Midwives as agents of Muhammad Ali’s “New Order”: Tradition, statehood, and authority in medical understanding of childbirth during the nineteenth century in Egypt

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Based on Muhammad Ali's goals for Egypt’s modernization and expansion during the nineteenth century, a large population would be necessary and beneficial (Ali, 2002, p. 24). The stability of Ali's rule allowed for population growth as desired, but the trend of expansion has persisted through to the present day and is now regarded as a problem. Family planning is a priority in the Country Cooperation Strategy for the World Health Organization and Egypt; it is targeted by foreign aid from both US- and UN-supported agencies. Egypt's government today takes a stance opposite to Ali's with regard to population growth; ironically, however, both regimes embody similar attitudes toward dayas (traditional midwives). I will argue that Muhammad Ali's institution of state-trained midwives served to conceptualize advanced scientific methods as capable of manipulating pregnancy and birth. I will discuss how this is a nation-building process and the implications of excluding the dayas in that process. I will also argue that the state-sponsored midwives' training demonstrates cultural transfer of European sensibilities regarding sexuality and conceiving children. I will conclude this analysis of the founding of the School of Midwives by commenting on the legacy of the observed patterns, with attention given both to the changes in women's roles in society and to modern family planning initiatives.

CLOT PROPOSES TRAINING MIDWIVES TO IMPROVE INFANT MORTALITY: CONCEPTUALIZING CHILDBIRTH AS AN EVENT THAT CAN BE PREDICTED AND CONTROLLED

The term nizam jadid, which translates to “new order,” is often used among scholars to describe Muhammad Ali's transformation of the Egyptian army. The previously-existing notion of military service was completely supplanted. A ragtag assortment of citizen soldiers became a disciplined and uniformed force that could not only defend, but also conquer. Military engagement went from an occasional necessity to a fulltime occupation. Various societal functions that were institutionalized in this way, but Sonbol comments on the unique importance of medicine, because it had implications in the “religious, social and economic affairs of Islamic society” (Sonbol 1991). A systemic overhaul was envisioned for the practice of medicine, and then specifically for midwifery, by the European doctor who advised Muhammad Ali on medical concerns of the army and of civil society. Muhammad Ali believed in following the advice of experts, and the experts that he consulted were usually European; in the case of medical reform, he particularly consulted Dr. Antoine Barthelme Clot, a Frenchman who had trained at the Hôtel-Dieu Hospital in Marseille and carried doctorates in both medicine and surgery from Montpellier, the oldest medical school in France (Sonbol 1991).

As chief surgeon to Muhammad Ali, Clot was asked to “exert every effort to arrest the disastrous losses” of soldiers due to camp diseases (Kuhnke 1990, p. 32). In connection with this objective, Muhammad Ali realized that “to have a healthy body of troops care had to be given to the general health situation of the population at large” (Fahmy 2002, p. 209). In addition, it was urgent that the general depopulation throughout Egypt be addressed, as Muhammad Ali needed both a military with enough manpower to increase the reach of his jurisdiction as well as a labor pool that would sustain the expansion of agriculture and industry. Clot's solution was to establish the nizam jadid in the practice of medicine. According to Clot, the native barber-surgeons (jarrahs) had “not a single scientific notion to guide them,” and that condescension was perhaps intensified in his attitude toward the traditional midwives (dayas). Clot's signature reforms of Egyptian medical education aimed to replace the backward indigenous practitioners with professionals in the image of his own training. He began with general medicine and surgery by founding a Western-style medical school in 1827 (Kuhnke 1990, p. 32). The curriculum emphasized the natural sciences, physiology, and clinical training. The students of Clot's school “wore army uniforms...and were subject to military discipline, the 'Turks' time-honored punishment of bastinado, beating the soles of the feet, sometimes with disabling effect” (Kuhnke 1990, p. 38). Clot argued for distinctive insignia on the army uniforms of his school's students, who graduated to become “senior health officers,” as Clot would not allow them to assume the title of “Doctor” (Kuhnke 1990, p. 40). The origins of the Egyptian School of Medicine confirm the priority of Muhammad Ali's army as patients for the school's trainees, but advanced students...
were dispatched to different quarters of Cairo during the cholera epidemic of 1831. The disease climate and child mortality rates both demanded that attention be given to the public sector; the general population included potential conscripts and pathogen carriers who came into contact with soldiers. After putting a mechanism into place to produce the European-tailored counterpart of the jarrah, Clot turned his attention to the daya.

The School of Midwifery also espoused the military tradition of the nizam jadid. Clot proposed to produce native midwives in Egypt of the standard of his senior health officers through this school (the Arabic name has alternately been translated as “School of Midwifery” and “School of Maternity”), which he founded in 1832. It was subject to army regulations and was under the jurisdiction of the Ministry of War (Kuhnke 1990, p. 125). Its program of study extended over 6 years including literacy training (Kuhnke 1990, p. 124). This school provides a second example of Clot’s personal legacy for reform, which resulted from his French training but ran counter to the European mainstream. The first example is in the training of the senior health officers; the curriculum neglected the classics in favor of clinical training whereas the typical European physician was a well-to-do gentleman with a traditional humanistic education who believed that “only training in the Greek and Latin classics could fit a young man to undertake medical studies” (Kuhnke 1990, p. 43). The copy of the Hippocratic Oath presented to each graduate of Clot’s school was an Arabic translation (Kuhnke 1990, p. 40). In addition, the movement that urged registration and licensing in the British and French medical profession “included a sustained effort to discredit and exclude midwives as an inferior class of practitioner” (Kuhnke 1990, p. 122). However, there was also “a strong tradition in France of official regulation and instruction for midwives dating back at least to the Bourbon monarchy’s concern about a population decline during 1770s” (Kuhnke 1990, p. 123).

A school exclusively for midwifery was founded in Paris in 1793 which offered a yearlong program that attracted women from all over France. Therefore, the heritage of the French medical service and the need for a substitute for the daya both determined Clot’s opinion that a School of Midwifery was needed in Egypt.

The significance of the nizam jadid in medical education is suggested by Timothy Mitchell’s commentary with regard to the nizam jadid throughout Ali’s policies. He notes the continuity between the changes introduced by Ali and those that were engineered by British colonizers approximately half a century later (Mitchell 1991, p. 46). According to Mitchell, the nizam jadid produced an effect that he called enframing, a “method of dividing up and containing” which created space both neutral and open to government regulation. Being neither personal nor private, neutral space was subject to the involvement and scrutiny of the state. Recognizing that categories of neutral space would break life down into “a series of discrete functions,” the details of personal histories were rendered as data. This provided the scaffolding for statistical analysis of Egyptians by establishing numerical measures on the Western standards of observation; there was no precedent for such scrupulous attention to information about individuals in Egypt, except what had been relevant for taxation. The consequences of this reimagining of space and life will be discussed in three ways relevant to the School of Midwifery: in contrasting the dayas with the school-trained midwives, in viewing pregnancy as a predictable and alterable sequence of events, and in asserting the state’s influence on the sex lives of Egyptians.

EVICTING THE DAYAS’ INFLUENCE: REDEFINING THE FEMALE CITIZEN AND REJECTING RURAL RELIGION

In Clot’s original vision, the school-trained midwives were to replace dayas; conflict between the two entities and what they represented would be necessary to achieving that goal. To Clot, the daya was the “symbol of the whole complex of ‘old-wives’ medicine’ with its magic potions, charms, and incantations, and he did everything in his power to undermine her persistent popularity” (Kuhnke 1990, p. 129). More than 90 percent of deliveries in Egypt were performed by dayas until the late nineteenth century, but they were increasingly blamed for infant deaths and unhygienic birthing practices. Clot’s school produced native-born Egyptian women practitioners to replace days, and this clear attempt to phase out traditional medicine was continued by colonial medical authorities (Ali, 2002, p. 85-86). As a metaphor for the nizam jadid, Clot’s action makes clear that Muhammad Ali’s Egypt was to be considered distinctly separate from what it was when he began his rule and that the new Egypt was to be constructed based upon the European standards of approval, so it could also be considered distinctly different from the rest of the Ottoman Empire. The conflict in the co-existence of school-trained midwives and dayas manifested in three ways that can be critiqued: in usurping tradition and experience with schooling as grounds for legitimacy and qualification, in contesting traditional respect for the unknown within the human experience, and in standardizing procedures for operation.

The standardization of schools and licensing symbolizes the rendering of education and training as measurable quantities; where the school-trained midwives were literate and up-to-date with Western theories of the human body, the dayas were illiterate and never subjected to exams to prove the accumulation of knowledge. Clot and the European colonizers who followed him attempted to substitute measurable knowledge for the traditions that are passed from daya to daya and from family to family through generations. However, the practitioners with their approval are shown still to lack universal acceptance by the rural Egyptians. Where Clot and the European colonizers blamed dayas for the magnitude of the infant mortality rate, evidently, the general population credited the dayas for keeping the rate from being higher. One of the differences between the daya and the doctor is of social distance; dayas are more emotionally supportive whereas professionalism acts as a social isolator in the European tradition (again, European doctors of this time were well-to-do and care of indigent village dwellers might inspire condescension more than humanitarian impulse). The daya today takes a defensive stance toward the Western brand of medicine that the state advocates for, based on the experience she builds of successful involvement in births. In an interview with a daya published by Kamran Ali, the daya describes the actions of a male obstetrician’s intervention in a breech birth “with exaggerated gestures” and says, “I have delivered more than thirty cases like this” (Ali 2002, p. 87-88). The nature of the daya’s defensive position demonstrates skepticism for the science espoused by licensed doctors and reafﬁrms faith and trust in the time-tested
methods that dayas have used for hundreds of years now. To Clot’s desired patient population, disease and hardship are not only facts of life, but also “symbolic expressions constructed by ‘culture’” (Sholkamy 1980). The persistence of the dayas’ role as a faith healer indicates that ideologically, Clot never managed to entirely dissuade the people of the countryside from deeply-rooted alternative concepts of health and illness (Sonbol 1991). The grip of their traditional paradigm may be attributed in part to the influence of Islam-based beliefs.

Treating pregnancy as a predictable and alterable sequence of events would undermine the moral arguments that proliferated through colloquial logic regarding states of well-being. The religious power elite (known collectively as the ulama) viewed this as a challenge to their authority on several fronts. One was in the control of education. Before the creation of schools under Muhammad Ali, “the only teachers in Egypt had been the ulama” (Sonbol 1991). This meant that they had unilateral influence over the “formation of the minds and morals of youth and ranked high in importance and prestige.” In direct reproof of the creation of the School of Midwifery, the ulama found their complaints more safely lodged against the graduates than against Clot and Muhammad Ali—they accused the state-trained midwives of being slow, inefficient, and of preventing religious rituals from being properly performed (Sonbol 1991, p. 58). In addition, the removal of girls from the private sphere to attend the School of Midwifery was hardly sanctioned by the ulama or by Egyptian parents (Sonbol 1991, p. 84). This resistance caused Clot extreme difficulty in recruiting the first students for the School of Midwifery; despite the state’s willingness to shoulder all the costs of the students’ training and upkeep, Clot ultimately obtained Ali’s approval to buy slaves for the school to have any students at all. But it was still not popular to consult graduates of the School of Midwifery at times of birth for several years (also in part due to the fear of the unfamiliar, of public exposure, as well as the inability to leave families at home until the last moment), and the government resorted to offering gifts such as clothing for infants in order for the state-trained midwives to have patients. While the preference for the dayas would certainly be one reason for this, there was also resistance to understanding childbirth with standards and common protocols according to Western medicine. Returning to the idea of defining space as designating the container and the contained, the pregnant woman would be a container for the fetus or infant, the contained. According to this perspective, the positive outcome of the pregnancy can be achieved with better results if childbirth is treated as a mechanical and physiological event of extracting contained from container. This paradigm eliminated the mystery that formerly only the dayas and ulama were trusted to interpret; they acted as families’ intermediaries with God in forecasting the health of a newborn during the birth. When the daya thought it necessary, she would go to a shaykh (religious scholar) to requisition special prayers (Ali 2002). This would never be expected of a school-trained midwife. The religious hierarchy was understandably opposed to the loss of this foothold in the consciousness of their believers as a consequence of the nationalization of an otherwise family affair. This blurring of boundaries between public and private carried over to the understanding of sexuality as conception’s antecedent.

CULTURAL TRANSFER: SITUATING EGYPTIAN WOMEN AS MOTHERS IN THE VICTORIAN FAMILY

According to Mitchell, designating neutral spaces has the power to diminish inaccessibility and invisibility as obstacles to state control; in the context of childbirth, Egyptians’ sexuality was thus brought under surveillance (Mitchell 1991). Although the ulama of the time would have preached prohibition of all sexual intercourse outside of marriage between a man and woman, this was not enough to repress prostitution, as it was uniquely tied to the nizam jadil of the military. Muhammad Ali’s policy of conscription meant that to an unprecedented degree, traditional family structures were strained by the absence of men for long periods. Wives who were virtually abandoned turned to prostitution as a means of livelihood; as the army traveled, it patronized prostitution locally. Sanctions still existed against public exposure of women as entertainment and gave stimulus to the business of khawwals, or male dancers (Marsot 1984).

The mindset of Clot and the European colonizers was aligned with that of the ulama on these issues, and Clot asserted the agency of the state-trained midwives to mitigate them. As the women over whom Clot had the most control, the students of the School of Midwifery were the immediate target of that agenda. In Clot’s desperation to recruit students, he simultaneously satisfied two objectives and offered midwifery as an alternative livelihood to prostitutes (Fahmy 2002). Women were not allowed to leave the school of midwives before they were married, and marriages were arranged to male health officers “to enable both of them to practice their sciences together” (Kuhnke 1990, p. 126). In addition, for any women who were declared missing by their families and then were found and returned to their families by the state authorities, Clot directed his midwives to check their virginity (Fahmy 2002). This represents an utterly novel means of monitoring civilians’ sexuality.

A parallel can be drawn between the state’s attempts to regulate the sexual lives of its citizens during the nineteenth century and today. The actions of the school-trained midwives, as directed by Clot, served to reinforce the Victorian conceptualization of sexual activity as a necessity for childbirth but subject to strict discipline in all other respects. As part of a nationalist project, the state-trained midwives answered to the state, and it followed that childbirth and motherhood became responsibilities to the state as well. The insistence on discipline and responsibility in determining the care of mothers in childbirth implied a stake in the future of the nation as a new generation of citizens (and potential conscripts) was coming into being. This theme of responsible motherhood prevails through the development of Egyptian identity, as it has continued to present day and is described amply in the writings of Qasim Amin and Rif’a al-Rafi’ al-Tahtawi, who had great influence as nationalists in the late nineteenth and early twentieth centuries (Mitchell 1991). The difference for modern Egyptian mothers is that the government encourages birth control in addition to consultation of licensed doctors over dayas. Both Ali’s initiation of government regulation in what was previously the dayas’ exclusive domain and the government’s advocacy of birth control represent the reimagining of birth and pregnancy as events with discrete consequences that concern the state.
CONCLUSION

With Muhammad Ali’s sponsorship, Clot set in motion a process of reorganizing women’s healing and birthing practices to displace dayas with modern medicine. Although the dayas’ presence has not been eliminated, it is now limited to rural Egypt, which is more removed from the processes of nationalization, modernization, and globalization that have impacted the cities. This paper has crystallized three objectives on the part of Antoine Clot that were in some way satisfied by his founding of the School of Midwifery, stemming from his blame of dayas for the high infant mortality rates in Egypt when Ali came to power: conceptualizing pregnancy and birth as events with aspects that can be controlled by humans according to modern science, rather than being left to God, creating a signature of Muhammad Ali on Egypt in the arena of medical reform which rejected the dayas and what they represented, and supporting the paradigm of Victorian motherhood with discipline of sexuality and conceptualization of motherhood as a patriotic duty. This discussion can be concluded with a few comments on the School of Midwifery’s legacy for the medical profession and public health in Egypt.

The process of establishing nizam jadid paved the way for European colonization, but also gave rise to the nationalist notion of Egypt. At the time Muhammad Ali came to govern Egypt, it was a province of the Ottoman Empire; when his rule ended, it was on its way to fitting the modern definition of a nation-state. Obedience to the policies of Ali and Clot was not voluntary, but the people were conscious in following them and engaged them with their hearts and minds. The School of Midwifery was a unique contribution to the Egyptian nationalist process in two important ways: it enfranchised women in Ali’s bureaucracy and in the medical profession that was to be recognized internationally thereafter, and it supplemented the growth of the young public health system, which had never before existed in such an organized manner. The school-trained midwives were part of Muhammad Ali’s programs of disease control for cholera and of vaccination for smallpox, and served in various other medical capacities such as in the conduction of autopsies. Putting women in this role and defining that role in a secular, European-influenced framework induced competition between the state and ulama which would feel very familiar in the colonial encounter, but would also put Egypt in a different position than any other part of the Ottoman Empire after that encounter. Marsot describes that position as having prepared Egyptian women to cast off the shackles of patriarchy much earlier than women in other parts of the Middle East (Marsot 1984).

It is difficult to clearly correlate the involvement of the state-trained midwives with any decrease in infant mortality, but the phenomenon of depopulation was reversed within Ali’s rule. At the beginning of the nineteenth century, Egypt’s population was less than 3 million; it was near 10 million by the end (Sonbol 1991, p. 57). As overpopulation has taken the place of depopulation as the state’s concern, the state’s involvement in pregnancy and childbirth is just as important now as it was in the nineteenth century, and the conflict between the state and traditional ideologies continues from where it started with the introduction of the School of Midwifery.

REFERENCES


