"We, the Sexologists . . .": Arabic Medical Writing on Sexuality, 1879-1943

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“We, the Sexologists . . .”:
Arabic Medical Writing on Sexuality, 1879–1943
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Between 1895 and 1905 about a dozen letters were published in the Cairo-based periodicals al-Muqtataf (The digest) and al-Hilal (The crescent) about “the harmful habit,” namely, masturbation. In one letter, a thirty-five-year-old man wrote that he learned from al-Hilal of the “frightening” perils of the habit and wished to know whether at his age he could still stop. The editor’s reply was affirmative, and he recommended physical exercise, as well as serious reading rather than cheap love stories. In another letter, a nineteen-year-old noted that it was advice he read in al-Hilal that helped him rid himself of the habit. This habit, he claimed, indeed caused mental and physical deterioration, weakness of memory, and jaundice. To regain his strength, al-Hilal again recommended physical exercise, good sleep, and a healthy diet. In another instance, the editor denounced masturbation as a cause for the decline of nations, a maggot in the body of society and in the body of civilization itself.

These published confessions and testimonials of self-discipline are not isolated incidents but are found within the context of mobility and translations of scientific discourses on sexuality in the late nineteenth and early twentieth centuries. They also form part of an emerging middle-class identity within, between, and beyond the two main urban centers of the Middle East at

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1 “al-‘Ada al-muddira,” al-Hilal 9, no. 6 (1 January 1901): 214.
the time—Beirut and Cairo—as both science and the printed press played a significant role in the formation and consolidation of middle-class visions of modernity. Finally, the subject of these debates was decidedly gendered, as the body of the young effendi (an emerging class of middle-class professionals) man became a site of discipline and self-discipline.

This article explores Arabic scientific discussions of sex written from the 1880s to the Second World War, a period considered as the heyday of scientific sexology. It looks at how medical doctors and their readership understood, interpreted, adopted, and adapted new concepts and discourses, ascribing new meanings to global ideas in a local context. Wilson Jacob, Joseph Massad, and Hanan Hammad have already examined instances of this debate, but not as a body of textual products inspired by European scientific sexology of the time.

This article builds on and contributes to a growing body of literature on sexual science in translation that examines how medical doctors and social reformers translated this discourse into local practices. Most of this work, however, focuses on the European context. Born out of nineteenth-century colonial and racial discourses, scientific medicine of the time constituted the white male body as its norm and situated other bodies within a racial and gendered hierarchy in which those “others” were always found to be wanting. The examination of sexology outside of the European context that spawned it thus involves asking how it was read by those consistently described as deficient by this scholarship.

My work on sexology in the Jewish Yishuv in Palestine and, more notably, Sabine Frühstück’s work on Japan have examined how Jews and Japanese, respectively, embraced scientific sexology and responded to the


racial assumptions inherent in eugenics. In a similar vein, the emerging middle class in Middle Eastern cities was engaging with Western assumptions regarding their incompatibility with modernity. They responded, in part, by advocating reform of both the political and the domestic spheres, including the discipline of individual bodies.

In his work on sexual discourses in the Ottoman Empire, Dror Ze’evi argues that the encounter with Western prejudices about Islamic sexuality silenced multiple discourses that had existed for centuries. In creating counternarratives to traveler accounts that saw Ottoman sexuality as promiscuous, Ottoman writers presented their society’s morality as based on gender segregation and a heterosexual ethic. Even medical texts, Ze’evi further argues, “seem to deny the existence of sexual drive and the possible implications of sexual discourse.” I agree that sexual discourse was profoundly transformed in the late nineteenth century, but those varieties of discourse were not replaced by silence. Rather, a scientific medical discourse seeking to regulate sexual contacts and pleasure according to new domestic bourgeois and bureaucratic modes replaced the earlier discussion of pleasure and desire described by Ze’evi and others. Like contemporary European discourse, silence was a powerful rhetorical device that accompanied, but did not replace, a genuine discursive explosion.

**Middle-Class Identities between Cairo and Beirut and the Colonial Gaze**

Benoît Boyer, a French doctor commissioned in 1895 to inspect health conditions in Beirut, described what he found to be the cause of disease in the city: “alcoholic and venereal excess, long night-outs, the emotions of gambling, the maneuvers of masturbation, repeated up to 15 times a day.” Like many travelers and colonial officers at the time, Boyer attributed what he saw as the backwardness of the East to the deficiency of local habits and individual bodies. The seclusion of women, polygamy, and easy divorce were criticized, but as this example shows, male bodies were also attacked as lacking in self-control and consequently degenerating. Sexual discourses from the late nineteenth century onward emerged within such colonial discourse on difference. Thus, Western assumptions of the inherent

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10 Ibid., 46.


incompatibility of Arabs and/or Muslims for modernity set the terms of the debate that emerged within Ottoman/Arab/Egyptian middle-class circles.\textsuperscript{13}

The fin de siècle witnessed the development of an urban middle class in Egypt and the Arab Ottoman provinces. In late nineteenth-century Beirut it was a bourgeoisie educated in missionary schools, alienated from both the common people and local elites. They dressed, talked, and dined differently, and they mingled freely with women.\textsuperscript{14} Likewise, late Ottoman Aleppo’s middle class measured itself against an imagined European equivalent. Public lectures centered on improvement of social life in line with this model and notions of Ottoman backwardness compared to civilized nations.\textsuperscript{15}

Part of the cultural debates produced and consumed by this growing social class was the need for reform—of the Ottoman Empire, the nation or the East in general—to meet the challenges of modernity and Western domination. “Why are we backward?” was a constant theme in these debates. It echoed Western perceptions of the East but also became a genuine concern of Arab intellectuals. Being modern did not mean just transforming the political or economic sphere; it required modifying the very intimacy of one’s conduct, family life and interactions between spouses, clothing, and more. Women’s rights were important in such debates, a theme well represented in historical scholarship. But no less important was the need for profound reform of male conduct and selfhood. As opposed to the colonial or Western portrayal of the Arab/Muslim/Eastern body as undisciplined, irrational, weak, emasculated, and lacking in self-control, notions of middle-class masculinity propagated the importance of physical fitness, with the degeneration or improvement of individual bodies intimately associated with that of the body politic.\textsuperscript{16}

Controlling and disciplining sexuality became part of creating a respectable modern middle class. Like the Indian body described by Gyan Prakash, the Arab body was presented as affected by unhygienic habits and superstitious beliefs, consequently requiring modern knowledge and tactics in order to reform it. The Arab elite, in turn, advocated sexual discipline as a means of national regeneration.\textsuperscript{17}

\textsuperscript{13} Jacob, \textit{Working Out Egypt}, 276.
\textsuperscript{15} Keith David Watenpaugh, \textit{Being Modern in the Middle East: Revolution, Nationalism, Colonialism, and the Arab Middle Class} (Princeton, NJ: Princeton University Press, 2006), 86.
Science played an important part in these debates. As Keith Watenpaugh notes, the separation of knowledge from faith connoted modernity, and the social sciences seemed to promise a cure to a multitude of individual and social ills. New knowledge was shaped to fit the requirements and social expectations of a national public discourse. Here medicine enjoyed a privileged position because, for the first time in human history, it could truly tame nature and cure diseases that had previously been only contained, bringing about a substantial decrease in human mortality. In the Middle East, the Ottoman sultan and Egypt’s governor had founded medical schools in Istanbul and Cairo by the 1820s; two other schools were later founded by missionaries in Beirut. These schools were among the first to offer modern higher education, and they situated medical doctors at the core of middle-class reform. By the 1920s Egyptian doctors had begun to assert their national professional identity against the domination of foreign doctors and demanded to be seen as equals. They created their own institutions to promote local research as an essential professional practice, asserting their own legitimacy and prestige.

A new kind of publication, the literary and scientific periodical, first appeared in the region in the 1870s. Journals such as al-Jinan (The gardens), al-Muqtataf, and later al-Hilal introduced scientific knowledge, humanistic principles, women’s rights, and new literary genres. These journals were printed and produced in Cairo, Alexandria, and Beirut, and their editors and contributors prided themselves on their regional and even global authorship and readership. Thousands and later tens of thousands of Arabic readers were exposed to these publications throughout the Arab provinces of the Ottoman Empire and beyond. As shown by Ami Ayalon, Beth Baron, Marwa ElShakry, and Fruma Zachs, many of the readers wrote back, contributing to regional debates on topics as varied as the revival of the Arabic language, Darwinism, and women’s rights. Few owned their own copies, but cafés, reading rooms, and cultural clubs exposed a growing literate (and even illiterate) public to such texts. These journals promoted physical culture as an exemplary modern

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practice. They also hailed the superiority of science in comprehending and even transforming the material and social world. Importantly, the majority of readers and writers were men. In 1900, for example, 6 percent of Egyptian men were literate compared to only 0.2 percent of women.21

At the same time, these journals also published hundreds of translated, adapted, or originally authored novels and tales, including romance, science fiction, and detective stories, in serialized format. Some of these novels idealized romantic love, including the free choice of marital partners. Echoing contemporary concerns, literary critic Muhammad Badawi notes that such translations “attained popularity that was felt to be alarming by the educated minority” for their “poor and vulgarized” style and language.22 Analyzing this literary production is beyond the scope of this article, but, going back to one of the examples that opened this article, young men were reading “cheap love stories” as well, and these formed part of their understanding of modernity and sexuality and how they should be talked about.23

LET’S TALK ABOUT SEX

When Faraj Fakhri, a Berlin-educated medical doctor and self-styled sexologist, wrote in 1924 that former generations were ignorant of the “science of sexuality” (‘ilm al-tanassuliyyat) as much as they were ignorant of the wireless telegraph, he singled out the science of sex as a privileged domain of modernity.24 Like Fakhri, reformers and medical doctors who started writing about sex in Arabic presented themselves as


24 Faraj Fakhri, al-Mar’a wa-falsafat al-tanassuliyyat (Cairo: al-Matba’a al-‘Asriyya, 1924), 6, 23–40. Apart from Fakhri’s own testimonials of his medical background, I found no biographical information about him. When possible, biographical details are noted here for the authors, but for many, no such information was found.
liberating their readers from the hold of custom and organized religion and thus situated themselves as the vanguard of a modern and enlightened East. The terms used for “sexuality” and “sexology” derive from the word *tanassul* (*‘ilm al-tanassuliyyat* for “sexology”), which means “reproduction.” The word *jins*, which is used for “sex” today, acquired this meaning only in the early twentieth century.²⁵

More than a dozen books on sex were published in Arabic between 1880 and the Second World War. The ones I managed to trace are listed in the appendix. Most authors were medical doctors educated in one of the schools noted above. Two of them (Sa‘id Abu Jamra [1871–1955] and Ibrahim ‘Arbili) immigrated to the Americas, Abu Jamra to São Paulo, Brazil, and ‘Arbili to New York. Both edited literary journals in their new locales and thus saw themselves and acted as public intellectuals alongside their medical practices. Some of these authors were general practitioners for whom a text about sex was but one project; Shakir al-Khuri (1847–1913), for example, taught ophthalmology at the Saint Joseph College in Beirut. Others considered sexual medicine, social medicine, or venereal diseases as central: Faraj Fakhri was a dermatologist and a venerealogist who returned from studies in Germany with the intention of popularizing sexology in Cairo and even planned to establish a sexology institution, following the German example; Portocalis Bey specialized in venereology; and Fa‘iq Shakir (1892–1962) worked in a government hospital in Irbil, Iraq, isolating and confining prostitutes with venereal diseases in the early 1920s before rising to higher positions in the Iraqi civilian and military medical administration.

As noted above, Ze’evi argues that the encounter with Western prejudice on Arab/Islamic sexuality virtually silenced Ottoman sexual discourses. My argument, instead, is more in line with Foucault’s portrayal of Western sexual discourses: talking about sex did not stop; rather, it was profoundly transformed. Ze’evi describes Ottoman medical discourse on sex as focused on sexual desire and pleasures; men’s desire (for both women and beardless boys) also featured in literature and poetry. What one can find in the late nineteenth century, instead, is a discursive explosion that adopts bourgeois rules of propriety and respectability and thus avoids certain terminology but not the discussion of sex itself. Regulation, moreover, much more than desire, is at the core of these debates.

Beginning in the late eighteenth century, Foucault argues, the traditional control of forbidden relations was reproduced in a new form, namely, the control of the “flesh” in the basic impulses of concupiscence. So, instead of denouncing the fornicator for violating the rules of society, modern societies target unproductive bodies whose desires and pleasures supposedly violate the rules of nature. The masturbating boy thus became one of the chief targets of this regulation. His unsupervised free time became an object of

²⁶ See, for example, Dror Ze’evi, *Producing Desire*; and El-Rouayheb, *Before Homosexuality*. 
control both within the family unit and in school. The Malthusian reproductive couple was also to be regulated and socialized because the quantity and quality of progeny became a national preoccupation in the nineteenth century.\textsuperscript{27} The forbidden pleasures of individual bodies were significant because perverted sexuality was assumed to affect the entire population. Medicine thus acquired authority over both the individual body and the population with both disciplinary and regulatory effects.\textsuperscript{28} In the Middle East, since the social body was assumed by both colonial and local observers to be diseased, the ability of science to diagnose and heal empowered doctors to abandon the old in favor of the new.

In the context of Western medicine, again, a discursive explosion was disguised as silence by changing the vocabulary: unauthorized expressions were expunged; allusion and metaphor replaced explicit terms; new rules of propriety were adopted, redefining when and where it was inappropriate to talk, under what circumstances, and about which social relations.\textsuperscript{29} These changes in vocabulary and propriety also granted medical doctors a privileged position as harbingers of progress—as Fakhri claims, tantamount to the arrival of the telegraph. As Foucault argues, “If sex is repressed, that is, condemned to prohibition, nonexistence, and silence, then the mere fact that one is speaking about it has the appearance of deliberate transgression. A person who holds forth in such languages places himself to a certain extent outside the reach of power; he upsets established law; he somehow anticipates the coming freedom.”\textsuperscript{30}

In the writings of practitioners and reformers from the late nineteenth century onward, talking about sex connoted modernity. When citing medieval Arab medicine they sometimes used it as a reference point to distinguish themselves from an ignorant and superstitious past—or more often, from the ignorant and superstitious lower classes, who were to be reformed and rid of their older ways. Some cited the eleventh-century Ibn Sina/Avicenna, for example, to establish that some scientific facts were long known to the Arab medical profession. Abu Jamra, originally writing in 1902, cited both Avicenna and the tenth-century Persian physician ‘Ali bin ‘Abbas al-Majusi but explained that their recommendations and conclusions, some of which might have been valid, had no scientific basis. Medieval Muslim physicians had indeed described some of the phenomena that nineteenth-century physicians were interested in, he maintained, but


\textsuperscript{29} Foucault, \textit{History of Sexuality}, 17–18.

\textsuperscript{30} Ibid., 6.
without the advantages of modern scientific methods and knowledge.\textsuperscript{31} He cited medieval doctors, he explained, only because “I know from experience that many people still hold such opinions, believe them to be true and follow their advice. My purpose is to show people the facts, so they do not attach too much importance to such sayings.”\textsuperscript{32}

From this vantage point, the main “others” of the modern medical profession were “charlatans” to whom people kept resorting. Medical doctors saw them as stumbling blocks on the way to modernity. Their description brings to mind Western and colonial depictions of the Arab as undisciplined, idle, and ignorant. Here they can be read as undermining the effendi male subject’s self-discipline and the discipline of his lower-class counterpart. Foucault saw this reliance on popular medicine as a kind of resistance to the “obligatory medicalization” of bodies and illness.\textsuperscript{33}

Without the guidance of doctors, warns Fakhri, people buy invigorating medicine remedies from “charlatans . . . whose prices can feed a poor family for six months” and might in addition be harmful or even dangerous.\textsuperscript{34} Shakir al-Khuri, writing in 1878, mentioned charlatans prescribing remedies for irregular menses when medical intervention was in order.\textsuperscript{35} Similarly, in his article on male sexual dysfunction published in \textit{al-Sibha} (The health) magazine in 1888, a medical doctor called Muhammad Mustafa explained that his purpose is to “guide people about the truth and remove dominant errors from people’s minds,” namely, the advice and remedies of those charlatans who “pretend to treat such ailments without even knowing their causes.”\textsuperscript{36} Such medications might be harmful or simply ineffective, but, more importantly, the fact that their providers failed to offer scientific explanation relegated them to an inferior position.

Many of the authors discussed here saw their goal as liberating their readers from the silence imposed on human sexuality by custom and organized religion. Discourse on sexuality was accompanied, then, by what Foucault observed (in the European case) as an infinite talk of silence. Modern society, Foucault argued, “has been loudly castigating itself for its hypocrisy . . . speaks verbosely of its own silence, takes great pains to relate in detail the things it does not say.”\textsuperscript{37} A medical doctor called Muhammad Kamil Barada, for example, similarly maintained in a 1943 book that since

\begin{itemize}
  \item Ibid., 201.
  \item “al-‘Anana wa-siḥbat al-jihaz al-tanussuli,” \textit{al-Sibha} 1, no. 6 (January 1888): 167–68.
  \item Foucault, \textit{History of Sexuality}, 6–8.
\end{itemize}
human thought had been liberated from the shackles of religion, science paved the way for a discussion and rational understanding of the hitherto silenced topic of human sexuality. Three decades earlier, another medical doctor, Ilias al-Ghadban, offered a comparative discussion of the male and female orgasm and highlighted the superiority of science in finally resolving a question that people had been pondering for generations.

Shakir al-Khuri’s book—the earliest text discussed here (originally published in 1878)—is somewhat reminiscent of medieval medical texts. Its title rhyme, a style abandoned by the late nineteenth century. He also used Galenic humoral theory to explain different sexual tempers, a theory that Ze’evi finds in earlier Ottoman texts but that is not even mentioned in later texts. Faraj Fakhri, whose works were published in the interwar period, in contrast, was explicitly inspired by German sexology. He cited, for example, Magnus Hirschfeld, Havelock Ellis, and Iwan Bloch. He defined himself as a sexologist and wished to establish a sexology school in Egypt modeled after the German example. Most other authors, however, did not go beyond general references to Western journals or scientists.

These physicians also asserted their authority by basing their knowledge on clinical observations. In so doing, they also claimed a new source of authority that did not rely on “superstitions,” classical or religious texts. Abu Jamra described his clinical experience in treating impotence, spontaneous ejaculation, infertility, and hysteria. Al-Khuri discussed treating a twenty-four-year-old Syrian immigrant to Egypt whose multiple symptoms turned out to be the outcome of masturbation. Fakhri visited brothels in both Egypt and abroad accompanied by policemen and other physicians and relied on these accounts, for example, when describing sadomasochistic practices in Parisian brothels. He treated students with venereal disease who were too embarrassed to ask their parents to fund their treatment, and he examined dozens of homosexuals and lesbians. Finally, Al-Shakir relied on his experience as a government physician in Irbil, isolating and confining prostitutes infected with venereal disease.

40 Al-Khuri, Tuhfat al-raghib, 26–33.
41 Abu Jamra, Hayatuna al-tanassuliyya, 140–41, 157, 205, 226–27, respectively.
42 Al-Khuri, Tuhfat al-raghib, 17–18.
44 Fakhri, Amrad al-tanassuliyya, 431.
45 Fakhri, al-Du’f al-tanassuli, 144n1, 147. The terms used are male and female versions of liwata.
46 Fa’eq Shakir, Kitab al-amrad al-zuhariyya (Baghdad: Matba’at al-‘Ahd, 1934), 130.
Reception

One of the main sources for this article is Israel’s National Library in Jerusalem, which in 1948 confiscated libraries of “absentees,” that is, Palestinians who fled or were expelled from their homes by Israeli forces during the 1948 War.\footnote{Gish Amit, “Matzeva meshuna: Isuf ha-sifriyot ha-falestiniyot mi-maarav yerushalayim be-milhemet 1948 ve-gilguleihen be-veit ha-sfarim ha-leumi ve-hauniversita‘i,” Teoriya u-bikoret 35 (2009): 11–36.} None of the texts examined here were authored in Jerusalem, but all of them were read there. Indeed, library catalogs in Jerusalem are one source for the reading preferences of Jerusalemites, who at the beginning of the twentieth century were exposed to the newest writings on science, history, politics, and religion. In these libraries, books and periodicals were widely accessible to a reading public.\footnote{Rashid Khalidi, Palestinian Identity: The Construction of Modern National Consciousness (New York: Columbia University Press, 1998), 54.} They also demonstrate the extent to which intellectual discussions of human sexuality crossed borders between and beyond Cairo and Beirut and were not confined to experts.

The books stored in the National Library, moreover, provide some indication of their reception, in Palestine at least, during the early twentieth century. Schoolchildren’s signatures and scribbles and dedications by the authors attest to these books’ popular reception prior to their repossession. Records of original ownership are no longer available, but some books still carry handwritten marks of their owners. One such owner was George Khamis, an inspiring health and English teacher in Jerusalem’s Teachers’ Training College.\footnote{Nikula Ziyada, “Jurj Khamis alladhi lam yastati’ al-qu’ud min dun ‘amal,” al-Mustaqbal, no. 1762 (28 November 2004): 13.} Such men of letters, at the periphery of modern Arab science and literature, were presumably the target audience of these books. Since he was a teacher and an instructor of teachers, the influence of the texts Khamis owned and read doubtless spread to his students. Arab reading of sexology, then, is about not only a handful of scholars or texts but also intellectuals, reformers, and readers who endowed it with meaning and integrated it into their perceptions of their own bodies.

Another way of assessing the reception of these books is to look for book reviews, intertextual references, and second editions. Shakir al-Khuri’s book, for example, was very popular. When it was republished in 1899, twenty years after the first edition, the publishers claimed that its reputation and popularity were uncontested: “There is no Arabic speaker who did not benefit from this book or who had not heard of it.”\footnote{Al-Khuri, Tuhfat al-raghib, 1–2.} In an introduction to his translation of Portocalis Bey’s book, Da‘ud Barakat (1870–1933), then the editor of the Egyptian daily al-Ahram, noted about al-Khuri’s book in 1907 that “it was published in Beirut a long time ago, and was hardly distributed, because some simple-minded people prohibited the youth from...
reading it, in spite of the fact that its author directed it specifically to young men, whose very youth blinds them to see the specific dangers they are facing. But a few years after its publication, it became very widespread; it is seized by all hands, and I can hardly see a Syrian young man who hasn’t read it and hasn’t benefited from it.” 

In the introduction to his book, Sa’id Abu Jamra explained that his original target audience was young male immigrants who were no longer supervised by their communities and thus liable to stray from the path. The second, extended edition of his book was published in 1906 in Cairo after the publisher received dozens of letters and queries from Syria and Egypt but also from “lands as far away as” India, Ceylon, Persia, Zanzibar, and Tunisia.

*Al-Muqtataf* recommended some of these books to its readers, sometimes ambivalently, evoking Foucault’s discussion of silence and speech: open talk about sex connoted modernity and progress, but insinuation and euphemism, at least in the printed press, were considered more appropriate. About Abu Jamra’s book, the periodical opined in November 1902: “Some matters were published whose reading might be harmful, in our opinion, even if they are valid and true in their own right. It should be said, on the other hand, that its advice and warnings make its benefits outweigh the harm.”

Regarding al-Khuri’s book, its reviewer commented that the author “followed French authors in pointing out health benefits in a straightforward manner, even things that popular books usually refrain from mentioning.”

And of ‘Arbili’s book a reviewer wrote in 1916: “The author was forced to include in his book many matters that people normally refuse to talk about openly but that are extremely important for maintaining the human race. . . . We are not sure whether people of all ages would read such a book or whether to limit its reading to married men and women. We have no doubt that many would want to read it.”

Similarly, when *al-Hilal*’s editor recommended Abu Jamra’s book, published by the journal’s publishing house, he did not say what the book was about. Some of our family problems, he said, are in issues we are too embarrassed to talk openly about; ignoring them, however, would be harmful to our health and might also be harmful to our families. Similarly, he warned, there are many dangers threatening adolescent boys, especially habits that might be harmful to their morality and their health: people’s secret lives are sometimes more harmful than their public lives. The actual contents of the book, he explained, include terms and phrases improper for a journal read by both genders and all ages. “But reading this book is essential for

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fathers, thanks to the valuable advice it provides for the upbringing of both boys and girls—they should read it secretly, in solitude, and save themselves and their families from many evils.”

Girls and women are also mentioned in an article on male infertility. The author apologized to his readers that he could not go into too much detail: “Since there are women and girls among the readers of this journal, it would be decent of us to refrain from using immoral medical phrases.”

It is clear from the discussion above that diverse discourses on sexuality were not replaced by silence but rather by new forms of speech. Unlike medieval medical texts, which were the privilege of a handful of medical doctors, turn-of-the-century texts were available to a growing reading public. This public used texts for entertainment or guidance, interpreted or debated them, and wrote back; they kept them in their libraries and lent them to friends. These books were also perceived as dangerous: some of them were meant for fathers, but young men and women read them as well; others were meant for adolescents, but then no one could control what they were actually reading behind closed doors. Sexual scientific knowledge was thus popularized in a way that Ottoman and medieval texts could not be.

**DOMAINS OF INTERVENTION**

The political entities that governed the region during the period under review significantly transformed. Until its collapse as a result of World War I, the Ottoman Empire governed the territories that later became Syria, Lebanon, Palestine, Jordan, and Iraq. Egypt enjoyed an autonomous status from the empire but was occupied by Britain in 1882. Following the war, former Ottoman provinces were under the rule of French or British mandates and gained their independence only in the 1930s and the 1940s.

Health, medicine, and hygiene came to be regulated first in the Ottoman Empire and Egypt and then in the European mandated possessions and Arab nation-states in unprecedented ways. Births and deaths were registered, medical doctors and related professions were licensed and regulated, and urban refuse was treated. In most urban centers of the Middle East, colonial occupation also meant registration and regulation of prostitutes, who were subjected to weekly medical examinations. The regulation of doctors and prostitutes, however, was not central to scientific debates on sexuality; rather, the body of the middle-class man was regulated.

Medical discourse on sex, like the example of masturbation that opened this article, focused on disciplining the male body and controlling its desires, first, the bachelor who masturbated and frequented prostitutes, then the newly married man whose desire was erratic and uncontrollable, and finally the elderly man who was too sexually active for his own good. Female

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57 “al-‘Uqm fi al-rijal,” *al-Fawa’id al-sihhiyya* 1, no. 7 (1 June 1892): 97.
sexuality was not absent from these accounts, but the target audience was clearly male: thus, the prostitute was present mainly as an infecting agent that the male body should be protected from (or disinfected shortly after contact), while the bride was the one to be gently approached but rarely as a subject in her own right.

Hanan Kholoussy suggests that turn-of-the-century Egypt was morally panicked about young effendi men who refused to get married, preferring “freedom” or even prostitutes to their national duty to marry and procreate. Men were allegedly avoiding marriage so they could spend their time and good money drinking and frequenting brothels. Prominent reformer and grand mufti Muhammad ‘Abduh (1899–1905) argued that marriage turned men into healthy and productive citizens, and its promotion would rid the nation of venereal diseases. Shakir al-Khuri (writing originally in 1878) saw bachelorhood as morally deplorable. Since no one awaits them at home, he argued, bachelors tend to frequent taverns and brothels. Since nothing ties them down to a home and family, moreover, nothing deters them from committing crimes. Such understanding of the bachelor, the unproductive and undisciplined male body, found its way to medical discourses on masturbation.

Many authors dedicated at least a couple of pages to the wedding night. The male reader was advised on how to avoid intimidating his inexperienced bride. Abu Jamra explained in 1902 that the first sexual contact might be painful or even traumatic for women. To mitigate this experience, women should be approached very gently. Such pain might also have physiological reasons, such as anatomical incompatibility between male and female sexual organs, or because the anatomy of the hymen might be blocking the vagina, possibly requiring a mild surgical intervention. He also cautioned his readers that inexperienced grooms might experience premature ejaculation, which was not only natural but also indicative of morality and premarital chastity.

In the Middle East as elsewhere, regulation of prostitution was imposed on female bodies. In Syria, Lebanon, and Iraq, as well as in British colonized Egypt, regulation was imposed on colonized women alone. In the Egyptian case, the struggle against regulated prostitution became one of the symbols of anticolonial resistance. Here again, medical discourse focused on disciplining men—maybe because women had already been subjected to regulation or because the target audience was largely male. Both Fa’iq Shakir and Faraj Fakhri, in interwar Iraq and Egypt, advised men on how to protect themselves against venereal diseases and disinfect their intimate

organs in case of unprotected sexual intercourse. Shakir suggested that the Iraqi government provide free treatment for VD patients and conduct compulsory medical examination of prostitutes.⁶² Fakhri advised the abolition of regulation, dispensing free medication to and special hospitals for those with venereal diseases, and sexual education in high schools and universities.⁶³ Portocalis Bey, writing in 1906, recommended free clinics in red light districts for clients seeking first aid and immediate disinfection.⁶⁴

These doctors’ writings on prostitution, then, were concerned mainly with the male body and its disinfection after contact with the prostitute’s infected body. All three commented on what they saw as a significant threat to individual men and the health of the nation at large. All had treated syphilitic patients and prostitutes. Both Shakir and Fakhri wrote their texts for men who had been sexually active, probably patronizing prostitutes, before their marriage. Shakir advised men to avoid sexual intercourse two months before their wedding, make sure they were not infected with venereal diseases, and get treatment if they were. He also cautioned doctors that a spouse’s venereal disease should not be privileged information and that doctors should inform patients’ wives. He also suggested that lectures on the subject be given to all army recruits.⁶⁵

One of the main preoccupations of authors and readers was with masturbation or the failure of bodies to control their urges when alone and unsupervised. As noted above, lack of discipline was often described as one of the traits of the Eastern man, and the writings of medical doctors and laymen against “the habit” were designed to create fit young men and thus a fit nation. Texts had instructive and diagnostic functions in this regard. As the opening examples demonstrate, men used texts to diagnose their problem and used writing as a form of confession, an incitement to speech, as Foucault called it, that was to correct not only the individual body but also the national collective.

Thomas Laqueur analyzes eighteenth-century anxieties regarding masturbation as enactment of Enlightenment fears of the perverse effects of its own freedoms: privacy, self-gratification, and self-sufficiency. The spread of literacy among both men and women, moreover, meant independent and uncontrollable access to knowledge and to literature: reading arouses and instructs, edifies and corrupts at the same time. Both the huge popularity of new literary genres and their perceived danger have been mentioned. Antimasturbation literature, in turn, was a pedagogical project of creating self-governing human beings capable of meeting the responsibilities of civil society.⁶⁶

⁶⁴ Burtakalis Bek, *Al-Baqba*.
In the case of the Middle East, a new private press, a growing reading public, higher education, and particularly medical education meant young men studying away from the close supervision of family, marrying later in life, and being exposed to new knowledge of their own bodies. It was in medical and scientific journals that national well-being was associated with individual self-discipline. The “others” of national modernity were those who shirked their national duty of self-control, self-improvement, and ultimately procreation.

Whereas earlier texts depicted masturbation mainly in negative terms, later ones referred only to excessive masturbation as harmful and further noted that anxieties surrounding it could be more harmful than the act itself. Such transformation was related, no doubt, to the “rehabilitation” of masturbation in contemporary Western medicine. Around 1900 masturbation was associated with some of the middle-class anxieties around prolonged bachelorhood, modern higher education, and literacy, all of which involved unsupervised exposure of young men to printed texts. Debates in *al-Hilal* and *al-Muqtataf* reflected such concerns.

According to Shakir al-Khuri, masturbation (*istamna*) had noticeable effects: masturbators avoid company, they bow their heads as they walk and shift their gaze, their skin is yellowish, and their memory fails them. In extreme cases, masturbation may lead to madness, cardiovascular disease, and even death. Al-Khuri recommended physical exercise, cold showers, and avoiding heavy meals at bedtime. He also cautioned parents to watch their children’s wet nurses, servants, and peers, who might corrupt their children.67 In a contemporary medical text, John Wortabet (1827–1908), an Armenian teacher at the Syrian Protestant College in Beirut, alluded to masturbation as a habit boys acquire from each other and practice secretly, believing it to be harmless. It does lead, however, to mental and physical weakness, which may lead to loss of vitality and manhood and finally to impotence. Educators, he concluded, should keep an eye on youth. He added cryptically that certain people tended to “excessively indulge in the sexual functions, and even deviate from that which is natural, and commit ugly things that even wild beasts do not.”68 Abu Jamra noted in passing, a few years later, that one of his patients decided to stop masturbating after reading Wortabet’s warnings.69

Sa‘id Abu Jamra, writing in the first decade of the twentieth century, was not that sure whether masturbation should be considered the cause rather than the effect of weakness in the sexual nervous centers. Although he was clearly apprehensive of the habit, he admitted that many of the ailments were wrongfully attributed to masturbation and that anxieties about masturbation often caused more trouble than the act itself. He admitted that

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most men were spontaneously “cured” after marriage. On the one hand, he hesitated to share the warnings of Arab writers with his readers, and on the other, he wished to update them about more recent, more tolerant views of Western medical practitioners. His rather ambiguous conclusion was that moderation is preferable to excess in sex as in other domains.  

Writing in the early 1940s, Muhammad Kamil Barada insisted that excessive masturbation is more harmful than excessive sexual intercourse but explained that masturbation is natural, that everyone masturbates, and that earlier warnings against it have done more harm than good. He then explained that nocturnal emissions are the natural outcome of refraining from both masturbation and sexual intercourse.  

As noted above, early warnings of the dangers of masturbation featured in a series of letters published in *al-Hilal* and *al-Muqtataf*. Letters to the editor were published after selection and modification, and sometimes they were even fabrications; they should therefore be read with some caution. The published letters adopted a disciplinary discourse and referred to young men who sought to discipline themselves or their closest friends and relatives. 

One of the first letters was written by Nikula Fayyad (1873–1958), then a medical student at the French college in Beirut who later became a renowned medical doctor and a poet. He cautioned *al-Hilal* readers against the dangers of the habit of masturbation, which he labeled “the plague of the human race.” In a reply to another reader, *al-Hilal*’s editors invited readers to write them directly and receive further advice. They also apologized for writing so much about such an embarrassing topic, which they felt nevertheless had to be urgently addressed. A young man from the village of Malij at the Nile Delta asked *al-Muqtataf*’s help in putting an end to his brother’s masturbation. The brother’s body and his eyesight were weakened, he was unable to work, and his schoolmates were practicing the same habit as well. In reply, *al-Muqtataf*’s editors advised the concerned brother to tie his brother’s hands in his sleep, to keep an eye on him, and, in the long run, to have him married. 

In a reply to another reader, *al-Hilal* noted masturbation as a malady of the young, especially the educated. “We truly regret, however, that our doctors do not write about the topic because they refrain from touching on such an embarrassing topic. People, however, need advice on that which destroys their bodies and minds. If one of our doctors will choose to write a book about the topic, *al-Hilal* publishing house promises to print and publish it for free for all sons of the Arabic language.” A twenty-one-year-

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70 Ibid., 55–85.  
old from Zaqaziq (another village on the Nile Delta) thanked al-Hilal for the initiative: he himself had been immersed in this habit for three years and felt his body’s growing weakness, which sometimes did not allow him to leave home. It was a famous doctor who diagnosed his problem upon seeing him and then helped him stop. Al-Hilal’s initiative therefore had the potential of helping “tens, hundreds and thousands of men.”

One Ibrahim al-Yaziji from the Syrian town of Marmarita informed al-Hilal readers that some of his friends practiced this habit, unaware of its harm, until reading Shakir al-Khuri’s book, while another profited from reading al-Muqtataf. Texts, then, played a significant role in exposure to “romantic” stories but also in educating oneself about one’s own body. Men like Ibrahim al-Yaziji felt comfortable with “the habit” until they learned about its ills through texts.

Reference to homosexuality was rare. Massad and Ze’evi argue that in the nineteenth century, Ottoman and Arab authors began denying the rich heritage from the Ottoman or Islamic past of literary and medical references to men’s desire for beardless boys. Some of the medical doctors discussed here did urge their readers to acknowledge the existence of such desires and practices. Abu Jamra claimed that “this barbarous habit is not rare to the East, as some zealot nationalists used to say in Syria. . . . Humans are naturally inclined to do evil since time immemorial. Human nature is the same—East, West, North and South.” A student of German sexology, Fakhri was much more positive about homosexuality than other authors. He noted, for example, homosexual desire in medieval Arabic belles lettres, in the poetry of the eighth-century poet Abu Nuwas, known for his love for wine and young boys, and in One Thousand and One Nights. He further explained that the new rational science of sexology now enables true understanding of homosexuality as an inherent defect rather than a crime, and it should thus be decriminalized. The main challenge faced by homosexuals, he concluded, was misguided social condemnation leading to double lives, often with little chance of finding love. Lesbians were more fortunate, in a sense, since social sanctions were not as strong in their case; they were, however, often forced to marry and lead rather miserable lives.

Fakhri concluded his discussion of homosexuality by implying that in the Egyptian urban landscape there are bars and clubs, as in other big cities in the world: “There is no need to mention any details on homosexuality in these places, since a reader who knows even a little of sexual life in ‘the city’ would understand very well what I am talking about.” For Fakhri, as for others, openly writing about sex, debating sex, establishing one’s expertise

79 Abu Jamra, Hayatuna al-tanasuliyya, 177–78.
81 Ibid., 171.
on sexual matters, and demonstrating familiarity with new literature all attested to one's membership in a courageous scientific vanguard.

This article presents some of the ways in which Arabic-speaking publics read and wrote about medical science in the late nineteenth and early twentieth centuries. New discourses were created that both responded to and emerged from Orientalist or colonial depictions of Arab sexuality. This response was not silence, and what can be determined about the reception of these writings also challenges this assumption. In the particular case of Arab medical doctors, the emergence of a new discourse around sexuality at the turn of the twentieth century was tied to the construction of productive citizens whose bodies, habits, inclinations, and practices were increasingly regulated by the state and tied to the construction of new middle-class mores and values.

The question of change over time and space merits a separate article. A text by émigré authors such as ‘Arbili and Abu Jamra reflects the concern of their patients in the Americas. Likewise, al-Khuri was an Ottoman subject, while Fakhri and Barada were addressing the concerns of an emergent Arab nation-state. Barada wrote about contraception at a time of growing concern over demography in the 1930s, a topic that was largely absent from earlier works. Regulation of prostitution affected how it was written about in different times and places. All authors, however, shared a concern with the body of the middle-class man and its capacity to cope with the challenges of modernity. They all read journals published in Cairo and Beirut, and most studied in one of the urban centers, thus taking part in a shared discourse. This discourse, alongside other domains, was part of the formation of regional middle-class modernity.

APPENDIX: A LIST OF BOOKS


Haddad, Nikola al-. *Dhakaran wa-anatha khalaqabum, aw mursbid al-shabiba*. Cairo: A. A. Ilyas, 1927.


