

The art of medicine

Female patients and practitioners in medieval Islam

A woman “who spoke confusedly”, laughed excessively, and “was red in her face” came to see the famous clinician al-Rāzī (died c 925), a hospital director both in his native Rayy (near modern Teheran) and Baghdad. He diagnosed her as suffering from melancholy (*mālinkhūliyā*), a disease akin to madness (*junūn*) and caused by an excess of black bile. He ordered his female patient to have her blood let at the median cubital vein, and to take a decoction of epithyme. The outcome of the treatment is not recorded, but al-Rāzī declared it to be sound (*salīm*). This case history offers us a rare glance of such an encounter; in general, most of our sources are silent about female patients and practitioners in the medieval Islamic world, so that it is difficult to tell their story. Yet, as they constituted roughly half the population, we may rightly ask how they experienced disease and accessed health care. In the theoretical literature, women appear mostly in two contexts, that of disorders specific to women; and that of disease that affect women differently from men. An example of the latter is again melancholy, believed to occur more rarely, but also more severely, in women.

Diseases specifically affecting women that are discussed in medieval Arabic literature largely concern the reproductive organs, complications before and after childbirth, lactation, and child-rearing. Instances of gynaecological disorders include uterine cancer, inflammations of the womb, and the retention of menses. Menstruation figures prominently in the literature, as blood—one of the four humours next to yellow bile, black bile, and phlegm—was believed to have a direct impact on the bodily balance. Physicians also discussed another gynaecological condition: during uterine suffocation (*ikhtināq al-rahim*), called *hysterikē pnix* in Greek (whence we get our “hysteria”), they believed the womb moves inside the body, and thus impairs certain physical and mental functions. Physicians thought lack of sexual intercourse was one of the possible causes for this condition; for the womb, in want of semen, wanders through the body. Therefore, young women, who do not yet engage in sexual intercourse, as well as widows, were particularly prone to the disease.

The conditions mentioned above already figure in the Greek literature: Rufus of Ephesus (c 100), Galen of Pergamum (died c 216), and Paul of Aegina (c 640s) all constituted important sources, since many of their works became known in Arabic through a Graeco-Arabic translation movement from the 8th to the 10th centuries. Yet, just as we find innovation in Islamic medicine in general, so we do in the area of obstetrics and gynaecology. Take the example of al-Zahrāwī (c 1000), known in the Latin West as Albucasis, who practised medicine in Muslim Spain around the end of the first millennium. His major work, a medical encyclopaedia with the curious title

Arrangement [of Medical Knowledge] for One Who is Unable to Compile It, contains an extensive part on surgery, where he also discusses childbirth. Although often relying on Paul of Aegina, he still introduced new techniques to help delivery, and also devised new instruments, such as a vaginal speculum and a forceps to extract dead fetuses from the womb, thereby saving the woman’s life.

Sexual hygiene also represents an area in which doctors in the medieval Muslim world went beyond their Greek predecessors. One can, indeed, speak of a separate genre that developed in Arabic. Some physicians viewed sexual intercourse in general as not conducive to a healthy lifestyle and to be avoided; exceptions are cases of melancholy and uterine suffocation. Others, however, took a different view. One famous treatise bears the title *Return of the Old Man to His Youth as Regards in Sexual Ability* (*Rujū’ al-Shaikh ilā sibāh fī qūwat al-bāh*). Another, entitled *Enlightenment about the Secrets of Sexual Congress* and written by a physician and market inspector, details the “secrets of women” in the second half; apart from beauty-enhancing products, it lists “drugs which make the vagina narrow, beautiful, and pleasant, and dry its moisture” as well as love charms.

It was men, to be sure, who wrote these treatises on sexual hygiene, as well as virtually all the medieval medical Arabic texts still extant today. One can, therefore, only gauge women’s experiences as patients with great difficulty. Occasionally, authors (male again) recount anecdotes about how women are treated. Two such stories relate to the shame that women felt. In one, a female slave in the harem of the caliph is cured of paralysis through a shock therapy: a female attendant disguised as a male physician suddenly touches her vagina during an examination; shock and shame lead her to try to cover herself, thus regaining movement. In another instance, a rich man’s daughter refuses treatment for a tick in her vagina until she is at death’s door; only then does she accept the attentions of a male physician who removes the tick. In another case, a husband takes his wife to see a male doctor, because she cannot get pregnant. The doctor attributes this difficulty to the woman’s excessive weight; he tells her that she is going to die in 3 months’ time, so as to frighten her and make her lose weight.

These cases also illustrate that male guardians, such as fathers or husbands, did consent to women being examined by male practitioners in certain cases. We also know of instances where women venture to the surgery on their own. Yet it is also clear that in many cases women would not consult men. And although male authors write profusely on the topic of breastfeeding, one can safely assume that many women would rely on the advice of other women rather than male medical authorities in this area.

This brings us to another important point. Although male physicians dominate in the historical sources, we have numerous indications that women themselves provided important health services. Our sources occasionally talk about female physicians (sg. *tabība*), and a few women belonging to families of famous physicians seem to have received an elite medical education. The indirect evidence, however, proves to be even stronger. We have the testimony of certain male physicians who complain that their patients turn to “women and the rabble” instead of consulting themselves. The Christian physician Sā'id ibn al-Hasan (died 1072) seems astonished by the role of women as healers:

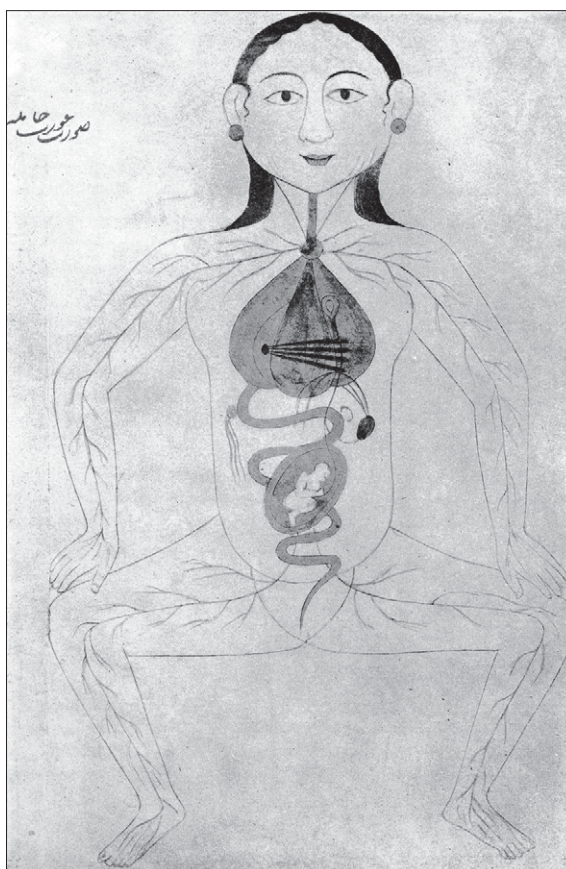
“How amazing is this [that patients are cured at all], considering that they hand over their lives to senile old women! For most people, at the onset of illness, use as their physicians either their wives, mothers or aunts, or some [other] member of their family or one of their neighbours. He [the patient] acquiesces to whatever extravagant measure she might order, consumes whatever she prepares for him, and listens to what she says and obeys her commands more than he obeys the physician.”

In this way, women probably provided much medical care for members of both sexes, even if the elite male physicians took a dim view about their activities.

Finally, let us briefly consider the genre of “Prophetic Medicine” (*al-tibb al-nabawī*) or “Medicine of the Prophet” (*tibb al-nabī*). One may think that the religious manuals on this topic rejected learned medical tradition rooted in Greek theory, but this was not generally the case. More relevant in our context, however, is the fact that the jurists who penned these manuals also touched on the subject of women. Shams ad-Dīn al-Dhahabī (died c 1348), for instance, argued that in the case of disease men can treat women, and women men, even if this means that they have to expose their genitals. His position was in no way exceptional, as the principle of *darūra* (necessity) outweighs other legal considerations.

The Islamic legal tradition, as Islam itself, is extremely diverse; after all, just within Sunnī Islam, we find different legal schools (*madhabs*). Since Islam has no central authority, such as the Pope, divergent views proliferate. Certain legal scholars embraced and celebrated this ambiguity. Traditional Qur'ān scholarship, for instance, developed a branch that deals with variant readings (*qirā'āt*) in the Muslim Holy Writ. Moreover, because of the complex nature of the Qur'ānic message, exegetes often offer conflicting and even contrary explanations. Take the subject of women's equality to men. Muslims who want to argue in favour of it highlight Qur'ānic verses where women appear as equals (eg, sura 4 *Women/ al-Nisā'*, verses 32, 124); conversely, those desiring to subordinate women to men make much of the verse allegedly enjoining men to beat their wives (4:34).

This brief historical journey through medieval Islamic medicine can, of course, only offer a glimpse at what women



Arterial system of a pregnant woman in a Persian manuscript

as patients and practitioners experienced. They often found themselves marginalised within medieval Muslim societies, and their voice only reaches us faintly through the opacity of male bias. And yet, their story can also teach us a lesson today. In both the medical and the non-medical modern literature, one often finds statements in which male authorities, be they medical or religious, make absolute claims about what is, or is not, permissible in Islam. Not infrequently such statements serve the purpose of curtailing women's freedom. Yet if we look at Islam both diachronically and synchronically—that is to say, in all its historical depth and present breadth, in its former variations and current manifestations—we see a picture of great diversity. Just as there is no one Judaism nor one Christianity, I would contend that there no one Islam. Today, medical ethics rightly emphasise patients' autonomy. Claims that construe an essentialist version of Islam and use it as an argument to rob women of their right to decide for themselves about their health or any other issue should be submitted to rigorous historical scrutiny.

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Further reading

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