in bed and her baby as a protection against the evil eye and the *jimns*, see Hanne Schöniig, “Le corps et les rites de passage chez les femmes du Yémen,” in *Le corps et le sacré*, ed. by Mayeur-Jaouen and Heyberger, 174–5.

<sup>20</sup> Pormann and Savage-Smith, *Medieval Islamic Medicine*, 144.

<sup>21</sup> Ron Barkai, “Médecine, astrologie et magie,” in *À l'ombre d'Avicenne: La médecine au temps des califes*. Exposition présentée du 18 novembre 1996 au 2 mars, 1997 (Paris: Institut du Monde Arabe and Somoek-Ducaju & Zoon, 1996), 189–93.

<sup>22</sup> Ibn Khaldūn, *al-Muqaddima*, vol. III, 124–37; trans. Rosenthal, vol. III, 156–71.

<sup>23</sup> Abū Ḥāmid Muḥammad al-Ghazālī, *al-Munqidh min al-ḍalāl wa-al-mūṣīl ilā dbī al-'izza wa-al-jalāl*, ed. by Jamīl Ṣalībā and Kāmil 'Iyād (Beirut: Dār al-Andalus, 1967),

A short time after al-Ghazālī's death, that is, towards the end of the twelfth century, a genre of magical manuals offering incantations, prayers, and amulets for all sorts of health problems, particularly for aiding childbirth, began to flourish.<sup>24</sup> Magical techniques also were applied to ensure conception in general and, in particular, of male offspring.<sup>25</sup> Evidence from the Mamluk period shows that magical devices, including spells, talismans, reading of chapters from the Qur'ān, and numerology, so commonly used in human care, were applied in veterinary medicine as well.<sup>26</sup>

That the long Middle Eastern tradition of using magic in the context of family life, particularly on the occasions of childbirth, has survived to our own day is clearly exemplified by a book compiled by Muḥammad b. Maḥmūd al-Iskandarī on "questions pertaining to marriage, pregnancy and childbirth" from an Islamic viewpoint (*Masā'il fī al-zawāj wa-al-ḥaml wa-al-wilāda*) published in Beirut in 2002.<sup>27</sup> Here magical devices are taken very seriously and presented in great detail: Formulas, mostly based on Qur'ānic verses, are offered for invocations to be recited, amulets to be inscribed and hung on or under various parts of the body of the pregnant and the parturient woman, fragments of holy texts to be placed inside vessels in order to let the mother swallow the water poured into them, and so forth; all are "the most dramatic evidence of . . . 'Qur'ānic carnality'" – the physical – "carnal"

124, 126. Cf. Pormann and Savage-Smith, *Medieval Islamic Medicine*, 147; Eric Ormsby, *Ghazali: The Revival of Islam* (Oxford: Oneworld, 2008), 114.

On the rare appearance of a remedy with a magical component to ease childbirth in *Minhāj al-dukkān* ("The management of the [pharmacist's] shop") by the Cairene Jewish druggist, Abū al-Munā Dāwūd b. Abī Naṣr al-Kūhīn al-'Aṭṭār in 1260, see Leigh Chipman, *The World of Pharmacy and Pharmacists in Mamlūk Cairo* (Leiden and Boston, MA: Brill, 2010), 80.

Al-Baladī includes in his *Kitāb tadbīr al-ḥabālā wa-al-aṭfāl wa-al-ṣibyān*, 170, instructions on how to ease birth by means of magic devices: e.g., placing an onyx (*jiz'*) in the hair of the woman in labour or placing it near her. Cf. Ullmann, *Islamic Medicine*, 109.

<sup>24</sup> Pormann and Savage-Smith, *Medieval Islamic Medicine*, 147–51.

<sup>25</sup> Āmāl Qarāmī, *al-Ikhtilāf fī al-thaqāfa al-'arabiyya al-islāmiyya* (Beirut: Dār al-Madār al-Islāmī, 2007), 44, 52.

<sup>26</sup> Housni Alkhateeb-Shehada, "Donkeys and mules in Arabic veterinary sources from the Mamluk period (7th–10th/13th–16th century)," *Al-Masaq* 20, no. 2 (2008), especially 209, 212.

<sup>27</sup> Muḥammad b. Maḥmūd al-Iskandarī, *Masā'il fī al-zawāj wa-al-ḥaml wa-al-wilāda* (Beirut: Dār Ibn Ḥazm, 2002).

experience the Muslim Holy Book provides as a way to alleviate pain and seek benefaction.<sup>28</sup> Although there is no mention of a midwife in al-Iskandarī's book, it is clear that as a central figure in the birthing scene, the treatment she applies involves the application of these magical devices.<sup>29</sup>

### Ritual celebrations

The ritual aspect of the midwife's activity is best reflected in her role in a series of rites of passage from birth to adulthood.

Ibn al-Hājj's attack on fourteenth-century Cairene midwives (see [Introduction](#)) is not limited to the popular, un-shar'i practices they apply in the birthing place but also includes as its target the ritual celebrations under their domination that follow the delivery.

The ceremonies on the seventh day after birth (*subu'*) are particularly important: They signify the safe passage of the newly born into the world and its survival during the crucial first week of life, as well as the end of the most dangerous period for the mother. Through the sacrifice of a sheep or a goat (*'aqīqa*), the infant is thought to be redeemed; the father expresses his gratitude for the birth of the child and confirms in public his fatherhood and therefore his responsibility towards the infant. This ceremony accompanies the first haircut,

<sup>28</sup> Jane Dammen McAuliffe, "The persistent power of the Qur'ān," *Proceedings of the American Philosophical Society* 147, no. 4 (2003), 339–46, especially 341–2.

<sup>29</sup> Al-Iskandarī, *Masā'il*, 127–47 (*bāb fī dhikr ba'd mā warada li-taysīr 'usr al-wilāda*) and references to early sources (130, n. 1; 132–3, n. 1; 134, n. 1; 134–5, n. 2; 145, line 6 from bottom); 148–55 (*al-ruqya al-sbar'iyya*). For the religious basis of the use of invocations and amulets, see especially 142–4, 146.

On the use of ritual and magical devices in the context of childbirth in some other, neighbouring cultures see, for instance, Stahl, *Family and Child-Rearing in Oriental Jewry*, 309, 320 and especially 321, n. 6. For the use of magical devices in childbirth by Byzantine women, see Meyer, "Women to women," 107 (Byzantine women were avid customers for various charms and relics considered efficacious for women in childbirth, both for reducing pain and hastening labor); Mark Zier, "The healing power of the Hebrew tongue: An example from late thirteenth-century England," in *Health, Disease and Healing in Medieval Culture*, ed. by Sheila Campbell et al. (New York: St Martin's Press, 1992), 103–18, especially 103; Mireille Laget, "La Naissance aux siècles classiques: Pratiques des accouchements et attitudes collectives en France aux XVIIe et XVIIIe siècles," *Annales* 32 (1977), 967, as quoted in Shorter, *A History of Women's Bodies*, 70–1.

a typical rite of separation by which the newborn is separated from its previous environment, and by naming (*tasmiya*), by which the child is both individualized and incorporated into society.<sup>30</sup>

Parallel to the set of shar'ī ceremonies administered by men,<sup>31</sup> Ibn al-Ḥājj tells us that women celebrated the seventh day their own way, in an atmosphere of feasting, and participated in typical feminine rituals of a clearly un-shar'ī character led by the midwife. On the eve of the *subu'* they placed close to the baby's head some items representing the material and spiritual well-being they wish for it, such as, on the one hand, a copy of the Qur'ān (*khitma*), a writing tablet (*lawḥ*), an inkstand (*dawāt*) and a reed (*qalam*) – all symbolizing, in their eyes, the stationery used by the angels when they write down the fate of the believer from birth to death – and, on the other, a loaf of bread (*raghīf min al-ḥubz*) and a piece of sugar (*qit'at min al-sukkar*). In the morning they distribute these blessed items, said to heal headaches, to the (most probably female) participants. On the same day they wrap the child's head in a headband covered with Qur'ānic verses, preferably from *sūrat Yā' Sīn* (36), with a summary of the tenets of faith they contain. For forty days they put the knife that served to cut the umbilical cord by the baby's head whenever its mother is there and ask her to take this knife with her every time she leaves the baby. When the latter is left alone, they recommend a cup of water and a piece of iron be put near its cradle. The feminine *subu'* festivities reach their climax in an indoor procession attended by female relatives and friends, with the midwife carrying the infant and marching in front of the mother (*wa-al-qābila amāmahā ḥāmila li-al-mawlūd*), who is elegantly dressed, while another woman at the head of the procession sprinkles colored salt mixed with cumin and saffron over the participants' heads. Candles are lit and incense is burned to ward off the evil spirits and protect mother and child against disease and other troubles and mishaps (*wa-yaz'umūna annahu yanfa'u min al-amrād wa-al-kasal wa-al-'ayn wa-al-jānn wa-al-sharr kullihī*).<sup>32</sup>

<sup>30</sup> Lutfi, "Manners and customs," 112; Giladi, *Children of Islam*, 35–6.

<sup>31</sup> Ibn Qayyim al-Jawziyya, *Tuḥfāt al-mawdūd*, chapter 6: *fī al-'aqīqa wa-ahkāmihā*, chapter 7: *fī ḥalq ra'sihī* . . . , chapter 8: *fī dhikr tasmiyatihī* . . .

<sup>32</sup> Ibn al-Ḥājj, *al-Madkhal*, vol. III, 304–6. Cf. Lutfi, "Manners and customs," 112.

On the ritual-magical role of the midwife in Shī'ī legal writings, see, for instance, al-Kulīnī, *Furū'*, vol. VI, 23 (the midwife has to recite the Islamic prayer in the

### Female circumcision

Female circumcision (*khitān*, *khafd*) is a pre-Islamic rite adopted in a moderate, restricted version by Islamic law and practiced even today among Muslims in a limited number of regions, particularly Egypt and East Africa. It has occasionally been performed by midwives. Here again the midwife functions, on the one hand, as an expert and authority in women's affairs in an all-female social environment (the ceremony takes place without the presence of men) and, on the other, as an agent of the patriarchal system: this rite is regarded as a means to keep female sexual desire in check, a justification typical of societies where the patrilineal structure is dominant.<sup>33</sup>

A midwife who also served as a female circumciser in pre- and early Islamic Mecca is mentioned in the story about the killing of Ḥamza b. 'Abd al-Muṭṭalib, the Prophet's paternal uncle and one of the best known fighters for Islam. Ḥamza met his death immediately after a confrontation in the battle of Uḥud with Sibā' b. 'Abd al-'Uzza, whose mother was a midwife (*qābila*) in Mecca. Mocking Sibā', Ḥamza calls him "the son of the female circumciser" (lit. "the son of the cutter of

newborn's ear), 32, 33 (the midwife receives a portion of the 'aqīqa's meat). See also Maḥmūd Abū al-Ajḫān, "Ināyat al-islām bi-al-tufūla min khilāl kitāb *Shir'at al-islām*," *al-Baḥth al-'ilmī* 34 (1984), especially 225. Ibn al-Ḥājj (*al-Madkhal*, vol. III, 306) rejects the latter custom because it looks like a payment or a compensation, while Muslims are not allowed to sell the 'aqīqa's meat.

On the involvement of the Ottoman midwife in the ceremony of the first bath, of both mother and baby, forty days after the delivery, see Davis, *The Ottoman Lady*, 37.

On the role traditional midwives played in birth ceremonies (for women only) in an Egyptian village in the second half of the twentieth century – with some similarities to Ibn al-Ḥājj's description – see El-Hamamsy, "The daya," 22–5.

On the role of the midwife in birth ceremonies in nineteenth-century Egypt see, Edward William Lane, *An Account of the Manners and Customs of the Modern Egyptians* (London: John Murray, 1860), 163, 503–5.

On the ritual role of the midwife in ancient Greek society, see Garland, "Mother and child," 42: "Possibly it was the duty of the midwife to carry out ante-natal and post-natal rituals, and to incant during labour, so as to ensure Artemis' presence\* and favour at this critical moment." [\*Artemis is the goddess who protects women in labor in Greek mythology.]

<sup>33</sup> Jonathan Berkey, "Circumcision circumscribed: Female excision and cultural accommodation in the medieval Middle East," *International Journal of Middle East Studies* 28 (1996), 19–38; Giladi, "Normative Islam versus local tradition," 254–67.

the clitoris” – *ibn muqattī‘at al-buẓūr*),<sup>34</sup> thus referring to one of the functions of midwives at the time.<sup>35</sup>

There is abundant proof of the survival of this aspect of the midwife’s role in recent times.<sup>36</sup>

References to females acting as circumcisers as a separate craft, at least in the Prophet’s time, are to be found in several ḥadīth reports, where the Prophet Muḥammad is said to have sanctioned an Islamic model of this rite and is described as instructing two Meccan women who immigrated to Medina on how to perform a circumcision. These women, Umm Ḥabīb and Umm ‘Aṭīyya, are presented as female circumcisers by profession (*khāfiḍa, takhfīḍu al-jawārī*) without mentioning any relation to midwifery.<sup>37</sup>

### Deflowering ceremonies

The descriptions in contemporary ethnographic sources of the midwife’s part in marriage celebrations – for instance, she stains the palms of the hands and soles of the feet of the bride-to-be with henna– and particularly her help in the deflowering ceremony on the wedding day, represent another side of the same coin: here too, as in female

<sup>34</sup> El-Hamamsy, “The daya,” 25, tells of rural Egyptian midwives reluctant to circumcise girls for fear that “people may shame our sons and tell them ‘your mother is a clitoris cutter’.”

<sup>35</sup> See, e.g., Aḥmad b. Yaḥyā al-Balādhūrī, *Anāsb al-ashārf*, ed. by ‘Abd al-‘Azīz al-Dūrī (Beirut and Wiesbaden: Franz Steiner Verlag, 1978), vol. III, 286; Yāqūt al-Ḥamawī, *Mu‘jam al-buldān* (Beirut: Dar Ṣādir, 1957), vol. III, 193 (s.v. “Sijn Ibn Sibā”).

For midwives as performers of male circumcision in the Middle Ages, see Meir J. Kister, “... And he was born circumcised ...”: Some notes on circumcision in ḥadīth,” *Oriens* 34 (1994), 14–15.

<sup>36</sup> See, e.g., Nayra Atiya, *Khul-Khaal: Five Egyptian Women Tell Their Stories* (Cairo: The American University in Cairo Press, 1993), 41, 79–81, 139; Inhorn, *Quest for Conception*, 81, 86; El-Hamamsy, “The daya,” 25. Antoine Barthelme Clot (Clot Bey), the French doctor who founded and ran the first modern medical school in Muḥammad ‘Alī’s Egypt, observes local traditional midwifery was fairly well developed, with various specializations. Certain midwives were experts on female circumcision and therefore designated *khāfiḍāt*. See Mervat Hatem, “The professionalization of health and the control of women’s bodies as modern governmentalities in nineteenth-century Egypt,” in *Women in the Ottoman Empire: Middle Eastern Women in the Early Modern Era*, ed. by Madeline C. Zifli (Leiden: Brill, 1997), 70.

<sup>37</sup> See, e.g., al-Kulīnī, *Furū‘*, vol. V, 118–19. Berkey, “Circumcision circumscribed,” 27, refers to a female professional in the thirteenth–fourteenth century, called a *ṣāni‘a*, who was a tattooer and a sort of medieval coiffeuse or manicurist who also circumcised girls.

circumcision, she acts, albeit not in any formal way, as an agent of the patriarchal system, an inspector of the sexual behavior of female members of the community. Laila El-Hamamsy depicts a ceremony of deflowering the bride by a traditional rural midwife in Egypt in the second half of the twentieth century. "To prove the bride's virginity, the hymen is broken with the finger in the presence of close female relatives. This may be done by the bridegroom himself but often enough by the *dāya*, usually the same *dāya* who will eventually attend to the bride's future pregnancies and childbirths."<sup>38</sup>

### Fertility problems

It is reasonable to assume that midwives in Muslim societies, like their counterparts in medieval and early modern Europe, were regularly consulted on a wide range of questions pertaining to feminine sexuality, fertility, and contraceptive devices, and occasionally helped pregnant women to induce abortion.<sup>39</sup> The very few testimonies in medieval Arabic sources are supported by additional evidence from the Ottoman period onwards.

On the basis of her fieldwork in an Egyptian village in the second part of the twentieth century, Laila El-Hamamsy observes that, "the *dāya* is immediately consulted if there is no sign of pregnancy and she may prescribe any one of several possible remedies, among them magical devices, depending on her diagnosis."<sup>40</sup>

According to Marcia Inhorn, *dāyāt* in Egypt in the same period enjoyed a good reputation as healers of infertility, to the extent that these traditional midwives – whom she regards as direct heirs of pre-modern craftswomen – "are perhaps the major force in the attempted treatment of infertility problems in Egypt, gaining wide recognition for their infertility services and silently but effectively competing with

<sup>38</sup> For further details, see El-Hamamsy, "The daya," 26–7.

<sup>39</sup> See, e.g., Danielle Jacquart and Claude Thomasset, *Sexuality and Medicine in the Middle Ages* (Cambridge: Polity Press, 1988), 115; Meyer, "Woman to woman," 112; Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA and London: Harvard University Press, 1990), p. VII (on midwives and doctors in seventeenth-century Europe giving women advice on how to become pregnant).

<sup>40</sup> El-Hamamsy, "The daya," 28–9.

unwitting Egyptian gynecologists for infertile patients.”<sup>41</sup> On the basis of the testimony of a traditional urban midwife from Alexandria, she describes in detail the wide variety of techniques such midwives offer their infertile patients. These include manual treatment to “raise the uterus”; home-made vaginal suppositories; cupping, which helps to “hold [or close] the back,” thus preventing the infertile woman’s period from coming; “locking” the woman’s waist to achieve a similar effect; and, finally, special remedies for women whose infertility is caused by a shock or fright or by the unexpected appearance of a ritually polluted person. The latter remedies are remarkable for their superstitious nature: a visit to a cemetery (they are advised to enter through one door and leave through another, to keep silent but to ask a gravedigger to dig up a bone or a skull and show it to them in order to shock them); to be present at another woman’s delivery; to sit or step over a placenta or over a miscarried fetus; and the like.<sup>42</sup>

### Waking up a “sleeping fetus” (rāqid)

The concept of a prolonged pregnancy, longer than nine months, that occurs when a fetus “falls asleep” in its mother’s womb, appears in legal writings from the first centuries of Islam. It serves jurists of all Sunni schools of law, particularly Mālikis (who recognize pregnancies up to seven years from conception) to determine the paternity of a child, to confer on him legitimacy and the right to inherit, and to protect widowed and divorced women or those who are separated from their husbands for other reasons, by giving them the benefit of the doubt in cases of questionable paternity. Moreover, in societies where the ideal state for a woman is motherhood, the concept of “a sleeping fetus” can be used by an infertile women to claim pregnancy even when they show no physical signs of it and thus postpone divorce.<sup>43</sup> According to this concept, a fetus may stop its development and stay in the womb in an unchanged condition for an

<sup>41</sup> Inhorn, *Quest for Conception*, 102.      <sup>42</sup> *Ibid.*, 82–5.

<sup>43</sup> Susan Gilson Miller, “Sleeping fetus: Overview,” *Encyclopedia of Women and Islamic Cultures*, vol. III, 421, 424. See also Willy Jansen, “Sleeping in the womb: Protracted pregnancies in the Maghreb,” *The Muslim World* 90 (2000), 220–2, 234.

indefinite period of time. It then “wakes up” and resumes its growth until it is born.<sup>44</sup>

I am not aware of any evidence in classical Arabic sources of the role midwives played in “waking up sleeping fetuses.” There is, however, ethnographic evidence of this phenomenon, for instance from the early twentieth century Maghrib, where the Māliki school of law has been dominant and the concept of the “sleeping fetus” has been well rooted not only among religious scholars but also in feminine popular culture.

While the “waking up” may occur spontaneously, it may also be induced by a *faqīh* or a *qābila*. In Casablanca in the 1950s, midwives, who were frequently consulted on this issue, used to offer many prescriptions for waking up the *rāqīd*, including herbs, special foods, and bathing in the *ḥammām*. Sexual encounters, during which the fetus is supposed to be “watered” by the sperm of the mother’s partner, were also recommended by midwives.<sup>45</sup>

### Contraceptives and Abortions

Besides their basic pronatal position, the majority of medieval Muslim jurists, recognizing the personal concerns of husbands and wives generated by having large families, sanctioned birth control and, moreover, proved very open and considerate in discussing abortion.<sup>46</sup> As these male scholars lived in an urban environment and approached the subject of birth control from the perspective of their own patriarchal responsibility for family well-being, they focused on the typical male contraceptive, that is, coitus interruptus (Ar. *ʿazl*) while ignoring forms of contraception used by women such as vaginal suppositories and tampons, and left discussion of the latter to physicians and pharmacologists. One can reasonably

<sup>44</sup> Odile Verberkmoes and Remke Kruk, “Rāqīd,” *El<sup>2</sup>*, vol. VIII, 407.

<sup>45</sup> *Ibid.*; Susan Gilson Miller, “Sleeping fetus,” 423–4; Jansen, “Sleeping in the womb,” 223–4.

<sup>46</sup> Musallam, *Sex and Society in Islam*, especially 10–27.

On al-Ghazālī as the most sophisticated and eloquent defender of birth control among medieval Muslim scholars, see (in addition to Musallam, 17–18, 22–3), Avner Giladi, “Sex, marriage and the family in al-Ghazālī’s thought: Some preliminary notes,” in *Islam and Rationality: The Impact of al-Ghazālī*, ed. by Frank Griffel and Georges Tamer (forthcoming).

assume that midwives also played a role in the distribution and application of such devices.<sup>47</sup>

Traditional-rural midwives in twentieth-century Egypt were involved in questions of family planning, yet from another angle: In contrast to the efforts made by the government to limit the number of births, the midwives discouraged women from practicing birth control and resorting to abortions, and represented an uncompromisingly pronatal attitude out of fear of losing patients.<sup>48</sup>

As mentioned earlier (Chapter 5), experienced, reliable midwives in Muslim societies played a decisive role in helping the court make decisions in many cases of miscarriage caused by accidents or culpable actions involving pregnant women, for example, in fixing indemnity. Their testimony was also essential for deciding the termination of the *idda* (waiting period after being widowed or divorced), for the establishment of a slave woman's status as an *umm walad* (female slave who has borne a child to her owner and therefore becomes free on his death) and the like. On the other hand, occurrences of intentional abortion were regarded as a private matter of the mother-to-be and the midwife (or other women) who helped her terminate the pregnancy. In Islamic legal texts they were dealt with more incidentally than cases of accidental loss of a fetus and were rarely brought before the court. The role of the midwife in these cases remains unnoted by jurists.<sup>49</sup>

On the whole, the Islamic ethical-legal attitude towards abortion is remarkably flexible. The most common view among Muslim jurists is that the fetus becomes a human being after four months (120 days) of pregnancy, not less, which means, according to Ḥanafi jurists, for instance, that a woman is allowed to abort within this period even without the permission of her husband. There were scholars of other schools of law who accepted this position whereas some limited the

<sup>47</sup> Musallam, *Sex and Society in Islam*, 37–8, 68–71; Avner Giladi, “Birth control,” *EB*, vol. IV (2009), 108–13.

<sup>48</sup> El-Hamamsy, “The *daya*,” 17–19.

<sup>49</sup> Musallam, *Sex and Society in Islam*, 57; Marion Holmes Katz, “The problem of abortion in classical Sunni *fiqh*,” in *Islamic Ethics of Life: Abortion, War and Euthanasia*, ed. by Jonathan E. Brockopp (Columbia, SC: University of South Carolina Press, 2003), 25–50, especially 25, 27, 33.

period within which abortion is permitted to forty or eighty days; the majority of Māliki jurists prohibited abortion altogether.<sup>50</sup>

The application of new demographic policies in the big Middle Eastern urban centers from the first part of the nineteenth century, aimed at increasing the population, were accompanied by reforms in the domains of public health and medical training. They raised the problem of the “traditional midwife” as a popular practitioner whose ignorance and malpractice were frequently blamed for the high rates of infant and maternal mortality. In addition to her tasks in the birth place and her social roles beyond it, the traditional Ottoman midwife – like, one can speculate, her medieval counterpart – assisted women in getting rid of undesired fetuses. As the government of Mahmud II believed their services in this area were much in demand, it issued an edict in 1838 obliging midwives to swear an oath to their community leaders not to perform abortions. The training offered to midwives in the new medical schools (see [Epilogue](#)) and the tightened control over practitioners aimed, *inter alia*, to instill a negative approach toward abortion. Naturally, in spite of these measures, the traditional, familiar midwife, whom many preferred, did not disappear and continued her involvement in abortions.<sup>51</sup> At the same time, Clot Bey, the French doctor who served under Muḥammad ‘Alī in Egypt, remarked that the traditional midwives (*dāyāt*) lacking knowledge in obstetrics are nevertheless skillful in “uncovering the secrets of infertility and providing quick and effective abortions.”<sup>52</sup>

In spite of reservations, some *dāyas* continued to practice abortions in Egypt until recently.<sup>53</sup>

<sup>50</sup> Musallam, *Sex and Society in Islam*, 57–8; Donna Lee Bowen, “Abortion, Islam, and the 1994 Cairo population conference,” *International Journal of Middle East Studies* 29 (1997), 161–84, especially 161–6.

<sup>51</sup> Demirci and Somel, “Women’s bodies,” 377–420, especially 393–400.

<sup>52</sup> Hatem, “The professionalization of health,” 70. For nineteenth- and twentieth-century Iran, see Kashani-Sabet, *Conceiving Citizens*, 41.

<sup>53</sup> See, e.g., Kuppinger, “Death of a midwife,” 260.

## Epilogue

### *From Traditional to Modern Midwifery in the Middle East*

From historical and anthropological works on midwifery in nineteenth–twentieth-century Iran, the Ottoman Empire, Egypt, the Sudan, and Morocco, it emerges that significant changes in the long tradition of the craft took place only during the last hundred and fifty years or so, with the introduction of European medicine in the Middle East involving the foundation of midwifery schools with European supervision and a system regulating midwives. Nevertheless, there are still social spaces in the modern and contemporary Middle East (and for that matter in the Muslim world as a whole) where remnants of the old tradition have remained to a great extent intact.<sup>1</sup>

The career of Jalīla bint Ṣāliḥ Tamurhān (or Tamrhān) illustrates this transition from traditional to modern midwifery in nineteenth-century Cairo. Of Ethiopian origin, like many of her fellow students in the first years of the Midwifery Training School, she started as her mother's apprentice – the common traditional way of learning midwifery – then graduated from the abovementioned institution. Assigned in 1847 as an assistant schoolmistress, she later served as a professor of midwifery and female ailments, and ended up as a chief instructor, or perhaps school director, from 1857 until her death in 1863.<sup>2</sup>

<sup>1</sup> On the role of traditional midwifery in contemporary Muslim countries outside the Middle East see, for instance, Islam, "Rural women," 233–54.

<sup>2</sup> Umar Riḍa Kaḥāla, *Mu'jam al-mu'allifin* (Damascus: al-Maktaba al-'Arabiyya, 1957), vol. III, 154; Khayr al-Dīn al-Zirikī, *al-A'lām*, vol. II, 133; Umar Ṭūsūn, *Kitāb*

The foundation of the Midwifery Training School in Cairo, the first government institution for the medical education of women in the Middle East, was initiated by the French physician Clot Bey under the reign of Muḥammad ‘Alī, sometime between 1830 and 1832,<sup>3</sup> more than two hundred years after the reconstruction (in 1618) of the maternity ward in the Hôtel Dieu in Paris where midwives were instructed.<sup>4</sup> A new female profession – *ḥakīma*, “doctor” – now came into being, differing greatly from the untrained folk midwives, the *dāyas*, due to their rational-empirical approach, which – for better or worse – excluded the ritual-magical dimension of the profession.<sup>5</sup> No wonder, then, that Clot Bey was credited by one of his contemporaries with the historical role of “creating” the (new, modern) Muslim midwife: “Il n’y a pas d’exemple dans l’histoire de l’Islamisme que les femmes aient été employées à une fonction importante quelconque. Clot Bey a donc fait une chose considérable et de haute portée en créant des sages-femmes musulmanes.”<sup>6</sup>

*al-bi’āth* [bu’ūth? Ba’athāt?] *al-‘ilmiyya fī ‘abd Muḥammad ‘Alī thumma fī ‘abday ‘Abbās al-awwal wa-Sa’īd*, as cited in ‘Isa, *Ta’rikh al-bimaristānāt*, 222–4, in the entry dedicated to Jalīla Tamurhān’s husband, Šāliḥ ‘Alī. See also Laverne Kuhnke, *Lives at Risk: Public Health in Nineteenth-Century Egypt* (Cairo: The American University in Cairo Press, 1992), 128, 131–2; Khaled Fahmy, “Women, medicine, and power in nineteenth-century Egypt,” in *Remaking Women: Feminism and Modernity in the Middle East*, ed. by Lila Abu Lughod (Princeton, NJ: Princeton University Press, 1998), 48–9; Nancy Gallagher, “Writing women medical practitioners,” 351–70, especially 351–61.

The curriculum of the Midwifery School was relatively wide, intending to prepare its graduates to serve as gynecological practitioners (*ḥakīmāt*: “Female doctors”). See Sonbol, “Doctors and midwives,” 140, 144.

On the Midwifery Training School as a foundling home and orphanage, see: Mine Ener, “The charity of the Khedive,” in *Poverty and Charity in Middle Eastern Contexts*, ed. by M. Bonner et al. (Albany, NY: State University of New York Press, 2003), 185.

<sup>3</sup> Kuhnke, *Lives at Risk*, 122–3, 132, quoting V. Edouard Dor, *L’instruction publique en Egypte* (Paris: A. LaCroix, Verboeckhoven et Cie., 1872), 226.

<sup>4</sup> *Mémoires de A.-B. Clot Bey*, publiés et annotés par Jacques Tagher (Cairo: L’Institut français d’archéologie orientale, 1949), 107–9. The first midwifery school in Europe was probably the one established in Munich in 1589. See Shorter, *A History of Women’s Bodies*, 43. A midwifery school was founded in Paris in 1793. See Kuhnke, *Lives at Risk*, 123.

<sup>5</sup> Kuhnke, *ibid.*

<sup>6</sup> Victor Schoelcher, *L’Égypte en 1845* (Paris, 1846), as cited in *Mémoires de A.-B. Clot Bey*, 162.

Jalīla bint Šāliḥ is said to have authored a guide for midwives, *Muḥkam al-dalāla fī a'māl al-qibāla* (“The right guidance in the work of midwifery”) – very likely the first textbook written by a midwife in the Arabic language.<sup>7</sup> All medical writings in Arabic throughout Islamic history, including those dealing with gynecology and obstetrics, had been authored by men,<sup>8</sup> and no work is known in the Islamic world corresponding either to the (probably female-authored) *Treatments for Women* in the medieval *Trotula* texts,<sup>9</sup> or to the writings published in the sixteenth–seventeenth century by the French midwife Louise Bourgeois or to those – a half-century later – by the English midwife Jane Sharp.<sup>10</sup> *Muḥkam al-dalāla*, if really the work of Jalīla bint Šāliḥ, should be regarded as a milestone in the history of Middle Eastern midwifery.<sup>11</sup> It would be interesting to know what the anatomical and physiological concepts were on which the book based its practical guidelines, what sort of cooperation with male doctors the author envisioned, and what her attitude was towards birthing

<sup>7</sup> Al-Zirikī, *al-A'lam*, vol. II, 133. I could not find any copy of this guide, either in Cairo or in the big national and university libraries in the west. Naguib Bey Mahfouz, in his *The History of Medical Education in Egypt*, mentions Jalīla bint Šāliḥ (on p. 75), but says nothing about such a compilation. It may well be that a treatise on midwifery of European origin translated into Arabic by Sayyid Aḥmad al-Rāshidī (Rashīdī ?), a member of staff at the School of Midwifery (*ibid.*, 74), is mistakenly attributed to Jalīla bint Šāliḥ Tamurhān.

<sup>8</sup> Pormann and Savage-Smith, *Medieval Islamic Medicine*, 103.

<sup>9</sup> *The Trotula: A Medieval Compendium of Women's Medicine*, edited and translated by Monica H. Green (Philadelphia, PA: University of Pennsylvania Press, 2002), Editor's Introduction, especially 48–51. Barkai (in his *History of Jewish Gynecological Texts*, 91) assumes that *Sefer ha-Toladot* (a Hebrew translation and elaboration of Soranus' *Gynecology* from the middle of the thirteenth century), was addressed directly to women who wished to study gynecology and obstetrics. Much earlier, in the Hellenistic world, the young Galen is said to have written a short yet comprehensive treatise for a midwife, known in its Arabic translation as *Kitāb fī tashrīḥ al-raḥīm (katabahu li-imra'a qābila)*. See Ibn Abī Uṣaybi'a, *Uyūn al-anbā'*, 95. In both cases it is a male doctor who, as an authority in the field, instructs the midwife through a written guide.

<sup>10</sup> Ya'rah Bar-On, *The Crowded Delivery Room: Gendered and Public Opinion in Early Modern Gynecology* (Haifa: Haifa University Press and Tel Aviv: Zmora-Bitan, 2000) (in Hebrew), especially 21–49 and Bibliography, 295–6, which provides a list of Bourgeois's writings; Lay, *The Rhetoric of Midwifery*, 45–9.

<sup>11</sup> Prior to the publication of Tamurhān's guide, the teaching of midwifery in the Cairene School of Maternity was probably based on a textbook translated from French. See J. Heyworth-Dunne, *An Introduction to the History of Education in Modern Egypt* (London: Frank Cass, 1968), 132.

technologies, on the one hand, and the midwives' traditional remedies, such as herbs and massage, on the other.<sup>12</sup>

Through a critical analysis of the influence of the "imported" European medical system on Egyptian women,<sup>13</sup> works by Fahmy,<sup>14</sup> Ener,<sup>15</sup> Sonbol,<sup>16</sup> Hatem and others<sup>17</sup> shed new light on the role of the traditional midwife in the contemporary Muslim world. Mervat Hatem suggests that the traditional Egyptian midwife, while conspiring with society to control women's sexuality, assisted with fertility on the one hand and abortions on the other, thus providing adult women with the means to exercise some degree of autonomy over their bodies.<sup>18</sup> In contrast, "the medical discourses taught at the [European-style] school of midwives [in Cairo] offered gendered bases of how to rule. . . . [I]t sought to bring the bodies of men and women under state control in the name of healing and taking care of them" and "the dominant role played by the new powerful modern health profession was premised on the internalized inferiority of one's own cultural practices, discourses, and those regions that maintained their autonomy."<sup>19</sup>

At about the same time, a similar process was taking place in Iran and in the big centers of the Ottoman Empire. In the nineteenth century, against a background of high rates of infant and maternal mortality and the threat of depopulation, a social and political ideology of "maternalism" emerged in Iran, coinciding with renewed efforts to improve public hygiene. European medical doctors, representing western, science-based medicine, started influencing the field of obstetrics, where midwives with no formal schooling still played a central role. Schools of nursing and midwifery were founded in Tehran and other major cities, such as Tabriz and Mashhad, in the first three decades of the twentieth century. In 1926, a midwifery school

<sup>12</sup> Cf. Lay, *The Rhetoric of Midwifery*, 170.

<sup>13</sup> For a survey of the new developments in midwifery in Egypt from the 1930s to today and their impact on women in specific communities, see Kuppinger, "Death of a midwife," 255-82 and El-Hamamsy, "The daya," 1-32.

<sup>14</sup> Fahmy, "Women, medicine, and power," 35-72.

<sup>15</sup> Ener, "The charity of the Khedive," 185-201.

<sup>16</sup> Sonbol, "Doctors and midwives," 135-48.

<sup>17</sup> Summarized and analyzed by Gallagher, "Writing women medical practitioners," 351-62, 366-8.

<sup>18</sup> Hatem, "The professionalization of health," 66-80, especially 73.

<sup>19</sup> *Ibid.*, 79-80. See also Sonbol, "Doctors and midwives," 137.

apparently connected with the Pasteur Institute, opened in Teheran. In 1930, the charter of a governmental school of midwifery was approved, followed by the inauguration in 1935 of the Women's Hospital with its College of Midwifery. These institutions offered a western education to young women who were intended to replace the traditional midwives being blamed for the high rates of mortality among infants and mothers.<sup>20</sup>

In the years following the publication in 1838 of an imperial edict (*firman*) that formulated the state's policy to prevent abortions, the Ottoman government started to supply professional training for midwives under European supervision. In 1842 the medical school – which had been opened in Istanbul some fifteen years earlier – offered the first special course for midwives, a turning point in the history of the craft. Midwives until then had acquired their skills through informal apprenticeships with their mothers or other female relatives; now all were obliged to take the course as a condition for practicing midwifery. However, by 1845 only ten Muslim and twenty-six Christian midwives had been trained there. Later in the century, the systematic training of midwives became more widespread and began to occur also in the provinces.<sup>21</sup> Here, too, the driving force behind the reforms in the training, regulation, and inspection of midwives was the authorities' concern about the demographic situation against the backdrop of high rates of mortality, among infants and mothers alike, during and shortly after childbirth.<sup>22</sup>

We can learn about the beginnings of actual change in the surviving traditions of childbirth and midwifery in mandatory Palestine from *Birth and Childhood among the Arabs* by Hilma Granqvist,<sup>23</sup> a book based on ethnographic field work in Artas, near Bethlehem, from 1925 to 1931. Particularly interesting are Granqvist's observations on the traditional all-female communal character of the childbirth

<sup>20</sup> Firoozeh Kashani-Sabet, "The politics of reproduction: Maternalism and women's hygiene in Iran, 1869–1941," *International Journal of Middle East Studies* 38 (2006), 1–29; Kashani-Sabet, *Conceiving Citizens*, 35–48, 95–119, especially 103–9.

<sup>21</sup> Demirci and Somel, "Women's bodies," especially 393–400; Davis, *The Ottoman Lady*, 39–40; Ahmed, *Women and Gender in Islam*, 268, n. 28.

<sup>22</sup> Demirci and Somel, "Women's bodies," especially 393–400.

<sup>23</sup> Hilma Granqvist, *Birth and Childhood among the Arabs* (Helsinki: Soderstrom, 1947).

event, with the total exclusion of men,<sup>24</sup> the position of the midwife at the scene as an “imposing personality who understands how to win respect for her wish and arrangements,”<sup>25</sup> and the traditional preparation of the childbirth setting:

[T]hey [the people of Artas] bring a stone which is placed in the floor [of the room where the delivery takes place] and scatter a little earth in front of it. I cannot think otherwise than that this custom is derived from the child being born out in the open, where they could dig a hole and bury the afterbirth at once.<sup>26</sup> Now that the birth takes place inside the house they bring in the stone and the earth which will soak up the blood.

Granqvist describes the signs of slow development over the years and the changes imposed by the British health authorities, mainly in the cities. Whereas the city woman used to give birth to a child sitting on a birth chair (replacing the squatting position of earlier times), “the use of a birth chair is forbidden ‘since the English came into the country.’”<sup>27</sup>

Carla Makhluḥ-Obermeyer shows that the health system in contemporary Morocco incorporates elements from three sources, all of which go back to medieval, even ancient times: the Galenic system, herbalist lore, and “prophetic medicine.” These elements, argues Makhluḥ-Obermeyer, “coexist with ‘local biomedicine’, the particular version of the biomedical model as it is reinterpreted and practiced by ‘modern’ Moroccan service providers. . . The resulting situation is a fascinating mixture of these diverse elements.”<sup>28</sup> Home birth in Morocco – with its typical traditional setting, including the active participation of the local

<sup>24</sup> Cf. Malek Chebel, *Le Corps en Islam* (Paris: Quadriga, Presses Universitaires de France, 1984), 52, 53. Among aristocratic Muslim families, women have tended to give birth in their own parental homes (‘Abd al-Salām al-Tirmanīnī, *al-Zawāj ‘inda al-‘arab fī al-jābiliyya wa-al-islām* [Ḥalab: Dār al-Qalam al-‘Arabī, 1989], 196), which means that they were supported by the women of their families, not those of their husbands’. On the exclusion of men from the birth scene among Jews in the Talmudic period see Stahl, *Family and Child-rearing*, 320 and n. 3.

<sup>25</sup> Granqvist, *Birth and Childhood*, 61.

<sup>26</sup> Cf. Giladi, *Children of Islam*, 108: According to Abū al-Qāsim Maḥmūd al-Zamakhsharī, commenting, in his *al-Kashshāf ‘an ḥaqā’iq al-tanzīl*, on the infanticide verses (8–9) in Qur’ān 81, such a hole, prepared beside the woman’s place of confinement before the delivery, was sometimes used for burying female infants alive immediately after birth.

<sup>27</sup> Granqvist, *Birth and Childhood*, 61–2. On the use of birth chairs in medieval Europe, see Shorter, *A History of Women’s Bodies*, 55–8; Green and Smal, 195.

<sup>28</sup> Makhluḥ-Obermeyer, “Pluralism and pragmatism,” 183–4.

midwife as well as female neighbors and family members – is still a very common occurrence, resembling the situation in other Islamic areas – Egypt, for instance.<sup>29</sup> This is so not only in isolated rural areas but also in towns and cities where governmental and private hospitals are accessible. Although hospitals offer modern technologies and well-trained staff, they are regarded by many Moroccan women as an “unfamiliar place where they are under the supervision of strangers and the decisions about their care are made according to criteria that are often incomprehensible.”<sup>30</sup> Thus the relationship between traditional and modern midwifery – supported or, in the eyes of many women, imposed by governments in the contemporary Middle East – is characterized by competition and tension.

<sup>29</sup> On the role of traditional midwives in Egypt throughout the period of transition from the traditional to the modern type of midwifery in the nineteenth–twentieth century, see Hamed Ammar, *Growing Up in an Egyptian Village: Silwa, Province of Aswan* (London: Routledge and Kegan Paul, 1954), 20, 90; Kuppinger, “Death of a midwife,” especially 256–7, 259–65, 267–9.

See also Sonbol, *The Creation of a Medical Profession*, 3, 135; Soheir Sukkary, “She is no stranger: The traditional midwife in Egypt,” *Medical Anthropology* 5 (1981), 27–34; Fahmy, “Women, medicine, and power,” 50. On a parallel process in the Sudan, see Bell, “Circumcision in the inter-war,” 293–312.

<sup>30</sup> Makhluf-Obermeyer, “Pluralism and pragmatism,” 184.

## Concluding Remarks

For quite a few years now, I have been wandering in the wide spaces of early Arabic-Islamic sources in search of midwives, those dedicated female practitioners in the service of other members of their sex who care for women from cradle to grave, play a decisive role in the crucial event of childbirth, and supply mothers and children alike with advice as well as ritual and moral support at momentous times of their lives. As midwives are the embodiment *par excellence* of the physical essence of femininity – with both its creative power and its threatening mystery – the attitudes of men and women towards them and towards the purely feminine sub-culture in which they operate, seem to me a useful way to assess the complex gender relations that prevailed in premodern Muslim societies. Admittedly, many of these sources – medical and ethical-legal texts, hagiographies, biographical collections (including those devoted to women and to the medical professionals), compilations of belles lettres – have let me down. As all without exception are the product of male writers – the creators of the great tradition of Islam – they mostly either conceal the midwife, ignoring her altogether, or assign her only a minor role exactly where I expected her to appear as a more prominent figure. Indeed, women in general are represented in some of these genres, but they did not leave written traces of their own. Much to my disappointment, I could not locate any text, whether a personal diary or a guidebook compiled by a midwife, similar to the compilations we find in premodern Europe. This situation in itself, namely, the marginalization of the midwife in written Arabic

sources – in spite of her vital role in everyday life – is a good part of the story I intended to tell in this book. It points to the serious gap that existed in patriarchal-patrilineal societies between, on the one hand, the way men perceived the craft of midwifery as the exclusive domain of female practitioners – and through it the essence of womanhood, women’s roles, and gender differences – and, on the other, how women saw their midwives and how they experienced the dramatic event of childbirth.

My efforts to extract female views and self-images from the available texts – mainly of a normative-prescriptive nature, which rarely enabled me to “revive” individual midwives – were complemented by a careful use of ethnographic evidence from the nineteenth and the twentieth centuries. And, to quote Theodor Zeldin, as “I have chosen to write about women because I am not one myself and because I have always preferred to write about subjects which do not tempt me to be so arrogant as to believe that I can ever fully understand them,”<sup>1</sup> I am not equipped with the insight and intuition based on personal experience that might have been helpful in asking questions and in searching for answers. Tamar Hager powerfully shows in a recently published book, *Malice Aforethought* (on motherhood among nineteenth-century English poor) how important this dimension might be for the writing of women’s and gender history.<sup>2</sup> However, I certainly do not mean to limit the field to an exclusively “feminine” milieu and thereby to invalidate the work I and others have done in it.

The local midwife who was called to help a parturient woman in past Muslim societies was probably not unfamiliar to her patient. She might have met her before in previous deliveries or even earlier: as her gynecologist, as her circumciser (in areas where female circumcision was common), as the person who had presided over childhood rites in her family and neighborhood or had taken part in her own wedding ceremony and prepared her for married life. In childbirth, that event during which life and death compete for the mother and infant – when, as a Maghribi saying puts it, “one of their feet is planted on earth, the other – in heaven” (*rijl fī al-dunyā wa-rijl fī al-ākhirā*) – the midwife was seen by the mother and her relatives as a savior. Midwives

<sup>1</sup> Theodor Zeldin, *An Intimate History of Humanity*, 18–19.

<sup>2</sup> Published in Hebrew under the title *Kavanot Tovot* (Or Yehuda: Kinneret, Zmora-Bitan, Dvir, 2012).

were either professionals – reputed as experts in gynecology, obstetrics, and pediatrics, trained through apprenticeship, making occasional use of instruments, cooperating in complicated cases with male physicians and working for wages – or volunteers, mostly elderly and experienced women who extended help to family and community members. As such they offered physical assistance, certainly, but also psychological encouragement.

It is clear that as a rule any childbirth event sharply split the community along gender lines. Men were usually excluded, left outside “milling around the edges of the scene,”<sup>3</sup> whereas the women of the family and the neighborhood rushed in not only to help and support the woman in labor but also to take part in an event in which the midwife was a key figure – an event that was replete with ritual and magic and stood at the center of the feminine subculture. In premodern Muslim (as in European) societies, “the real source of the midwife’s strength was her domination over women as a group... Women closed ranks around the midwife.”<sup>4</sup>

This is exactly what worried men, and some of the texts they authored reflect their concern in various ways – from utter disregard to blunt criticism, sometimes accompanied by expressions of misogyny and an urgent call upon Muslim males to scrutinize, morally and professionally, the midwives they wanted to employ.

Men perceived the midwife as a mere tool in a process that, from their point of view, was connected with the most inferior physical aspects of femininity and, moreover, involved the breaking of essential taboos: Her work necessitated constant contact with blood<sup>5</sup> and – by moving beyond the bounds of the private space and the limited time (daylight) prescribed for women – the transgression of modesty rules. This is why midwives are almost totally absent from classified lists of

<sup>3</sup> Green, “Bodies, gender, health, disease,” 18 (referring to Musacchio’s *The Art and Ritual of Childbirth*).

<sup>4</sup> Gelis, *History of Childbirth*, 110. Cf. Granquist, *Birth and Childhood among the Arabs*, 61–2.

<sup>5</sup> Cf. Jacques Le Goff, “Métiers licites et métiers illicites dans l’Occident médiéval,” *Un autre Moyen Age* (Paris: Gallimard, 1999), 91

professions and from several medical treatises, an absence that reveals mental images rather than social reality.<sup>6</sup>

The professional hierarchy that early Islamic sources (with the exception of some Andalusí writings) present, in which male physicians were situated at the top and midwives occupied a clearly subordinate position, again reflects a gap between reality – namely, the actual superiority of midwives in the fields of gynecology and obstetrics in terms of experience and dexterity – and theory, which gave priority to male doctors. The status – and the power – of the latter derived from their education and their role in transmitting learned medical texts, while midwifery was based on unrecorded female wisdom transferred orally through apprenticeship.

Due to the modesty code, the male physician was, at least theoretically, supposed to instruct the midwife and supervise her from outside the birthing scene; he was called upon to intervene in complex situations only. Early religious writings support the medical treatises by sanctioning, through prophetic sayings, the treatment of women by men and vice versa only when a person's life was at risk. But did the knowledge and experience of male doctors really suffice in the domains of gynecology and obstetrics?

It seems that the norm of total separation of the sexes in general and particularly in the birthing room – which was somewhat adaptable to changing circumstances in the early Islamic period – became more rigid as the process of urbanization following the Arab-Muslim conquests progressed. Paradoxically, this worked in favor of midwives, who in most cases remained the sole authorities in the birthing room. There is no sign in our sources of any heated competition between physicians and midwives, or of efforts on the part of physicians to disturb the status quo and break into the midwives' domain as happened in Europe. If this was really the case (it would have been very useful to hear midwives' testimonies in this regard) it may be explained not only by the dominance of the ethos of separation of the sexes – with the necessary flexibility sanctioned by religious law in this regard – but also by the relatively late development of a system of medical education and licensing for both physicians and midwives. It was not until the

<sup>6</sup> *Ibid.*, 89.

nineteenth century that traditional midwifery in the Middle East was first challenged by modern western practices; even then it seems, at least at the beginning, midwifery was practiced by female professionals while male physicians stayed behind the scenes.<sup>7</sup> Only in the twentieth century do we see an accelerated process, occasionally supported by the state, of male physicians and professional midwives replacing traditional doctors and midwives in the fields of gynecology, obstetrics, and pediatrics.<sup>8</sup>

Another side of the coin, namely the recognition of men in the power of midwives to whose hands the future of a lineage – and, indeed, that of mankind as a whole – was entrusted, is best represented by Ibn Khaldūn’s chapter in *al-Muqaddima* with which I opened this book. Even more important from this point of view is the common, practical approach of jurists, which reflects a certain adaptability in gender relations in premodern Muslim societies and offers some clues to the social environment in which midwives functioned. Jurists acknowledged the importance of midwives as agents of the patriarchal system in its ongoing effort to control the female domain through legal procedures and rites of passage. Although they did not rank highly in social (patriarchal) terms, midwives, in their capacity as “overseers” of the birth place, were granted not only permission to witness intimate events involving women’s bodies but also exceptional legal status as expert witnesses in court, including the privilege to give testimony (in certain cases – of a circumstantial nature) unaccompanied by male witnesses. Their liminal position at the intersection of the public and private spheres, in the quasi-official status of female representatives of patriarchal authorities, explains the relative visibility of midwives in Islamic legal writings while other sources are silent.<sup>9</sup> What I found particularly intriguing in these writings is the corroboration they imply of the existence, within the patriarchal-patrilineal structure of the family, of an inner autonomous circle – the “queendom of the mothers” (much protected by sharī rules such as those pertaining to breast-feeding and the right to custody) – where a woman, by becoming a parent, was partially “redeemed” from her innate social inferiority.<sup>10</sup>

<sup>7</sup> Fahmy, “Women, medicine, and power,” 36.

<sup>8</sup> Sonbol, *Women of Jordan*, 12, 223–4; Sonbol, “Doctors and midwives,” 148.

<sup>9</sup> Cf. Thomas, “Midwifery and society,” 11.

<sup>10</sup> Cf. Bouhdiba, *Sexuality*, ch. 13.

Thus, when we examine aspects of the history of midwifery in premodern Muslim societies and shed light on some obscure features of social life, as I have tried to do in this book, we are in a position to better discern ambivalence and contradictions in gender relations in these societies and ideally render more subtle the general concept of “patriarchy.”

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