# Table of Contents

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## Persian Section

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Variorum</strong></td>
<td></td>
</tr>
<tr>
<td>Women in Safavid Medical Discourse</td>
<td>4</td>
</tr>
<tr>
<td>Seyyed Hashem Aqajari, Behrang Sadighi, &amp; Behzad Karimi</td>
<td></td>
</tr>
<tr>
<td>Free Will, Determinism, or Fatalism?</td>
<td>24</td>
</tr>
<tr>
<td>Hamid Sahebjami</td>
<td></td>
</tr>
<tr>
<td>Seyyed Jalal Tehrani</td>
<td>40</td>
</tr>
<tr>
<td>Bahram Grami &amp; Seyyed Hojjatolhagh Hoseini</td>
<td></td>
</tr>
<tr>
<td>The Color of Happiness in Rudaki’s Colorful Words</td>
<td>50</td>
</tr>
<tr>
<td>Mohammad Naser Rahyab</td>
<td></td>
</tr>
<tr>
<td>The Border in Ferdowsi’s <em>Shahnameh</em></td>
<td>70</td>
</tr>
<tr>
<td>Pirouz Mojtahedzadeh &amp; Abolfazl Kavandi-Kateb</td>
<td></td>
</tr>
<tr>
<td>The Concordance of Bahar and Mas‘ud Sa’d</td>
<td>86</td>
</tr>
<tr>
<td>Fazlollah Reza</td>
<td></td>
</tr>
<tr>
<td>Hegel’s Critique of Satire</td>
<td>108</td>
</tr>
<tr>
<td>Bagher Parham</td>
<td></td>
</tr>
<tr>
<td>Political Satire and Freedom of Expression</td>
<td>120</td>
</tr>
<tr>
<td>Mahmoud Farjami</td>
<td></td>
</tr>
<tr>
<td>The Legacy of Mary Boyce</td>
<td>152</td>
</tr>
<tr>
<td>Frantz Grenet</td>
<td></td>
</tr>
<tr>
<td>The Babi and Baha’i Practice of ‘Denial’ (<em>kitman</em>) and ‘Dissimulation’ (<em>taqqiyah</em>)</td>
<td>170</td>
</tr>
<tr>
<td>Kamran Ekbal</td>
<td></td>
</tr>
</tbody>
</table>
The Workforce in Carpet Weaving
Ali Hassouri

Review
A Critique of “Gender and Sexual Organs”
Mostafa Abedinifard

A Response to Abedinifard
Ana Ghoreishian

English Section
Women in Safavid Medical Discourse
Seyyed Hashem Aqajari, Behrang Sadighi, & Behzad Karimi

Abstracts

Contributors
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Aside from its scientific nature, medicine is the product of social and cultural events that occurred within a historical context. On the basis of this approach and through analyzing medical data available from the past, it is possible to understand social settings and associations and elaborate on them. Employing this novel approach, we made an attempt to define and state the position of women in Safavid era using medical writings.

Introduction

Our information about Iranian women throughout the Medieval history of Iran is often deficient and we are familiar with only some particular characteristics of them and their associated issues. This might be attributed to several factors. One might say that, due to patriarchal and masculine social and political structures in Islamic Medieval times, women usually had lower positions and status compared to men. Women themselves have also succumbed to this inferior role and position. Another structural aspect might be found in Islamic Fiqh and religion’s attitudes toward women.

In addition to these two structural factors, there were two other reasons which led to presenting an unrealistic image of Iranian women. On the one hand, Iranian historical sources—the main references used by contemporary researchers—did not consider women as noteworthy and in cases that it was necessary to talk about them, they were referred to in a very trivial manner, disregarding the fact that
they were at least half of the population. On the other hand, orientalism in the nineteenth century presented a one-dimensional image of oriental women in general, and Iranian women in particular. This image only reflects women in Harem, a place that is used to please and satisfy sexual needs of the Shah. This confused image is like a veil which does not allow even the minor activities of women in political, social, and religious areas to be seen. Some researchers believe that Western colonists in the nineteenth century presented Iranian and oriental women in a distorted way to further the concept of Eastern sexual attractiveness and to show the corruption of despotism in the East.

It must be noted that writings in the Safavid era from European travelers reflect mostly characteristics of women from the upper class and rarely women from the lower class. This was because of the cultural and religious restrictions that said that Europeans could not make proper contact with Iranian women. Although oriental studies in the twentieth century were largely adjusted and found some academic basis and research rationality, nineteenth-century influences were still being reproduced through literary works.

Thus, we chose medicine as a brand new area to investigate and study Safavid women. One of the main themes of this paper, which magnifies the attitude toward women in medicine, is the realization that medicine is a human experience that is in the heart of society and culture. As with other societies, dominant attitudes toward the phenomenon of disease in Safavid era, were not free from social and cultural influences. Hence, the medicine that is discussed in this work is a heuristic field with social functions and not merely a universal reality. Medicine can be studied as a nonhistorical clinical reality, but here it is regarded as a social and cultural construct which incorporates individuals, social networks, and physicians in relation to health and illness issues. As a matter of fact, it is this combination of society and culture that gives meaning to human medical experience and forms its various aspects.

Attitudes toward illness, the patient, and even health exist inside the layers of concepts, actions, settings, and medical and social events, rather than being merely related to the patient and medicine; this means that health and illness are considered social events and not purely as a personal experience.

In order to understand a human society, not only is it required to study and examine its aspects and components, it is also necessary to understand its members’ perceptions of health and illness. In this article, medicine serves as a chart through which it is possible to re-create social and cultural realities without being entangled in the confines of medical concepts and framework. In the Safavid era, medicine was considered a scientific field of study, highly attended to by its intellectuals; at the same time it was regarded as a public, oral, and empirical activity.

In this sense, medicine was a discourse which highly affected and was affected by other discourses in the society including philosophical, political, astrological, and cosmological discourses as well as public beliefs.

Taking the aforementioned points into consideration, we will try to investigate
women in the medical context of the Safavid era in two specific discourses; namely, general medical texts/anatomical writings and religious medical manuscripts.

**General Medical Texts and Anatomical Writings**

Like the medical works of other eras, Safavid medical writings can be classified into several general categories. The most dominant classification is between General and Specific. Several other classifications, which will be discussed later in this paper, fall within these two classes, for example, drug writings and illness writings.

Drug writings contained various subcategories, but Qarabadin (Medical Formulary) and Monograph writings were the most common ones. The Qarabadin group involved encyclopedia-like information about herbal drugs and pharmaceutical plants which also included medical advice. This inclusion can be attributed to the pre-modern nature of these works. As a famous instance of this type, one can name *Shafae’i’s Qarabadin*,\(^5\) which was written in the Safavid era.

Monograph pharmaceutical subcategory was mainly specific to a particular pharmaceutical plant or illness in which the author presented his information about a specific drug or a group of drugs for a given illness. In this regard, one can name *Al-Adviyya al-Qalbiyyah*\(^6\) (Heart drugs) by Avicenna (370–428H), a book written in Arabic about heart drugs.

Illness writings were among the most frequently used and advocated genres in medical writings and involved various subcategories; two major subcategories were Specialized and General treatises. In specialized treatises, the medical writer chose a given illness and then wrote down his knowledge about it, including illness history, clinical specifications, diagnosis techniques, treatment methods, and finally a list of curing drugs. The general treatises mainly studied head-to-toe illnesses in an encyclopedic manner and then offered some remedies and pharmaceutical advice. There were also other types of medical writings like “Hifz al-sihha” (Health keeping) which was a common genre and involved a considerable amount of Iranian medical literature. Considering these points, what we mean about general medical writings are those treatises such as *Zobdat al-Qavanin*\(^7\) (Selection of rules) of Muhammad Sabzevari (ninth century H) which have not elaborately and specifically discussed illness, e.g. *Merat al-Sihha*\(^8\) (Mirror of health) of Qias al-Din Muhammad. These works, along with illness writing, included drug-writing sections, Hifz al-sihha writing, and anatomy. Their most outstanding instance in early Safavid era was *Kholasah al-Tajarib* (Summary of experiences) of Baha al-Dowleh Razi (860–915H). These classifications were not rigid and inflexible and in several cases they overlapped.

Another important point which is discussed in this paper is gynecology studies in the Safavid era. In this period there was no medical specialization which is considered a modern medicine feature. However, it did not hinder some physicians from allocating some parts of their mainly general writings to women’s illnesses. These issues are important in two respects: first, in terms of specialization-centrism which was initiated almost from the beginning of this era in Europe;\(^9\) and second, regarding
the attention that was given to women since they have specifically discussed gynecology. This does not mean that an equal share of respect and significance was given to women compared to men in Safavid medical discourse. The reason is that first, the number of these physicians was very small—hardly exceeded the number of fingers in one hand—and second, even in these limited parts of their works only general diseases of women were investigated and no gender-based anatomic data or extensive study of illnesses were discussed. In other words, Safavid medicine was a masculine medicine both in theory and practice.

Furthermore, we are not sure if Safavid physicians were familiar with the gynecology treatises which were written earlier in Europe. Due to a lack of sufficient information, all we have are suppositions and theories. However, there are some suppositions which are supported by comparative studies of European treatises and sections allocated to the women in Safavid medical treatises. For instance, one can name the strange similarity between some chapters of Medieval Trotula compendium and titles in gynecology sections of Safavid medical treatises. Trotula is known as the first gynecology treatise written in Latin, by Trota, the first recognized gynecologist in the twelfth century in Salerno, southern Italy. This treatise, which can be categorized as illness-writing, consists of three books about women’s conditions, women’s treatments, and women’s cosmetics. In the initial chapters of the first book of this treatise, problems associated with menstrual bleeding, womb diseases, such as metrorrhagia, and pregnancy and obstetrical complications are discussed in a very similar way to the gynecology and general medical writings of the Safavid era. For instance, the Zobdat al-Qavanin mentions menstrual bleeding, menstruation clotting, hysterical suffocation, and labor difficulty. In a similar fashion, Yusefi Heravi allocated a part of his famous work, Jami’ al-Favay’id, to gynecology and, compared to Sabzevari, mentioned more women’s illnesses, including menstrual retention, womb hemorrhoids, womb infection, and womb lesion. Is it probable that Sabzevari, Yusefi, and similar medical writers had access to the first book of Trotula or the preceding Greek or Roman books? Or could this similarity be merely attributed to the prevalence of such illnesses among women? Another noteworthy point is that the issues discussed at the end of Trotula’s treatise under the title of “women’s cosmetics” are frequently seen in Bahnamehs (Erotica) of medieval centuries as well as the Safavid era; and one might find further similarities and unity among them by conducting an independent research.

Likewise, about surgery in Safavid era there was only one reliable reference in which women’s surgery did not receive due attention even to the same extent as women illnesses in previous general medical writings and there were just a few notes on breast and womb surgery. The dominant literature of the general-illness writings of the Safavid era was masculine and the man’s body was considered as the ideal medical embodiment. Sabzevari, in the eighth season of his book—on the cervix, bladder, peritoneum, and gonads’ diseases—which is expected to be about female organs, merely discussed diseases of male sexual organs as if his ideal body in medical procedures is masculine. In
the second chapter of this season which is mainly about urination difficulties, he explained:

The causes for urination difficulty and blockage are either bladder inflammation or severe wind in him . . . as in burning fevers, bad cold temper, difficulty in urination, urine confinement or difficulty in its control occurred by any means, . . . and they all result in dysuria and can lead to the rising of testicles. To cure this, you have to ask the patient to sit on a container in which a mixture of cotton and marshmallow is boiled.15

Besides this, he allocated one season to testicles and penis16 inflammation and completed his masculine predispositions by allocating other seasons to ejaculation speed (semen) and lack of sexual power. In the “Noqsan-e Bah” (Lack of sexual power) season, he mainly talks about men and in illness reports again he only talks about low sex drive in men.17 In his Jami’ al-Favay’id, Yusefi did take the same approach and allocated a “lack of sexual power” section to men18 and throughout this section he only addressed males for drug use and therapeutic procedures.19

Ali Afzal Qate’ (eleventh century H), also one of the famous physicians of the Safavid era and the author of Favay’id al-Afzaliah (The best benefits), acted in the same fashion. In one of his works, called Tibb (medicine), which is kept in Central Library and Documents Center of Tehran University, he followed an approach similar to his contemporaries. Although Qate’, like Sabzevari and Yusefi, allocated a part of his book to gynecology, he had a masculine perspective when discussing sexual organs and examined only penis and its illnesses. He first wrote about the nature of semen and then reviewed penis diseases and whenever he talked about recognition and treatment processes, based on the evidence, he chose male organs as criteria for his medical explanations:

lack of libido does not lead to decrease in intercourse frequency, semen paucity and sexual strength, rather, it is induced by loose and non-erected penis, low wind and pneuma, or low passion. It is also an obstacle to lovemaking due to detachment from sexual nature and ugly faces of women.20

Hence, Qate’ only discussed lack of libido in men and then offered some advice to them to improve their desire and prepare them for having intercourse with women. A noteworthy point in this citation is that women’s ugliness was generally considered among distractions for sexual stimulation which proves the point that his readers for that and the following parts were men. This evidence and Qate’’s emphasis on “Intishar” disorder (extension of penis)21 clearly shows that the mainstream of general-illness writings in the Safavid era in describing diseases of the sexual organs in general, and diseases of the sexual organs induced by sexual intercourse in particular, was completely masculine.

Also, it must be noted that only male organs were discussed when dealing with intercourse and its complications; feminine sexual organs, because of their inferior and subordinate role during sex, were not elaborated on well in Safavid medical discourse. For instance, Gonabadi in his book Dastur al-’Alaj, said that

About lack of libido, intercourse is a process performed naturally by all
creatures to guarantee their survival and reproduction; so penis and semen vessels are considered as major members. Thereby, the major organs, which are four, include: brain, liver, penis, and semen vessels; and human survival depends on the health of the first three. Once one of these organs is ill or unwell, intercourse deficiency will emerge.\textsuperscript{22}

Qias al-Din Muhammad also reflected this opinion in the same manner: “lack of libido is induced by wind paucity, pneuma decrease, semen dilution, or a problem in semen-producing organs.”\textsuperscript{23}

Gender-biased attitudes of general-illness writings of this era could be seen in parts related to lack of libido and treatment of female diseases; in this genre intercourse and advice for having the maximum sexual pleasure were rarely discussed. It is probable that authors of this genre have entrusted these discussions to Bahiah (erotica) treatises which will be separately discussed in later sections. Even in those minor discussions in general medical writings, it is clear that women were considered as inferior and conversely, men and their embodiment were regarded as superior. It seems that male physicians besides writing for a fully clear reflection of patriarchal attitudes in their society, were looking for sexual fantasies and dreams of their male audience and themselves. As an example of such works, one can name a treatise written by Muhammad Shafi’\textsuperscript{2} (twelth century H), the physician of Shah Sultan Hussein Safavi:

And it is vital to start sex when your passion is in its highest level, you should not stimulate yourself through thinking and fantasies, like thinking about beautiful women and then having sex with ugly and unfavorable ones; because that weakens your body and nerves. You must avoid having sex with ugly old women, ones you hate, the menstruating ones, ones who are too young, fools, and patients, since having intercourse with them is something that your body is not willing to do and undesired sex weakens the body.\textsuperscript{24}

Such an approach is seen in famous illness writings of this era which were frequently copied and reproduced, for instance, “But you must avoid things which weaken your sexual power, like having sex with undesirable women, menstruating ones, old women, girls younger than thirteen years old, ugly and ill women, and women who have not had intercourse for a long time.”\textsuperscript{25}

The interesting point in this reference is the advice for avoiding intercourse with below-thirteen-year-old girls which contradicted contemporary religious doctrines referring to girls’ maturity at age nine.\textsuperscript{26} Furthermore, the advice for avoiding sex with women who have not had sex for a long time is a weird paradox. The ultimate purpose of these instructions was to guarantee men’s health and their maximum pleasure:

Having intercourse with beautiful, medium-sized, and smart women is joyful and does not make you weak; it rather elevates your spirit and strengthens your body. The best sex position is when man is on top of the woman while the worst style is the inverse position because semen may not be completely discharged and female semen may penetrate into male semen vessels and lead to infection and inflammation of the penis.\textsuperscript{27}

This advice, which were from the Safavid Shah’s physician, are noteworthy in two
respects: first, in terms of the attention of general medical works to aesthetic feminine embodiment that, in this case, the average body size is presented as the ideal one for women. The second point is the symbolic advice for men to be on top during sex that manifests men’s superiority in their patriarchal society. In his work, *Favay’id al-Akhyar* (Benefits of goods), Yusefi Heravi, the poet-physician of this period, advised men against having sex with five groups of women, which indicates how the patriarchal relationships can even affect medical literature: “With five groups intercourse is banned/ and a wise man never seeks for them/ one of them is the old women/ the other one is the too young, menstruating ones, ugly and sick women.”

An extensive survey of general medical writing literature about embryo evolution leads us to the conclusion that Aristotelian and Avicennian notions about the nature of seminal substance were also dominant in that era; they believed that it was the male semen that plays the role of “fermenting” the “milk” of female semen. Nizam al-Din Ahmad Gilani (eleventh century H), one of the physicians of the time, was loyal to this theory and in his works and those of his associates, male and female semen were considered as “sperma” and “catamenia,” respectively.

Another prevalent genre of Safavid medical writings for understanding sexual relationships and women’s status in medicine is anatomical writings. But no seminal anatomical writing has been found from this era. Safavid medical discourse in dissection or anatomy strongly owed to *Tashrīh-e Mansuri* [Mansuri’s dissection book], the famous work of Ibn-e Elias (eighth and ninth centuries H). We analyzed four manuscripts of this treatise which were written in Safavid era.

Our main reason for choosing Safavid manuscripts was to be certain that the authors had access to anatomy science references in the era we studied. Although Mansuri anatomical writing was authored in pre-Safavid era, its discourse was converted to hegemonic discourse of anatomy in its following era. Hence, there was an interest to reproduce this discourse in the form of copying this fundamental treatise and general medical writings.

Some points are of great importance in terms of their relation to our research when studying Mansuri anatomical writing. The first one is Ibn-e Elias’s beliefs about semen which remind us of Aristotelian and Avicennian discussions, and as previously mentioned in our analysis of general medical writings, the masculine tone of Aristotle was still hegemonic. Also, male superiority was reflected in scientific accounts of Ibn-e Elias’s work; for example, in the third chapter on muscles, he only analyzes muscles of masculine reproductive organs and the related image of this section shows only the male body.

The last and the most important point is the reproduction of one-sex paradigm in these seminal Safavid medical works. Ibn-e Elias’ book and Safavid medical writings all imply gender hierarchy in them which is a notion stemmed from Greece. In this notion, feminine embodiment was considered as a weak rank and incomplete form of masculine embodiment that was demonstrated through womb incompleteness. Ibn-e Elias explains that: “Womb is an organ composed of neural tissues and consists of two layers, it is like an inverse penis and is placed [between] bladder and rectum.”

This notion was also reflected in Safavid general medical writings in
a stronger manner and was regarded as one of the principles of medical discourse. In a definition similar to that of Galen, Abu al-Qareh Tabib-e Isfahani (eleventh century H), a Safavid physician, explained that:

It must be noted that the womb is an organic organ which receives and protects semen in order to evolve it into its potential perfection. Anatomy scholars believed that womb is the inverse form of masculine sex organ because womb is similar to testicles and womb neck resembles penis.37

Muhammad Sharif-e Khatunabadi (11th century H) who dedicated his work, Tohfat al-Abrar (a gift for good people), to the Shah of his time, described the female bladder as an inverse male sexual organ: “[Female] bladder is a neural organ which resembles an inverse penis.”38 Merat al-Sihha, which is among the most well-known medical works of this era, offered an elaborate definition about the womb, though the one-sex paradigm is predominant at the end:

Womb is a neural organ that is composed of neural tissues and lacks any senses and is white … it has two layers, the interior and the exterior one . . . however, its overall shape resembles bladder . . . and its neck is like an inverse penis.39

Religious Medicine
Narratives quoted from the Prophet Muhammad (570–632H) were always considered as a main inspiring source in Islam. Some of these narratives involved medical information. Hence, the words and deeds of Muhammad as a role model for Muslims were introduced to the medical field and led to the emergence of religious medicine.

Since the appearance of medical hadiths (narratives), three types of reactions appeared from Sunni and Shi‘ite faqih (jurisprudents) and theologians. A large group assumed them to be revelations and inspirations from God,40 while others considered them secular and experimental,41 and finally a minor group believed in an integration of these two approaches. Among the remarkable faqih of this last group one can name Sheikh Saduq42 (306–81H) and Baqir Majlisi43 (1037–1110H). Majlisi merely used citations of “mohaqqiqin” (scholars) or famous physicians of the Galenic school such as Ibn-e Beytar44 (d. 646H), Avicenna, and Razi (251–313H), which proves our assumption that he believed in the integration theory.45 Shi‘ite religious medical discourse, which was marginal in pre-Safavid era, was highlighted by the formation of a government (Safavid) with Shi‘ite religious attitudes; and with the efforts of government-dependent faqih such as Baqir Majlisi or Sheykh Horr-e ‘Amili (1033–1104 H), it turned into one of the major medical discourses during the Safavid era. A significant point is the positive interactions between Fiqh and medicine. Now that Shi‘ite Fiqh and theology was announced as official, they had a new area at hand, the basis of which was provided by the old legacy of religious medicine, to redefine women. Indeed, Baqir Majlisi, by assuming many medical narratives to be revelations, prepared the ground for an inflexible interpretation of medicine and “women” of this discourse.

There are six important hadiths and Fiqh sources in Shi‘ite religious medicine: Fiqh al-Reza,46 which is attributed to Imam Reza (148–203H), Da’aem al-Islam,47 by No’man ibn Muhammad Tamimi (fourth century H), Al-Sara’er,48 by Muhammad
ibn Ahmad ibn Idris (sixth century H), *Al-Mohazzab*,\(^4^9\) by Ibn-e Barraj (fifth century H), *Al-Fosul al-Mohimmah Fi Osul al-Ae‘mmah*,\(^5^0\) by Muhammad ibn Hassan Horr-e ‘Amili, and *Bihar al-Anvar*\(^5^1\) by Baqir Majlisi. In fact, all Tibb al-A‘emmah (Medicine of Imams) texts, which are known under various titles, have taken their narratives from these six sources. Safavid religious medicine owes its legitimacy to medical narratives and treatises of “Tibb al-Sadiq” and “Tibb al-Reza.” These Safavid sources were widely propagated in the form of three post-Safavid hadith collections: *Fosul al-Mohimmah*, by Horr-e ‘Amili, *Vafi*,\(^5^2\) by Feyz-e Kashani (1007-1090H), and *Bihar al-Anvari*, by Baqir Majlisi and also in the form of a copy of Tibb al-Reza and Tibb al-Sadiq treatises or translations of similar texts to Farsi.\(^5^3\)

Content analysis of these texts indicates several important and considerable points. Shi‘ite and Sunni medical traditions did not have any fundamental differences. Besides, in this medical discourse, resorting to “Roqyah” (talisman) and magical practices was prevalent in a way that their application was common throughout the medical narratives of *Bihar al-Anvar* and *Fosul al-Mohimmah*, and by attributing these prescriptions to Imams they found a legitimate appearance. This group of narratives comprised the medical experiences of pre-Islam Arabs which was confirmed by the Holy Prophet Muhammad and later on by Shi‘ite Imams and was regarded as among the main components of religious medicine in all eras.\(^5^4\) It is noteworthy that Majlisi limited Roqyah application through providing some narratives in his work. The apparent intellectualization progress in Shi‘ite medicine, compared to “Tibb al-Nabavi” (Medicine of the Prophet), was very limited.\(^5^5\) Although using Roqyah was restricted, other substitutes took its place, for instance one can point to therapeutic properties of Imam Hussein’s shrine soil which was discussed elaborately in another work of Majlisi.\(^5^6\) Moreover, it must be mentioned that using spells and talismans for curing some diseases, despite their restriction, still made up a considerable share of Shi‘ite medicine.\(^5^7\) Tibb al-Ae‘mmah, which was produced and developed in Safavid era, involved contradictory advice on using/not using drugs and being/not being visited by physicians, and these pieces of advice were followed by some absolute and unquestionable conclusions. Majlisi in *Hilyat al-Mottaqin* (Ornament of virtuous people), has various narratives about patience with illnesses:

> A credible hadith from Imam Muhammad Baqir says that the body that cannot tolerate illness will rebel and there is no good in such a body and in another hadith he said that experiencing one night fever equals one year of worship, two nights fever equals two years of worship, and three nights of fever equals seventy years of worship. Also, it is cited from Imam Sadiq that one night with fever is the atonement for past and future sins. In another credible hadith from the Holy Prophet Muhammad, it is said that the Lord says anyone who experiences three nights of illness and does not complain to any of his visitors, I will give him a flesh better than the one he had and a blood better than the previous one. So, if I make him healthy again I will clean his sins and if I take his life I will send my blessings to him.\(^5^8\)

There were such narratives that made Rahman come to the rash conclusion
that Sunni medicine is more intellectual compared to Shi’ite medicine, and that the advice for patience with illness originates from the martyrdom notion in Shi’ism.\textsuperscript{59} Unlike Rahman, Majlisi, the narrator of these quotations, has various narratives in his \textit{Bihar al-Anvar} from Shi’ite Imams about treating various illnesses. He also quoted from the Holy Prophet Muhammad recommending seeing a physician when one has an illness. So, Majlisi’s recommendations on visiting physicians are based on this hadith.\textsuperscript{60}

The dominant theory in Shi’ite medicine writings, for example, Tibb al-Nabavi, is Greek medical notions, particularly those of Galen. In his medical interpretations or medical narratives attributed to Shi’ite Imams, Majlisi frequently referred to the famous four-humor theory and legitimated and depaganized\textsuperscript{61} various parts of this theory by resorting to narratives.\textsuperscript{62} A remarkable example of this case is the medical recommendation of Imam Reza to Ma’mun (170–218H) where he clearly emphasizes one of the Hippocratic principles and even a part of his expression is extracted from a famous work by Hippocrates: “Emir of Muslims! Be aware that humans’ spirits depend on body humors.”\textsuperscript{63} This depaganization trend was very similar to the one previously performed by Sunni followers of Tibb al-Nabavi.\textsuperscript{64} A significant share of medical narratives was organized and categorized in volume 59 of \textit{Bihar al-Anvar}. A considerable part of this religious medical writing was surprisingly organized similarly to the contents of general medical writings, implying that Majlisi’s work owes to Iranian medieval medical writings (both in their content and form) which were in turn affected by Greek works.\textsuperscript{65}

Women and their medicine in Safavid epistememe were only a small part of Shi’ite religious medicine. This position is extremely lower than women’s position in \textit{scientific} medical discourse. This decline could be because of two reasons: the disparaging attitude of the Fiqh discourse toward women and the dominance of the notion of men’s superiority in medical discourses which originated from social patriarchal relationships. Hence, gynecology is discussed diffusely in massive texts of religious medical discourse. Study of these parts reveals that gynecology was limited to covering bleeding during menstruation period and delivery complications. This invokes the idea that the authors of these works were diligently looking for solutions to treat women and free them from situations in which men were not able to have sexual intercourse with them. For instance, a woman wrote a letter to Imam Reza and complained about her continuous bleeding during the menstruation period and he prescribed some herbal drugs.\textsuperscript{66} This story is significant in various aspects. First, the focus of religious medicine of the time on complications of menstrual bleeding and then the correspondence of a strange man with a strange woman consulting about her private feminine problems, which contradicts with doctrines presented by religious medicine. Besides, this narrative reflects a social reality that women, when having their feminine illnesses and because of the lack of female physicians, had to seek male ones that were mostly Shi’ite Imams who were considered a treasure of scientific revelations. Menstruation infection, menstruation period pains, and prolonged menstruation were among complications of menstruation that were frequently discussed in Safavid religious medical manuscripts.\textsuperscript{67} Because female bleeding,
according to Greek and medieval Islamic medical doctrines, was considered a way to maintain balance of four humors, in most related cases, particularly in the retention of menstrual blood, cupping was prescribed.68

The Safavid religious medical discourse, parallel with other discourses of this era which constructed Safavid episteme, was a masculine discourse whose agents and audiences were only men. In the medical part of his work, Horr-e ‘Amili presented a narrative about ten treatments to deal with illnesses which reflects his masculine view: “Happiness and joy exist in these ten items: walking, horseback riding, diving in water, looking at greenery, eating, drinking, looking at beautiful women, intercourse, teeth brushing, and talking to men.”69 Looking at beautiful women, intercourse, and talking to men and their therapeutic power indicate that the audience of these bits of advice were no one except men. In this regard, Feyzallah Shushtari (eleventh century H), one of the translators of Tibb al-Ae’mmah to Farsi in Safavid era, translated a hadith attributed to Imam Sadiq (83–148H) which shows the masculine identity of this discourse in the clearest manner possible: “Imam Sadiq says that three things ruin the body and can even lead to death: leftover goose meat, everyday bathing, and intercourse with old women.”70

Men were the main audience of the narratives which were introduced in mass scale to the public in the Safavid era through religious institutes, hadith books, and other ways, such as the translation of religious medical texts from Arabic to Farsi. Even in the medical terminology field male authors of these texts applied male concepts to intercourse, which is a mutual practice. It seems that the scientific medical discourse and religious medical discourse were supporting each other in this particular area; for example, the common term seminal vessels which was extracted from masculine anatomy. Furthermore, the emphasis on foreplay before intercourse in the mentioned narrative, instead of having the focus on women, according to Shushtari, it “is good for men”; in other words, this gives more pleasure to men. In another place, Shushtari translated an elaborate narrative attributed to the Holy Prophet Muhammad in which he addressed Imam Ali (d. 40H). This narrative can be discussed in various respects and can be analyzed in terms of its relevance to our study. Similar to narratives of Tibb al-Ae’mmah, it demonstrates religious medical male discourse:

Ali! Do not have intercourse with your wife on the first, middle, and last day of each month since if your fate is to have
an issue, it and its child will suffer from madness, leprosy, and corruption. Ali! Do not have intercourse with your wife in the afternoon since, if your fate is to have an issue, it will be squint-eyed which makes Satan happy . . . Ali! Do not have intercourse with your wife standing-up which is donkeys’ practice since, if it is your fate to have an issue it will wet his bed; like donkeys that urinate anywhere they like. Ali! Do not have sex with your wife on Eid Fitr night since, if it is your fate to have an issue, it will be real evil. Ali! Do not have intercourse with your wife on Eid Qurban night since, if it is your fate to have an issue, it will have six or four fingers.

Aside from the gender-based dimension of this narrative which is very significant by itself, linking children’s physical disorders like their hyperactivity and defects in body parts to the quality and the time of intercourse is of great importance.

Nur al-Din Muhammad Isfahani (eleventh century H) was another translator of Tibb al-Ae’mmah manuscripts in the Safavid era who translated the famous medical treatise called Zahabiyyah which was attributed to Imam Reza. This old treatise needs to be attended to in its new place in Safavid religious medical discourse. Its countless translations in the Safavid era became important because of the propagation of the gender-based approaches of religious medical doctrines and the reinforcement of patriarchal relationships in the society. One of the narratives of this book that addressed Amir al-Mo’minin Ma’mun (who was a man), clearly shows that this treatise, similar to the other texts of this discourse on intercourse issues, clearly addressed men as the audience:

So, whenever you want to have intercourse, you are recommended to do it late at night. . . . And before intercourse, you should have foreplay and actions that excite you, take and squeeze of her breasts since it boosts her sexual desire and enhances her semen accumulation because that semen originates from her breasts too . . . and she starts to have desire toward you . . . and whenever you do these do not stand up or sit down, rather lay on your right side, and when you are finished you are immune to urinary tract stones and chronic diseases.75

According to this narrative, the main concern of religious medicine is men’s health and men would be free from diseases by God’s will if they obey medical advice, while women did not deserve getting medical advice.76 In addition, it was to further the domineering attitude toward the male gender that religious medical agents proposed some methods to male audiences to eliminate femininity of sperms and produce masculine sperms: “And you should eat chicory which increases your semen and gives a good color to your face. It is warm in its nature and it increases the number of your male children.”77 Soleyman Ja’far Ja’fari narrated from Imam Baqir:

Once a man complained about his small number of children and said he had married several women and kaniz [female slave] to have children but all were futile. Imam Baqir told the man to say Astaqforallah [God forgives us] seventy times after late night prayer for three days and Sobhana-allah [God is righteous] seventy times after morning prayer . . . then have intercourse with your wife and God shall give you a healthy male child.78
It is worth noting that in this narrative the man did not say anything about the gender of the child but it seems that the ideal gender was male. Jaber Ibn-e Yazid J’afi narrates that:

Once a man from Bani Ummayyeh came to Imam Sadiq and said Ya ibn-e Rasul Allah [son of God’s messenger], my kaniz is pregnant now and I do not have any child; pray and ask God to give me a son. Imam Sadiq prayed to God, please give him a very sound son.

Molla Mohsin Feyz-e Kashani, one of the famous faqihs of Safavid era, presented another image of religious medicine in his treatise Raf’ va Daf’ (Remedy and treatment). His treatise is considerable in several respects: first, in terms of the status of the author as a faqih; second, in terms of its language which is Farsi and by all odds its pervasiveness; third, regarding the allocation of its fifth chapter to dealing with illnesses and problems of children and women; and, fourth, in terms of its emphasis on therapeutic effects of Quran verses and weird charms which made this treatise nearly identical to an ordinary magical therapy treatise in a way that makes us doubt the identity of its author. Feyz-e Kashani also followed the male child priority approach in his medical doctrines and emphasized it:

On the remedy of feminine embryo; if you want to have a son instead of a girl you should write on the mother’s stomach on the fourth month of pregnancy period: Ya Zakarriah, I have good news for you; you will have a child called Yahya and no one is called Yahya until now and vow that you will name him Ali or Muhammad; also, you should ask your wife to sleep with her face toward the direction of Qiblah and cite Ayat al-Korsi and then touch her flank and cite this: My lord! I will name him Muhammad.

It is worth noting that there is no observation of a separate section or season in religious medical texts or scientific medical texts that talks about medical or non-medical prescriptions to eliminate masculinity or state the preference of a female over a male child.

Also, study of religious medical manuscripts reveals interesting results in terms of feminine embodiment aesthetics. The ideal woman of religious medical discourse is similar to that of scientific medical discourse. Furthermore, it is worth mentioning that the points that were considered as main criteria to measure feminine embodiment were their sexual power and fertility. It seems that authors/translators of religious medical texts tended to attract men’s attention to women’s sexual qualities and their positive and negative behavioral features through describing ideal embodiments of women; and they were not afraid of mentioning these points. These sections made religious medical texts similar to erotica and physiognomy writings:

And it was reported in the Prophet’s hadith that he said to Imam Ali: marry a woman who is tawny, with big hips, big eyes, and has a medium height. And it was narrated to: not marry green eyed women who are tall and thin, those who are short, ever-worshipping wise crones, and a woman who has children from her previous husband. Also, it was cited that there are four types of women; first, Jame’ al-Mojamma’, who is a woman that has many virtues and is very virtuous; second, Rabi‘ al-Morabba‘, the one who
has one child in her arms and another in her stomach; third, Karb-e Moqamma’ [killing pain], who is very bad-tempered with her partner; and fourth, Qol-e Moqamma’, which means a violent woman whose sexual desires neither the woman herself nor the man can control.

The last significant point about the gender-based approach of Safavid religious medicine can be found in few anatomical discussions of *Bihar al-Anvar*. Majlisi, like a classic medical writer, allocated a part of volume 59 of his hadith work to analyzing all body parts from head to toe. There is no significant difference between the anatomical literature of *Bihar al-Anvar* and its counterparts in scientific medical discourse; one can say that this section largely owes to the Greek approach toward anatomy science. Hence, masculine medical attitudes in medieval times which stem from Galen are the dominant form of reproductive organ anatomy in *Bihar al-Anvar*. It appears as if one-sex paradigm had been reproduced in the form of a new discourse one more time, a paradigm which assumed woman’s body to be an inferior form of man’s body and the womb as an incomplete form of the penis. Even in terminology, the anatomy of the feminine reproduction system owes to the literature of the anatomy of the male reproductive system. Beyond any doubt, this anatomical approach represents men’s superiority to women in religious medical discourse one more time:

Women’s womb [as one of their reproductive organs] is similar to the male penis and is a tool for reproduction just like the penis which is a reproduction tool in men except that penis is without any defect and is visible while women’s womb is incomplete and hidden in their stomach. It seems that the womb is the inverse form of a penis. The womb has two limbs called womb antennas which are similar to men’s testicles except that these parts are smaller and wider and are placed inside. Neural covers and the membrane of each prevent them from being placed in the same coat or cover. Besides, for female semen transfer [spermatozoid], there are vessels between the womb’s antennas which are similar to the vessels for male sperm [semen]. They serve as channels to direct male semen [sperms] from the testicles to the penis; however, the path of vessels in men initiates from testicles and goes upward and then falls in testicle sink, where holder and solidifier ligaments of testicle are gathered. Then, as they become apparent they go down in an oblique and divergent manner. The testicles’ channels are very tortuous, because sperm should be nurtured through this passage until it reaches the end of the penis. Furthermore, near the place in which semen producing ligaments reach the penis lies the bladder which is long in men while it is short in women.

**Conclusion**

Based on the one-sex approach, women were introduced as an inferior form of men in Safavid medical discourses, or in other words an incomplete man. Basically, in these types of works women’s ailments and their complications were not assumed worthy to enter in diagnostic and therapeutic discussions and if it ever occurred, they were only limited parts associated with menstruation or labor which were themselves sexual issues. Add these points to the ideal embodiment criteria which was masculine; feminine embodiment in medical areas was
measured and compared with this ideal embodiment. Women’s position in Safavid religious medicine was also not significant. Masculine embodiment, like the dominant discourse of other genres of contemporary medical writings, was considered to be the ideal embodiment and criterion to describe embodiment. Above this, due to the integration of Fiqh and medical doctrines, women were always depicted as subordinate and inferior to men.

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4For this part, we are indebted to the following valuable article: Kathryn Babayan, “The ‘Aqa’id al-Nisa’, A Glimpse at Safavid Women in Local Isfahani Culture,” in Gavin R. G. Hambly, Women in the Medieval Islamic World (London: McMillan, 1998), 349–81.
5Mozaffar ibn-e Muhammad Hussein Al-Shafae’i Tabib, Qarabadin-e Shafae’i (Majlis Library, MS 3365). There are several copies of this treatise, e.g., the one in Central Library and Documents Center of Tehran University.
6Avicenna, “Al-Adviya al-Qalbiyyah” in Majma’ al-Nafae’s [set of valuables], (Majlis Library, MS 3365). There are several copies of this treatise, e.g., the one in Central Library and Documents Center of Tehran University.
7Muhammad ibn ‘Ala-e-Din ibn Abdullah Sabzevari, Zobdat al-Qavanin fil Jami’ al-Amraz [Selection of rules for all diseases], (Central Library and Documents Center of Tehran University, MS 3559). This treatise was published in 2007 by Yusefi ibn Muhammad ibn Yusef al-Tabib, Jami’ al-Fava’id (Majlis Library, MS 16432/1), fol. 26a. Another available copy of Jami’ al-Fava’id is Yusefi Heravi, “Jami’ al-Fava’id,” Hijlat al-‘Arayes [Bride’s chamber] (Central Library and Documents Center of Tehran University, MS 1971/4).
8Qias al-Din Muhammad Isfahani, Merat al-Sihha, (Central Library and Documents Center of Tehran University, MS 293 of Medical Collection).
10An example of these works in Safavid era is Zobdat al-Qavanin. Breast diseases typically have a share in Safavid illness writings and can be considered a subcategory of gynecology. For instance, we can name Jami’ al-Fava’id of Yusefi (d. 950H)—the active physician of this era. He investigated breast swelling acutely in a separate section from that of gynecology and wrote it as poem, like his other works: “Once the breast swelled, find a remedy for it/do not overlook it since it might turn into a long-lasting disease.” See Yousefi ibn Muhammad Ibn Yusef al-Tabib, Jami’ al-Fava’id (Majlis Library, MS 16432/1), fol. 26a. Another available copy of Jami’ al-Fava’id is Yusefi Heravi, “Jami’ al-Fava’id,” Hijlat al-‘Arayes [Bride’s chamber] (Central Library and Documents Center of Tehran University, MS 1971/4).
11Cyril Elgood has presented some of these speculations and guesses as certain and absolute, which requires further examination. For example, Elgood stated that the Trotula treatise of Salerno was translated to Arabic in Beyt al-Hekmah (Science house) during the Ma’mun reign, while he did not consider how old Beyt al-Hekmah is and the date in which Trotula was written; Ma’mun’s Beyt al-Hekmah was active in the ninth century while Trotula was written in twelth century. Cyril Elgood, Tibb dar dowre-ye Safaviyeh [Medicine in Safavid Iran], translated to Persian by Mohsin Javidan (Tehran: University of Tehran, 1978), 242. Except Trotula which is regarded as the most famous European treatise in this field, we can also name Hippocrates’s works, as well as Soranus by Ephesus and Women’s Secrets by Albertus. For further information, see Helen King, Hippocrates’ Woman, Reading the Female Body in Ancient Greece (London: Routledge, 2001), chap. 7; Ann Ellis Hanson and Monica H. Green, “Soranus of Ephesus: Methodicorum princeps,” in Aufstieg und Niedergang der Romischen Welt (Berlin: Walter de Gruyter, 1994), Teilband 2, Band 37.2, 968–1075; Albertus, Women’s Secrets: A Translation of Pseudo-Albertus Magnus’s De Secretis Mulierum, with commentaries, SUNY Series in Medieval Studies, edited and translated to English by Helen Rodnite Lemay (New York: State University of New York, 1992).
12For further information about this treatise, see the detailed introduction by Monica H. Green in the edited and translated version, Trota of Salerno, The Trota, A Medieval Compendium of Women’s Medicine (Philadelphia: University of Pennsylvania
of this treatise is kept in Majlis Library: Hakim Tehran University, MS 8825/1). Another copy (Central Library and Documents Center of Tehran University, Medical Collection, MS 239/9 of Medical Collection), fols. 133b–139b; Qias al-Din Muhammad Isfahani, ibid., fol. 14a. Somewhere before this, Qate' described Intishar and is caused by penis stretching in both length and width,” fol. 14a.

The notion was prevalent in Safavid general medical writings. For example, see Muhammad Ibrahim Hussein, Minhaj al-Mobtadin [A guide for starters] (Central Library and Documents Center of Tehran University, MS 2377), fol. 113a. In the manuscript, the title is introduced as Minhaj al-Mobtade‘in, which is a misspelling and Monzavi has vigilantly corrected its name to Minhaj al-Mobtadin. See Ahmad Monzavi, Fihristvare-ye Ketabha-yi Farsi [Persian Manuscripts catalogue] (Tehran: Markaz-e Da’erat al-Ma‘arif-e Bozorg-e Islami, 2003), 5:3737; Abu Abdullah Muhammad Qoreyshi, Qasr al-Nozha [Palace of joy] (Majlis Library, MS 1112), fols. 52b–55b.

Muhammad Shafi‘ Ibn Shams al-Din Muhammad Tabib-e Isfahani, Risali-ye Tibbi [Medical treatise] (Malik National Library, MS 1396/28) fol. 3b.

Muhammad Mahdi ibn Ali Naqi al-Sharif, Zad al-Mosaferin [A package for journey] (Central Library and Documents Center of Tehran University, lithographed treatise C/803) 110–11. Zad al-Mosaferin writing genre is among subcategories of general medical writings that because of its simple and at the same time practical points had many fans in public. Advice similar to this was also prevalent throughout erotica books of this era: “And you should avoid having sex with menstruating and mature women, the ones who have not had intercourse for a long time, ill women, virgin girls, and old women because all are dangerous to your health.” [Anonymous], Jame‘al-Lazzat [All pleasures] (Malik National Library, MS 1625), fol. 124b.

And it is not Halal to have intercourse with girls younger than nine,” Muhammad Taqi Majlisi, Yik Doreh Fiqh-e Kamil-e Farsi [A complete course of Fiqh in Persian] (Tehran: Farahani, 1400 H), 140.

Muhammad Shafi‘, ibid.

Yusefi Heravi, Favay‘id al-Akhyar (Markaz-e Da’erat al-Ma‘arif-e Bozorg-e Islami, lithographed treatise, 2321), 9. We are grateful to Ali Akbar Vatanparast, the praised researcher of medical history, for helping us to have access to this manuscript. Among other medical writers of the Safavid era who separately investigated women’s diseases, we can name Habib-e Tabib, Tibbi-e Habib, (Central Library and Documents Center of Tehran University, MS 239/9 of Medical Collection), fols. 133b–139b; Qias al-Din Muhammad Isfahani, ibid., fol. 14a. Somewhere before this, Qate’ described Intishar and is caused by penis stretching in both length and width,” fol. 14a.

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al-Abdan and Kefayah al-Mansuri, his most famous works. Tashrih al-Abdan was the first illustrative anatomy work in the Islamic world and the most comprehensive anatomy manual in the medical history of Iran. Written in Persian in Shiraz in 798H, this work was dedicated to Pir Muhammad ibn Jahangir (r. 801–09H), grandson of Timur Gurkani, son-in-law of Shah Shoja’ (r. 759–86H), the third king of the Mozaffarian dynasty, and was known as Al-Tashrih Be al-Tasvir, Tashrih-e Mansuri, Sharh al-Badan, Tashrih-e Badan-e Insan, Risalah fi ilm al-Tashrih and Tashrih al-Abdan. The main reason for the diversity of names for this work might be that there was no distinct name given to it from the beginning. The book contains Greek and Indian embryology opinions, Quranic notions, an abstract of anatomy science of his preceding Arabic works, and opinions of Hippocrates, Aristotle, Galen, Razi, Majusi, Avicenna, and Fakhr-e Razi. This work includes an introduction to anatomy and five other chapters about bones, nerves, muscles, veins, arteries, and organic tissues. In this work, he elaborately discusses fertility and concludes it with the same topic. It is worth mentioning that this work also has some colorful images. There are various available copies of this work. For further information about Mansuri and his works, see George Sarton, Mogaddamih bar Tarih-e IIm [Introduction to the history of the sciences], translated to Persian by Qolam Hussein Sadri Afshar (Tehran: Daftar-e Tarvij-e Vezarat-e Olum, 1979); Yusef BeygBabapur, “Tashrih al-Abdan Mansuri, Nigahi gozara beh kitab-e Tashrih-e Badan-e Insan” [Tashrih al-Abdan Mansuri, a glimpse of Tashrih-e Badan-e Insan], Ayini-ye Pazhuhish 95 (2005); Seyyed Hussein Nasr, Ilm dar Islam [Science in Islam] (Tehran: Sorush, 1987). Nigel Allan, Pearls of the Orient: Asian Treasures from the Wellcome Library, (London and Chicago: Serindia, 2003); Toby E. Huff, The Rise of Early Modern Science: Islam, China, and the West (Cambridge: Cambridge University Press, 2003); Howard R. Turner, Science in Medieval Islam: An illustrated introduction (Texas: University of Texas Press, 1997).

Among believers of this notion we can name: Muhammad ibn Muhammad ibn No’man (Sheykhh-e Mofid), Tashih al-I’tiqad (Correction of the beliefs) (Qom: Sheykhh-e Mofid Millinium Congress, 1413H), 144–45.

4402), fol. 104b.

67–110.

191–268. It

428.

20a–20b.

34Ibid., fol. 20b.


36Ibn-e Elias, ibid., fol. 37a.

37Abu al-Qareh Tabib Isfahani, Ashab al-Ashyya’ [The causes of things] (Malik National Library, MS 4402), fol. 104b.

38Muhammad Sharif-e ibn Muhammad Sadiq Khutanabadi, Tohfat al-Abrar (Mar’ashi Library, MS 4401), fol. 67b.

39Qias al-Din Muhammad Isfahani, ibid., fols. 20a–20b.

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One can name ibn-e Khaldun as the famous representative: Abd al-Rahman ibn Muhammad ibn-e Khaledun, Mogaddamih (Introduction), translated to Persian by Muhammad Parvin...
For example, see Baqir Majlisi, *Bihar al-Anwar*, [Seas of Lights] (Tehran: Moassesah al-Tab va Nashr, 1410H) 59: 78.

Zia al-Din Abu Muhammad Abdullah ibn Ahmad ibn Beytar Andalosi Malaqi was a botanist, pharmacologist, and physician in the seventhcentury H. He was from a “Beytar” (veterinarian) family from Malaga, a city in the southeast of Spain. His birthday was reported to be at the end of the sixth century H (593 H/1197) in Seville, Spain. He died in 646 H. For more information, see Hushang A’lam, “Ibn Beytar,” *Al-E’tiqadat [Beliefs]* (Qom: Sheykh-e No’man ibn Muhammad Tamimi Maqribi, *Al-Sarae’r al-Havi li-Tahrir al-Fatavi* [A text containing religious commands] (Qom: Daftar-e Intesharat-e Islami, 1410H), “Kitab al-Tibb” (On Medicine), 3: 138–45.


Baqir Majlisi, ibid., vols. 58 and 59. For further information about general medical narratives, see the following invaluable paper: Mehdi Mehrizi, “Daramadi bar Jaygah-e Revayat-e Pezeshki” (An introduction to medical narratives position), *Olum-e Hadith*, 11, no. 3: 37–58.


Tibb al-Nabavi was still considered among the main parts of Shi’ite medical writings of this era, as Baqir Majlisi put Mostaqfiri’s Tibb al-Nabavi in a separate part of vol. 59 of *Bihar al-Anvar*. See Baqir Majlisi, *Bihar al-Anvar*, 59: 290ff.

For example, see Baqir Majlisi, ibid., 59: 68–69.

Ibid., 59: 69. It must be noted that Majlisi in another part of this work addresses Tibb al-Nabavi as a mix of pre-Islam Arabs’ experiences as well as revealed narratives. This statement is more evidence for his belief in integration in the religious medicine field. See ibid., 59: 137.


For instance, see Baqir Majlisi, *Bihar al-Anvar*, 59: 113.

Ibid. About cupping in general, see Baqir Majlisi, *Bihar al-Anvar*, 59: 120ff. As a therapeutic example for treatment of vagina pain, which was mentioned as the third main problem of women in religious medical texts after menstrual and labor bleeding, see Baqir Majlisi, *Hilyat al-Mottaqin*, 178.


Feyz-allah ‘Assar Shushtari, *Tarjomi-ye Tibb al-Ae’mmah* [Translation of the Prophet’s Medicine] (Central Library and Documents Center of Tehran University, Meshkat Collection, MS 963/1), fol. 18b.
We had access to two Safavid Persian translations of this treatise: at Tehran University and Majlis; however, since the Majlis version was more complete we used that one. Mola Feyz-allah ‘Assar Shushtari, Tarjomi-ye Zahabiyyah, [Translation of Zahabiyyah], (Central Library and Documents Center of Tehran University, MS 963/2); Molla Nur al-Din Muhammad Isfahani, Tarjomi-ye Zahabiyyah [Translation of Zahabiyyah] (Majlis Library, MS 6228/5). Also, some parts of Zahabiyyah are available in Khatunabadi, ibid.

Isfahani, ibid., fols. 24a–24b.

Another remarkable example of Safavid patriarchal religious medical literature is Adab al-Tazvij [Marriage Ethics] written by Isfarayeni. In the first part of this work, he gathered medical narratives of the Holy Prophet Muhammad and Imams about the “increase of sexual desire” to show how religious medical discourse was employed to strengthen patriarchal principles in medical literature of Safavid era; a literature whose audiences were only men and where sexual pleasure was limited to them. For further information, see Muhammad Hussein Isfarayeni, Adab al-Tazvij, (Malik National Library, MS 4291), fols. 1b–6b.


Shushtari, 963/1, fols. 122a–122b.

Ibid., fol. 33a.

Muhammad Mohsin ibn-e Morteza Kashani, one of the more reliable and well-known faqihs of the Safavid era, was born in 1003 AH, during Shah Abbas II’s reign, and passed away in 1091 AH, during the reign of Shah Soleyman. His contemporary and later biographers praised him with titles such as Hakim (Wise), Mote’alleh (Theologian), Faqih, and a complete ‘Arif (Mystic). Feyz-e Kashani was one of the more prolific faqihs whose most famous work was al-Vafi in which he gathered narratives of Kotob-e Arba’eh [Four books] in a special order and mentioned and interpreted difficult hadiths. Because of this work, he is considered as one of the three late Safavid hadith narrators.” For further information, see Seyyed Hashem Aqaqari, Mogaddamei bar Monasibat-e Din va Dowlat dar Iran-e A$q-e Safavi [An introduction to relationships between religion and government in the Safavid era] (Tehran: Tarh-e Now, 2010), 375—81.

But we have no doubt about the author of this work. Some copies of this treatise are: Mar’ashi Library, MS 4365; Masjid-e ‘Azam-e Qom, MS 3395/1, Majlis Library, MS 14418/4; Astan-e Qods-e Razavi, MS 14083.

Here, our main reference was the copy at Tehran University: Molla Mohsin Feyz-e Kashani, Kitab al-Raf’ va al-Daf’ (Central Library and Documents Center of Tehran University, MS 2848/3), fol. 21b. While writing this paper, the authors found a printed version of this work: Feyz-e Kashani, Rasae’l-e Feyz-e Kashani (Feyz-e Kashani’s treatises), “Risaly-e Sizdahom” (thirteenth treatise), 1: 1–83.

Also, the fifth chapter of this work, despite being similar in form to gynecology writings in “scientific” medical treatises, is a complete superstition writing in its content. For instance, we can point to his prescription to treat Om al-Sebyan (children’s epilepsy) with what is merely an absurd spell: “Jaryuth Jaryuth Avrath Hiun Barthut Salmuth Saluma Nas Alqayyar Va Madama Faradna Ahyun Jabur.” See Feyz-e Kashani, Kitab al-Raf’ va al-Daf’, ibid. He also suggested similar weird approaches to cure complications and difficulties related to labor, menstrual clotting, and infertility of women. See ibid., fols. 21b–22a.

This term is seen as Qall-e Qamal (dried skin) in Feyz-e Kashani, al-Vafi, 21: 66.

Isfahani, ibid., fols. 24b–25a. It is possible to study the female embodiment aesthetic criteria in the view of religious scholars and agents of religious medical discourse because some Safavid faqihs allocated parts of their works to definitions of ideal female embodiment from the Holy Prophet Muhammad’s and Imams’ perspectives. For instance, see this outstanding work of Feyz-e Kashani, “Ma Yahmodo Men Sefat al-Nisa” [Women’s Good Characteristics], in al-Vafi, 21: 51–57. Also, see Baqir Majlisi, Helyat al-Mottaqin, 66–70. Majlisi allocated one chapter of his book to “women’s characteristics” where he introduced female embodiment aesthetic criteria.

Baqir Majlisi, Bihar al-Anvar, 59: 48–50. About four decades ago, Muhammad Baqir Kamarei translated “al-Asma va-al ‘Alam” (eaven and world) of Bihar al-Anvar to Persian—which also included this part—but his work was inaccurate and unclear. To compare these two works, see Baqir Majlisi, al-Asma va-al ‘Alam, translated to Persian by Muhammad Baqir Kamarei (Tehran: Islamiyah, 1972), 6: 46.
Women in Safavid Medical Discourse: A Case Study of General Medical Texts, Anatomical Writings, and Religious Medical Manuscripts
Seyyed Hashem Aqajari, Behrang Sadighi, and Behzad Karimi

Medicine, apart from having its own propositional knowledge, has been the product of social relations and culture throughout history. Based on this approach, it can be discerned through the study of medical data left behind from past regulations and social relations of communities, and be contemplated therein. The authors of this article agree on the basis of this new treatment of medicine, by making an effort in the application of illustrated medical texts, the role and status of women in the society of the Safavid era will be explained.

Abstracts
Free Will, Determinism, or Fatalism: In Which Dictum Should One Believe?
Hamid Sahebjami

Free will is a philosophical term meaning man’s ability to choose and actualize a particular choice among many, without any imposition of other external factors. Determinism, on the other hand, refers to cause-and-effect processes arising from inevitable events and conditions, independent of man’s free will. Fatalism is a mental attitude of submission and resignation, based on faith, toward mysterious and predetermined forces governing human destiny. Following a review of the history of philosophical, religious, and scientific thought, the author introduces his own hypothesis. He refutes belief in absolute free will or determinism since these concepts, like many produced by the human mental system, are the result of numerous interacting forces and influences—among which, the distinction between causality and autonomy in their origination and actuation are impossible.

Seyyed Jalal Tehrani
Bahram Grami & Seyyed Hojjatolhagh Hoseini

This article provides a concise profile of Seyyed Jalal Tehrani (1898-1987), the head of the Regency Council that was established by Muhammad-Reza Shah Pahlavi prior to his departure from Iran in January 1979. Within a few days of his appointment to this position by the Shah, Tehrani submitted his resignation to Ayatollah Khomeini in Paris and never returned to Iran.

The Color of Happiness in Rudaki’s Colorful Words
Mohammad Naser Rahyab

Based on its meaning, what remains of Rudaki’s Divan is an inaccurate collection. One thousand and forty-seven of his lines have survived, possessing diverse styles which can be linked to several sources. Rudaki is a joyful poet and a wise man of counsel, although his foot is in the court and his hand touches the most ruby red wine, his heart in the profound recognition of the world, and maxims of warning have the propensity for splendor. He wants man to look in the eye of wisdom, putting grief aside, and embracing happiness, and if he does not, inevitably he faces death and never reaches his ambitions under this unstable sphere.

The Border in Ferdowsi’s Shahnameh
Pirouz Mojtahedzadeh & Abolfazl Kavandi-Kateb

The border is a special phenomenon, invented by humans, in order to show Being as a separate Self from others and to specify areas of activity and performance among human groups in separate environments. This concept is a result of the development of citizenship in historical periods. According to ancient and mythical Iranian attitudes, seas and rivers were considered to be operative separators of territories from each other, and the existence of large rivers around the Iranian plateau has sometimes been considered to be a symbol of being separated from other territories and nations. Throughout the course of time, rivers were turned into a political phenomenon that has appeared in the
Shahnameh. In this research, by studying Ferdowsi’s Shahnameh we recognize border as a word and concept, discussing its application, equivalents, events, and the agreement of border with its conceptualization. Then we show that the Shahnameh is evidence of an Iranian acquaintance with the concept of border in an ancient epoch and before Westphalia.

The Concordance of Bahar and Masʿud Saʿd
Fazlollah Reza

Recounting the cultural and educational conditions of early 20th century Iran, in this essay Prof. Fazlollah Reza explores the impact of the poetry of Masʿud Saʿd Salman (d. 1121) on a sample of verses by Malik al-Shuʿara Muhammad Taqi Bahar (d. 1951).

Hegel’s Critique of Satire
Bagher Parham

In a close reading of Hegel’s Aesthetics, in this essay Bagher Parham offers a critical exposition of the Hegelian notions of irony and satire.

Political Satire and Freedom of Expression in the Iranian Press: A Survey of Political Satire in the Iranian Press Focusing on the Years 1379 to 1388
Mahmoud Farjami

Although many techniques of humor can be found in classical Persian literature, critical satire in the modern context appeared immediately after Iranians became familiar with modern issues like critique, politics, civil rights, and the press. The appearance of political and social satire in Persian literature and particularly in the press, which later reached its ultimate popularity and effectiveness
in the first decades of the twentieth century, contemporaneous with the Constitutional Revolution, is the focal point of this paper. Subsequently, the role of political satire in each epoch will be considered. This article presents a theoretical discussion of political satire in the press and its critical nature, as well as its popularity and effectiveness in Iran, in particular, as an index of press freedom and freedom of speech in a given period. Moreover, this article includes satiric prose, verse, and cartoons from their appearance in the Iranian press until 2010, with a particular focus on the first decade of the third millennium. Some samples of satire, including several scandals and uproars regarding satire that appeared in the press and media, will be discussed in view of their political, social, and cultural orientation. Satire and satirists have usually been the first victims of suppression and attacks on the press and freedom in Iran.

The Legacy of Mary Boyce in Archaeology
Frantz Grenet

Mary Boyce never practiced field archaeology. Nevertheless, more than any specialist of Zoroastrianism who preceded her and many who followed, she was aware of the importance of archaeological documentation, especially for periods and regions where the dearth of textual sources is extreme. She was also careful about quelling overly hasty enthusiasm for Zoroastrian ritual interpretation of material remains. Many of her contributions drew the attention of archaeologists and prompted them to question their preconceptions. This paper examines several of these contributions, the influence they exerted on the approach of archaeologists, and also the additions and corrections which are now required by the subsequent accumulation of material. 1) The article “On the Zoroastrian temple cult of Fire” (1975), which, among other consequences, put an end to the long-standing theory of the fire altars burning in particularly conspicuous places; 2) The article “Iconoclasm among the Zoroastrians” (same year), still valid for Iran itself but now to be revised as far as Central Asia is concerned; 3) The ethnographic observations made during her field experience in the Zoroastrian villages near Yazd (1963–64), which are often relevant for the interpretation of details of past funerary customs and structures, as well as pilgrimages. Illustrations of pertinent archaeological and iconographic documents are included in the article.
The Babi and Early Baha’i Practice of ‘Denial’ (kitman) and ‘Dissimulation’ (taqiyyah)
Kamran Ekbal

Exploring a wide range of polemical writings, in this historical exposition Kamran Ekbal scrutinizes the conditions for the practice of “denial” (kitman) and “dissimulation” (taqiyyah) among Babis and early Baha’is.

The Workforce in Carpet Weaving
Ali Hassouri

It is the intention of this article to provide an overview of the history of Iranian carpet weaving through a survey of labour force conditions. Naturally, besides its history concerning the lands formerly held in common with Iran, namely Afghanistan, Tajikistan, Turkmenistan, Azerbaijan, the Caucasus, and the Kurdish territories outside of Iran, the shared culture of today will also be elucidated, owing to the numerous reports of European and American officials that will be corroborated with those from these countries. Since almost no written history exists in this field, the author has based his work on field investigation, narratives of carpet weavers, and comparable jobs having corresponding arrangements. According to the accounts of carpet weavers, the entry of men into the profession dates back to the Safavid period and is also analogous to being able to reach the Timurid court (ninth century AH/fifteenth century CE). However, prior to this in absolute terms and after this, the bulk of the workforce has been women. Hired female labourers have experienced deplorable situations, but autonomous women (rural, tribal, and some urban women) have lived more comfortably.
Contributors

Mostafa Abedinifard holds a BA and an MA in English literature from Allameh Tabataba’ee University. Currently, he is a doctoral candidate in the Comparative Literature Program at the University of Alberta. Abedinifard has two book translations to his credit, Samuel Beckett’s *Waiting for Godot* (Tehran, Kelidar: 2002) and Charles Bressler’s *Literary Criticism: An Introduction to Theory and Practice*, 1st ed. (Tehran: Nilufar, 2007). His research interests include literary theory, critical masculinities, critical humour studies, and disability studies. His dissertation work will examine ridicule, as a form/aspect of humour, and its relation to gender orders.

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Kamran Ekbal was director of the Section for Middle Eastern Studies at the Department of History, Ruhr University of Bochum (Germany) from 1979 until his retirement in April 2011. Born in Beirut in 1946, he studied at the
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Mahmoud Farjami is a PhD student in Communication Science, Universiti Sains Malaysia. He is a satirist and journalist and is currently completing his doctoral dissertation about the motives for producing political satire in Iranian print and online media. He is a member of the International Society for Humor Studies (ISHS) and a member of the International Federation of Journalists (IFJ). His article about political satire in the Iranian press has been voted prize-winner GSA at the Twenty-Fourth ISHS Conference. His latest work, a translation of The Philosophy of Humor, written by John Morreall, is about to be published.

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Frantz Grenet is a PhD graduate of Archeology, University of Paris. He is a Professor of the Collège de France and Chair of History and Culture of Pre-Islamic Central Asia. He was Assistant Director of the French Archaeological Mission in Kabul, Afghanistan (DAFA), and he has been involved in the excavations of Hellenistic remains. Moreover, he was a researcher at the National Center for Scientific Research in France and Professor of the School of Religious Science at École pratique des hautes études (EPHE) as well as the Chair of Ancient Iranian Religions. He has established the French-Uzbek Archaeological Mission in Sogdiana (MAFOUZ-Sogdiane),
which specifically deals with exploring the ancient bases of pre-Mongolian Afrasiab and Samarkand. In 2004, he resumed fieldwork in Afghanistan in order to study and publish the reliefs of Rag-i Bibi, which had recently been discovered. In addition to the third volume of *The History of the Zoroastrian Faith* and the translation into French of *The Book of Deeds of Ardashir I*, he has published several books and over 150 articles on topics related to the history and archaeology of Central Asia and the history of Zoroastrianism.

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مجموعه مقالات گیلان در دانشنامه ایرانیکا

زهر نظر کریستین پرومپرژه

از چند سال پیش، به منظور تسهیل بهره‌گیری محققان از مقالات دانشنامه ایرانیکا طرح تازه‌ای در مرکز ایرانشناسی دانشگاه کلمبیا آغاز شده است و همه مقالاتی که در یک زمینه خاص جهت صوتی‌سازی و چه به صورت الکترونیکی منتشر شده‌اند در یک مجموعه در اختیار علاقه‌مندان قرار می‌گیرند. نخستین جلد این مجموعه که به مقالات دانشنامه ایرانیکا در زمینه دانش پزشکی در ایران و سرزمین‌های ایرانی و همچنین شرح حال پزشکان نامدار ایرانی و سهم آنان در پیشرفت دانش پزشکی زمان اختطاص دارد در سال 2004 و چند دوره از آن که مقالات مربوط به پژوهی‌های ایرانی از فرهنگ و هنر و موسیقی ایران را در بر می‌گیرد، در سال 2011 30 منتشر شده است.

سومین جلد این مجموعه کتابی است شامل 65 مقاله تحقیقی مستند به مطالب موجود که تا امروز در دانشنامه ایرانیکا دریافت گیلان منتشر شده است. این کتاب 300 صفحه‌ای زیر چهار جدول تنظیم شده است:

• فصل اول شامل جغرافیا، تقسیمات اداری، جمعیت، شناسایی و ترکیب قومی و زبانی استان گیلان و 41 شهر و ولایت استان است که در مقاله‌های جداگانه به آنها پرداخته شده است.
• فصل دوم به سرچشمه گیلان در طول تاریخ می‌پردازد و از معرفی‌های مالیکی و یکی از دوره‌های تاریخی گیلان، اطلاعات سوژه‌ای به دست می‌دهد. سپس، آثار تاریخی گیلان در مقاله‌های تفصیلی معرفی می‌شوند.
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