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## GENDERING BIRTH AND DEATH IN THE NINETEENTH-CENTURY SYRIAN COLONY OF NEW YORK CITY

### **Abstract**

The present paper describes three Syrian midwives and four Syrian doctors who lived in the nineteenth-century Syrian colony of New York City. Midwifery has been entirely overlooked in Middle Eastern migration studies, although, like peddling, it played an important role in the economic independence of Syrian women, offering them the chance to earn their own living and stand somewhat outside the strictures of both American and Syrian societies. Midwifery came under assault from outside the Syrian community in the early years of the twentieth century – when the medical establishment, aided by a virulent press, made midwifery illegal – as well as from inside, where the pressures to assimilate contributed to the demise of the traditional midwife and her replacement by western-trained doctors. All of the Syrian doctors who lived in the colony were trained at Syrian Protestant College (now American University of Beirut), and their western medical knowledge and authority played a role in the movement to marginalize midwives.<sup>1</sup>



### BIRTH IN THE SYRIAN COLONY: MIDWIFERY

Midwifery was a common profession for immigrant women in nineteenth-century America, one of the few – peddling was another – where a woman worked for herself. The importance of women peddlers to the economic wellbeing of the Syrian community has been well described by Sarah Gualtieri, Akram Khater, and Alixa Naff, among others.<sup>2</sup> The literature is replete with stories of women who peddled to support themselves and their families and then helped their mates set up businesses, and anecdotes celebrating their independence and outspokenness come down to us through their families.<sup>3</sup> Their independence was based not only on their earning power, but also on the fact that they were women out on the road alone or in pairs, away from the close scrutiny of their compatriots. This was a cause of tension and worry that was openly discussed in the community and in the pages of *Kawkab America*, the first Arabic newspaper in the United

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States. Most of these women eventually settled down as wives and mothers when their husbands could afford to support them, although there were many exceptions. Some married women worked in factories or alongside their husband in small shops, and went back to peddling when they became estranged or divorced, or when times were bad. Others never married and continued to peddle or open shops of their own.<sup>4</sup> It has become clear from my research that at least some of these married women kept their money separate—that is, it belonged to them and not to their husbands—even after years of marriage.<sup>5</sup> The financial independence of significant numbers of women, even beyond their early peddling years, is a subject needing further study.

The midwives of the nineteenth-century Syrian colony<sup>6</sup> were, like the women peddlers, self-employed, of independent means, and seemed to carry on their lives outside the normal expectations put on women of many backgrounds in the United States. Unlike peddlers, they were esteemed members of the community and did not evince criticism from within. Despite playing a vital role in the Syrian colony, midwives have been entirely overlooked in Middle Eastern migration studies.

#### THE CRUSADE AGAINST MIDWIFERY AT THE TURN OF THE TWENTIETH CENTURY

Midwives delivered more than forty percent of the babies born in New York City in the early twentieth century.<sup>7</sup> They also sometimes performed abortions or acted as general practitioners and gynecologists, treating “women’s problems.” Midwives, however, came under concerted attack in the late nineteenth and early twentieth centuries as doctors and other medical professionals led the drive to pathologize what had heretofore been thought of as a natural function—childbirth—and insisted that babies should be born in hospitals and delivered by doctors, not midwives.<sup>8</sup> Their motives were multivalent: the increasing professionalization of medicine, with higher bars to entry; the competition obstetricians (both male and female) felt from midwives; a growing nativist sentiment in the United States, which could be focused on immigrant midwives; the gender bias of male doctors against female midwives; and contempt of the upper class toward the medical practices of the poor and working class.

Some New York midwives had been trained in European midwifery schools, but most had no formal training at all, and this lack of “professionalism” was one of the weapons used against them.

Articles purporting to promote women's welfare blamed midwives for mother and infant mortality and injury, and dozens of newspaper headlines trumpeted the arrest of midwives accused of malpractice and murder.<sup>9</sup> Despite its name, the Midwifery Dispensary that opened on Broome Street in New York City in 1890 offered free medical deliveries by doctors in the home as an alternative to "careless, ignorant and dirty" midwives.<sup>10</sup>

The drumbeat of criticism culminated in 1893, when, in the first concerted action against midwifery, doctors protested "the irregular practice of midwives" and called on the states to train and test midwives before certifying them.<sup>11</sup> The Illinois Board of Health issued twelve restrictive rules for midwives in 1896,<sup>12</sup> making it nearly impossible for midwives to practice legally. New York followed suit in 1907.

Frances Elisabeth Crowell's 1906 study of New York City's midwives was instrumental in getting the New York law passed.<sup>13</sup> She did extensive research, looking at some 100,000 birth certificates to identify and locate New York midwives, of whom there were close to one thousand in the city. She claimed to have personally visited five hundred midwives in their homes to assess their character, competence, and cleanliness. Crowell's chart laying out "facts about their practice" is organized by country of origin of the midwives, the great majority of whom came from Austria-Hungary, Italy, Germany, and Russia (all but the Italians presumably predominantly Jewish); only twenty-two were native-born. Two were from Syria and one from Turkey. Although Crowell's own charts suggest that most of the midwives she interviewed scored rather high in most categories, she concluded that "less than 10 per cent could be qualified as capable, reliable midwives."<sup>14</sup>

For Crowell, the "darkest chapter" of the midwife story was their "criminal work," that is, the provision of abortions. Crowell's informant estimated that 10,000 abortions were performed in New York City every year, despite the fact that they were illegal. Anti-abortion laws had been passed in New York state in 1868, 1869, 1872, 1875, and 1881, each version refining and expanding the provisions of the previous one, yet in the year of Crowell's study, only three dozen suspicious deaths (of the mother) were reported to the coroner, and of these few were prosecuted. These reports, if accurate, point to the skill of those who performed abortions rather than its opposite, since clearly the overwhelming majority of mothers survived the procedure, but Crowell saw it instead as a crime in need of punishment. The coroner's

marked absence of zeal in enforcing the anti-abortion statutes could be attributed to the fact that many physicians (male *and* female) also provided abortions, and no one wanted to arrest respectable doctors. Only when midwives were made the primary target of anti-abortion sentiment did the prosecution of abortion become acute.<sup>15</sup>

In fact, only twenty-eight of Crowell's five hundred interviewees had ever been convicted of performing abortions, but in order to root out others, she hired an undercover investigator who posed as a pregnant woman in distress, and twenty-nine midwives reportedly agreed to provide the "mother" with an abortion. An additional 119 were deemed "suspicious," largely because of the equipment they carried in their bags ("large gum catheters wired, uterine sounds, dilators, curettes and pessaries. . ." <sup>16</sup>); she was thus able to state that thirty-five percent of midwives performed abortions, a dubious conclusion at best. Crowell concluded, "Indeed some go so far as to say the two terms 'midwife' and 'abortionist' are synonymous here in New York."<sup>17</sup> Note that she states clearly that this is hearsay, but nonetheless those who sought an end to the practice of midwifery frequently cited it as fact, and abortionist and midwife indeed did become synonymous in the mind of the public. Although Crowell seemed (in her naiveté) to be trying to raise the standard of midwifery rather than end it, her study was the last and strongest nail in the coffin of midwifery in New York. Immigrant midwives, including Syrians, were the primary targets.

#### THE SYRIAN MIDWIVES: MANNIE SHAHDAN, MALAKE NAFASH, AND BARBARA SIRGANY

Mannie Shahdan and Malake Nafash were the Syrian midwives who were most likely interviewed by Crowell. These two midwives were "active ethnic specialists," midwives who had busy professional careers in their own ethnic enclave,<sup>18</sup> in this case, the Syrian colony. Crowell gave them mixed reviews.<sup>19</sup> Although both claimed to have more than twenty years' experience and were able to treat troublesome childbirths, only one used antiseptics in her practice; one had equipment Crowell deemed "second class" – dirty and incomplete – while the other had no equipment at all; and only one put drops in the infant's eyes and cut the umbilical cord correctly. Both gave Crowell grounds to suspect that they performed abortions. Both had only "US diplomas," which Crowell considered worthless.<sup>20</sup> One was literate in and could speak English; the other could do neither. One was correctly registered at the Board of Health; one was not. One had a clean "home

and person"; the other did not. We do not know to which of the two midwives these assessments applied.

Mannie (Odaimy) Shahdan was the first midwife to arrive. A Maronite, she was born in Beirut in 1850 or 1855, married Kanaan Shahdan (sometimes referred to as Shahdan Kanaan), a restaurant owner in Cairo, Egypt, in about 1870, and in 1889, immigrated alone to the United States, leaving her husband and six children in Cairo.<sup>21</sup> She settled down in the heart of the Syrian colony in a tenement at 3 Carlisle Street; four of her children, including her eldest son Elias, joined her there in 1895.<sup>22</sup> Her husband arrived in 1901, but he never lived with the family and died in Brooklyn in 1908.

Shahdan signed her first birth certificate in 1893, which means she was here for four years before becoming established as a midwife. It is probable that, like almost every other new immigrant, she peddled when she first arrived to earn enough money to live and did midwifery as and how she could. But beginning in 1893, her practice began to thrive, and her name was the one most frequently seen on birth certificates. We have certificates for 148 births between 1888 and 1903, probably representing about fifteen percent of actual births.<sup>23</sup> Attendants signed 131. Of these, Syrian midwives attended seventy-eight patients (60 percent<sup>24</sup>), and Shahdan delivered sixty of the seventy-eight. She had no competition when she arrived in 1889 and was able to build up a client base both among Maronites and those of other sects; she delivered many Orthodox babies before and after the arrival of Malake Nafash, the Orthodox midwife, in 1896.



Figure 1: Mannie Shahdan, 1898. Courtesy of Matt Williams.

In 1900, New York midwives reportedly charged an average fee of five dollars per patient, although the amount varied widely depending on what the customer could afford.<sup>25</sup> Shahdan perhaps priced her services at the low end when she arrived and raised them as the years progressed and the Syrians became more prosperous. We can estimate that she earned about 350 dollars per year in her midwifery practice. This is much less than a peddler could earn, but midwives were able to stay in one place and only worked when called upon—in Shahdan’s case, perhaps fifty times a year. To supplement her income, “Umm Elias” worked with an American doctor named Elizabeth Cameron who had an office at 51 Washington Street. Cameron advertised their association in the Arabic newspaper, *Kawkab America*.<sup>26</sup> Shahdan also provided general or gynecological care to women in the colony.

She was listed in numerous New York city directories and censuses (as both a nurse and a midwife) and continued to live and work in Manhattan, still at 3 Carlisle Street, until 1913, when Elias and his family moved to Ohio; Shahdan then moved to Brooklyn to live with her widowed daughter Adelia and her granddaughter Rosa. Her respected standing in the wider community is evident in her role as godmother for a number of Melkite and Maronite baptisms. Though of independent means, Shahdan was never wealthy, and she never owned a home. By 1920, she was no longer practicing or had been driven to hide her profession. She died in Brooklyn in 1922 at the (approximate) age of seventy. Her status as single by choice and earning her own living—however modest—throughout her life contradicted American and Syrian expectations of a “woman’s role” in turn-of-the-century America.

Malake Cassatly was born in Damascus in about 1870 and married George Nafash there in 1887. She had three children, two of whom survived, and she emigrated to the US in 1896—arriving seven years after Shahdan—leaving her husband and two young daughters behind. She lodged at 17 West and 18 Morris streets before moving to Brooklyn in 1901. That year, she was able to bring over her daughters Atina and Anita, but her husband stayed in Damascus. In 1904, she assumed the care of a baby boy who had been given up by a young Syrian couple from Pawtucket, Rhode Island. The baby was baptized by the Orthodox priest in Nafash’s home, put into care at the Brooklyn Nursery (a home for “poor, friendless and destitute children”) for one

year, and then fostered by Nafash until she legally adopted him in 1910. Perhaps she waited until she was able to show sufficient means to support him. In her adoption application, she states, "Your petitioner came to this Country about 14 years ago and has been supporting herself and her children ever since that time."<sup>27</sup> She was required to obtain her husband's permission for the adoption, but he never joined her in America, and he died in Damascus in 1912. Nafash came to the United States like other immigrants essentially penniless, earned enough money as a midwife to bring her children over, adopted a son from a poverty-stricken family and supported her three children until they married. This story is embodiment of the Syrian immigrant myth, rarely if ever told about a woman. The fact that she was alone by choice placed her, like Mannie Shahdan, outside of prevailing standards of women's behavior.



Figure 2: Malake Nafash. Courtesy of Renee Hoenig.

The first birth certificate Nafash signed was in 1899, three years after she arrived, and her name appears on only fourteen of the 131 certificates. All of these were in Orthodox families. She seems to have been much less busy than Shahdan: although she certainly delivered many more children than we have records for, her deliveries probably numbered only about twenty-five per year. She could not have brought over her daughters and adopted a son, however, if she hadn't been making a relatively good living. Like Shahdan, she supplemented her income as a midwife by treating "women's diseases," as she

advertised in Mokarzel and Otash's 1908–09 *Syrian Business Directory*.<sup>28</sup> Nafash's naturalization papers in 1926 and 1929 still list her profession as midwife, and she is listed as a midwife – the only one – in the 1930 *Syrian American Almanac*,<sup>29</sup> as well as on her death certificate in 1939, so her career lasted more than four decades. Although both her daughters worked until they married, as did her son, there were indications that she had financial troubles at the end of her life: during a coal shortage in the severe winter of 1922, she sent a letter to a Brooklyn newspaper requesting help in obtaining a shipment of coal, saying that she had a sick daughter and two grandchildren living with her. The house she bought with her son in the mid-1920s was foreclosed on in 1932. She may have been a victim of the Depression, as were many others, but perhaps she also saw a decline in demand for her services, as women increasingly turned to doctors for their deliveries. She was able to purchase a plot in the Orthodox section at Mt. Olivet Cemetery in Brooklyn, where she is buried.

Although not interviewed by Crowell, a third midwife practiced in the Syrian colony at the turn of the twentieth century: Barbara Sirgany. She was a forty-six-year-old widow when she left Zahleh and came to the United States in 1891. She may have made a living in those early years as a midwife, but we have no evidence of this, and more likely she peddled in order to earn enough money to bring her children over. She went back to Syria at some point and returned to America in 1894 with two teenage sons; other members of the family followed in 1899. The family lived first at 96 Greenwich Street, a boarding house run by Moussa Daoud, and then moved to another tenement at 59 Washington Street, where they stayed until well into the twentieth century.<sup>30</sup> A Melkite, Sirgany stood as godmother to almost a dozen Maronite and Melkite baptisms both before and after 1894 but appears as attendant on only four birth certificates, three of which were in 1903. She was listed as a midwife in the 1908 *Syrian Business Directory*<sup>31</sup> and appears in some city directories as a nurse, but we have no other records of her practicing in the colony. In the two censuses in which she appears – 1905 and 1910 – her profession is given as “housework” and left blank, respectively. Perhaps she worked as a nurse and/or midwife with mostly American patients or was supported by her children. She died in 1911 at the age of sixty-six and is buried at Calvary Cemetery in Queens.

#### ABORTION IN THE SYRIAN COLONY

Contrary to Crowell's assertions, the quality of care by Syrian



midwives seems to have been very high. Of the hundreds of births attended by the midwives, we know of only one perinatal death, that of Rosa Adamany in 1895. Her death was attested by a Syrian doctor, Ameen Haddad, but whether a midwife had taken care of her previously is not known. The Arabic newspaper, *Kawkab America*, gave a rather bizarre account of what must have been the visit of the coroner and his assistant to view the body in the tenement where she died,<sup>32</sup> but they ruled the death natural, and the baby lived. De Clercq found (endnote 9) that doctor-assisted births were three times more likely to result in stillbirths than midwife-assisted births, but since stillbirths were not recorded in city records at this period, we do not know how many might have occurred in the colony. In cases where there are large gaps between births, since birth control methods were largely unavailable, we can assume that there occurred stillbirths or miscarriages—or abortions—but it is difficult to know without personal diaries, family stories, or midwives' journals.<sup>33</sup> We also cannot attribute the high number of infant deaths described below to poor care by midwives; high infant mortality was a common occurrence in all tenement neighborhoods in the nineteenth century. There are only five infant deaths for which we have corresponding birth certificates; of these, two were attended by a midwife (Shahdan), one by a Syrian doctor (Sleem), and two took place in the Women's and Children's Infirmary under the care of an American doctor. None of the deaths could be attributed to malpractice by the deliverer, and none was investigated by the coroner.

What about Crowell's belief that many immigrant midwives were abortionists? Like the other midwives that Crowell accused of providing abortions, the evidence for Syrian midwives providing abortions is non-existent, notwithstanding their falling under suspicion in Crowell's study.<sup>34</sup> As was true for the police and coroners at the time, our only possible evidence of abortion would be the death of the mother, and we have only the one perinatal death in our records, which was cleared by the coroner. No mention of abortion was made in any of the nineteenth-century Arabic newspapers, of course, except for one case, which involved a Texas couple. The Syrian husband was sent to prison for infanticide, an unusual outcome, which was overturned on appeal.<sup>35</sup>

One story in my own family may indicate that abortion was more regularly practiced in the New York colony than we know. My maternal grandparents were married in the Orthodox church in Brooklyn in October of 1907; she was twenty, he, twenty-eight. They

had a child the following year, a second four years later, and a third three years after that. The Syrian doctor, Rizq Haddad, delivered all of these children at home. These first three births were rather widely spaced given the lack of access to birth control or family planning methods at this time; as a rule of thumb, one assumes one or two years between births, and my grandmother's later pregnancies followed this pattern.

Presented with this seeming anomaly, I asked my grandmother when she was in her nineties whether she had had any miscarriages or stillbirths in the early years of her marriage. She told me that she had had an induced abortion. She described taking the ferry from Brooklyn to lower Manhattan and going to the midwife's home. I can only assume the midwife was Mannie Shahdan, despite the fact that my grandmother was Orthodox, as Nafash had by then moved to Brooklyn. She climbed up on Shahdan's kitchen table and, as she described it, was "scraped out" with a tool meant to remove the insides of zucchini (apparently the Syrian version of a curette). She was weak from loss of blood when she got up but somehow made it home to Brooklyn, where she took to her bed. She began to bleed more heavily and when her husband came home from work, she was still in bed and the sheets were soaked with blood. She was at first reluctant to tell him what happened; when she finally confessed, he was shocked and furious, and he told her he would divorce her if she ever did such a thing again. He brought in a local doctor (Haddad), and she survived to have four more children.<sup>36</sup>

When I asked her why she had sought an abortion, she said, "I was so tired. I didn't think I could take care of another child just then." If the abortion took place after the first child, which is probable, given the four-year gap and the fact that Shahdan moved to Brooklyn in 1913, why was my grandmother so tired? And why had she gone all the way to Manhattan to see Shahdan, rather than to her co-religionist, Nafash, who lived nearby? Perhaps the first birth had been unusually difficult and she was not ready to go through it again so soon. Perhaps she was still suffering from post-partum depression. Or perhaps abortion was an accepted, if illicit, method of child spacing, and my grandmother used it, not realizing it could be life threatening. In any case, we can imagine that Syrian midwives provided many such abortions, but without the evidence of arrest or conviction – or the midwife's personal diary – we will perhaps never know. Did my grandmother keep it a secret for seven decades because it was illegal, psychologically painful, or because her husband's reaction somehow made it shameful? Her

story, like others, point to how Syrian family dynamics were inevitably affected by the pressures of their American surroundings.

#### TURNING TO SYRIAN DOCTORS

Although the majority of births were attended by midwives, some Syrian women chose to be delivered in the Women's and Children's Infirmary on Stuyvesant Square, where they were attended by American doctors, and the rest used one of the western-trained Syrian doctors who were part of the community from the beginning. We don't know why some Syrian women chose to have their babies in a hospital or to be attended by a doctor rather than a midwife; perhaps they saw these alternatives as safer, more "modern," or more "American."<sup>37</sup> If it was because they were experiencing difficulties or abnormalities during pregnancy, these difficulties were not reflected in the birth certificates.

Nine Syrian doctors lived in the New York colony for shorter or longer periods in the nineteenth century, but only four were important in the early colony: Ameen F. Haddad, Abdulmassih G. Mussawir, Raschid S. Baddour, and David H. Sleem.<sup>38</sup> Ameen Haddad was the most sought-after doctor in the nineteenth-century Syrian colony, despite being a member of a minority sect. He was a Presbyterian, born in 1865 in Abeih, one of the earliest sites of Presbyterian proselytizing efforts in Syria. He earned a BA in 1884 and an MD four years later from Syrian Protestant College (SPC; now the American University of Beirut). SPC's medical faculty had been founded in 1867 and had begun teaching in English in 1882. The school's curriculum, then as now, was modeled on that of American colleges. He immigrated to New York after graduation and took a second medical degree from the University of the City of New York (today New York University's School of Medicine) in 1889. In 1890, his brother Saleem, also an SPC graduate, followed Ameen to New York. They lived together in lower Manhattan, first on Washington Street and then at 76 Stone Street east of the colony and remained there all their lives, even after Saleem's marriage in 1909. Saleem's drugstore was at 89 Broad, just around the corner from their home, and Ameen had his medical practice above the pharmacy, with office hours from eight to noon. He is not listed on any birth certificates but attended more than one third of the nineteenth-century deaths in the colony, including the only two women who died of diseases related to reproduction, and the majority of child deaths. Although there is no evidence that he had specialized pediatric or

gynecological training, he seems to have been in demand for those cases.

Haddad was also active in and recognized by important members of New York society. In 1892, he helped found the Syrian Society, which encouraged the assimilation of Syrians into American culture. The Society, whose Board of Directors were prominent American Presbyterians (Ameen being the only Syrian member), opened a school at 95 Washington Street, which later also served as the Syrian Presbyterian "mission." Volunteers taught the children English, the three R's, geography, and vocational skills, and offered English classes to adults at night; soon they were able to bring a fulltime teacher from Syria. The school was an American colonial outpost within the city, not much different from the Presbyterians' missionary efforts in Syria itself. Although a few Syrian men donated money, the school was mainly supported by American Presbyterians, and it was always in financial trouble. Ameen served as the Society's secretary, fundraiser, and spokesman, and he was constantly trying to raise enough money to keep the doors open. He finally became – in the second decade of the twentieth century – the school's only teacher.

Ameen signed his naturalization papers in 1894. Like most of the early settlers, he was a lifelong Republican and was seen by American Republicans as "one of them." In 1897, he was named as District Chairman of a breakaway group of prominent New York Republicans who were dedicated to reforming the Party, and he was included in a list of "Who's Who" of the city's Republican Party. In 1909, he took out patents for perfume and ladies' cosmetics, which Saleem must have compounded in his drugstore.<sup>39</sup> He gave many lectures in Protestant churches about his homeland and seems to have served as an interlocutor between the Syrian community and the outside world, at least from the point of view of Americans. It may have been easier for him as a Protestant to fit in with Americans of the same religion than it was for those of the Eastern sects. He practiced medicine in lower Manhattan until his death in Beirut in an auto accident in 1931. Saleem had died three years earlier.

Also armed with a BA and MD from SPC, Abdulmassih Mussawir, a Maronite, immigrated to New York in 1891 and immediately took and passed his state licensing exams. He lived and saw patients at 73 Washington Street and offered free medical services for needy Syrians one hour each day. Apparently respected by both Orthodox and Maronite members of the community, he was often invited to speak at gatherings, chair events, and mediate disputes. He

traveled, perhaps looking for other places to settle, as he was listed as a doctor in Chicago in 1895 and in San Francisco in 1896. But by 1897, he had returned to New York, still living and practicing at 73 Washington, and he attended one birth and fourteen deaths between 1897 and 1903. After marrying his cousin Mohalla Haddad in 1899, he moved his home and practice to Brooklyn. She must have died soon after, because he married Julia Maloof in 1902, with whom he had six children. They lived for almost two decades in Lawrence, Massachusetts, and then returned to Brooklyn, where he continued to practice until his death in 1940.

Raschid S. Baddour was born in Hamana, a mountain village east of Beirut. He received a medical degree from SPC in 1893 and immigrated to the United States in 1895. Two of his brothers – also SPC graduates – accompanied him to New York; one of them purchased a drugstore on Third Avenue and Seventy-Seventh Street in 1898. Early on, Baddour offered half-price consultations to Syrians in need and began to specialize in the treatment of tuberculosis. He attended twelve births and four deaths in the period studied. He joined the staff of Brooklyn Eye and Ear Hospital on Willoughby Street in 1897 and served for many years on its Board of Trustees. He was naturalized in 1901.

Notwithstanding his professional accomplishments, Baddour's personal life was tumultuous. His first wife, a Danish-born "American," gave birth to twin daughters in 1903 (Baddour delivered them); one of the girls died nineteen days later of infantile diarrhea, and it was Baddour who reported her death. Not long after, he and his wife divorced, but their surviving daughter stayed with him. He married Marie Khoury in 1914, not in the Catholic Church, because of his divorce, but in a Protestant ceremony. They had two sons. In 1920, she sued him for divorce on the grounds of cruelty and "stinginess," and cited her "lack of affinity" for her stepdaughter; the case was reported in the newspapers.<sup>40</sup> The judge counseled her to go back to him for the sake of the children, and apparently she did, because when Baddour died in 1934, he left an estate of \$54,000 – a not inconsiderable sum, especially in the midst of the Depression – to his wife and three children.

Apparently brilliant and certainly a polymath, Presbyterian David H. Sleem graduated from SPC in 1879 at the age of nineteen, tutored at the college for several years, and received his medical degree in 1887. He immigrated the following year and promptly earned a second medical degree at New York University. Not really a part of the

Syrian community – his office and home were miles away on West 97th Street – he did attend two colony births in 1891 and 1895 and a death in 1897, and his 1897 naturalization was witnessed by Ameen Haddad; they must have known each other at SPC. His clientele, however, were mainly Americans who lived uptown. He held office hours on 97th Street from 9–10 a.m. and 5–6:30 p.m., and in the interval between 10 a.m. and 5 p.m., he worked at Bellevue Hospital in midtown Manhattan. In 1894, he made the news by rescuing a Syrian peddler who had been committed to the insane asylum on Blackwell’s Island for the sole reason that no one could understand what she said. He seemed to have also been working there, perhaps doing a residency.

In addition to his medical practice, he took out two patents for surgical devices in 1895,<sup>41</sup> and earned a master’s degree from Columbia University with a thesis on the construction of an electric train in 1896. He wrote a book proposing a new method of equity investing,<sup>42</sup> a topic seemingly far outside his areas of expertise. He was one of only two Syrian members of the American Oriental Society (the editor Nageeb Arbeely was the other), a learned society of archaeologists, philologists, and historians. Like many other men of science in the nineteenth century, Sleem was interested in the paranormal. He once hosted an evening with a supposed psychic, in which a group of linguists (including Ameen Haddad and Nageeb Arbeely) tried to identify the language that she claimed came to her from the spirit world. Since they could not identify it, they pronounced the language gibberish and the psychic a mental case. In 1904, Sleem moved to Alaska for his health, married, and produced several groundbreaking maps of the Alaskan Territory<sup>43</sup> before dying at the age of fifty-three in 1913.

These doctors were remarkably accomplished and unlike many of their compatriots, they seem not to have suffered assimilation pangs. Their medical education at SPC (and perhaps their secondary education as well) had obviously prepared them well for practicing in the US, and they must have been fluent in English when they arrived, as they had no trouble earning additional degrees and being licensed in New York. Three – Haddad, Baddour, and Sleem – were members of the New York State Medical Association. Haddad and Sleem – both Presbyterians – were minority members of the Syrian community. Haddad was deeply immersed in that community, although perhaps in a quasi-colonial way, while Sleem was almost completely removed from it, both geographically and mentally. Maronites Mussawir and Baddour seemed to have been more “Syrian” in their practice and

orientation, but Baddour too worked outside the enclave of the community.<sup>44</sup>

One question still to be answered is whether and how often these doctors served non-Syrian clients. It seems clear that David Sleem did; his practice located so far from the Syrian colony depended on American clients who lived near him, and the few contemporary news articles about him mention his American patients. Raschid Baddour, on staff at the Brooklyn Eye and Ear Hospital, also must have had primarily American patients, but we don't know about the others. With all of their Western education and post-immigration accomplishments, were they accepted as doctors of equal standing with Americans?

#### DEATH IN THE SYRIAN COLONY

Death was a constant presence in the Syrian colony as it was in other poor communities. We have certificates for ninety Syrians who died in the colony through 1903; forty-six of whom (51 percent) were children under the age of three. Another six deaths were of children between three and six years old. Based on our data for the nineteenth century, the certificates represent about seventy percent of actual deaths. Syrian doctors attended half of the recorded deaths; the rest were attended by American doctors on staff at nearby hospitals or in private practice near the place of death. Almost half were interred at Calvary Cemetery in Queens, all of these in unmarked, "untitled" (unowned) graves; that is, in "potters' fields."<sup>45</sup> Fourteen were taken to other Catholic cemeteries in the city, and a few to the Orthodox plot at Mt. Olivet after 1901.<sup>46</sup>

By far the most common (primary or contributory) cause of death for children and adults were lung diseases, arising from or exacerbated by the crowded, damp and frequently flooded basements and tenements in which the Syrians lived. In his thinly disguised autobiographical novel, Ameen Rihani vividly described the conditions in these dismal living quarters: only one block east of the Hudson River, the basement flooded every time the tide came in and inundated shop and home. The men had to save their goods before their persons.<sup>47</sup> Of the ninety deaths attested on certificates, thirty-nine died from bronchitis, tuberculosis, pneumonia, asthma, pertussis, or a combination of these. Although endemic throughout New York in the crowded, unsanitary conditions in which the poor lived, tuberculosis apparently affected a disproportionate number of Syrians.

In a territory largely inhabited by Syrians, and including both sides of Washington Street from Battery Place to Morris Street . . . there were in the eight years from 1894 to 1902, 200 deaths from the disease in 51 out of 74 houses representing an average of almost exactly four to each house visited by the infection.<sup>48</sup>

Although four deaths per house may have been the average, the disease actually occurred in clusters, notably in Numbers 15, 25, and 38 Washington Street, all tenements inhabited by Syrians. The article does not specify how many of the two hundred deaths were actually Syrians, but gives the impression that a majority of them were. If that is the case, then our estimate of the number of deaths occurring during the period (about 130) must be revised upward. One Syrian doctor, Raschid Baddour, specialized in the treatment of TB.

The second most common cause of death, again for both adults and children, were diseases of the gastrointestinal tract. Adulterated milk caused many of these illnesses in children, and both adults and children were vulnerable to them simply because of their poverty.<sup>49</sup> Eleven of the eighty-nine deaths listed gastrointestinal causes, including acute gastroenteritis, diarrhea, peritonitis, and uremia. Related to these diseases were deaths of children from malnutrition – in nineteenth-century parlance, “marasmus” – a direct result of poverty and/or an inability to digest food brought on by one of the above illnesses.

Other causes of death, common in all poor urban communities at that time, included toxemia, sepsis from injury or surgery, scarlet fever, smallpox, measles, meningitis, and appendicitis. Premature birth and “inanition,” a nineteenth-century term indicating exhaustion and weakness at birth, were given as the cause of five infant deaths. Heart attacks and strokes killed six adults, and there were two reported cases of cancer (one uterine and one lung). Although yellow fever was common in New York in the 1890s (thought to be brought by immigrants from Eastern Europe and the Middle East in the steerage compartment of ships), and there are newspaper reports of Syrians with the disease, no death certificates name it.

As mentioned above, we know of one woman (Rosa Adamany) who died in childbirth; another young woman, who had been married only five months, died from acute salpingitis (an infection of the fallopian tubes). If she was pregnant, it was not mentioned on her death certificate. Both deaths were attended by Ameen Haddad. A third



death, caused by the hemorrhaging of an ectopic pregnancy in a thirty-nine-year-old Syrian woman, occurred at Roosevelt Hospital.

Five Syrians committed suicide, and Syrian doctors were usually the ones who declared them dead; only one, however, was reported to the city. If the victim was alone in New York, members of the colony took charge, collecting money and arranging for the funeral.

## CONCLUSIONS

The birth and death records of the Syrian colony, however fragmentary, show what in many ways is a typical immigrant community's response to its health needs: reliance on one's own kind. Midwives were a necessary and valued part of the early Syrian colony, as they were in all immigrant communities, although the presence of Western-trained "native" doctors at its very inception may set the Syrian community apart from others.

The stories of the three Syrian midwives are remarkably similar in their main elements. All three came to the United States alone, leaving their families behind: Shahdan and Nafash left husbands, while Sirgany was a widow. Gualtieri and others have taken issue with the chain migration theory – that men came first to the United States to blaze the trail for the women and children who came later – and these midwives are another example of the weakness of that theory. It was not only midwives who came alone, of course; many a younger woman made the journey as well, sometimes in the company of another woman, and peddled when she arrived. Editorials in *Kawkab America*, written by the publisher Nageeb Arbeely – an official at Ellis Island – admonished men in Syria not to send their wives and daughters alone to the United States to work, while they (the men) stayed at home; clearly the issue was big enough to warrant publication.<sup>50</sup> The fragmentary New York police census of 1890, as well as the 1900 census, include women not ostensibly related to anyone else in their household, and who may have been in New York alone.

Perhaps solitude was a necessary condition of midwives' success, as it was for many women peddlers; who would have taken care of children and husband while they were working? Women who began as peddlers, however, usually settled down with husbands and children, either working only in the home or helping their husbands run a small shop. But midwives came as middle-aged wives or widows and established a lifelong career in midwifery and nursing. They made enough money on their own to bring over their children, and in

Nafash's case to adopt one as well. Shahdan and Nafash never lived with their husbands again. Their courage, independence, and enterprising spirit allowed them to make it on their own in New York and become respected members of the community.

That all the doctors were male and midwives female in the Syrian colony was unsurprising, considering the same was true in American society as a whole. Although Elizabeth Blackwell in the mid-nineteenth century had made it possible for women to become doctors in the United States, women still made up only 5 percent of the medical profession in 1890.<sup>51</sup> The fact that Syrian Protestant College was male-only until 1921 meant that women were unable to earn any college degree, much less a medical degree, in Syria. There would have been no way for a new woman immigrant to have amassed enough money to pay tuition to an American medical school, still less to support a family at the same time. It was not until the second generation that Syrian women began to earn medical degrees here.

That male doctors enjoyed status and recognition not afforded to the female midwives—both in the Syrian community and in American eyes—is also unsurprising. For one thing, they came with the advantage of knowing English, unlike the midwives, and were able immediately to converse with Americans. Secondly, they had the advantage of American medical degrees, which put them within striking distance, if not on a par with, their American medical compatriots. Thirdly, they were men. They were able to participate in a patriarchal American society to an extent not open to women. The great majority of American reporters were men, and they wrote stories about men. Although New York reporters paid as much attention to Syrian businessmen and editors as they did to doctors, the doctors were well represented in the American press and accrued prestige to the Syrians as a group. For Syrians, like Americans, the male doctor represented the authority vested in western/male knowledge, which inexorably took over the medical narrative at the turn of the twentieth century, leaving midwives behind.

Syrian doctors had always treated the ills of the majority of the population and had even delivered some of the earliest babies, but as the century turned, that number increased. The community changed from a self-contained immigrant enclave, in which midwives, steeped in the traditions of their homeland, attended to the needs of their countrywomen, to one increasingly dependent on American medical practice (if not American doctors). Of course, midwifery survived in immigrant populations and underground, despite the strenuous efforts

to suppress it, but not, it seems, in the Syrian community, where the first midwives were not replaced by a younger generation of practitioners. That this move toward American medicine pivoted around the turn of the century reflected not only changes in American attitudes toward female midwives, but also what was taking place within the Syrian community itself, as many of its members became prosperous, moved to Brooklyn, loosened their ties to their homeland, and became, by their lights, “Americans.”<sup>52</sup>

## NOTES

<sup>1</sup> This paper is the second in a series that foregrounds aspects of the nineteenth-century Syrian colony of New York as portrayed in my book, *Strangers in the West: The Syrian Colony of New York City, 1880–1900* (New York: KalimahPress, 2015).

<sup>2</sup> Sarah M.A. Gualtieri, *Between Arab and White: Race and Ethnicity in the Early Syrian American Diaspora* (Berkeley: University of California, 2009), 40–44; Alixa Naff, *Becoming American: The Early Arab Immigrant Experience* (Carbondale: Southern Illinois University, 1985); Akram Fouad Khater, *Inventing Home* (Berkeley: University of California Press, 2001).

<sup>3</sup> Alixa Naff’s oral histories deposited at the Faris and Yamna Naff Arab American Collection, the Museum of American History, Smithsonian Institution, capture many of these.

<sup>4</sup> My great aunt, Jamilie Milkie, was one of these. She peddled for three decades, and just after opening a small linen shop in Asheville, North Carolina, died in a boarding house fire at the age of forty.

<sup>5</sup> Two examples may suffice. Like many others, Sophie Shishim had been a peddler in upstate New York, while her husband ran a boarding house in New York City. In the early 1890s, they became estranged, and she moved to the Oklahoma Territories, where she peddled notions. In 1895 she and Shishim divorced, and she married Naoum Mokarzel. After their separation in 1899, she recovered more than a thousand dollars (in cash and jewelry) from a fellow Syrian who had been holding them for her. In another much later example, Angelina Diab, the second wife of the editor Najeeb Diab, loaned him money throughout the 1920s and 1930s to keep the newspaper, *Mira’at al Gharb*, afloat, money she said she had earned from peddling linens. This amounted to thousands of dollars in loans, the collateral for which was apparently the newspaper.

<sup>6</sup> The nineteenth-century Syrian colony was centered around Washington Street on the lower west side of Manhattan, beginning at Battery Park (where new immigrants disembarked) and stretching north to Carlisle Street. The first Syrian immigrants settled there around 1880, and by 1900 the colony

numbered about 1,500. They lived in tenements as crowded and dirty as any in the city. Almost nothing remains of this neighborhood; it was essentially razed in the 1940s to build the entrance to the Brooklyn Battery Tunnel and finished off by the construction of the World Trade Center.

<sup>7</sup> F. Elisabeth Crowell, "The Midwives of New York," *Charities and the Commons* 17 (January 1907): 668.

<sup>8</sup> A proposal to license midwives was roundly voted down by doctors in New York in 1884, on the grounds that "this would tend to lower the standard of the medical profession;" doctors were sent to Albany to voice their opposition to the bill. "Opposed to licensing midwives," *New York Times*, 25 March 1884.

<sup>9</sup> Declercq flatly contradicts this view, finding that in 1914 Massachusetts, doctor-delivered births were almost three times as likely to result in stillbirth as midwife deliveries. Eugene R. Declercq, "The Nature and Style of Practice of Immigrant Midwives in Early Twentieth Century Massachusetts," *Journal of Social History* 19, no. 1 (1985): 124.

<sup>10</sup> Cited in Nancy Schrom Dye, "Modern Obstetrics and Working-Class Women: The New York Midwifery Dispensary, 1890-1920," *Journal of Social History* 20 (Spring 1987): 552.

<sup>11</sup> Leslie J. Reagan, "Midwives and Abortion in the Progressive Era," *Bulletin of the History of Medicine* 69.4 (Winter 1995): 575.

<sup>12</sup> Reagan, "Midwives and Abortion," 576-77.

<sup>13</sup> Crowell, "Midwives of New York," 667-77.

<sup>14</sup> *Ibid.*, 673. She gave talks about her research to various medical societies around New York.

<sup>15</sup> Reagan, "Midwives and Abortion," 1995, 579.

<sup>16</sup> Crowell, "Midwives of New York," 674.

<sup>17</sup> *Ibid.*, 674.

<sup>18</sup> Declercq, "The Nature and Style of Practice of Immigrant Midwives," 125. He mentions one Massachusetts Syrian midwife, Christine Shaheen, who fit this category as well.

<sup>19</sup> She also interviewed a midwife from Turkey; this may have been Barbara Sirgany (the third Syrian midwife) or someone from elsewhere in the Ottoman Empire.

<sup>20</sup> It is not clear where these "diplomas" were earned, if indeed they existed at all.

<sup>21</sup> The 1900 census states that she had had nine children of whom six survived.

<sup>22</sup> The tenements on the north side of Carlisle (with odd-numbered addresses), were mainly inhabited by Maronites, while the south side was favored by the Orthodox.

<sup>23</sup> Although a very low percentage, this was not exclusively a Syrian or an immigrant problem. Despite a law mandating registration that had passed earlier in the century, doctors and midwives were equally delinquent in filing birth certificates. In 1891, a fine of ten dollars was imposed (“Births Must Be Recorded: The Board of Health to Stir Up Delinquent Physicians,” *New York Times*, 1 July 1891) but seemed to have had no effect. As late as 1910, a *New York Times* editorial lamented the “neglect of midwives and doctors to record births” (*New York Times*, 8 September 1910). It is thus difficult to extrapolate the total number of Syrian births for the period through 1903, but it certainly exceeded eight hundred.

<sup>24</sup> This percentage is significantly higher than Crowell’s figure of 42 percent in 1906, reflecting either the greater dependence on midwives in ethnic enclaves as asserted in many articles or simply the decline in the demand for midwives as the decade progressed.

<sup>25</sup> “Services of Midwives,” *New York Times*, 19 March 1900. For examples of the range in pricing, see Jennifer S. Garvey, “Finding Wilhelmina: an Immigrant Midwife in Queens, 1884–1914” (MA thesis, Sarah Lawrence College, 2013) 29, and Declercq, “The Nature and Style of Practice of Immigrant Midwives,” 118.

<sup>26</sup> Advertisement, *Kawkab America*, 27 October 1893. Cameron, a specialist in “Women’s Medicine,” is listed at various addresses in city directories between 1889 and 1905, but 51 Washington Street is not among them.

<sup>27</sup> Nafash family papers, 11 February 1910. Courtesy of Renee Hoenig.

<sup>28</sup> “Obtained official certification from the government of New York [;] treats all women’s diseases.” S.A. Mokarzel & H.F. Otash, *The Syrian Business Directory* (New York, 1908?), n. p. (trans. Adham El Kady).

<sup>29</sup> [Nasib] Arida & [Sabri] Andria, *The Syrian American Directory Almanac* (New York, 1930), 117. Nafash may have been the Syrian midwife described by Crowell as illiterate; her naturalization papers are signed in various places with an X or in a very unsure hand. Her adoption application seems to have been written and signed by the notary.

<sup>30</sup> In the 1910 census, she was living at 59 Washington with fourteen other Sirganys (four grown sons and their families). The census notes that she had given birth to eighteen children of whom seven were living.

<sup>31</sup> Mokarzel and Otash, *Syrian Business Directory*, n.p.

<sup>32</sup> *Kawkab America*, 25 January and 1 February 1895.

<sup>33</sup> For example, Margaret Oussani was married eight years before she had a child in 1904; she must have had two or three stillbirths or miscarriages.

<sup>34</sup> Since abortions were illegal, any such procedures would have been unrecorded. In analyzing the case notes of a very busy German midwife in turn-of-the-century Queens, Jennifer Garvey (Garvey, “Finding Wilhelmina”) makes no mention of abortion. In a personal communication (4

January 2015), she states that she “found no record of her performing abortions . . . the only thing I found remotely close was records of stillbirths.” She estimated that about one percent of the midwife’s cases resulted in stillbirth. Declercq cites a rate of nine stillbirths out of one thousand cases attended by midwives in his study (Declercq, “The Nature and Style of Practice of Immigrant Midwives,” 124). As induced abortions were sometimes disguised as stillbirths, some of these may have been abortions. Crowell’s estimate of 10,000 abortions per year would indicate a five percent abortion rate, much higher than either of these two figures, which include all stillbirths. In the case of the Syrian colony, a five percent abortion rate would mean that there were more than forty abortions performed during the fifteen years of the period under study, for which we have absolutely no evidence.

<sup>35</sup> “Released from Jail,” *Dallas Morning News*, 28 June 1895.

<sup>36</sup> According to Mohr, in the mid-nineteenth century, the majority of women seeking abortions were, like my grandmother, married, but by the late 1880s, they were mostly unmarried women in their late teens. Mohr speculates that this change resulted from middle and upper class married women having access to contraception methods that were unknown or inaccessible to the poor and young. Married women who continued to need abortions in the late 1880s were mostly immigrants and/or poor. James C. Mohr, *Abortion in America: The Origins and Evolution of National Policy, 1800–1900* (Oxford and New York: Oxford University Press, 1978), 243.

<sup>37</sup> “. . . in the nascent women’s press in Iran, Egypt, and the Levant, the focus for an emerging middle class elite was on ‘modernizing’ family, society, and nation.” Khater, *Inventing Home*, 4.

<sup>38</sup> Abraham J. Arbeely, the eldest son of the “first Syrian immigrant family,” practiced intermittently in New York but did not establish an office there and signed no birth or death certificates. Shukri Beshara Rizkallah earned a medical degree from New York University in 1892, but in 1894 he returned home, earning a second medical degree in Constantinople, and died in Syria in 1929. Habib Khouri S’oaaadi immigrated in 1894, took a medical degree from NYU in 1900, and then moved to Pennsylvania. Ten years after earning an MD from SPC in 1887, Nageeb G. Barbour went to New York. He manned the clinic above the Orthodox chapel at 77 Washington Street and practiced in lower Manhattan in the nineteenth and early twentieth centuries. He moved to Brooklyn, where he practiced until his death in 1949. His name did not appear on any early birth or death certificates. Rizq G. Haddad immigrated from Jdeideh Marjayoun in 1900, took a medical degree from New York University (in 1901), and earned a PhD with highest honors there in 1903. He opened his practice in Brooklyn at the turn of the century and had a long and illustrious career in the twentieth century but did not attend any of the earliest cases.

<sup>39</sup> US Patent Office, *Official Gazette*, 1909: 1107.

<sup>40</sup> A Baddour family photograph on Ancestry.com dated 1922 shows Raschid with his three children; his wife is absent. Baddour family photograph, Ancestry.com, accessed 29 December 2014, <http://trees.ancestry.com/tree/47224383/person/6722696114>.

<sup>41</sup> Patent No. 545,102, a vaginal applicator, 27 August 1895, <http://www.google.com/patents/US545102>;

Patent No. 545,103, a moistening apparatus, 27 August 1895, <http://www.google.com/patents/US5451023>.

<sup>42</sup> David H. Sleem, *Equity System of Cumulative Tontine Investment* (New York: no publisher, 1892).

<sup>43</sup> See the list at Worldcat Identities, accessed 16 December 2014, <http://www.worldcat.org/identities/lccn-n2003032599/>.

<sup>44</sup> The only Orthodox physician who was part of the early colony – Nageeb Barbour – is described in note 37, above. Although we know little about him, a photograph of him in the *Brooklyn Daily Eagle* – showing him in a top hat with a medal pinned to his chest – is captioned, “Father of All U.S. Syrians.” “Syrian Settlers in Brooklyn Have Developed Many Talented Citizens in Various Fields,” *Brooklyn Daily Eagle*, 22 May 1932, A 17.

<sup>45</sup> They are still fields today. Despite being a Catholic cemetery, Calvary was used by Syrians of all faiths in the early days of the Colony. There are today a large number of Syrian gravestones, but these are much later deaths. Those interred at the other Catholic cemeteries were exclusively Maronite or Melkite.

<sup>46</sup> Archmandrite Raphael Hawaweeny purchased a large plot at Mt. Olivet in 1901, paid for by subscriptions from the Orthodox community.

<sup>47</sup> Ameen Rihani, *The Book of Khalid* (NY: Melville House, 2013 [1911]), 43.

<sup>48</sup> “Results of Twelve Years’ Battle with Consumption,” *New York Times*, 2 August 1903. In 1913, a survey by the Men’s Committee of Trinity Church found much the same pattern, with tuberculosis cases clustered in the blocks where Syrians were most concentrated. Trinity Church Men’s Committee, *A Social Survey of the Washington Street District of New York City* (New York: Trinity Church, 1914), 57.

<sup>49</sup> The Arabic newspaper *Kawkab America* warned about the prevalence of milk thinned with dirty water, noting the authorities had arrested twenty-seven criminal milkmen in one day (*Kawkab America*, 30 August 1895). The problem persisted well into the twentieth century, with the New York City Health Department reporting 274 arrests for selling adulterated milk in the eleven months ending 30 November 1903 (New York City Department of Health, *Annual Report 1903*). So-called “Milk Centers” began to be set up in poor neighborhoods, providing pure milk as well as lessons in hygiene to residents. One was established at 119 Washington Street in 1910, and death

rates reportedly plummeted (Trinity Church Men's Committee, *Social Survey of the Washington Street District*, 53).

<sup>50</sup> For example in the issue of 26 August 1892.

<sup>51</sup> "Women's History in America," *Women's International Center*, accessed 2 April 2015, <http://www.wic.org/misc/history.htm>.

<sup>52</sup> The debates that swirled in the community about assimilation are the subject of a forthcoming paper.