

# Blinding Ignorance: Medical Science, Diseased Eyes, and Religious Practice in Egypt

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Medical anthropologists have long questioned official narratives that claim that biomedicine<sup>1</sup> is the culmination of a universal science that, through its sheer efficacy, triumphs over all other forms of healing. Anthropological and historical attention to medicine and health practices in Egypt has critiqued such narratives for ignoring the political and economic bases for the promotion of biomedicine,<sup>2</sup> contestations over medical knowledge and efficacy,<sup>3</sup> and the social and cultural specificities of biomedicine.<sup>4</sup> Official narratives about biomedicine's monopoly over rational and efficacious treatment also inadequately explain how and why other healing practices persist among those with access to modern medicine.<sup>5</sup> Contributions from medical anthropologists have demonstrated how the assumption that biomedicine is the culmination of any valuable treatment in official state narratives has rendered all other approaches to the body and healing as superstitious or ignorant.

This paper is concerned with trachoma, an endemic and pervasive eye disease in Egypt that is itself closely linked with ignorance and backwardness in official medical and public health discourses.<sup>6</sup> Through a critical analysis of the literary work of Yahya Haqqi, a nationalist Egyptian writer, I argue that biomedicine is not merely a package of material technologies, but also an institution that demands the cultivation of new sensibilities and dispositions for both doctors and patients. I then compare Haqqi's literary piece to its film adaptation to illustrate how modern medical science and reform Islam work together in Egypt to promote biomedical treatment and to dismiss popular religio-healing practices as ignorant.

Reform Islam (*madrasat al-islāh*), associated with the nineteenth-century figures Rifā'a al-Tahtawi,<sup>7</sup> Jamāl al-Din al-Afghāni, and Muhammad 'Abduh, represents some of the earliest formulations of an Islamic response to modern science. Arguing that there is no incompatibility between modern science and the Islamic faith, the reformers maintained that it was incumbent upon all Muslims to study modern sciences to fulfill their religious duty to "seek knowledge." The reform movement

highlighted the primacy of reason and rationality in Islam and concentrated on cultivating a sense of active responsibility in place of passive fatalism.<sup>8</sup> These widely influential ideas were adopted for various nationalist projects, one outcome of which was to broadly disseminate the notion that popular religio-healing practices were ignorant *and* unorthodox.<sup>9</sup>

Thus, far from being oppositional, new categories of science and religion operate together in nationalist narratives to cultivate a particular idea of ‘the modern patient’ and to cast popular religio-healing practices as ‘ignorant’ of both correct Islamic practice and modern science. The following literary and filmic analyses reveal how nationalist narratives argue that ignorant eye-diseased patients must be reeducated. Patients are not merely the natural or inevitable recipients of biomedical techniques or knowledge; they must be discursively produced, their sensibilities retrained in specific ways.<sup>10</sup> These discursive processes are an outcome of complex interrelations between science and religion in early nationalist narratives that use eye disease and its concomitant “ignorance” to address larger questions about the constitution of Egyptian national culture, authoritative knowledge, and correct Islamic practice.

Yahya Haqqi (1905-1992), an Egyptian intellectual, diplomat, and novelist, wrote the most celebrated Egyptian commentary on the tensions between modern medical science, diseased eyes, and religion in his modern classic *The Saint's Lamp* (*Qindīl Umm Hāshim*), first published in 1944. The novella’s protagonist, Isma‘il, leaves Egypt for England to study medicine. He specializes in ophthalmology<sup>11</sup> under the tutelage of English professors who tell him that his country has great need for him, as it is “the land of the blind.”<sup>12</sup> When he returns to Egypt he finds his mother treating his betrothed cousin’s badly infected eyes with oil from a sacred shrine’s lamp. Disgusted by his own family’s ignorance, he storms out of his home in a fury and smashes the blessed oil lamp at the center of one of Cairo’s most sacred mosques. He then proceeds to treat his betrothed cousin Fatima, the embodiment of ignorance and traditionalism, with modern Western medicine, which only makes her eyes worse. When he redoubles his treatment, it ends up blinding her. Alienated and remorseful, he ultimately recognizes that one must reconcile both modern science and local beliefs. This epiphany enables him to recover the oil from the sacred mosque lamp and combine the oil with biomedical treatment, ultimately restoring Fatima’s sight.<sup>13</sup>

### Envisioning Egypt

Born in 1905, Haqqi grew up in a popular Cairo neighborhood and was schooled in a *kuttāb* (Qur’anic school); later in life Haqqi was to study in Europe. An astute writer and critic of his time, he was also involved in the production of Egypt’s national culture. As a diplomat and later in his post as Minister of Culture, he orchestrated the performance of Egyptian culture for international guests (he was responsible, for example, for “inventing” a national dance for Egypt). Thus, the questions of how to “become Egyptian” in the early formation of the modern state and how to reconcile modernism with traditional beliefs and Islam were not only of theoretical importance to Haqqi, but also concerns that he pursued practically.<sup>14</sup> In her biography of Haqqi, Miriam Cooke notes that many literary critics lauded *The Saint's Lamp* and that Haqqi

even bemoaned the fact that people seemed to forget that he had written anything else. Cooke explains: “Although the ideal of assimilating western science to eastern philosophy is now widely accepted, at the time of its appearance in Egypt *The Saint’s Lamp* caused a great stir.”<sup>15</sup>

Haqqi was raised in Sayyida Zaynab, a quarter at the heart of popular Cairo that sets the scene of *The Saint’s Lamp*. The neighborhood is named for the shrine of Zaynab, the granddaughter of the Prophet Muhammad. Sayyida Zaynab has traditionally been one of the major sites of pilgrimage in the Muslim world.<sup>16</sup> The novella begins with the narration of the protagonist’s peasant family who would arrive from the village to the doorstep of the Sayyida Zaynab mosque and kneel to shower it with kisses, such that their heads were nearly stepped on by those rushing out. Such devotion greatly disgusted the “pedantic theologians” (the educated religious scholars) who would invoke the aid of God “against such idolatry, heresy, and ignorance,” while the majority of the people would smile benignly at the peasants’ simplicity.<sup>17</sup>

Thus, in the first page of the work, Haqqi demonstrates that local practice is subject to “reform” along two axes: religious reform and an “opening to the West” in the form of modern science. Haqqi’s narrative thus lays out the relationship between local practices, modern science, and religious practice that complicates narratives of “tradition vs. modernity” or “science vs. religion.” Haqqi demonstrates that what is deemed superstitious from a modern scientific perspective is also deemed incorrect from the perspective of scholarly religious figures. But religious orthodoxy is not only at odds with popular religious practices; it has modernism, as well as European colonial sensibilities, to contend with as well. Indeed, Haqqi shows us that maintaining religious faith (of whatever type) becomes increasingly difficult in the face of European training and modern scientific “education.”

The protagonist of Haqqi’s story, Isma’il, is the youngest son of a devout rural businessman. His father migrates to this poor, traditional part of Cairo out of his love for the Sayyida Zaynab shrine and his hopes to prosper in the city. Isma’il’s father wants to live as close to the Sayyida Zaynab mosque as possible and finds an old *waqf* (religious trust) house near the fountain for ablutions that used to be called Ablutions Lane. The narrator remarks, “I say ‘used to’ since the destructive axe of the town-planning department demolished it together with other old landmarks of Cairo. However, the spirit of the old Square escaped unscathed, for the axe could destroy only things made of bricks and stone.”<sup>18</sup>

Haqqi thus asserts the resilience of old Cairo’s spiritual geography despite its violent restructuring by the emerging modern state.<sup>19</sup> He maintains that the spirit, at least of recent generations since the demolitions, has remained intact. While the general spirit of the neighborhood resists the impositions of modern city planning, it is the Western “education,” that is the *internal, mental restructuring*, of the protagonist that threatens traditional spirituality and virtues. It is when a poor peasant family’s beloved youngest son studies abroad in Europe that the entire neighborhood is endangered by an irreconcilable moral philosophy—that of modern biomedical science. This motif later becomes important in Haqqi’s portrayal of biomedicine

itself: just as the modernization of Cairo cannot effectively limit itself to the outward ordering of streets, so biomedical science cannot limit itself to addressing the corporeality of the body. The internal sensibilities and dispositions of both doctor and patient must be remade in order for modern medicine to work.<sup>20</sup>

### When Only the Deserving Can See

The attendant of the shrine and its oil lamp, Sheikh Dardiri, comes to mentor the young Isma‘il and imparts to him the secrets of the lamp: “The consecrated oil would cure only those whose perception shone bright with the light of faith. No sight was restored to those who lacked this perception. If the patient was not cured it was not because the oil was ineffective, but because the Saint had not yet chosen to bestow upon him her grace . . . *That is why I only give it to those poor wretches whom I know to be deserving.*”<sup>21</sup> The fact that Sheikh Dardiri does not just give the lamp oil to anyone, but to those who are deserving, illustrates that not only is the efficacy of the oil contingent upon the spiritual status of the person seeking it, but that efficacy, that is, curing the eyes, might not be the sole purpose of obtaining the oil. Those seeking its blessings seek light, both for physical vision and for spiritual insight.

Haqqi describes Isma‘il as being passively and unwittingly constituted by these local beliefs, while he studies long into the night in their impoverished home and Fatima, his orphaned cousin, waits on him adoringly. Having given him the titles “Mr. (Si) Ismail” or “Ismail *Effendi*” since he was a small boy, the entire family centered their lives around Isma‘il’s progress: “Only when Ismail went to bed would the whole family feel that their day was over and begin thinking about his needs for the morrow. The life of the whole family, their every movement, was aimed at providing for his comfort; a whole generation was wasting itself so that one single individual might have the chance to develop.” (4)

Yet in the face of an increasingly modernist world where success depends on individualism, Isma‘il becomes more selfish the more selflessly his family acts toward him. Already we see the skewed relationship between him and his cousin Fatima, who tends to his needs “like a slave before her master.” As she gazes at him in admiration while he studies, her sick eyes begin to fail her. Yet Isma‘il pays little heed to the fact that her hands, so nimble in their needlework, have begun to compensate for her increasing blindness: “As he grew in stature in her eyes she fell in his estimation.” (3) The more secular knowledge Isma‘il gained, the more irrelevant and worthless his cousin seemed to him. Fatima, his potential patient, falls in his estimation because she has acquired none of the useful knowledge or the proper modern sensibilities that the doctor must attain.

Haqqi plays on the blindness of Isma‘il’s heart, as he is destined to be trained in Western science purportedly to treat blindness. His training in the West, both formal and informal (through his English girlfriend Mary), ensures that all compassion is stamped out of him (Mary scolds him when she sees that he is sympathizing too much with the patients). Yet the heart is the metaphysical center in Islamic theology. When Muslim mystics talk about seeing God on the Day of Resurrection, it will be with the “eye of the heart.” The Qur’an describes those who deny the truth of divine

revelation as those whose hearts are sealed. Those who please God are those with “pure heart.”<sup>22</sup> The lamp of Sayyida Zaynab flickers “like the beating of [a mother’s] heart, tenderly throbbing with love.” (10) While Fatima is at risk of blindness in the literal sense, it is Isma‘il’s blindness (of heart) that Haqqi highlights as the real tragedy.

Distracted by adolescent fantasies and repressed urges, Isma‘il does not score high enough on national exams to enter Cairo’s medical school. Determined that their son will be a doctor, the father raises all the money he can and the mother sells her jewelry so that they can send Isma‘il to Europe for his medical education, despite his and the family’s anxieties about Western corruption, especially via foreign women. Even before he sets sail, the unequal relationship of power between Egypt and the West defines Isma‘il’s encounter with Western education: “It was now decided that Ismail should go abroad . . . . The father pronounced the word ‘abroad’ as if it were a favour offered by an infidel, which he had to accept without humiliation, but with the intention of arming himself with the same weapon as the infidel.” (12) Ambivalent about the European infidels, the family knows that for Isma‘il to become a modern doctor, he must arm himself with the knowledge of the more powerful West, lest they remain backward forever.

After an elaborate farewell, Isma‘il boards the boat. Seven years later, it brings him back as an accomplished ophthalmologist who has graduated with distinction in England’s medical universities: “His English professor used to tell him jokingly: ‘I bet you anything that the spirit of a Pharaonic doctor-priest has been revived in you, Mr. Ismail. *Your country has great need for you, for it is the land of the blind.*’”<sup>23</sup> Egypt’s ancient Pharaonic past (and not the golden age of Islam) is what redeems Egyptianness in the eyes of Westerners. Now decay, disease, and disorder characterize Egypt as the land of the blind. Rampant trachoma is not only known in the West to be a problem in Egypt, but is viewed as its defining feature. Isma‘il himself comes to see Egypt in exactly this way. But first, his experience in England cultivated in him a new sense of self: this happened through his “friendship” with his fellow student Mary. Mary represents exactly that which Isma‘il’s family had feared, including his cousin Fatima, to whom he was betrothed before his departure:

Mary was infatuated with this dark young man from the east, and she bestowed her affection and attention on him. In giving herself to him, she put an end to his chastity. Through her his laziness and dullness were replaced by activity and self-confidence. She opened up new horizons of beauty before his eyes: she awakened in him the love of art and beauty in music, in nature and in the human spirit. (18)

Mary, living always in the present moment, always free, saw no need for commitment or tradition: “What she feared most was fetters, while he was most afraid of freedom.” (19) While Mary appears to be responsible for Isma‘il’s new self-confidence, it is her different approach to medicine that leaves Isma‘il shaken. When she finds Isma‘il listening compassionately to his patients, especially those who seem mentally disturbed, Mary clutches him and shakes him rudely, saying: “You are not Jesus Christ! . . . Those oriental feelings of yours are bad and undesirable because

they are unpractical and fruitless . . . . Strong feelings are only those that one does not show to others.” (20)

He felt her words like a knife lopping off vital parts of his body which related him to others. One day he woke up to find his soul completely in ruins. Religion appeared to him to be only a superstition invented to rule the masses, and the human soul to be unable to find its strength and hence its happiness except by detaching itself from the crowd and facing it as a separate being. (20)

What Mary did was sever his relation with, or rather, his debt toward the rest of humanity. She showed him that there was nothing inherently special about him and that there was nothing he could do, really, to help his most desperate patients. If it was religion that taught Isma‘il that he had a higher purpose and a higher end, being stripped of this conviction shattered his faith. Mary’s focus on the present tense is the epitome of modernism’s inward focus on the individual self, one that sees tradition as an *external* conviction, foreign to the “real” (authentic) inward self:

In the past he always looked for something outside himself to lean against, something like religion and tradition, a peg on which to hang his precious coat. But she used to tell him that whoever resorted to a peg, would remain all his life a slave to that peg, sitting next to it to keep an eye on his coat. She insisted that one’s peg should be inside oneself. (19)

It is a self that requires a severing from other selves. Hence, Isma‘il becomes “detached from the crowd,” with grave consequences for his emotional state. If it is Mary who ruined his soul, it is also she who then saves him: “Luckily for him he managed to pass through that crisis which many of his young countrymen experience in Europe, and emerged from it with a new self, confident and secure. His lost religious faith was replaced by a stronger faith in science. Instead of thinking of the beauty and bliss of Heaven he now thought of the beauty of nature and its secrets.” (20)

Isma‘il’s new confident self shakes off Mary’s domination, and having accomplished her “work” with him, she loses interest: “Like all artists she was bored with her work once it was finished.” (21) Isma‘il recovers from his love for Mary, only to find himself in love again, this time with Egypt:

The stronger his love for Egypt grew, the more impatient he became with the Egyptians. Yet they were his own people and they were not really to blame. They were only the victims of ignorance, poverty, disease, and age-long oppression. He had often looked at the dying without wincing and touched the leprosy, and his mouth had often been close to the mouths of the feverish. Would he now shrink back from touching this mass of flesh and blood of which his own flesh and blood was a part? In his love for Egypt he had vowed to remove all the wrongs he could see. Mary had taught him to be independent and never again would they be able to feed him on their superstitions, illusions, and customs. Not for nothing had he lived in Europe and offered his prayers to science and scientific logic. (22)

Now propelled by missionary zeal, Isma‘il arrives in Cairo with hopes to enlighten the masses, dazzle the Egyptians with his mastery of medicine, and acquire enough money from a private clinic so his father could retire in comfort. But from the instant Isma‘il sets foot in the house, it is not to be a joyous reunion. The house suddenly appears dark and shabby. His betrothed cousin Fatima looks so much like a peasant girl he wonders how he could marry her; he also sees at once that her diseased eyes have grown much worse since he left. Haqqi narrates: “[A]t a time when the happiness of being back with his parents should have left no room in his mind for drawing comparisons and criticizing, he could not help wondering how on earth he was going to bring himself to live with them and how he was going to find his comfort in their house.” (25)

But the real shock was when he saw his mother holding a small bottle of oil, from the lamp of Umm Hāshim’s (Sayyida Zaynab’s) shrine, and pouring it into Fatima’s diseased eyes:

As if stung by an adder Ismail jumped to his feet. Wasn’t it strange that on the first night of his return he, an eye specialist, should see how some diseased eyes were treated in his own country?

...

Ismail went up to Fatima, removed her bandage and examined her eyes. He found the eyelids and eyeballs badly damaged by trachoma. However, if given the right kind of treatment they would recover, and this hot burning oil was sure to make them worse. At the top of his voice he screamed at his mother:

...

“How could you hurt the girl so? How could you do a thing like that to her? You are a religious woman and you pray. How could you then accept such superstitions and illusions?” (25-26)

It is interesting here that Isma‘il, who has purportedly lost faith in religion, appeals to religious orthodoxy in his outrage of his own mother’s ignorance and superstition. The conflation between modern science and religious orthodoxy is complete in their attack on local, popular practices and treatments. But this is one tension in the novella that is never adequately explained: if Isma‘il grew up with local, popular religion, and then goes to Europe where he loses faith in religion altogether, how is it that he returns making claims that coincide with orthodox discourses? Is Haqqi suggesting that exposure to the West inevitably leads to orthodox reformist disdain for popular practices? In any case, Isma‘il appeals to both religion and modern science, echoing Muslim reformists’ criticisms of popular devotions. He curses the idea of Umm Hāshim’s protection and blessing powers, to the severe shock of his family, who fear “that strange spirit that had come to them from across the seas.” (27) Isma‘il’s father asks in dismay: “Is that all you have learnt abroad? Is all our reward that you should come back to us an infidel?” (27)

Isma‘il’s response is to snatch the blessed oil from his mother’s hand and throw it out the window where it explodes onto the street below. He then storms out of the house with his father’s cane, “determined to deal to ignorance and superstition a

mortal blow, even if that should cost him his life.” (27) On his way to the shrine, he sees a mass of Egyptians devoid of any humanity: “Not a single face wore a human expression. Those Egyptians, he thought, were a chattering, dull race, hairless and beardless, naked and bare-footed with blood for urine and worms for stools.” (28) With a Westernized modernist’s disgust, Isma‘il’s horror at the masses is also infused with the Muslim reformists’ zeal: “Wake up! Wake up from your sleep and open your eyes . . . . You live in a world of superstition and you believe in idols. You make pilgrimages to tombs and seek refuge with the dead.” (29)

Pushing his way through the crowd, “[h]e stood on his toes, and aiming the stick at the lamp he with one blow broke it to pieces, the bits of glass flying all over the place while he cried: “I . . . I . . . I.” (30) This is all he manages to do before the crowd jumps on him and beats him unconscious for destroying one of their most sacred relics.

While Haqqi leaves Isma‘il’s unfinished sentence open, it points perhaps to the modernist individual self, asserting its ego, and to the ways in which Mary had severed Isma‘il from other people. It is Sheikh Dardiri, the shrine’s caretaker, who recognizes Isma‘il as he is being beaten by the mob and saves him:

He carried Ismail home where he was laid on a bed and the family on the night of his arrival, instead of rejoicing and celebrating his return, assembled round him to mourn the loss of his reason.

...

Cursed be the day you left for Europe, Ismail! Would you had stayed with us here and had never seen Europe that has corrupted you and made you lose your wits and insult your people, country, and religion. (30)

Furious and stubborn, Isma‘il does not see the point of staying in Egypt—“this accursed land”—and considers heading back to Europe. However, one morning he awakes full of a sense of purpose: he was to treat Fatima’s sick eyes “according to his medical knowledge. In Europe he had treated more than a hundred cases like Fatima’s and not once did his treatment fail to produce the required result. Why shouldn’t he succeed with Fatima then?” (31)

His course of treatment, however, does not succeed; her eyes suddenly become much worse. He redoubles his care and gives her a second course of treatment, but his medicine clearly fails him. He takes her case to his colleagues at the Egyptian Faculty of Medicine and they approve of his method. Isma‘il persists in his treatment, until the day that Fatima wakes up to find herself completely blind. Isma‘il runs away from home, unable to face Fatima, “whose blindness was a proof of his own blindness . . . . She had willingly given herself up to him and the result was that he destroyed her eyes.”(32-33)

As a biomedical doctor trained in Europe, Isma‘il had returned to see illness *not* as a call for humanitarianism, but rather as a symptom of backwardness and decay. If Isma‘il did not find the answer in his Western science, it was his own fault: “He had come back from Europe with a huge quiver stuffed with knowledge, and yet when he examined it now he found it all empty. It did not contain the answer to his question

but instead it lay there, insignificantly small and dumb.” (34) During the holy month of Ramadān, Isma‘il is able to find the bond of humanity in the people again. He comes to see in front of him not undifferentiated masses, but whole human beings with whom he is “united by a common bond which was a kind of faith tempered by time.” (35) At first, he sees tranquility and self-assurance, which he contrasts to hectic activity and anxiety in Europe. Then he decides not to compare the two places at all: “If comparison comes by the door love goes out by the window.” (35)

Only when Isma‘il is able to shake off Europe as the standard of comparison is he able to reassert the bond of humanity, allow the spiritual geography of his home neighborhood to reenter his being—and feel well again. On *laylat al-qadr*, the night of Ramadān during which the Holy Qur’an was first revealed to the Prophet, “Ismail was aware that it had set in, in his heart there was a strong longing for its memory”—even though he had not kept track of the date on the Islamic calendar. (35) Isma‘il allows himself to recognize an Islamic temporality, one in which the divine revelation and lived message of the Prophet mark the time, rather than a mad rush to catch up to the West. This realization restores his sense of harmony with a community of believers; he now understands and regrets having cut himself off from them. The pain of having lived as an individuated self can only be alleviated when he reconnects to a larger social fabric held together by faith.

### Fortified by Faith

Isma‘il heads straight for the shrine: “The dome was flooded with light which emanated from something swinging inside. Ismail shook from top to toe. ‘O light! Where have you been away from me all these years? You are indeed welcome! *The thick cloud of darkness that has been shrouding my heart and eyes has gone.* Now I understand what has been hidden from me. *There can be no science without faith.* She [Fatima] never believed in me, but in your blessing and magnanimity and power, O Um Hashim!” (35-36)

Interestingly, Isma‘il’s “return to faith” is addressed to Umm Hāshim (Sayyida Zaynab), the Prophet’s granddaughter. He accepts her magnanimity and the power of her lamp’s oil. The light of the Prophet has now reached him through the lamp hanging above Sayyida Zaynab’s shrine. Yahya Haqqi’s critique is rare among Egyptian nationalist intellectuals. While the vast majority would call for science and rationalism to be fused with Islam, or for a rediscovery of the science and rationalism already embedded in Islam, Haqqi defends popular religious practices against both Western modernism *and* a reform Islam that would likely cast such practices as superstitious (for having no basis in science) or heretical (for using an intermediary with God, in this case a relic from the Prophet’s granddaughter’s shrine). Before the epiphany, Isma‘il had likened such practices to idolatry and seeking refuge with the dead, the very charge Muslim reformists made against such acts of devotion. Whereas religious orthodoxy is associated with *‘ilm* (knowledge), even Haqqi cannot make this claim for popular religious devotions that seek *baraka* (blessings) from a relic of the Prophet’s granddaughter. Instead he identifies these practices with faith, *īmān*.<sup>24</sup>

He sees the beautiful lamp and suddenly understands everything. Sheikh Dardiri, pleased with Isma'il's request for some lamp oil, assures him that it is an especially blessed night for such a request.

But the ending is not as harmonious or easy as it could be. Isma'il learns he must reconcile "science" with "faith." He rediscovers the humanity of his fellow Egyptians. He tells himself he will no longer compare Europe to Egypt. But still, in seeking again to rid the disease from Fatima's blinded eyes, he must first cultivate within her a set of European sensibilities:

Entering his parent's home he called Fatima: "Come here, Fatima! Do not despair of being cured. I have brought you the blessings of Umm Hashim! She will cure you of the disease and return to you your sight which shall be as good as new." Pulling her plait of hair, he went on: "And above all I shall teach you how to eat and drink, how to sit and dress. I shall make a lady of you."<sup>25</sup>

Fatima's plait, the symbol of her peasant background that disgusted Isma'il when he first returned from Europe, is now, along with her sick eyes, to be the object of his treatment. He comes to this conclusion through a new level of self-awareness, recognizing that he too was ignorant before he became enlightened. Addressing the people of the square, he says: "[I]n my heart there is still room for your dirt, ignorance, and crudities. You are of my stuff and I am of yours."<sup>26</sup>

Isma'il returns to his scientific method, "but this time fortified by faith." He persists until Fatima recovered and her eyesight was finally restored. In the end, Isma'il sets up a clinic in a poor quarter, now knowing the formula that would grant him success. Neither the patient nor the doctor should become individuated selves; healing power relies on the faith in God that connects the masses:

He performed many a difficult operation successfully using means which would make a European doctor gasp in amazement. He only held to the spirit and basis of his science . . . . He relied first upon God, and secondly on his learning and the skill of his hands. That is why God blessed his learning and skill. He never sought to amass wealth . . . . His sole aim was to help his poor patients to recover at his hands. (38)

### **Ignorance That Blinds**

Haqqi's novella was adapted for the big screen in 1968 under the direction of the prolific Kamal 'Atiyya. Throughout its history, Egyptian cinema has translated many masterpieces of Egyptian literature, including the major works of Naguib Mahfouz, Tawfiq al-Hakim, Yusuf Idris, and Taha Husayn. Not only is film the primary medium in which the large portion of illiterate Egyptians "read" major nationalist works of literature, it also allows for a translation between classical Arabic (in the written text) and Egyptian colloquial Arabic (in the films).<sup>27</sup> Thus most Egyptians with whom I spoke were familiar with *Qindil* from having seen the old black-and-white film often replayed on state-run television. As testament to the large appeal of its story,

just as Yahya Haqqi had complained that, among all his written works, people only remembered him for *Qindil*,<sup>28</sup> ‘Atiyya, who had directed dozens of movies, also protested that he was only known for the *Qindil* adaptation.<sup>29</sup>

The film took several liberties with the text, but the most significant is the change of ending. The film emphasizes the selflessness of the family and its immense sacrifices; the family lives in severe hardship after having sold its land, furniture, and possessions to be able to support Isma‘il’s studies abroad. Meanwhile, Isma‘il is seen frolicking in European parks and romancing blonde women.<sup>30</sup> When Isma‘il returns, he is disgusted by the ignorance around him and decides to take Fatima to his clinic to treat her himself. She does not get better, however, because his mother continues to anoint her eyes with the lamp oil, convinced she will be blessed by it. To this Isma‘il screams in outrage: “Ignorance, ignorance, ignorance!” He then storms out to smash the oil lamp. When he returns, he takes Fatima, this time more forcefully, to his clinic to seek further consultation with the Egyptian doctors who agree that the cause of her disease is “neglect and ignorance.”

The film’s depiction of the medical treatment is decidedly higher-tech than in the novella. Fatima’s resultant blindness in the film is not caused by Isma‘il having forced his science on her “without faith.” It is not the implied spiritual punishment he would receive for having transgressed the *baraka* (blessings) of the shrine that renders his treatment ineffective. Fatima’s loss of sight, Isma‘il’s Egyptian medical colleagues explain to him, is due to “hysterical blindness” resulting from the (individuated) psychological trauma of having endured Isma‘il’s harsh treatment. Isma‘il collects the oil from the lamp only to please Fatima and his mother, and then the film shows him surreptitiously replacing it with the “real” medicine, which is used to prepare Fatima for her course of treatment. In the end of the film, what restores Fatima’s sight is a cutting-edge medical procedure: *the cornea transplant*.<sup>31</sup>

The message of the film is not “science fortified by faith” but rather “science applied with kindness.” Isma‘il is remorseful, *not* for his lack of belief, but for his bad bedside manner. Haqqi’s original novella could be read as a critique of the epistemology of modern medicine for rendering spirituality irrelevant to healing, as well as a lamentation over the formulation of the individuated modern self. He implicitly advocated the importance of Islamic tenets, suggesting that knowledge be guided by faith and that humans struggle against their individual egos in submission to the higher power of the Almighty. The shift in the movie, however, limits the role of Islam in medicine to encouraging kindness and sensitivity in the doctor-patient relationship. The restoration of Fatima’s eyesight is not the result of a reconciliation between science and faith as in the original literary work, but rather the product of Egyptian technological achievement. The fact that Egypt had legally established a National Eye Bank for cornea transplants in 1962, an object of nationalist pride in fulfillment of Nasser’s developmentalist agenda, is written into the story and projected into a cinematic medium for mass appreciation.<sup>32</sup>

Egyptian film critic Nāgi Fawzi praises Kamal ‘Atiyya’s rendition of the literary work into film, his pioneering use of medical consultants in the film project, and his “correction” of Yahya Haqqi’s “mistakes.” According to Fawzi, film director

‘Atiyya was compelled to change Haqqi’s ending, for Isma‘il had come to “melt in the ignorance.” Fawzi complains that in the literary work, Isma‘il had become almost as bad as Sheikh Dardiri, “who was the most loathsome, ignorant character.”<sup>33</sup> Film directors in Egypt are acutely aware of the “ignorance” among the Egyptian population and often see themselves as torchbearers of modernity and national education.<sup>34</sup> But perhaps more importantly, one must appreciate the enormous success of reform Islam, in which it is no longer possible or even conceivable for a national film to laud popular religious practices such as devotion to saints’ shrines. Nāgi Fawzi even laments the fact that the original literary work was to be republished without “correction” of the faulty ending.<sup>35</sup>

### The Right Islam

Although my analysis here does not include a systematic study of readership or film audience, it is worth mentioning that during the time I spent in Egypt, nearly all the Egyptians with whom I spoke about this film did not believe me when I suggested that the original work portrayed Isma‘il coming to believe in the sacred lamp oil. For example, Manal, a middle-class Egyptian mother in her fifties, expressed dismay after I showed her my copy of the novella and told her of Haqqi’s attempt to “reconcile” science and faith. Lest I get the wrong idea about Islam, Manal sharply replied: “This is *harām*! What they were doing with the lamp! How are they calling this ‘faith’? What the people were doing inside the mosque is *ignorant*, not religious, so why are they calling this ‘religion’!? There is no such thing as ‘sacred’ oil! This is *shirk* (idolatry)!”

Many other Egyptians with whom I discussed the film echoed Manal’s reaction. It is important to point out that the film had indeed set up the popular religious practices to be anything but valid Islam. In the first scene, we see a learned sheikh walk by poor people grasping at the shrine, and he shakes his head, saying, “I seek forgiveness in God! This is *harām*!” After Isma‘il is beaten unconscious by the angry masses for having smashed the sacred lamp, the next scene shows his mother having orchestrated an exaggerated representation of *zār* (a ritual calling on a spirit to assuage illness) in which women jump wildly up and down.<sup>36</sup> Isma‘il’s Azhar-educated brother is outraged, from a religious perspective, at the *zār* and Isma‘il himself screams “Ignorance!” when he is awakened by the commotion.<sup>37</sup>

What is most significant here is the extent to which Isma‘il’s modern Western education (specifically medical science) is conflated with the goals of reform Islam. Haqqi’s depiction of Isma‘il’s faith is somewhat ambiguous. We do not know quite how he moves from passive indoctrination in popular practices in his youth, to loss of faith while in Europe, to appeals to reform Islam when he returns, to belief in popular practices in his reconciliation in the end. But while Haqqi’s message about Isma‘il’s loss of faith in Europe seems to be that Western education poses a harmful threat to religious belief (however defined), its reformulation into cinema conflates Western education and a modern reform approach to Islam.

One interesting method for conflating modern Western education with “the real” Islam is shown in a scene in which the neighborhood is bustling with news of

Isma‘il’s travels abroad. One street vendor calls out to Isma‘il to pray for her when he visits “Germany’s sheikhs.”<sup>38</sup> His father responds that there are no sheikhs in Germany. Surprised, the woman answers, “Then why are you sending him there?” In retort, Isma‘il’s father cites a famous saying attributed to the Prophet: “Our Prophet told us to seek knowledge (*‘ilm*) even as far as China.” We could interpret this scene as a comment on Isma‘il being part of the first generation to travel outside of Egypt for secular education, representing a new purpose and meaning of travel. For the people of the family’s neighborhood, the only purpose of embarking on a journey would be for pilgrimage (either to the *hajj* in Mecca, a visitation to the Prophet’s mosque in Medina, or visits to saints’ tombs). The fact that there are no such saint tombs (*shuyūkh*) to visit in Germany makes it unfathomable as a destination.<sup>39</sup>

But we could also point to some Muslim scholars’ arguments about how this reported hadith about seeking knowledge *as far as China* has been used and misappropriated to validate the appropriation of “knowledge” (no longer limited to religious or sacred knowledge) from non-Muslim sources.<sup>40</sup> This is one extremely common way in which knowledge from non-Muslim Others, in this case, the modern West, has been rendered completely at one with “Islamic” goals.<sup>41</sup> While Haqqi himself sought to integrate those “good” aspects of the modern West with a nationalist narrative, he also in this work had highlighted the spiritual threats posed by a modern Western education. However, his message is completely reversed in its cinematic adaptation and the West instead becomes a vehicle for proper Islamic practice, above all, “seeking knowledge.”

The film casts a variety of popular religio-healing practices as unacceptable from the perspectives of Islam, Western education, and modern science. Although Isma‘il’s behavior in Europe (especially with European women) is deplorable, there is no doubt that his newly acquired knowledge is authoritative and is best put to the service of combating symptoms of Egyptian ignorance. The message of the film is that popular religio-healing practices are criminal on a number of levels: 1) they exacerbate disease; 2) they are heretical in that they call upon the power of intermediaries between humans and God, the gravest offense in Islam; and 3) they are a subset of the neglect that characterizes Egyptians’ relationships to their own bodies. Moving toward a general public health message about eye disease, the film captures scenes in which a street vendor carelessly allows a blind man to stumble over his heating device and catch on fire. In another scene, a laborer injures his eyes on the job, not because of unsafe work conditions, but because of his own negligence. His ignorance is further illustrated when he is about to use a dirty bucket to collect water to rinse his eyes, rather than a running faucet. Isma‘il, bearing the burden of his newly acquired knowledge, clearly has much to do to develop his fellow countrymen. Ignorance is not depicted as a symptom of poor conditions, but rather as the *reason* for these conditions.

### A Classic Example

Much has been written in Arabic about *Qindil*, which many consider to be a masterpiece of modern Arabic literature.<sup>42</sup> Literary critics have described the piece

as masterful in its recognition of the possibility for the coexistence of science and religion.<sup>43</sup> Miriam Cooke, for example, explains the central dilemma “where science and religion are originally regarded as mutually exclusive systems, Isma‘il’s acceptance of the oil is the acceptance of belonging, and a recognition of sacrifices that must be made if harmony, that does not exist *a priori*, is to be achieved.”<sup>44</sup> While this may be the overt message, I have presented Haqqi’s narrative at length in order to demonstrate that much more than this is at stake—namely, questions about the acceptance of “modern science” are concurrent with the question of “which Islam?” Indeed, it is not just “science” vs. “religion” that is at stake here, and not just a meeting of “East” and “West.” The more complicated questions that Haqqi is addressing, as are other intellectuals of his generation, include: Which Islamic practices are legitimate? Which goals should we prioritize? Which path to God is valid? Which understanding of the body is correct? To which cosmos do we belong? Which light is ours and how do we recognize it? Which senses will be configured and how? These questions are being addressed along two axes: that of modern science *and* that of reform Islam and the modern dissemination of orthodox practice.

The second major point I wish to highlight from Haqqi’s work involves the conditions that produce the category of “modern patient.” My reading of Haqqi has revealed a rich complication of the standard narrative about biomedicine. Its introduction into the colonies was not merely a transfer of technology and modern medical education, which presumes readily compliant or reactive patients and individuated selves. There are other discursive processes at work to ensure the correct reception of modern biomedicine: the cultivation of proper sensibilities and particular understandings of the body.<sup>45</sup> The compliant “docile body” that Michel Foucault discussed in the *Birth of the Clinic* is one not only subject to the consolidation of modern state power, but also one infused with racialized ideologies about what constitutes proper bodily comportment and indeed humanity.<sup>46</sup>

In Haqqi’s portrayal, disease does not inspire compassion in the modern biomedical framework, but rather is diagnosed as a symptom of Egypt’s backwardness and decay. Doctors do not go into their professions to help heal people: in Isma‘il’s case, his family wanted him to become enlightened in powerful modern science, and Isma‘il himself learned in England that his “Oriental” feelings of compassion toward his patients were anathema to his practice. If the Egyptian masses are merely “a chattering, dull race, hairless and beardless, naked and bare-footed with blood for urine and worms for stools,” as Isma‘il learned to see them after training in England, biomedicine can hardly be applicable or useful to them. Thus Isma‘il came to see himself as carrying a huge quiver once stuffed with knowledge, and yet for Egyptians, one that was empty. The biomedicine itself could only be useful and indeed curative when the patient herself had cultivated particular bodily comportments and sensibilities that could adequately *receive* biomedical treatment. This treatment was in turn the first step toward making “a lady” (and in the original Arabic, “a human being”) out of Fatima, the peasant girl.

Haqqi’s work implies that successful medical practice in Egypt requires much more than the doctor’s modern medical techniques and the patient’s ailment. In

some respects, the remaking and reeducation of the patients recalls Sheikh Dardiri's explanation that only the *deserving*, only those who were spiritually blessed, could be cured by the *baraka* of the saint's lamp oil. The effectiveness in this case depended on whether the saint had chosen to bestow her blessings, and whether the recipient deserved them. With biomedicine, Haqqi demonstrates that the effectiveness depends on the treatment delivery and whether the patient has the proper education and sensibilities to receive them. As demonstrated in the film, patients who neglect themselves and their bodies make the eventual delivery of biomedicine difficult. The education of the patient in modern sensibilities is thus crucial for biomedical treatment to work.

Haqqi's representation of popular religious devotion and modern medicine goes so far as to say that they are two mutually dependent paths, each incomplete without the other. Yet this formulation of 'faith' as outside of reason contradicts reform Islam's emphasis on the essential role of "reason" in the Islamic tradition. In its film adaptation, the novel's message is thus resignified into the message of Egyptian nationalism, to extol the rationality and reason of both Islam and modern medical science.

### Cultivating Modern Sensibilities

I have argued that a critical reading of Yahya Haqqi's *The Saint's Lamp* and its film adaptation offers a useful perspective from which to pursue questions about authoritative medical knowledge, modern Egyptian national culture, and contests over correct religious practice. Such a literary analysis complicates oppositional understandings of 'religion' and 'science' or 'East' meets 'West.' These debates highlight the ways in which questions about *how* to define and identify Egyptian culture, *which* practices and interpretations of Islam are correct, and *whose* knowledge is authoritative contest the narrative of a singular cultural logic that either embraces or rejects modern medical science.

Yet it is not only the singularity of 'Egyptian/Islamic culture' that we should question: Haqqi's work and its film adaptation demonstrate that modern medical science, too, is subject to various logics and interpretations. In Haqqi's novella, Isma'il finds that despite his scientific training in England, exclusive focus on the material disease process does not work in Egypt, and he must be attentive to the bodily dispositions of his patient, including Fatima's peasant plaits and dress. Haqqi provides an interesting twist on this theme by attributing the ineffective treatment also to Isma'il's own state of disbelief. In the film version, the patient's state of mind, "hysterical blindness," impedes her recovery, as does the doctor's harsh treatment.

Reform Islam and modern science have different goals and distinct criteria for judging knowledge or ignorance. Enabled by modern conditions to disseminate orthodox ideals at a mass level, reform Islam has stressed that knowledge (of divine reality) is the essential method of salvation, and that all pure knowledge ultimately leads to the absolute truth of divine unity (*tawhīd*). In this view, modern scientific discoveries can only bolster paths to divine truth, as they themselves are indications

of divine design. Yet my analysis has demonstrated that Yahya Haqqi's literary work depicted modern science as consisting of much more than its empirical 'discoveries,' namely its dispositions toward knowledge, its cultivation of specific bodily sensibilities, and subsequent shifts in relations between those whom modern science classifies as learned and unlearned people. Furthermore, Haqqi especially takes issue with modern medical science's claims to a monopoly over truth, one that renders divine revelation or spiritual enlightenment irrelevant. Yet despite the troubling questions Haqqi sought to illuminate, his work in its cinematic adaptation was absorbed into nationalist and developmentalist narratives that continue to effectively draw on both reform Islam and modern science in order to educate the population in 'modern' ideals and to exact biomedical compliance. Their roles are effectively conflated in the national imaginary toward bettering Egyptian society.

Analyses of these works illustrate the extent to which categories and representations of doctors and patients are the results of discursive processes as well, rather than being solely the inevitable material byproducts of the transfer of biomedical education and technologies. The reeducation and cultivation of "modern" individuated sensibilities in doctors and patients is essential for biomedicine to be accommodated within Egypt's larger national narrative, and in effect, for biomedicine to work.

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## ENDNOTES

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Medical anthropologists use the term "biomedicine" to refer to the field of (globalized) modern medicine commonly (and sometimes problematically) associated with "Western" culture. Biomedicine is characteristically focused on disease processes of the body. This is distinguished from the more general term "medicine" which includes various other types of medical systems (e.g., Chinese medicine, Yunani medicine, or Ayurvedic medicine) that typically focus more on maintaining harmony and balance within the body, and that could coexist with biomedicine in diverse cultural contexts. Throughout this paper I use the terms "biomedicine" and "modern medicine" interchangeably, and juxtapose these with what I call "local healing practices."

<sup>2</sup> Khaled Fahmy, "Women, Medicine and Power in Nineteenth-Century Egypt," in *Remaking Women*, Lila Abu-Lughod, ed. (Princeton: Princeton University Press, 1998), pp. 35-72; Soheir Morsy, "Islamic Clinics in Egypt: The Cultural Elaboration of Biomedical Hegemony," *Medical Anthropology Quarterly* 2 (1988), pp. 355-69; Kamran Ali, *Planning the Family in Egypt* (Austin, TX: University of Texas Press, 2002.)

<sup>3</sup> LaVerne Kuhnke, *Lives at Risk: Public Health in Nineteenth-Century Egypt* (Berkeley: University of California Press, 1990.)

<sup>4</sup> Marcia Inhorn, *Quest for Conception: Gender, Infertility, and Egyptian Medical Traditions* (Philadelphia: University of Pennsylvania Press, 1994); Ali, *Planning the Family*; Morsy, "Islamic Clinics."

<sup>5</sup> Hania Sholkamy, "Conclusion: The Medical Cultures of Egypt," in *Health and Identity in Egypt*, Hania Sholkamy and Farha Ghannam, eds. (Cairo: American University of Cairo Press, 2004), pp. 111-26; Inhorn, *Quest for Conception*; Evelyn Early, "The Baladi Curative System in Egypt," *Culture, Medicine, and Psychiatry* 12 (1988), pp. 339-48.

<sup>6</sup> Trachoma is the greatest single cause of preventable blindness throughout the world. It affects more than 10 percent of the world's population. If left untreated, trachoma can lead to blindness. Characteristically, trachoma is accompanied by low age of onset and it tends to become chronic and relapse; this enhances the risk of infection and aggravates the severity of the disease in endemic areas. Related infections, such as bacterial conjunctivitis and irritants like dust, play a role in the disease's protraction. Trachoma is associated with the lack of clean water, overcrowding, poor nutritional status, heat and dust, and an abundant fly population, all of which contribute to its dissemination and to the persistence of its infection. Loss of vision may occur through opacification of the cornea or through the complete loss of the eye. The disease has consistently remained most severe in countries bordering the northern Sahara. Trachoma still poses a significant problem in Egypt's poor urban and rural districts today, as it is easily communicable in overcrowded areas. A recent epidemiological survey found active trachoma in more than 30 percent of the population in underdeveloped rural regions; this public survey was conducted by the Al Noor Society in the Manufiyya governorate of Egypt. See G. Ezz al Arab, et al., "The Burden of Trachoma in the Rural Nile Delta of Egypt: A Survey of Menofiya Governorate," *British Journal of Ophthalmology* 85 (2001), pp. 1406-10. For more epidemiological information on trachoma in Egypt and its treatment, see D. Fouad, et al., "Sociodemographic Characteristics Associated with Blindness in a Nile Delta Governorate of Egypt," *British Journal of Ophthalmology* (2004), pp. 1-5. For an anthropological perspective on trachoma, including detailed accounts of biomedical and local healing practices for trachoma and other eye afflictions in rural Lower Egypt, see Sandra D. Lane and Marcia Inhorn Miller, "The 'Hierarchy of Resort' Reexamined: Status and Class Differentials as Determinants of Therapy for Eye Disease in the Egyptian Delta," *Urban Anthropology* 16 (1987), pp. 151-82. See also Sandra D. Lane, et al., "Sociocultural Aspects of Blindness in an Egyptian Delta Hamlet: Visual Impairment vs. Visual Disability," *Medical Anthropology* 15 (1993), pp. 245-60, for a discussion of how social understandings of "blindness" and "eye disease" differ from biomedical or public health definitions.

<sup>7</sup> John Livingston, "Western Science and Educational Reform in the Thought of Shaykh Rifaa al-Tahtawi" *International Journal of Middle East Studies* 28 (1996), pp. 543-64. Livingston argues that al-Tahtawi was more of a transitional figure, who held enthusiastic yet ambivalent positions on the nature of modern science and its relationship to Islam.

<sup>8</sup> They, in fact, argued that fatalism has no valid place in Islam. Albert Hourani, *Arabic Thought in the Liberal Age* (Cambridge: Cambridge University Press, 1962).

<sup>9</sup> Note that I am not suggesting that such practices are considered unorthodox only in the modern period, but that the modern period facilitated the broad dissemination of ideas of scholarly religious discourse.

<sup>10</sup> Kamran Ali makes similar arguments in discussing the ways in which family planning programs in Egypt do not work just to regulate reproduction, but also to construct a new kind of individuality, notions of individual choice, responsibility, risk aversion, personal independence, and new understandings of gendered selves. See his *Planning the Family in Egypt*, op cit. Lila Abu-Lughod also discusses how television in Egypt aims to produce specific types of national citizens with "modern" sensibilities in her *Dramas of Nationhood: The Politics of Television in Egypt* (Chicago: University of Chicago Press, 2005).

<sup>11</sup> During the first state-sponsored public health campaigns in the nineteenth century, two-thirds of the complaints for which people in Cairo sought treatment at the municipal medical centers were eye ailments. Although ophthalmology was not included in the curriculum of Egypt's School of Medicine from the outset, several early graduates of the medical school, like Haqqi's protagonist Isma'il, elected specialized training in ophthalmology when they traveled abroad for study. Upon their return, three government eye clinics were opened in Cairo, including one at Qasr al-'Ayni that still functions today. By 1840, ophthalmology was incorporated into the Egyptian medical school curriculum. Kuhnke, pp. 144-45.

<sup>12</sup> Also called "Egyptian ophthalmia," trachoma, an endemic infection of the eye in Egypt, figured prominently in historical and travel literature on Egypt from the fourteenth to the nineteenth centuries. Kuhnke, p. 144. Edward Lane's nineteenth-century ethnographic account of modern Egypt reports that

great numbers of the Egyptians were blind in one or both eyes. Edward Lane, *An Account of the Manners and Customs of the Modern Egyptians* (London: East-West Publications, 1895[1836]), p. 35. The blind were not only prevalent, but also functional and integral to society. For example, it is well-known among Egyptians that in the past, the muezzin who called the prayer five times a day from the height of the minarets was preferably blind. This ensured that people's privacy would not be impinged upon by someone with his vantage point of height, particularly important given the open architectural style of Arab courtyard houses. Fedwa Malti-Douglas offers us much insight into representations of blindness in Egyptian literature and the role of the blind throughout Arab history in her *Blindness and Autobiography: Al-Ayyam of Taha Husayn* (Princeton: Princeton University Press, 1988). European visitors to the Arab world were often surprised that both teachers and students of many traditional *kuttābs* (Qur'an schools) were blind and that, due to the oral emphasis on learning, blindness did not impede the school day. Eleanor Doumato relates an interesting incident of this for Saudi Arabia in her *Getting God's Ear: Women, Islam, and Healing in Saudi Arabia and the Gulf* (New York: Columbia University Press, 2000).

<sup>13</sup> The literary texts I discuss, and Haqqi's in particular, raise in their richness a number of questions about social dynamics between genders, social classes, peasants, and the state, which space does not permit me to elaborate on here.

<sup>14</sup> All information about Haqqi's life is taken from Miriam Cooke, *The Anatomy of an Egyptian Intellectual* (Washington, DC: Three Continents Press, 1984).

<sup>15</sup> Cooke, p. 7.

<sup>16</sup> Sayyida Zaynab has a number of shrines, including in Upper Egypt. Many Shi'i Muslims visit her shrine in Damascus, Syria.

<sup>17</sup> Yahya Haqqi, *The Saint's Lamp*. M. Badawi, trans., (Leiden: Brill, 1973), p. 1. All subsequent citations refer to this version, unless when otherwise stated to be referring to the Arabic original.

<sup>18</sup> *Ibid.*, p. 1. See footnote 43 for Barakat's critique of what he considers Haqqi's apologetic discourse about the superiority of the spiritual East over the materialist West.

<sup>19</sup> It would be interesting to contrast this "insider's view" on the restructuring, replanning, and reordering of Cairo's crowded, crooked streets with the narrative presented by Gwendolyn Wright, *The Politics of Design in French Colonial Urbanism* (Chicago: University of Chicago Press, 1991) and Timothy Mitchell, *Colonising Egypt* (Berkeley: University of California Press, 1991).

<sup>20</sup> Gregory Starrett notes that European colonialists frowned upon Egyptians' bodily rhythmic motions when reciting the Qur'an in schools. They argued that certain bodily compartments are essential for the proper reception of modern education. Gregory Starrett, "The Hexis of Interpretation: Islam and the Body in the Egyptian Popular School," *American Ethnologist* 22 (1995), pp. 953-69. See also Mitchell, *Colonising Egypt*.

<sup>21</sup> Haqqi, *The Saint's Lamp*, p. 10, emphasis added. Subsequent page citations in the text refer to the novel.

<sup>22</sup> For a discussion of the heart in Islam, see, for example, William Chittick and Sachiko Murata, *The Vision of Islam* (St. Paul, MN: Paragon House, 1994), pp. 37-38.

<sup>23</sup> *Ibid.*, p. 16, emphasis added.

<sup>24</sup> Chittick and Murata note that in the Islamic faith and in the Arabic context, "faith" does not imply the belief in something that may be mistaken. They suggest that *īmān* has no such negative connotation: "*Iman* involves confidence in a truth that is really true, not a supposed truth. There is no suggestion that people have faith in a falsehood. The object of their faith expresses the objective reality of things. Moreover, faith means that when people have this confidence, they commit themselves to acting on the basis of the truth that they know." Chittick and Murata, p. 37.

<sup>25</sup> Haqqi, p. 37. In the original, the Arabic text says: "I will make a human being out of you" (*sa aj'aluki min bant adam*). Yahya Haqqi, *Qindil Umm Hashim* (Cairo: Dar al-Ma'arif, 1984), p. 56.

<sup>26</sup> Haqqi, p. 36. In the original Arabic: *fa antum minnī wa ana minkum*. Haqqi, *Qindil Umm Hashim*, p. 55.

<sup>27</sup> Niloufar Haeri, *Sacred Language, Ordinary People* (New York: Palgrave, 2003) and Walter Armbrust, *Mass Culture and Modernism in Egypt* (Cambridge: Cambridge University Press, 1996).

<sup>28</sup> Cooke, p. 7.

<sup>29</sup> Nāgi Fawzi's *Kamal 'Atīyya* (Cairo: al-Mahrajān al-Qawmi al-Sādis li al-Sinima al-Misriyya, 2000) includes clippings of newspapers in which 'Atīyya is quoted as making this complaint. My sincere thanks

to Hashim al-Nahas of the Cairo Film Institute and Hana Hussein of the al-Ahram Information Center for making this reference available to me.

<sup>30</sup> Due to the circumstances of filmmaking, Isma'īl travels to Germany in the film, not England (as in the novella), and a good portion of the film's footage is shot in Germany. Nagī Fawzi praises 'Atiyya for being one of the first filmmakers to shoot footage outside of Egypt for an Egyptian film. Fawzi, p. 186.

<sup>31</sup> For an anthropological account of transplantation in Egypt, including cornea transplants, see my dissertation *Our Bodies Belong to God: Islam, Medical Science, and Ethical Reasoning in Egyptian Life* (Department of Anthropology, New York University, in progress).

<sup>32</sup> See also Joel Gordon, *Revolutionary Melodrama: Popular Film and Civic Identity in Nasser's Egypt* (Chicago: Middle East Documentation Center, 2002), Armbrust, *Mass Culture*, and Abu-Lughod, *Dramas of Nationhood* for discussions of cinema and television in the context of Nasser's development plans.

<sup>33</sup> Fawzi, p. 186.

<sup>34</sup> See Armbrust, *Mass Culture* and Gordon, *Revolutionary Melodrama*, as well as Abu-Lughod, *Dramas* for this argument applied to television.

<sup>35</sup> Fawzi, p. 186.

<sup>36</sup> For a recent ethnographic account of the *zār* cult in Egypt, see Heba El-Kholy, "A Discourse of Resistance: Spirit Possession Among Women in Low-Income Cairo," in Sholkamy and Ghannam, pp. 21-42. For a more detailed study of the *zār* for Northern Sudan, see Janice Boddy, *Wombs and Alien Spirits: Women, Men, and the Zār Cult in Northern Sudan* (Madison: University of Wisconsin Press, 1989).

<sup>37</sup> In contrast to the original literary work, the film incorporates various practices and groups them together under the heading of ignorance/superstition: use of the oil from the saint's lamp, clinging at the saint's tomb, the use of a blue bead on the forehead of children to ward off the evil eye, the *zār* and attempts at assuaging spirits, the mother seeking the fortune from a magician to tell her whether Fatima should undergo surgery or not, the mother attributing the lights going out in the operating room as a bad omen.

<sup>38</sup> See footnote 30 about the film being set in Germany rather than England as in the novel. In this scene, the woman, to be more precise, asks Isma'īl to read the *fatīha* for her when visiting Germany's *shuyūkh*.

<sup>39</sup> On this point, the film critic Nāgī Fawzi again faults Yahya Haqqi for having such a lower-class family send their son abroad, which he sees as implausible (even though Haqqi is drawing on autobiographical accounts, and Taha Husayn a generation earlier also famously traveled to Europe and came from an even poorer rural family). See Fawzi, pp. 182-94 for his review of Haqqi and the film.

<sup>40</sup> While in classical sources of jurisprudence and the hadith sciences, *'ilm* generally referred to transmitted religious knowledge (usually those related to the Prophetic hadith), modern reformers attribute a much broader meaning to *'ilm* to include fields such as medicine or biology, whose legitimacy, as they see it, is not dependent on scholarly religious authority.

<sup>41</sup> This is not to say of course that non-Muslim sources cannot be used toward Islamic goals, or that the use of them is only ever coopted for political aims. There is a highly developed field of knowledge within Islamic jurisprudence detailing the parameters of accepting sources of Islamic law that are non-textual (i.e., not derived directly from the Qur'an or Prophetic tradition), such as *'urf* (customary knowledge) or *maslaha* (toward the social benefit of the greater Muslim community).

<sup>42</sup> Roger Allen, "The Novella in Arabic: A Study in Fictional Genres," *International Journal of Middle East Studies* 18 (1986), pp. 473-84; Miriam Cooke, "Yahya Haqqī as Critic and Nationalist," *International Journal of Middle East Studies* 13 (1981), pp. 21-34; Cooke, *Anatomy*.

<sup>43</sup> Yet Halim Barakat critiques the oversimplified analysis in which Arab culture is characterized as "a culture of the heart, the spirit, or the faith. In sharp contrast, Western culture is characterized as being one of mind, matter, and reason." According to Barakat, Haqqi in *Qindīl* is one of the Arab intellectuals who instead of refuting this assertion have instead claimed the superiority of the heart over the mind. See *The Arab World* (Berkeley: University of California Press, 1993), p. 199. It would be interesting for future studies to explore a possible connection between Haqqi's argument and Indian nationalism: many scholars of South Asian post-coloniality have made similar critiques about India's supposed spiritual superiority over a materialist West, and Cooke describes Haqqi as deeply interested in India and Hinduism. Cooke, *Anatomy*.

<sup>44</sup> Cooke, "Yahya Haqqi as Critic and Nationalist," p. 31.

<sup>45</sup> I draw here on historian Zachary Lockman's important discussion of the formation of the working class and nationalism in early modern Egypt. Critiquing materialist narratives that depict working-class formation as the direct and virtually automatic product of capitalist development, Lockman argues for the *discursive*, as well as material, processes at work. Zachary Lockman, "Imagining the Working Class: Culture, Nationalism, and Class Formation in Egypt, 1899-1914," *Poetics Today* 15 (1994), pp. 157-90.

<sup>46</sup> Michel Foucault, *The Birth of the Clinic* (New York: Vintage Books, 1973). See also David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993) and for the Middle East, Fahmy's article in Abu-Lughod, *Remaking Women*; and Janice Boddy, "Remembering Amal: On Birth and the British in Northern Sudan," in *Pragmatic Women and Body Politics*, Margaret Lock and Patricia Kaufert, eds. (Cambridge: Cambridge University Press, 1998), pp. 28-57. ♦