the International Congress of Tropical Medicine and Hygiene held in Cairo to mark the centenary celebration of the School of Medicine. His paper appeared the next year in the *Journal of Obstetrics and Gynaecology of the British Empire*, drawing on data from the series of surgeries which he and his colleagues had performed over twenty-one years (1907-1928) at Qaṣr al-ʿAynī, the Coptic, and Kitchener’s Memorial Hospitals. It turns out that the woman from Qīnā was one of 234 operations on urinary fistulas that Mahfouz had performed; the paper included another 42 surgeries by his colleagues Professor Roy Dobbin and Dr. ʿAḥmad Shafīk, bringing the total to 276.

Focusing, if even for a moment, on fistulas serves to decenter the default male body in historical and medical writing (though men do get fistulas, but mostly from different causes than those of women.) With the female body as our subject, or more precisely, certain body parts – vaginas, uteruses, bladders, urethras, and so on -- we have an opportunity to listen to the stories that girls’ and women’s bodies tell and hear their voices. Fistulas reveal, for example, the dangers surrounding childbirth in the early twentieth century as well as the pain accompanying early sex and surgery. While fistulas seemed rare, they were not as rare as one might think. Fistula surgery kept Mahfouz busy. He notes that before 1919, “The number of cases was so great that I devoted a ward of 10 beds to urinary and faecal fistulae and the beds were always full.” And Mahfouz and his colleagues were not the only surgeons operating on fistulas in Egypt or even in Cairo, where doctors at private hospitals also operated on them. The woman from Qīnā had already had three surgeries in Asyūṭ, and another woman had had five.

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2 “It is surprising indeed, that while bilharziasis accounts for almost all the urinary fistulae in men, it is responsible only for under one per cent in women.” Ibid, p.583.