

NURSLINGS, MILK AND MORAL DEVELOPMENT: A CASE STUDY OF IMPERIAL MUGHAL

Balkrishan Shivram

Government College, Shimla, H.P,
INDIA.

bkshivram@rediffmail.com

ABSTRACT

Since Galen's time and before maternal breastfeeding was advocated healthful for both mother and child, but also supported wet nursing as a reasonable alternative when mother was unable or averse to breastfeed. The wet nursing practice indeed flourished in times and places of sharp class distinctions. The practice was encouraged by various, sometimes contrasting, motivations, depending on the social group and the personal, economic, and social circumstances. It could in effect range from the inconvenience of a temporary withdrawal from social duties to anxieties about the aesthetic consequences of nursing. Per instance, in some lands it was customary or ritual methods of sequential feeding for future rulers whilst in other the wet nurses of the kings such as the Mughal might be consecrated. Interestingly milk interpreted as a different form of the mother's blood, was seen to transmit not only nourishment but also central traits of character. This had consequences for the choice of wet nurse. This type of 'wet-nursing' indeed had had an important function in strengthening kin ties.

Keywords: Wet nursing, Breastfeeding, Mughal, Milk kinship

INTRODUCTION

In all periods of history, the close ties of love and affection established at the breast during infancy were freely acknowledged and lasted until death. For Erik Erikson, the mouth and the nipple are “the mere centres of a general aura of warmth and mutuality which are enjoyed and responded to with relaxation not only by these focal organs, but by both total organisms and the mutuality of relaxation thus developed is of prime importance for the first experience of friendly otherness” (1950: 63-66). Wet nurses were portrayed as having compassion and unconditional love for their charges, in contrast to biological parents, who were seen as cold and calculating. Mughal textual sources present a very romantic and positive view of the relationship between nurse and nursling and the phenomenon of wet-nursing in general. A glimpse of closeness appears recurrently in textual sources. Mughal imperial family would rely on the services of wet-nurses with an open mind without judging the practice on the basis of the assumption that maternal breastfeeding was necessarily better than wet-nursing. Breastfeeding in Islamic world institutes a type of kinship relation (*ridā* “a milk kinship”), in the same way amongst Mughal imperial families it also indicates its persistence as a medium for complex social and political networks. Blood kin ties (*nasab*), doesn't talk affinity (*muṣāharah*) in medieval period undeniably was an inadequate basis for political allegiance. Nevertheless the tie between wet nurses and their charges was hierarchical, encompassing, and binding. Wet nurses and their families became loyal followers because their interests hinged upon the success of their wards. Wet nurses enjoyed a high status –that a non-royal woman could ever hope for – so the post was eagerly contested prior to each regal birth.

Since Galen's time (1-2 century A.D.) and before – maternal breastfeeding was advocated healthful for both mother and child, but also supported wet nursing as a reasonable alternative when the mother was unable and unwilling to breastfeed. Awareness that maternal nursing is the best for an infant reflected an awareness of the importance of the mother-infant bond.¹ⁱ This positive attitude toward the benefits of nursing could have been further enhanced, as observed elsewhere, had there been no negative attitudes toward the colostrums (whose nutritional and immunogenic qualities were not understood)² – a mother was encouraged to find alternative means of feeding for the first few days until her transitional milk came. In practice the medical prohibition against sex while nursing –assumed harm to the mother's milk flow–had helped space pregnancies,³ prevent exhaustion, and thus foster stronger emotional bonds with child. Notwithstanding the wholesome benefits of maternal breastfeeding it was measured unseemly since [ancient] for elite women to act as a nurse to her child (Fildes 1988; Bradley 1991:13-36). Nursing was premeditated a lower class function, a servant's job, whereas employing a wet nurse was a sign of gentility, a hallmark of prestige and social respectability which both mother and father felt obliged to live up to. Moreover, the higher her social rank, the more delicate her constitution was supposed to be and the less it was expected to withstand the demand of lactation. As breastfeeding was believed to be debilitating for weak constitution the country wet nurses were employed to suckle mainly privileged babies–e.g. pervasive ritual in Rajput stately family.⁴ The poverty status of country/or rural women were compensated by a supposedly superior health and a more abundant flow of milk.

Wet nurses in fact flourished in times and places of sharp class distinctions. As we learn from a variety of historical sources – the Bible, the Code of Hammurabi, Egyptian papyri, Greek and Roman literature, and so on – it was deeply ingrained in ancient cultures and mercenary nursing was at times well organized. The practice was indeed encouraged by various, sometimes contrasting, motivations, depending on the social group and the personal, economic, and social circumstances. It could in fact range from the inconvenience of a temporary withdrawal from social duties to anxieties about the aesthetic consequences of nursing. Among rich and noble women, it was often influenced by health reasons and to shorten intervals between pregnancies; among poorer women, it was often influenced by the necessity to return to work as soon as possible after giving birth (Joshel 1968:3-22). In some lands, it was customary or ritual methods of feeding for future rulers whilst, in other the wet nurses of kings –such as the Mughal – might be deified.

When we look in to the tradition of Islamic medicine for providing a valuable scientific corollary to the juridical discourse surrounding breastfeeding and nursing we finds that [Arabo]-Islamic theories of pregnancy and nursing, like all of the Islamicate medical tradition, were taken from [ancient] supposedly from the Greeks, specifically

¹ Alarmed by the widespread use of wet nurses by the rich in classical age, Greek and Roman philosophers and moralists such as Pliny, Plutarch, Tacitus, and Aulus Gellius (all from second century AD) accused a mother whose child was wet-nursed of being idle, selfish and endangering the emotional bond with her child.

² Medieval elite parents may also have acted on the classical idea (e.g., counsel of Soranus in his *Gynaecology*,97) that a wet nurse should be used the first weeks after birth because the “colostrum” the first breast milk of a mother, was unhealthy and difficult to digest.

³ The contraceptive advantage of lactation was known to women in all societies in all period (See Bradley, 1980: 321-25).

⁴ Probably, corresponding to this motivation Mughal emperor Akbar chose Ladhi – a mother of Dullah Bhatti, legendary Rajput hero of Panjab – to breastfed weakling Salim (future Jahangir) during Dullah's initiation stage. The strong emotional bond which was known to develop by the “bountiful” milk between Dullah and Salim are referred in popular ballad of the region.

from Hippocrates and Galen, whose ideas were imported into Arabic [then Muslim world] between the ninth and eleventh centuries.¹ Although no independent inquiry occurred it is well acknowledged that Muslim medicine drew heavily from the ancients and [Arabo]-Islamic science took Greek science as a key starting point. This certainly is not unrivalled since all intellectual and scientific progress including modern western medicine begins by climbing onto the shoulders of those who have gone before. Succinctly Islamic science in general does not appear to have been drastically different from most field of enquiry particularly in the medieval context.

Visual and textual evidences of Mughal reign seldom portrayed imperial woman fulfilling their maternal role – albeit – a group of representation signal the role filled by a small number of women.² These women seem to have wet nurses to princes and princess of the dynasty with the title “royal nurse” *angah* or *maham-angah*. These women were usually represented prominently in the Mughal sources interacting with magnificent children. Sometimes an Individual wet nurse is being depicted holding and even suckling her royal nursling who usually appear as a child but occasionally is shown as a miniature king.

Mughal imperial family would rely on the services of wet-nurses with an open mind without judging the practice on the basis of the assumption that maternal breastfeeding was necessarily better than wet-nursing. They seem to have been aware of the immunogenic qualities of breast milk. Thus Animal milk was totally rejected as a possible nutritional source. It becomes clear from the two depictions used at onset the wet nurses holding and suckling babies under the supervision of noble sitting mothers signify that wet nursing had become a status symbol. The royal mother is pictured keeping a close eye on the nurse that care for her child while the sitting position indicates her superior social status. The care for a newborn, a hard and physically demanding task, was not considered appropriate for a woman of high social standing. Nevertheless, milk, interpreted as a different form of the nurse’s blood, was seen to transmit not only nourishment but also central traits of character (*sifat al-radā*).³ This had consequences for the choice of wet nurse. Ideally, akin to Greek doctors’ prototype, Mughal chroniclers argued, wet nurses should be pious women. Therefore the breastfeeding in each regal birth was often restricted to “nobly born”. Abul Fazl in his *Akbar Nama* testifies that before selection they had to be “even tempered, spiritually-minded” [*qabil-i rawhani-i-qavalib*] nurses from whose breasts infant Akbar’s “mouth was sweetened by the life-giving fluid” (Abu l Fazl 1998, Vol.1:43-44). Sufistic nuances entwine his description of the act of feeding, establishing the incomparable privileges of the nurse. Abul Fazl further writes that through feeding the young Akbar, “it was as if there were Divine wisdom in thus implanting varied temperaments [*masharib*, disposition of nurse milk] by this series of development so that the pure entity advancing by gradation [*vujud*, substance], might become familiar with the divers methods of Divine manifestation” (ibid ; see Ruby Lal 2005:190). The act of feeding an infant, as projected in the above expressions, thus becomes more than providing nourishment; it has to do with fostering – and fostering in a manner appropriate to a chosen one. Thus the divine emperor was fed first, but the bounties that were to come to the feeders and their associates were endless.

Corresponding to above inspiration Buddhist Tangut were the most ideal wet nurses for

¹ For e.g. Persian physician Avicenna’s (980-1036) wet nurse did not differ greatly from that of ancient Greek philosopher Soronus (compare, Avicenna 1966:286-87)

² Royal nurses were usually represented prominently in the Mughal paintings.

³ One of the first Muslim doctors to adopt this idea was Muhammad b. Zakariya Al-Razi (865-923AD): “The moral character of a nursling resembles that of its nurse and it become like her”(1862). See also, Al-Sarakhsi (1905-06).

Mangol royal family.¹ Similarly Oljā Aīm, the wet nurse of emperor Timur or Tamerlane (r. 1370-1405 AD) was from high noble family. The contemporary histories of Mughal reign confirm that the wet nurses chosen for regal infants were nobly born with “pure disposition and integrity” preferably selected from the harem of senior officials of the royal place. Bibi Fatima, Humayun’s nurse was amongst noble wives. Among Akbar’s nurses, Jiji Angah was wife of “the nobly born” Shamsu-ud-Din Muhammad of Ghazni, who was in the service of the Humayun; Daya Bhawal herself was a “special servant”; Fakhr-un-Nisa Angah was Humayun’s attendant from his childhood; Khwaja Ghazi was companion of Humayun, whose wife also suckled Akbar; and Pija Jan Angah was married to Khawaja Maqsd of Herat, a man of “pure disposition and integrity” (Abu l Fazl 1998, Vol.1: 44). Similarly Jahangir nurses particularly Bayzid’s and Qutbuddin’s mothers were from the progeny of venerable Shaikh Salim Chishti (Jahangir 1968: 32, 75-78) – who held an especial important place in Chishti hagiography for the Mughal. Shah Jahan wet nurse persistently mentioned in chroniclers Zeb u-Nisa aka (Dai Anga) was women of “chaste nature”. Aurangzeb’s nurse, the wife of Khan Jahan Bahadur Zafar Jang also had equal lineage.

Several women were selected eight to ten weeks before the expected royal birth. Some would actually suckle the child for a period of time, but others who were designated wet nurses, put the infant symbolically to the breast only for a short time. For case in point the mother of Adham Khan had the title “Maham Angah” great nurse, who attended on Akbar “from cradle till after his accession”, in actual sense hasn’t suckled the baby Akbar (Abu l Fazl, Vol.1: 186-87; Beveridge 1899:99-101). When a queen gave birth to a child, the baby was immediately put to the breast of a wet nurse – contrary to Abul Fazl’s postulation [apparent from italicised part in epigraph below] that baby might have suckled by own mother before wet nurse. Although the number of wet nurses for each ward and their prerogatives were not standardized but the custom of using multiple wet nurses were common at least for reigning princes, parallel to the Hellenistic kings.² Similarly Jahangir in his *Tuzuk* himself confirms that venerable Shaikh Salim Chishti’s (d.1572) daughter-in-law, mother of infant Shaikh Bayazid had been the “first person who gave me milk, but not for more than a day” (Jahangir 32). Afterward he was suckled by several wet nurses; amid them conspicuously celebrated in contemporary chronicles is Qutbuddin’s mother (daughter of Shaikh Salim). Undoubtedly, suckling in some cases was largely symbolic or gestural yet the categorical relationship of collective milk siblingship with imperial princes was categorically genuine.

Wet nurses enjoyed a high status –that a non-royal woman could ever hope for – so the post was eagerly contested prior to each regal birth. Consequent upon Jiji Angah’s selection as principle wet nurse, Abul Fazl (Vol.I:44) writes, “clothed with the glorious head-dress and mantle of distinction, by obtaining the auspicious service of nursing this new fruit of the

¹ Kublai Khan (b. 1215) was the second son of [Toluj](#) and [Sorghaghtani Beki](#). As his grandfather [Genghis Khan](#) advised, Sorghaghtani chose as her son’s nurse a [Buddhist Tangut](#) woman whom Kublai later honoured highly. Criterion of nurses selections were probably on the basis of Greek, Roman and, later the *Qur’anic* philosophical idea – lingered common all through medieval period – that through milk infant absorb the physical as well as spiritual qualities of the nurse. For example, 1st/2nd century Greek physician Soranus [of Ephesus] had also supported Greek wet nurses for his upper-class Roman clients, thus allowing the infant to imbibe cultural as well as physical sustenance (see., Soranus’ *Gynaecology* 1991:90-91).

² Corresponding to the Soranus (*Gynaecology*, 94) adaptation Abul Fazl says beside implanting varied disposition of nurses milk multiple wet nurse were chosen because someone’s “pregnancy might not fulfilled” (for e.g. Jiji Angah), some “lost” their milk or it was judged unfit and other were the victim of the court intrigues. Someone might become ill or die, and then, because of the change of milk, the child sometimes suffers from the strange milk and is distressed, while sometimes it rejects it altogether and succumbs to hunger.

spring tide of sovereignty and fortune, and should have the blissful and glory”.¹ This was a recompense for the “noble-deed” performed several years ago. The status of imperial wet nurses was such that they appear in guest-lists of all main feasts of royalty. Children brought up in the company of the future emperor bore the title of “kokah”[foster]- brother (or sister) of the emperor. Similarly a designation of “atgah” [foster]-father seems to have been given only to the husbands of wet nurses’ of reigning princes.

Moral commitments were sanctified in the ritual idiom of “sacred breastfeeding” by which oaths of loyalty were sworn. The significance of Akbar's relationship with his milk-community may best be judged from a comment attributed to the emperor himself [he refused to inflict any but the lightest punishment on his *Kokah* who proved troublesome and contumacious]: “between me and Aziz (his *Kokah*) there is a stream of milk (*juh- i shir*) which I cannot cross” (Abu l Fazl, 1998b, Vol.1: 343-44,574). When another kokah, Adham Khan actually stabbed the emperor’s minister and *Atgah*, Shamsu-ud-Din Muhammad Khan, it is remarked by the Muslim historian that Akbar’s wrath caused him now to forget the *nisbat* [“connection,” pl. of Arabic *nasab*, “kinship”] which bound him to the assassin’s mother (Maha Angah) and order his summary execution. Akbar’s response here seems in keeping with his own close relationship with Shamsu-ud –Din Khan (his *atgah*) (Abu l Fazl, Vol.II: 270-71; Badauni 1973, Vol.II:43-51). According to Abul Fazl, Akbar had ignored a lot of Adham Khan follies “overlooked gross outrage....” (Abu l Fazl, Vol.II:142-43). The emperor’s relationship with Maham Angah may have been an important factor in these considerations. Nevertheless, after the murder of Shamsu-ud-Din Muhammad Khan, punishment could not be avoided any longer. Furthermore on two occasions Akbar as emperor shaved off his head and moustaches as a ritual of mourning for a close relation: on the death of his favourite foster-mother Jiji Angah, and then following the death of his own mother Miryam Makani, Hamida. Akbar himself carried the bier of his Angah to her burial. Similarly on the death of Jahangir’s wet nurse in 1606 AD he [Jahangir] verbalizes, “I placed the feet of her corpse on my shoulders and carried her part of the way. So severe was anguish and distress that I had no proclivity for some days to eat and did not change my clothes”(Jahangir:84-85). Aurangzeb’s daughter Zebu-u Nisa was so doting to her wet nurse Mian Bai that after her death princess had a magnificent tomb built in her memory. Such references are so voluminous that may provoke discourse on social entitlement how the “family” and state compact, which purveyed a family model of socioeconomic authority based on affinity distinctions, influenced the state model of political authority in making under Mughal reign. The interpretation of different domains—private and public, social and political, female and male, lower orders and upper orders— indeed reveals much about cultural appropriation and family formation and its relation to state building.

Wet nurses gained prestige in court as they and their kin became responsible for raising imperial princes. After nurses suckling duties were no longer required they acted as nurse-cum-governess and their husbands sometimes (beside *atgah*) as tutor (*attaliq*) until their charge reached adulthood – example of Shams ud Din Muhammad, husband of Akbar’s wet nurse Jiji Angah, may be cited a case in point. They were indeed responsible for fostering, educating and ensuring the welfare of their wards. With these responsibilities came opportunities to acquire wealth and gain access to the throne, which eventually translated into political power. The powers and prerogatives that had accrued to an emperor’s wet nurse were not monopolized by anyone member of her family but were diffused to a coterie of

¹ However, since the “period of the pregnancy of this purely framed nurse was not yet fulfilled”, Hamida Banu Begam ordered that Daya Bhawal would feed the infant Akbar.

relatives. The family of wet nurse was the “core range” to the child she was nursing, as the wet nurse/ or milk women’s children will become “milk-brothers” and “milk-sisters”. The intrinsic power of the wet-nurse role exacerbated tensions among families competing for appointments to this post and for a means of institutionalizing their influence. When Akbar was eight months old Abu-l Fazl records that there was a lot of contention among the nurses who fed Akbar in his infancy. Jiji Angah, in particular, was opposed by others, especially by Maham Anaga. At one point, the chronicler says, Jiji Anageh was disturbed to learn that the nurses had reported to Humayun that “Mir Ghaznavi’s wife (i e, herself) was practising incantations so that his Majesty, the prince of mankind (Akbar), should not accept anyone’s milk but her own” (Abu l Fazl, Vol.I:186-87). The wet nurses and their families – for e.g. *Atgah* family during Akbar reign– appear frequently in Mughal sources, for they exercised considerable influence over Mughal’s policies (Afzal Husain 1999:45-69), and help us to visualize the power paradigm of that time. For instance, in the course of Jahangir sovereignty, Aziz Kokah would surely have received capital punishment for his involvements–in pro-Khusrau’s activities and complicity as well with the Jahangir’s adversaries, such as Raja Ali Khan of Khandesh – “had his mother not given her milk to my father [Akbar],” Jahangir yelled (Jahangir:80; Beveridge 1021:205-08). Similarly, we do observe Raushan Beg beseeching Humayun in the name of his mother “whose milk he [Humayun] has suckled”(Jawhar 1972:74).

Milk kinship, resultant of wet nursing, amongst Mughal imperial families also indicates its persistence as a medium for complex social and political networks. Blood kin ties, don’t to talk affinity, in medieval period undeniably were an inadequate basis for political allegiance. Mughal sources are full of such references that revealed that most nobles chose their heirs from the ablest among their progeny, which encouraged competition among sibling – commonly known to the general readers of Mughal history. Brothers and cousins were eligible for the same offices, and hence almost invariably became rivals. It was a rare man who could fully trust his biological relatives. In addition, with rank came personal restrictions: the court proved so formalized that parents could not easily meet sons who had achieved high rank. Nevertheless the tie between wet nurses and their charges was hierarchical, encompassing, and binding. Wet nurses and their families became loyal followers because their interests hinged upon the success of their wards.

A few tentative hypotheses are advanced, although these must remain preliminary on account of the limited information available. Nevertheless, it seems important to make the some suggestions and leave the matter for further exploration. The emotional and psychological difficulties that wet-nurse and a maternal mother probably encountered, are not recorded in the sources, but should not be underestimated. That nursing women may not seldom have suffered physical and psychological exhaustion, with all the severe consequences that meant for their nurslings, is not hard to imagine. The wet nursing practice might have contributed to a steep growth in fertility among imperial Mughal women, as they were now denied the contraceptive qualities of lactation. Because lactation induce amenorrhea, nursing women are much less likely to become pregnant than women who do not nurse. Women could then become pregnant almost immediately after giving birth and end up with a new baby virtually every year. It could be because of this reason that many royal women did bear many children. Emperor Shahjahan’s wife *Mumtaz* Mahal, for instance, bore fourteen children, seven of whom died in infancy. One postulation in common is that wet nursing practice may have been liked in order to limit emotional attachment and bonding with the children because of the high infant mortality. The upper classes were probably aware of the high infant mortality

of that time, and welcomed, an increased number of children, since this would ensure sufficient infants were born for an heir to survive and inherit.

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