

LEGISLATING AGAINST CULTURE EFFORTS TO END PHARAONIC CIRCUMCISION IN THE ANGLO-EGYPTIAN SUDAN

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Introduction

Between 1920 and 1949 the British-led colonial government in Sudan embarked on a largely unsuccessful campaign to stop the practice of 'female circumcision' in the northern two thirds of the country, the part where Islam prevails. The form of genital cutting concerned has been identified as the most radical (type 3) in WHO publications, and accounts for approximately fifteen percent of cases world wide; it is practiced mainly in north east Africa, by people of several religious persuasions: Christian, Muslim, and indigenous. In Muslim Sudan it is referred to as 'pharaonic purification' and attributed to the ancient Egyptians; in Egypt it is referred to as 'Sudanese'. The procedure, technically called infibulation, involves removing the protruding clitoris and small labia, then paring the large labia and fastening them together to cover the vaginal opening, leaving a very small opening for the elimination of waste. A thick layer of scar tissue develops that all but closes the entrance to the womb; this must be opened at marriage and further cut to enable birth. The practice has long been a requirement of marriageability in northern Sudan; it is 'normalized' and supported by a deep-seated cultural logic of which I have written at length that affirms the aesthetic and moral value of 'covering' or 'closing' (Boddy 1989).

The harm infibulation does is well documented. Significantly, however, while it may condemn women to lives of suffering, it can continue precisely because it seldom immediately kills. Most girls heal and go on to become wives and mothers, though the long-term effects of genital cutting do increase subsequent risks to themselves and their offspring in pregnancy and birth (see e.g., WHO Study Group on Female Genital Mutilation and Obstetric Care 2006).

My recent book, *Civilizing Women: British Crusades in Colonial Sudan* (2007), documents the steps taken by British colonial agents to stop pharaonic circumcision in Sudan, but is also concerned with the historical, political, and cultural contexts in which these efforts were situated. Here I focus on the final phase of the campaign, the law enacted in 1946 that made performing a pharaonic circumcision a criminal offense. But first, let me sketch the earlier phases of the project.

Abolition efforts, 1920–1943: from harm reduction to prohibition

In 1920 a British nurse-midwife, Mabel Wolff, was hired by the colonial government to start a midwifery training school in the native town of Omdurman across the Nile from Khartoum. While humanitarian concerns publicly framed the endeavour, the government's reasoning was in part pragmatic: to increase the labour pool in Muslim Sudan by

disinhibiting the population growth that pharaonic circumcision was thought to impede. The school opened in 1921; Mabel's sister, Gertrude, a nursing instructor in Omdurman, joined her at the school in 1930. The Wolffs' mandate was to train women in biomedical methods of birth, while convincing traditional midwives to practice scientific hygiene and abandon 'harmful customs' that encouraged maternal and child mortality. Such harmful customs included the conventional upright posture for giving birth as well as pharaonic circumcision, as both birthing and circumcision were the preserve of traditional midwives.

In their teaching, the Wolffs took a down-to-earth but controversial stance. They did not support a peremptory ban on the pharaonic procedure but taught a less damaging operation using sterile implements, local anesthetics, and antiseptic solutions, hoping to effect a gradual 'reduction of harm', and eventual abandonment of female genital cutting as Sudanese became better educated. In the early days, few trainee midwives were literate. The sisters' method was thus to work *with* rather than *against* local knowledge, by taking heed of pupils' experiences, invoking their embodied dispositions, creating analogies between medical procedures and domestic practice, using women's homey imagery in their lessons. This resulted in practical and discursive blendings of medical and Sudanese cultural terms that may well have supported the practice rather than dissuaded midwives from performing it (Boddy 2007, especially Part 3). Indeed, given the midwife's role as both circumciser and birth attendant, the partial medicalization of birth that ensued naturally entailed a partial medicalization of female circumcision. But it was, at least, a start.

The women trained by the Wolffs received little financial support, despite the sisters' unstinting requests. Administrators openly praised but consistently under-funded the sisters' efforts. During the 1930s the issue of cultural injuries to women in British Africa was raised in Parliament and the London press, revealing that "retrograde" customs such as pharaonic circumcision were "still" being performed in British territories such as Sudan. Embarrassed officials now saw it as absurd that midwives were told to preach against the procedure while being taught to perform it themselves. The Wolffs departed Sudan in 1937 demoralized, but no less convinced that their mitigation methods were sound.

Their successor, Elaine Hills-Young, was chosen for her refusal to tolerate 'backward' Sudanese customs. Soon after taking office she witnessed a modified pharaonic operation performed by one of the school's staff midwives. Though it was carried out "under more hygienic conditions than were customary", she nonetheless found "the spectacle (...) so revolting" that she at once forbade trained midwives to do circumcisions of any kind.¹ She intensified lessons against all forms of female genital cutting and ceased instruction in the modified technique.²

It is hardly surprising that few trained midwives complied. The majority continued to circumcise in secret, lest they forfeit the public trust they had taken such pains to win. And their small irregular stipends meant that illicit infibulations and post-delivery vaginal repairs remained, as the Wolffs well knew, "the most lucrative part of their work".³ While Hills-Young privately conceded that it was impossible for trained women suddenly to stop doing circumcisions (Sanderson 1981: 80), she nonetheless prohibited the use of government supplies for the purpose. If a trained midwife was found to have performed the procedure, her credentials could now be revoked.⁴ Tactical compromise became anathema where female genital cutting was concerned.⁵ Hills-Young was joined by a growing group of British officials, along with Sudanese doctors, teachers, other professionals, and several staff midwives

originally taught by the Wolffs, who in 1937 launched a quiet campaign to end the “barbaric institution”⁶ once and for all.

I would be remiss if I did not note that this more active phase of intervention was only thinkable because the political climate had changed. Sudan had for some years been embroiled in negotiations with Egypt, under the aegis of the British crown, over the availability of Nile waters for irrigation and the administrative status of Sudan itself. In 1936 the long awaited Anglo-Egyptian Treaty was signed, and with it a major obstacle to more assertive tactics of intimate reform disappeared. As long as negotiations had been underway, administrators had forbore interfering with local customs, lest Egyptian nationalists be handed a pretext to stimulate popular unrest. Now, with outstanding issues apparently resolved, they were keen to extricate themselves from the public-relations swamp of Sudan’s unreconstructed ‘backwardness’, and declared that the time had come “to be more open” about pharaonic circumcision.⁷ They hoped “to touch the leading Sudanese” and obtain their support for abolition. But they acknowledged the delicacy of the matter and insisted that “Government must keep entirely in the background.”⁸

Early in 1940, Hills-Young’s revised policy was formally adopted by the Sudan Medical Service in a circular warning that “female circumcision of children forms no part of the functions of a licensed midwife or any members of the medical staff.” Further, in a subtle revision of history, the document proclaimed that the idea “that this operation is at least tolerated by the medical authorities in Sudan” is “entirely without foundation.” In fact it “is strongly disapproved of by this Service”, and “every effort is made in the training of midwives at Omdurman to condemn and discredit the practice of female circumcision in any form.” Medical staff were urged to warn “Sudanese notables and officials, as opportunity arises, that this operation is condemned by enlightened medical opinion and by the Sudan Government as a whole.”⁹ But World War II intervened, and no further steps would be taken until its end.

Hills-Young’s “crusade”

In 1943 Hills-Young left Sudan to do war work in Europe, where she continued what she called “my private crusade”, determined to end government diffidence and delay.¹⁰ In 1944, she made known her intention to have a question asked in the House of Commons on female circumcision in Sudan,¹¹ and wrote to those in key institutions who might be inclined to help. She outlined the problem in the *Medical Women’s Federation Quarterly Review*, stating she was “anxious to rouse public opinion” in Britain.¹² She circulated a report, subtitled “surgical seal of chastity” in which she publicly revealed what Sudan’s administrators had tried so desperately to contain: that until her intervention in 1938, “Government-trained midwives were permitted, in fact taught, to perform this operation on the assumption that they carried out the lesser form with more hygienic methods.”¹³

A minor furor erupted in Parliamentary circles, the upshot of which was to push Khartoum to take conspicuous action, soon. Hills-Young remained skeptical. “The ‘laissez-faire’ attitude of local officials”, she wrote, has to do with their sex, for “males could hardly be expected” to view the matter “with the same sympathy and sense of urgency as women.”¹⁴ She then proposed a draconian move:

Higher education for girls in the Sudan should be conditional upon their being uncircumcised. [This proposal, she claimed had the support of Ina Beasley, Controller of Girls' Education.] The refusal of admission to Intermediate and Higher Schools of circumcised girls would have considerable influence with the parents and the rising generation.¹⁵

The suggestion was doubtful, for, if there was any merit in the idea that more education would bring about the demise of pharaonic circumcision, denying circumcised girls higher schooling was paradoxical and would surely have produced unwelcome effects: they would marry less educated men, be as concerned about the marriageability of their daughters as their mothers had been before, and likely continue the practice. Hills-Young and Beasley were betting that because educated young women attract educated, well-placed husbands who enhance their wives' family status, upwardly mobile parents would refrain from circumcising their daughters so as to protect them as a resource. This, however, ran counter to cultural logic, for such protection was availed not by avoiding circumcision but by practicing it. Moreover, the transfer of status went both ways: an honorable wife enhanced the position of her husband's family, just as an honorable daughter contributed to the status of her parents, siblings, and other kin. And a daughter attending school far from home was susceptible to aspersions that being circumcised partly allayed. In seeking to pit western education against traditional standards of integrity, British professional women wrongly believed that virtue in Muslim Sudan was an individualized trait.

Politics and the female body

In response to Parliamentary pressure, Sudan's civil secretary, Douglas Newbold, undertook to produce a pamphlet for "the widest possible circulation" containing "detailed factual information about the practice of excision and its bad physical and psychological effects on girls and women."¹⁶ Having thus prepared the ground, he proposed to "have the whole subject debated by the Advisory Council for the Northern Sudan next year. The result (...) will determine whether a stage has been reached when legislative action can be taken."¹⁷

Note the term that Newbold used was 'excision', Whether deliberate or accidental, the implied conflation of pharaonic circumcision with clitoridectomy (excision) – a lesser offense in officials' view – no doubt deflected attention from infibulation, the more radical practice and that most troubling to administrators whose main concern was to maximize the reproductive fitness of northern women, not ban forms of the practice.

Meanwhile, relations between the British and western educated Sudanese men – those on whom a concerted campaign would have to rely – were in a sorry state, with the later agitating for more political power and the former trying to keep them in check. While few if any of the Sudanese 'graduates' supported the traditional form of pharaonic circumcision practiced by untrained midwives, they were not agreed on the value of ending the practice altogether. To understand why, we need to consider how internal political maneuverings were bound up with the ambivalent significance of women and 'tradition' in the incipient national project.

Historian Heather Sharkey (2003: 10) has pointed out that by the 1940s educated Sudanese men in government service traveled widely on inspection treks and thus "developed a sense of Sudan as a unitary whole, with Khartoum as its metropole, and the provinces and districts as its hinterlands." Not only travel, but low-cost print technology enabled

them to share ideas, produce and acquire Arabic literature, and develop a sense of Sudan that, while affirming colonial boundaries, transcended the tribal and ethnic divisions made obligatory and sometimes created anew under indirect rule. Such change fostered an imagined national community, to invoke Benedict Anderson's phrase (cf. Anderson 1983). Beyond this, Western literary and cinematic portrayals of romantic love and independent modern women challenged established gender ideals and provoked considerable self-doubt (for examples see Sharkey 2003: 59). Sudanese men with nationalist aspirations "became champions of the modern, passionately endorsing social progress based on science and reason" (10).

Budding nationalists thus denounced traditional practices as backward and un-Islamic, focusing especially on 'women's customs' such as lip tattooing and female genital cutting. Yet they also strove to imagine an identity all their own, rooted in what was specifically and authentically 'Sudanese'. Here women as 'keepers of tradition', and women's bodies as the principal vehicles through which that 'tradition' was expressed, became contested terrain. Debates among educated men turned on whether to condemn pharaonic circumcision as irrational and un-Islamic or to rationalize its modified form. Phrased otherwise, participants differed over whether to "indigenize modernity" (Sharkey 2003: 10-11) or to modernize indigeneity.

Yet not all customs became matters of dispute. Scarring the cheeks to specify tribal affiliation (*shillukh*) was broadly condemned by nationalists who "felt a growing need to abandon primordial loyalties based on 'tribalism' (*qabaliyya*) in favor of a broader 'Sudanese' (*sudani*) identity" (Sharkey 2003: 130). In the north ethnic scarring was a 'women's custom' (*‘âda-t an-niswân*), as was pharaonic circumcision. Scarring began to die out as tribal difference became less relevant in everyday life, if not to British administrators. Its decline, Sharkey suggests, "points to the symbolic position that women held in the nationalist mission as objects of social reform" (130). But why did infibulation not stop as well? The reason, I suggest, is that the two 'women's customs' were not alike. Infibulation had a wider frame of reference from the start. Facial scars, after all, marked outmoded *social difference* in an emergent field of generic Arab Sudanese; infibulation marked the *cultural and corporeal sameness* of northern Muslims while distinguishing them from the British, most Egyptians, and southerners and other 'Africans'. In a sense it was something that had been generically 'Sudanese' long before the term was applied to people of the Arab north. Egyptians, recall, refer to infibulation as Sudanese circumcision. Relative to northerners' principal reference groups, infibulation was an expedient emblem of the broad yet unique national identity they sought to create. To the same extent, face scarring, which was also practiced by southern Sudanese using group-specific designs, was not: it represented difference. The persistence of pharaonic circumcision in northern Sudan despite significant controversy and efforts at reform suggests that the circumcised female body symbolized the authenticity and integrity of the larger group. But also its exclusivity. For infibulation was not, like male circumcision, required for membership in the *umma*, the world community of Islam. To be the son of a pharaonically circumcised woman was to be born not only of honorable Muslim Sudanese, but of the Arab Sudan, the imagined nation itself.

Was pharaonic circumcision *merely* expedient here? I doubt it. Links between circumcised women and the homeland reflect a division of social space and physical and spiritual labor that has deep cultural roots, where women's roles revolve around the domestic and intimately social while men's involve engagement with the 'outside world' (Boddy 1989).

Transformation of pharaonic circumcision into a national symbol required only a broadening out of what was meant by 'home'. For the select who took part in literary exchanges facilitated by print and public transport, and who occasionally traveled abroad, home no longer meant only one's village and kin, but the Arab Sudan (e.g., Anderson 1983). Incipient 'Sudanese' nationalism was at once globally relevant, territorial, 'rational' and less personalized than before, but also locally specific, with origins in the *pre*-Islamic past. The challenge of how to be modern, Muslim, and 'authentically' themselves—not Egyptian, nor British, nor southern Sudanese—informed debates about female circumcision among educated northern men.

As promised, pharaonic circumcision was introduced for discussion in May, 1945, during the third meeting of the Advisory Council for the Northern Sudan whose members, all men, included several educated Sudanese. After hearing the head of Sudan's Medical Service on the custom's harmful effects, councilors passed four resolutions. They unanimously agreed that (1) pharaonic circumcision is "cruel and barbarous", (2) "not supported by the religion of Islam", and (3) called on Sudanese to abolish the "retrograde and harmful" practice which was "hindering the progress of the country." They were divided on the fourth resolution, which asked "Government to prepare legislation making the pharaonic type of circumcision illegal", voting two thirds in favor.¹⁸ The governor-general reported that the airing would now "enable alleviation of the Pharaonic form of this scourge (...) by more direct methods than could formerly have been used."¹⁹

To ensure approval of the mooted law the civil secretary's office set about cultivating public opinion, focusing on Sudanese graduates, the educated men who were alleged to support the government's stand. Yet no evidence for their support was produced, and several British women educators were unconvinced.²⁰ It is interesting, too, that men were not deemed answerable for the practice itself. Indeed, in the eyes of many officials, if Sudanese men could be faulted it was *not* for condoning infibulation, but for failing to exercise control over their wives and mothers who did. Educated men's insistence that the practice was women's affair was seen as evasive—a sign of weakness, incurable sadism, political obstruction— anything but fact.²¹ Without entirely dismissing such claims, I think it was something more, a sign that gender roles in northern Sudan were modeled differently from those of Europeans and not as colonial reports implied. It is worth exploring this before moving on.

Gender configurations

British officials saw Sudanese men as the masters of domestic life, and women (if young) as subservient victims who would surely obey their betters, or (if older) selfish, insubordinate crones who just as surely would not. Thus women's behavior was seen as *reactive* and their agency reckless at best. Women's commitment to 'odious' ideals was not, then, 'reasoned' and 'informed', but sprang instead from their 'backwardness' and 'superstition', mental states which, in a circular way, their circumcisions had induced.

To ethnographers, however, northern Sudanese society is organized around gender-complementary domains of interest and authority that women and men reciprocally embrace, negotiate, embody and experience in age-specific ways (Boddy 1989; Gruenbaum 2001; Kenyon 1991). This is not to deny gender hierarchy, but to acknowledge its nuances,

ambiguities, discrepancies, and gaps. Relative sex segregation sets limits to male domination, while the moral authority of male and female elders tempers gender ascriptions and roles. By this view, Sudanese women are actors who, like men, maneuver within specific social and cultural constraints.²²

Most mothers worried that without pharaonic circumcision their daughters would be unmarriedable, both personally unfulfilled and a threat to family social position—indeed, then, to their own. They were understandably wary of the imminent decree. And predictably, the Council's vote was followed by a rash of pharaonic procedures—an “orgy of operations” in Ina Beasley's words—performed even on very young girls, sometimes with distressing results.²³ Still, I would argue, parents who took this step in anticipation of the decree acted not from superstition or ignorance but from reason within the parameters of cultural knowledge: they sought to create properly gendered moral persons before they would be forbidden to do so by law.

In Euro-American societies, gender is commonly thought to arise from putatively pre-social biological sex, and gender assignment depends on what the genitals look like at birth. Today, if birth-sex is deemed ambiguous, a baby's genitals may be surgically ‘corrected’, shaped to fit the ‘natural’ binary form.²⁴ And in cases of adult gender dysphoria, where visible sex and gender disposition fail to match, the genitals may be surgically altered to bring the two into ‘normal’ alignment, so as to fix the body's ‘mistake’. Here external anatomy affirms and indexes gender.

In northern Sudan a similar outcome unfolds, but its logic differs: once a child has gained social awareness, generally around the age of six, its genitals are conventionally shaped to the exigencies of gender by removing their ‘naturally atypical’ parts—the femalely concealing foreskin or ‘veil’ of the penis, the malely protruding clitoris and labia. The vaginal opening is also ‘veiled’, covered or concealed. Here genital cutting is also normalizing and remedial, but conventional, not rare. The procedures respectively help tune girls' bodies and minds to affairs of the enclosed house and womb, and boys' to relations with the outside world, thereby endowing each with the potential for virtuous sociality.²⁵ The modified body thus reflects the person's envisaged moral and social role (Boddy 1989, 1998; Holy 1991; cf. Laqueur 1990, 8). To phrase this heuristically, in the language of academic gender theory, Europeans view the naturally sexed body as primary and normally well-defined, while gender is something secondary, derived, developed in addition to biological dispositions. Arguably, however, northern Sudanese view gender as primary and the conventionally sexed body as derived from an indicative but always imprecise anatomical start. For the campaign against pharaonic circumcision to succeed on its own terms required no less than a sweeping transformation of local gender logics, domestic relations, and embodied personhood. Its British sponsors, true to their own beliefs, argued that if a girl was left uncut her female essence would develop ‘naturally’, in an uncorrupted way, and this, wrote Beasley, would lead to “normal, sensible relations between the sexes.”²⁶ To many Sudanese the very opposite would result.

Not all Sudanese women opposed the government's move; several educated women supported it. Beasley reported that, after hearing a talk on the harmful effects of pharaonic circumcision, forty-eight female schoolteachers in Omdurman and Khartoum independently agreed not to have it done to their daughters.²⁷ How many were able to act on that pledge is not known.

The law

Two days after the Advisory Council adjourned in May, 1945, and as alarmed Sudanese mothers raced to avoid the approaching ban, high ranking British members of the judiciary, medical service, and education department met to devise a “propaganda” campaign and draft the legislation. An amendment to the penal code was advised under sections relating to ‘Hurt’. It would “contain a definition of the pharaonic form (any mutilation of the female genitalia other than simple clitoridectomy)” and “make the pharaonic form illegal.”²⁸

Some days later another meeting was held, this time also involving Sudanese. “A number of people”, it was reported in the Press, “are anxious to form a Society for the Abolition of Female Circumcision in the Sudan” whose objective, “primarily educational”, would be to “draw attention to the evils of the practice by every means in its power.” Conceivably this was a fishing expedition, designed to flush out Sudanese sympathizers and shame the apathetic into signing on. Though publicly heralded as a spontaneous move by Sudanese and other interested parties, it was backed by the palace all the same. The day before the announcement appeared, the society’s British chairman was sent £10 by Lady Huddleston, the governor general’s wife with a note: “I imagine the notices and insertions will cost quite a lot. (...) It is more than kind of you to ‘hold the fort’ and I feel it is in good hands.”²⁹

The Society’s charter, drafted by a handful of British and Sudanese professionals, declared that while “all forms of female circumcision are undesirable”, it “would do more harm than good” to combat any but the damaging and virtually universal pharaonic form. Given public opinion, “the only effective method of lessening the (...) suffering among the women (...) lay in pressing for the substitution of the Sunna form [hear meaning partial clitoridectomy] instead of the Pharaonic.” The group would “work independently of Government, but towards the same ultimate objective.”³⁰

It seems unlikely that anyone took the Society’s avowed autonomy to heart. Its chair, after all, was British and a prominent civil servant; moreover the group’s inaugural records were kept in government files. In January 1946, shortly after the law prohibiting pharaonic circumcision was proclaimed, Lady Huddleston sent a considerable £100 for society endeavours. To maintain the façade of independence she suggested that “the cheque [be treated] as anonymous and hope it [appears] to be a Sudanese donation!”³¹ By mid-May, 1946, the Society’s executive had become wholly Sudanese.³²

In June this file comes to an end with news that half the proceeds of the latest medical bulletin, “The Feeding of Sudanese Infants”, would go to the Society for the Abolition of Pharaonic Circumcision.³³ Free copies were offered to midwives, medical dispensaries, and health visitors, while the education department was encouraged “to take a number for girl’s schools” in order to reach prospective mothers and get more funds for propaganda work.³⁴ The inverse relationship between pharaonic circumcision and productive, disciplined motherhood was ingeniously asserted once again.

The law took effect in February, 1946, as an amendment to the penal code. It read:

(1) Whoever voluntarily causes hurt to the external genital organs of a woman is said, save as hereinafter excepted, to commit unlawful circumcision. Exception. It is not unlawful circumcision to remove the free and protruding part of the clitoris with the assent of the woman, or, if she is subject to guardianship, of her guardian.

(2) Whoever commits unlawful circumcision shall be furnished with imprisonment for a term which may extend to seven years [later reduced to five] and shall also be liable to a fine. (...) A woman who causes hurt to herself is within the meaning of this section.³⁵

Thus, one who willingly underwent the illicit procedure was as vulnerable to prosecution as the operator.³⁶

The “lawful” form was referred to as “uncomplicated *sunna*” circumcision. It entailed removing the prepuce or hood of the clitoris and the “free and protruding” parts of the glans. Paring the labia and joining them were forbidden. The legal form was *not* a negligible procedure; it suggests, however, that the law was crafted with an eye to facilitating reproduction, not to avoiding all harm.

Self-styled “propaganda” efforts now redoubled. Handbills and posters were prepared, lectures given to schoolgirls, senior midwives and teachers sent on tour through towns and villages to preach the evils of pharaonic circumcision and urge compliance with the law. Efforts were coordinated by a new “Standing Committee on Female Circumcision” convened by the civil secretary in June 1946 once leadership of the Society for the Abolition of Pharaonic Circumcision had been formally ceded to Sudanese men.

A series of leaflets was designed to appeal to the aspirations of Sudanese. The first stated that pharaonic circumcision was

the one thing [that] holds [Sudanese women] back and which will continue to make them different from other peoples and always behind them. Brain and body must work together and if one is injured the other suffers. Pharaonic circumcision injures both mind and body and your daughters can never be as successful as the daughters of other nations while this practice continues.³⁷

Another, framed as a series of questions, again placed Sudan in a global context, noting that while Sudanese had fought bravely beside other nations in the war, they remain apart because they “are the only people to practice pharaonic circumcision except a few scattered [non-Muslim] tribes.” The text concludes:

DO YOU KNOW how shocked and disgusted people are in other countries when they hear of the custom.

DO YOU KNOW that the Sudanese can never rise to be a nation on the same footing as others while this custom persists.³⁸

The last in the series returned to religion, explaining that the information was being circulated:

because you think your religion demands that your daughter should be circumcised by the pharaonic method. Your religion does not demand it. There are millions of good Muslims who do not practise circumcision at all and a large number, for example the Egyptians, who use the Sunna method. Of Muslim countries it is only the Sudan which uses the pharaonic method. Now that the Sudan is beginning to take a place among the other nations, her people should know this.³⁹

Of course, Sudan even then was not the only Muslim society to practice infibulation; the tactic to shame Sudanese was a strategic deployment of difference as inferiority. That suffering and pain could be culturally meaningful was not acknowledged or perhaps understood.

Women I worked with knew very well that uncircumcised women give birth more easily than they; if a man only wants babies, they said, let him marry an uncircumcised Ethiopian or southern Sudanese. But do not be surprised if the children turn out badly, for only a properly circumcised woman can produce moral offspring. To my friends, ease of birth signified animality and a lack of social control, while difficult birth confirmed the effort that producing virtuous beings requires.

British officials insisted, however, that virtue is a matter of 'character', cultivated by an individual who is solely responsible for her acts. Infibulation is no more than a crude chastity device, and reliance on it misplaced. Foreign criticism, however, must be followed "by constructive teaching on chastity as a positive virtue and the ideal of respect for one's body."⁴⁰ "It seems only right", Beasley counseled, "when we are upsetting social customs, to try to substitute for them a wholesome re-orientation of ideas." The desired shift of sensibilities was graphically portrayed in an anti-circumcision poster showing "the shadow of the old hag, Superstition, being driven away from little girls by the lovely maiden, Enlightenment" (Beasley 1992: 405).⁴¹

That image must have seemed bizarre to Sudanese. Drawn from European folklore, it disparaged elderly women, when Sudanese grandmothers, known as *habobat* ('little darlings'), are revered and considered wise. Yet in portraying a lovely maiden as knowledgeable, it also perhaps unknowingly invoked popular tales of a beautiful virgin, Fatna (Fatima), who dons an old man's wizened skin to disguise her beautiful smooth (circumcised) body and negotiate her enslavement by a powerful lord. Eventually, clever Fatna outsmarts the prince, then, casting off the elder's skin, reveals herself and marries him (Boddy 1989: 177ff). One wonders if Beasley's poster-touted as "the most successful" in the campaign (Beasley 1992: 405)—was appreciated in that light, which surely skewed the meanings the committee wished to impart.

No sooner had the law come into effect than provincial governors professed reluctance to enforce it. They urged that government encourage "substitution of the Sunna form for the Pharaonic", and not merely declare the sunna form exempt.⁴² This the medical director opposed. Though *sunna* was not actionable under the law, he adamantly refused to endorse it or teach the procedure to medical staff.⁴³ He conceded, however, that midwives could be taught how it differed from the pharaonic so long as their lessons did not involve any cutting. He also agreed that physicians could heed their consciences on whether to perform *sunna* circumcisions in hospital wherever the pharaonic procedure was entrenched.⁴⁴ The trained midwife's role was thus further eroded and her usefulness to abolition efforts undermined, even as the medicalization of female circumcision was backhandedly affirmed. This, despite a call for more trained midwives from virtually every province in view of the numbers of traditional attendants using unsanitary means.⁴⁵ In fact, because Sudan's population was growing and, even if the law prevailed, legally circumcised girls would not wed for several years, more infibulated women than ever would soon be giving birth. The number of untrained midwives would thus inevitably rise—unless, that is, a concerted effort were made to attract more women to train. Still, Khartoum was loath to pay medical midwives from the public purse; if families were unable, then local authorities, equally unwilling, were expected to defray the cost.⁴⁶ Midwives' services, of course, included circumcisions, their most profitable work. Trained midwives had more expenses than the untrained, were told *not* to circumcise, yet had to make ends meet. It was absurd to think

they would stop doing circumcisions, and though they might have preferred to perform the legal operation they were at the mercy of clients' demands. The conclusion seems inescapable that government reluctance to expand the midwifery service and grant trained midwives professional status and reasonable rates of pay contributed to the failure of the anti-circumcision campaign.

Midwives became victims of the law they were expected to uphold, the trained because they lacked the financial means to obey it, they and others because the law defied their own and their clients' commonsense. Yet few arrests were made. In Khartoum Beasley found the law consistently ignored, leaving her teachers to wonder why.⁴⁷ Matters had conspired, however, to give the government pause.

Reaction

In September, 1946, a midwife in Rufa'a, a town to the south and east of Khartoum, was found guilty of committing an unlawful circumcison. To the leader of the Republican (Gumhuriya) Party, Mohammad Mahmûd Taha, who campaigned for immediate independence for Sudan, the conviction was unjust.⁴⁸ After Friday prayers on September 20, Taha addressed the congregation of Rufa'a mosque, and then "led a mob (...) which rescued the woman from the *merkaz* [police station] yard, where she was sitting under guard." Her brother, a policeman, returned her to the authorities, whereupon she was spirited off to jail in a neighbouring town.⁴⁹

Next day, Taha "again roused the populace" and "in the resultant disturbances the mob penned the Deputy Governor, District Commissioner and the Commander of Police in the *merkaz*, broke windows and furniture and smashed the District Commissioner's car."⁵⁰ The midwife was released and the case referred to Khartoum. The crowd dispersed, and Khartoum "subsequently quashed the finding on the grounds of insufficient evidence."⁵¹

The following morning a company of the Sudan Defense Force arrived in Rufa'a anticipating resistance when Taha and other leaders were arrested. Again a crowd attacked Rufa'a police station, and "the police were forced to fire into the ground in front of them, wounding three."⁵² Shortly thereafter, Taha was imprisoned and reported to have started a fast as "a religious exercise."⁵³ According to British intelligence, the Arabic press soon "subsided into mutterings about the unwisdom of interfering with the customs of the people."⁵⁴

In a 'secret' letter to provincial governors, the civil secretary's office revealed that the "disturbances (...) came as a complete surprise", but "were indicative of what may be expected when a few fanatics find grounds for stirring up an irresponsible town population which is already undermined by anti-government vernacular press and propaganda."⁵⁵ Still they refused to acknowledge the significance of pharonic circumcison to northern Sudanese. They deemed the heated response disingenuous, an excuse to heighten an already tense situation. And it is true that nationalist aspirations were at fever pitch. In December, 1945, Egypt had demanded revision of its relationship with Britain, centering on the British occupation during the war, and the status of Sudan at its end (for details see Daly 1991: Chapter 8). Early in 1946 talks had begun in London, and rivalries among pro- and anti-Egyptian Sudanese elites threatened to explode. Though such friction had been useful to Khartoum in the past, it now "raised the spectre of another '1924' [a bloody nationalist

revolt]” (Daly 1991: 208). By March, anti-British protests in several towns had led to a ban on public demonstrations. In June, Taha himself had been briefly imprisoned for distributing “a highly seditious and dangerously inflammatory pamphlet against the Government.” He was called a “political martyr” in the vernacular press; membership in his party soared.⁵⁶ Just before the Rufa’a events, rumors of a draft settlement unfavorable to union with Egypt reached Sudan, moving the pro-Egyptian faction to send “a spate of telegrams in protest”.⁵⁷ Insurrection was in the air. The coincidence of the midwife’s arrest for performing an infibulation was taken as a direct challenge to the cultural and political integrity of Muslim Sudanese.⁵⁸ Now as perhaps never before, the bodies of infibulated women stood for a nascent, uniquely Sudanese national identity, despite doubts about the practice and political differences among the educated elite. Pharaonic circumcision had become a rallying point for the fugitive unity of northern Sudanese.

Then too, the Rufa’a incident happened hard on the heels of another serious affront, this time to the Islamic character of the imagined nation. In April, 1946, a twenty-two year old woman who had been cared for since age seven by the Church Missionary Society in Omdurman was baptized in contravention of “agreed procedure” that required “prior reference” to a competent Islamic judge. An irate crowd protested before the CMS building and nearby police station. The daughter was placed in protective custody.⁵⁹ Further protests were “eventually dispersed (...) on the arrival of the police.”⁶⁰ Islamic scholars at Cairo’s Al-Azhar University telegraphed the governor-general in protest.⁶¹ Imams in Omdurman mosques preached against “Church Missionary Society anti-Islamic intrigue”.⁶² Not only, then, was rebellion astir at the time of Taha’s disturbance, so too, and not without reason, were concerns about British plans for northern girls, future mothers of Muslim Sudanese. Infibulation was one register in which the nationalist call made sense to the public at large.

Demise

Continuing political volatility forestalled enforcement of the law in the Muslim north. There seemed never a ‘good’ time for Khartoum to ensure that pharaonic circumcision stop, even had it the means to do so. The charge of forced conversion had surely deepened officials’ concern, though this was the only baptism of a CMS-educated Muslim girl in the history of colonial Sudan (Sharkey 2002). The British administration in Khartoum, intensely parochial and anti-Egyptian, was at once fearful of alienating Sudanese and anxious to shield them from condemnations of barbarity that would irreparably hurt them both.

The Standing Committee on Female Circumcision continued to meet from 1947 to 1949, until looming independence (1956) superseded civilizing concerns. Lessons reminding Sudanese that the law fell within the purview of Islam backfired, when girls in the rural north were kept out of school after its delivery,⁶³ endangering the modest success of female education and no doubt prompting some parents to settle the matter forthwith. Circumcisions would now be carried out in school holidays, with curtailed celebrations lest they alert the police.⁶⁴ Sudanese homes became even less open to government scrutiny than before.

Questions about whether to allow “Egyptian *sunna*”, train more midwives, permit the use of anesthetics if *sunna* was performed in government hospitals—all were revisited to little or no avail. The committee could not agree on how to obtain results. Some wanted to

open a clinic in Khartoum where physicians carried out hygienic *sunna* circumcisions. The SMS refused.⁶⁵ Nor did it approve local anesthetics, on the director's minuted advice that

the pain involved (...) is practically negligible even if it entails, as it may legally do, the cutting of the top of the clitoris (and not merely the prepuce). He estimated that, from a surgical point of view, male circumcision was at least 100 times as severe an operation.⁶⁶

(One wonders how he knew.)

From retirement in England, Lady Huddleston wrote in support of anaesthetics, and in so doing mentioned something startling, not disclosed in documents before: that "male circumcision is done 100% in hospital for the Sudanese man who presents himself, not on medical, but religious grounds, and because in hospital he can be circumcised painlessly." She requested equal treatment for Sudanese women, but the committee held firm.

By the start of 1949 the situation in Sudan was more dismal still. Fewer legal circumcisions were reported than in former years and many more illegal ones had been done. In Khartoum it was said that untrained rural midwives had flocked to the city and now ran a brisk trade in pharaonic and modified pharaonic operations. Administrators everywhere were too stretched to inquire into "so difficult a subject".⁶⁷ Indeed, the illegality of the procedure magnified Sudanese reluctance to report what was taking place. Even the most educated, highly placed men had infibulated kin and "cannot therefore talk with ease."⁶⁸

One extremely popular medical midwife presented special difficulty. She practiced a circumcision which, "though illegal, is less severe than the pharaonic form", and uses "a local anaesthetic which makes the actual operation less brutal."⁶⁹ Her method involved cutting the clitoris, then paring the labia minora and stitching the labia majora to partially close the vaginal opening. Ironically, it was the modified operation taught until 1937 by Mabel and Gertrude Wolff.

Set alongside ethnography, archival research brings to light a host of colonial ironies and misunderstandings that illuminate the failure of British efforts to end pharaonic circumcision in Sudan while raising ever more unsettling questions. Perhaps the most pressing is this: is it possible for one group to successfully intervene against the cultural practices of another when the fundamental assumptions of the parties—about body, self, society, gender, virtue—go largely unexamined and are so thoroughly at odds?

NOTES

¹ Hills-Young, "Female Circumcision in the Sudan", Nov. 1944, SAD 631/3/36-37. See also Sanderson 1981: 79.

² Hills-Young, "Female Circumcision in the Sudan", Nov. 1944, SAD 631/3/36-37; M.E. Wolff to Dickens 12 Feb. 1946, SAD 581/4/18; Sanderson 1981: 79.

³ M.E. Wolff to Dickens 12 Feb. 1946, SAD 581/4/18.

⁴ Hills-Young, "Female Circumcision in the Sudan", Nov. 1944, SAD 631/3/36-37.

⁵ British medical personnel, like those in the political service, did not voice concern about male genital cutting, even though it too was performed under unsanitary conditions. This was, in part, because male circumcision is decreed by Islam and administrators were loath to offend their Muslim subjects for reasons of keeping the peace. In part, too, it was because male circumcision was considered not to jeopardize population growth to the extent that infibulation did. Indeed, the lesser form of female circumcision,

called *sunna* or 'religiously approved', was not discouraged by male officials in the least.

⁶ Hills-Young, "Female Circumcision in the Sudan", Nov. 1944, SAD 631/3/38.

⁷ J.G.R. to J.A.R. c.1937, NRO CivSec 1/44/2/12/49-51.

⁸ J.G.R. to J.A.R. c.1937, NRO CivSec 1/44/2/12/49-51.

⁹ Sudan Medical Service Circular, c. 1940, Encl. No. 3 in Eden to Ward, 14 Dec. 1944, FO 371/41433.

¹⁰ Hills-Young to Ward, 22 Jul. 1944, FO 371/41433; Hills-Young to Ward, 3 Oct. 1944, FO 371/41433; Hills-Young to Mitchell, College of Midwives, 21 Nov. 1944, RCOG B2/5.

¹¹ "Female Circumcision—Progress", SAD 657/4/36 (Beasley).

¹² "Extract from the Medical Women's Federation Quarterly Review, October 1944", SAD 657/4/37 (Beasley).

¹³ "Female Circumcision in the Sudan (Surgical Seal of Chastity)", Dec. 1944, SAD 631/3/36. (Hills-Young).

¹⁴ Hills-Young to Ward, Oct. 3, 1944, FO 371/41433.

¹⁵ Hills-Young to Ward, Oct. 3, 1944, FO 371/41433. The proposal had also been put to Newbold by C. L. Armstrong, Governor of Khartoum. RH Mss Perham 538/1/68.

¹⁶ Newbold to Shone, 17 Oct. 1944, FO 371/41433.

¹⁷ Newbold to Shone, 17 Oct. 1944, FO 371/41433.

¹⁸ Minutes, Third Session of the Advisory Council for the Northern Sudan, 23–28 May, 1945, FO 371/45984.

¹⁹ Huddleston to Killlearn, June 10, 1945, FO 371/45984.

²⁰ See Beasley 1992: 403–407, also Hills-Young to Ward 3 Oct. 1944, FO 371/41433.

²¹ "Note on Female Circumcision" by Ina Beasley, 21 Mar. 1945, SAD 657/4/38-40; Beasley 1992: 287–88, 403–407.

²² For an extended ethnographic example from Bedouin in Egypt, see Abu-Lughod 1986.

²³ Local Vernacular Press Summary: "Untimely Circumcision", *El-Sudan El-Gedid*, 8 June 1945, RH Mss Perham 575/3; NRO Civsec Intelligence Report No. 87, 8 June 1945, RH Mss Perham 571/1/18-19; Beasley to Robertson, 16 Aug. 1945, SAD 657/4/51; "Translation of a speech given by Sitt Nafissa to the mothers of Omdurman", 7 Mar. 1946, SAD 657/4/107.

²⁴ See Fausto-Sterling (2003) on how the medical profession defines genital ambiguity.

²⁵ Sex reassignment surgeries do something similar, of course, but without acknowledging that it is a social, not a natural, model that is at stake. See Fausto-Sterling 2003; also Martha Coventry, "The Tyranny of the Esthetic: Surgery's Most Intimate Violation", on clitoral reduction in childhood (Available online at <<http://www.ontheissuesmagazine.com/su98coventry.html>>, last updated 14.2. 2008).

²⁶ See Beasley 1992: 285–87 *passim* on "normal, sensible relations between the sexes".

²⁷ Beasley to Civil Secretary, 16 Aug. 1945, SAD 657/4/51.

²⁸ Minutes, "Meeting held in the Civil Secretary's Office on May 30th, 1945", SAD 657/4/50.

²⁹ NRO Civsec 2/10/1/13, p. 17.

³⁰ Record, discussion at Colonel Clarke's house 22 Nov. 1945, NRO Civsec 2/10/1/13, p. 35.

³¹ C. Huddleston to Owen, 7 Jan., 1946, NRO Civsec 2/10/1/13, p. 39.

³² NRO Civsec 2/10/1/13, p. 51–52.

³³ Minutes of the Official Publications Board, 16 June, 1946, NRO Civsec 2/10/1/13, p. 54.

³⁴ Corkill to Miller, 1 June 1946, NRO Civsec 2/10/1/13, p. 54.

³⁵ SAD 657/4/71.

³⁶ "Drastic laws to kill Sudan custom", *Sudan Star*, No. 566. 7 Nov., 1945, p. 1.

³⁷ Poster: "To the Women of Sudan", Beasley to Director of Education, 24 Jan. 1946, SAD 657/4/84.

³⁸ Beasley to Director of Education, 24 Jan., 1946, SAD 657/4/87.

³⁹ Beasley to Director of Education, 24 Jan., 1946, SAD 657/4/89.

⁴⁰ Hills-Young, "Female Circumcision in the Sudan (Surgical Seal of Chastity)", Dec. 1944, SAD 631/3/36.

⁴¹ Beasley 1992: 405.

⁴² Minutes, First Meeting of the Standing Committee on Female Circumcision, 18 June, 1946, SAD 657/4/127.

- ⁴³ Minutes, First Meeting of the Standing Committee on Female Circumcision, 18 June, 1946, SAD 657/4/127.
- ⁴⁴ Minutes, Second Meeting of the Standing Committee on Female Circumcision, 16 Sept. 1946, SAD 657/4/134; Minutes, Third Meeting of the Standing Committee on Female Circumcision, 6 Mar. 1947, SAD 657/4/168-69.
- ⁴⁵ E.g. Lampen, Governor Darfur, to Civil Secretary, 4 Dec. 1946, SAD 657/4/139.
- ⁴⁶ Corkill, SMS HQ to Provincial Medical Inspectors, 20 Feb. 1946, SAD 657/4/145; Civil Secretary to Director, SMS, 20 Jan. 1947, SAD 657/4/148; Lorenzen (SMS) to Civil Secretary, 22 Jan. 1947, SAD 657/4/149; Minutes, Third Meeting of the Standing Committee on Female Circumcision, 6 Mar. 1947, SAD 657/4/170.
- ⁴⁷ SAD 657/1/184.
- ⁴⁸ See Abusharaf 2001:119 for more on Taha's position.
- ⁴⁹ Sudan Political Intelligence Summaries (SPIS) No. 59, Aug.-Sept. 1946, FO 371/53328.
- ⁵⁰ SPIS No. 59, Aug.-Sept. 1946, FO 371/53328.
- ⁵¹ SPIS No. 59, Aug.-Sept. 1946, FO 371/53328.
- ⁵² SPIS No. 59, Aug.-Sept. 1946, FO 371/53328.
- ⁵³ Civil Secretary to Governors, Dec. 1946, SAD 524/11/26.
- ⁵⁴ SPIS Aug.-Sept. 1946, No. 59, FO 371/53328.
- ⁵⁵ Civil Secretary to Governors, Oct. 1946, SAD 524/11/12.
- ⁵⁶ SPIS May-June 1946, No. 57 and July-Aug. 1946, No. 58, FO 371/53328.
- ⁵⁷ SPIS No. 59, Aug.-Sept. 1946, FO 371/53328.
- ⁵⁸ SPIS No. 59, Aug.-Sept. 1946, FO 371/53328.
- ⁵⁹ SPIS No. 56, Jan.-Apr. 1946, FO 371/53328. She was eventually released to the CMS hospital in Khartoum North and resettled in Atbara.
- ⁶⁰ SPIS No. 56, Jan.-Apr. 1946, FO 371/53328.
- ⁶¹ SPIS No. 56, Jan.-Apr. 1946, FO 371/53328.
- ⁶² Robertson to Governors, 9 June, 1946, RH Mss Perham 571/2/38.
- ⁶³ SAD 657/4/184.
- ⁶⁴ SAD 657/4/183.
- ⁶⁵ Minutes, Third Meeting of the Standing Committee on Female Circumcision, 6 Mar. 1947, SAD 657/4/168-171; Summary, Meetings of the Standing Committee, 14 Mar. 1949, SAD 657/4/231.
- ⁶⁶ Minutes, Third Meeting of the Standing Committee on Female Circumcision, 6 Mar. 1947, SAD 657/4/171.
- ⁶⁷ Summary of Reports from Provinces, 14 Mar. 1949, SAD 6573/4/232-233.
- ⁶⁸ Beasley to Robertson, 4 Feb. 1948, SAD 657/4/197.
- ⁶⁹ "Action Taken Since the Formation of the Standing Committee", 14 Mar. 1949, SAD 6573/4/238.

REFERENCES

- Abu Lughod, Lila** 1986. *Veiled Sentiments*. Berkeley: University of California Press.
- Abusharaf, Rogaia Mustafa** 2001. Virtuous Cuts: Female genital circumcision in an African ontology. *Differences* 12(1):112-40.
- Anderson, Benedict** 1983. *Imagined Communities*. London: Verso.
- Beasley, Ina** 1992. *Before the Wind Changed*. Edited by J. Starkey. Oxford: Oxford University Press.
- Boddy, Janice** 1989. *Wombs and Alien Spirits: Women, men and the Zar cult in Northern Sudan*. Madison: University of Wisconsin Press.
- Boddy, Janice** 1998. Violence Embodied? Female circumcision, gender politics, and cultural aesthetics. In R. Dobash and R. Dobash (eds), *Rethinking Violence Against Women*. Thousand Oaks: Sage.
- Boddy, Janice** 2007. *Civilizing Women: British crusades in colonial Sudan*. Princeton: Princeton University Press.

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- Daly, M. W.** 1991. *Imperial Sudan: The Anglo-Egyptian condominium, 1934–1956*. Cambridge: Cambridge University Press.
- Fausto-Sterling, Anne** 2003. Sexing the Body. In S. LaFont (ed.), *Constructing Sexualities*. Upper Saddle River: Prentice Hall.
- Gruenbaum, Ellen** 2001. *The Female Circumcision Controversy: An anthropological perspective*. Philadelphia: University of Pennsylvania Press.
- Holy, Ladislav** 1991. *Religion and Custom in a Muslim Society: The Berti of Sudan*. Cambridge: Cambridge University Press.
- Kenyon, Susan M.** 1991. The Story of a Tin Box. In I. M. Lewis, A. al-Safi and S. Hurreiz (eds), *Women's Medicine: The Zar-Bori cult in Africa and beyond*. Edinburgh: Edinburgh University Press for the International African Institute.
- Laqueur, Thomas** 1990. *Making Sex: Body and gender from the Greeks to Freud*. Cambridge, MA: Harvard University Press.
- Sanderson, L. Passmore** 1981. *Against the Mutilation of Women: The struggle against unnecessary suffering*. London: Ithaca.
- Sharkey, Heather J.** 2002. Christians among Muslims: The Church Missionary Society in the Northern Sudan. *Journal of African History* 43(1): 51–75.
- Sharkey, Heather J.** 2003. *Living with Colonialism: Nationalism, and culture in the Anglo-Egyptian Sudan*. Berkeley: University of California Press.
- WHO Study Group on Female Genital Mutilation and Obstetric Care** 2006. Female Genital Mutilation and Obstetric Outcome: WHO collaborative prospective study in six African countries. *The Lancet* 367: 1835–41.

ARCHIVAL SOURCES

NRO: National Record Office, Khartoum
FO: Foreign Office, Public Record Office, London
RH: Bodleian Library of Commonwealth & African Studies at Rhodes House, Oxford
SAD: Sudan Archive, Durham University
RCOG: Royal College of Obstetricians and Gynaecologists, London

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