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The Role of Muslim Mentors in Eritrea

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Abstract

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Introduction

Studies have pointed out how Christian missionaries actively participated in both defining and implementing colonial policies in Eritrea [Marongiu Buonaiuti 1982; Taddia 1986; Negash 1987; Betti 2000; Uoldelul Chelati Dirar 2003; Miran 2002; Uoldelul Chelati Dirar 2006]. Their involvement in education and medicine has been, in several contexts, complementary to secular policies. In many instances, the absence of an educational policy and the lack of funds for Italian schools provided missionaries with the opportunity to offer this service to the government [Miran 2002, 132].

Wherever Swedish Evangelical and Capuchin Missions were set up, schools, hospitals or medical clinics were also established. An example is given in 1866, when the first Swedish Evangelical Mission of Lutheran confession arrived in Massawa, and Moncullu where they established a hospital and a school [Miran 2002, 123].

Christian ideologies were generally in line with those of colonialists’, particularly in the education field [Negash 1987, 78-79] despite possible antagonism that arose with colonial administrators in several contexts [Uoldelul 2003, 402]. The presence of Capuchin fathers, in particular, was strongly supported by the Italian Government and by some representatives of the Italian Catholic intelligentsia [Marongiu Buonaiuti 1982; Betti 2000; Uoldelul Chelati Dirar 2006].

Literature underlined a variegated image of missionaries, colonial administrators and «colonial subjects», stressing the complexity «of interests at stake» [Uoldelul 2003, 407]. From this point of view, a relevant amount of studies on the social and political role of Christian missionaries in colonial Eritrea can be found.

On the other hand, little academic attention has been hitherto paid to the role of Islam and Muslim leaders in that period [Miran 2005]. Several Muslim groups in Eritrea, such as the Hadendowa, the Beni-Amer, the Afar, the Saho and the Habab, actively collaborated in the colonial economy, as they did both in trade and the Italian army [Negash 1986, 47].

Studies pointed out their participation in educational policy as well. When, in 1911, the Italian government built the school Salvago Raggi in Keren, «the first school of arts and crafts for the sons of Muslim chiefs and notables», the aim was to train future interpreters, clerks and skilled workers in crafts and in modern agricultural practices [Negash 1987, 79-80]. A part of the Muslim elite promoted the local enrolment at the school where some future

leading Muslim figures were finally educated. An example is given by the position that the Mīrghanī family, the leaders of the Khatmiyya Islamic brotherhood, assumed in this regard. *Sīdī* Jafar al-Mīrġanī, leader of the brotherhood, decided to enrol his son *Sīdī* Bakrī [1911, d. 1954], in the school where he would also pursue the study of the Italian language. Mīrġanī's favourable attitude towards the new Italian school represented a model for the Khatmiyya followers and helped overcome eventual local misgivings towards a school funded by a Christian power [Bruzzi 2006, 447]. Other leading Muslim personalities in the political and economic history of colonial Eritrea had studied in the Salvago Raggi school and among them we can also note M. Aberra Hagos. The latter, founder of an important transport society for Eritrean people, was *khalifa al-khulafā'* (the main representative) of the Khatmiyya Islamic brotherhood in Asmara [Puglisi 1952, 207; Bruzzi 2010, 143-144].

If the Islamic involvement in colonial education and economy has been partly considered, the study of medicine and Islam in colonial Eritrea is certainly a neglected issue in current historiography. Within my research on Islam and Italian colonialism in Eritrea (1890-1941), I found some references to this theme. This article does not claim to be an exhaustive study on the issue, rather to give new insights for future researches. The aim is to cast light on the involvement of Islamic mentors in colonial policy and, in particular, on the role of Islam within colonial welfare. It deals with the role of health care practice of an Islamic brotherhood during the Italian occupation (1890-1941): the Khatmiyya Islamic brotherhood. The latter was led by the Mīrghanī family, or 'Morgani' in colonial jargon. They had a prestigious genealogy, as descendants of Alī and Fatima, the daughter of the Prophet. Highly respected for their noble origin, the family had a religious influence in North East Africa thanks to Muhammad 'Uthmān al-Mīrghanī (1793-1853), the founder of the Khatmiyya Islamic brotherhood [Grandin 1984].

In Sudan, this Sufi brotherhood expanded and gained large popular support. During the Anglo-Egyptian rule (1899-1956), British authorities considered *sayyid* 'Alī al-Mīrġanī (d. 1968), a Sudanese representative of the Mīrghanī family, as their favourite interlocutor. *Sayyid* 'Alī was «regarded as the unquestioned religious leader of the country. It was *sayyid* 'Alī who took precedence as first citizen at all official functions» at least until World War I [Voll 1969, 195-196].

Even in Eritrea, their representatives were recognised as the main Muslim authorities by (Italian) colonial administrators. They were on good terms with the colonial establishment and actively supported several political initiatives managed by Italian authorities in the country but also internationally.

In this paper, we will point out the Mīrghanīs' activity not only as religious representatives but also as medical mentors for the local people. In fact, from the use of Islamic medicine they gradually expressed their interest in colonial medicine. We, therefore, would like to underline how the Mīrghanī family might have participated in a transformation process of old values to create and propagate new ones among its adherents, especially through the concept of health.

The misleading dichotomy between European "modernisation" and Islamic "traditionalism" might also be challenged by the Khatmiyya case study. Indeed, the latter was a reformed Sufi brotherhood that adapted to colonial domination and incorporated, more or less actively, some ideas and organisations connected with the colonial model of "modernity"[1].

Health and *baraka*

Uoldelul pointed out the role and use of health care in the practice of Capuchin Missionaries in Eritrea. He underlines how «curing diseases was perceived as instrumental in acquiring new converts» [Uoldelul 2006, 251]. Health, in fact, was considered as a space in which missionaries could contact the local population to further their proselytising mission. Consequently, according to the author, there was a sort of unconscious competition between missionary doctors and local healers in an effort to transform local societies through the concept of body, health and sin [Uoldelul 2006, 259; Vaughen 1994, 283-295].

As Vaughan states, missionaries competed with local healers on their own ground, as they perceived their activities in a holistic way. Curing the sick was connected, not only, with curing the body, but also, with a wider social and religious reform, closely entwined with the saving of believers' souls [Vaughan 1994, 295].

[1]The relationship between Islam and Modernity has been the focus of a wealth of literature. In *Islam and Modernity. Key Issues and Debates* [Masud, Salvatore and van Bruinessen 2009] Martin van Bruinessen examines in particular the encounter between Sufism, popular Islam, and Modernity, in his chapter *"Popular" Islam and the Encounter with Modernity*. Regarding the Islamic Modernists thought see also Peters 1979.

In Eritrea, as in others African countries, health became one of the main targets of a more or less conscious competition with Muslim *shaykhs* to win the allegiance of potential proselytes [Uoldelul 2006, 263]. As the Christian missionaries used European medicine to foster their religious influence, it is interesting to point out the attitude envisaged by Muslim mentors toward health.

Among Islamic religious practices there is one, in particular, that is associated with the concepts of health and spiritual medicine: the *ziyāra*. The latter is a pious visitation to local shrines or living saints. The use of the term saint is certainly controversial in Islam. In this article I will comply with the practice of several authors [Crapanzano 1973; Gilsensan 1973; Wilson 1983; Reeves 1995, Gibb 1999] by using the Arabic terms *wali* ("Friend of God") and *shaykh*, indiscriminately with "saint". However, some precisions are required, in Sunni Islam the sanctity status is not established at an institutional level, but rather through an informal process of popular recognition. Moreover, in spite of the close historical link existing between the cult of saints and Sufism, some authors prefer to maintain a distinction between the two phenomena, considering that the former could involve a broader section of believers than the latter [Reeves 1995, 307].

In Islamic societies believers used to visit Sufi saints and shrines because they were believed to hold *baraka*, namely a «beneficent force, of divine origin, which causes superabundance in the physical sphere and prosperity and happiness in the psychic order» [Colin 1986, 1032].

The more a *shaykh* was invested with *baraka*, the more his blessings were considered powerful, so that he could gain a growing prestige among followers. Cruise O'Brien pointed out how the *baraka* could be identified with the idea of health and power [O'Brien 1988, 4], being the concept of health considered in its holistic sense.

Indeed, Sufi saints have often been regarded as central to religious life, both as political leaders and as moral models. The saints' physical body[2] has been considered in itself the repository of sacred power. They were respected as Friends of God (*awliyā' allah*) that could teach people by example in everyday life. As a social and religious focal point for regional *ziyāra*, Muslim *shaykhs'* residences represented a destination for believers and a place of treatment for sick and troubled people. Within Sufi shrines charitable work was particularly promoted often in more and more structured ways. Sufi communities gathered around saints and their shrines to learn from the saints' example and from their acts of generosity and insight.

Close to the port of Massawa, there was the shrine to one of the members of the Mīrghanī family, Hāshim al-Mīrghanī. Even when he died in 1902, his burial place had continued to be a destination for religious visits (*ziyāra*). It was his daughter, *Sittī* 'Alawiyya, that took care of the shrine and inherited her father's charisma.

This case of transmission, from father to daughter, of a leading religious role is rare but not exceptional in North East Africa and beyond. In Harar, a major Islamic city of the Horn of Africa, and in others regions in Sudan and Ethiopia, women can assume a leading religious role at Sufi centres being often the custodians of the shrines of a saint. This was also the case of *Sittī* 'Alawiyya in Eritrea. Local people used to visit her, not only for her religious learning, but also for help, material or economical needs. In the late 1930s, as an Italian report suggests, *Sittī* 'Alawiyya's residence was an informal institution, but also a centre of local welfare: she promoted, in her role as chair, a charity that was quite well structured for that period. This was the description given by an Italian traveller who visited her:

> She [*Sitti 'Alawiyya*] presides at the Charity Council of the Islamic Community that she herself founded. The budget is financed by voluntary offerings, as a charity and to propagate the faith.
>
> The main aim is to relieve people who are old, poor, sick and unfit for every kind of work. Poor people receive monthly benefit from the Community management... [Caniglia 1940, 36-37]

A part of the charity's activities, that *sharīfa* 'Alawiyya promoted, was devoted at the care and assistance of sick people. She inherited, not only the *baraka*, but also the social and religious role that had belonged to her father.

In order to consider the role of this Muslim organisation regarding medical knowledge and healing activities, it seems interesting to point out continuities and changes in its *shaykhs*' aptitude towards medicine. In particular, we will consider this point by looking at the transformation of their charitable activities from one generation to another.

[2] The saint' physical body and its images have been the focus of a rich Sufi literature. The body is often treated as a site of sacred power. Embodiment concept has been used to study Sufi saints and cults in Basu H., Werbner P. 1998. Kugle explores the concept of embodiment locating the body at the centre of Sufi phenomenology. For a study on the role of saints and their bodies in Sufi communities see Kugle 2007.

The Mirghani family, similarly to other Muslim *shaykhs*, were believed to have thaumaturgic powers thanks to their *baraka*. In effect, people had faith in these *shaykh*s' capability to perform *karamat* (miracles) and to solve believers' material, social and political problems. Medicine was perceived holistically, as the process of healing the body was connected with curing the religious and social environment too.

At the beginning of the XXth century, Muslim believers used to visit local *shaykhs* for their prayers of blessings, but also for the treatment of several diseases. This was the case of Sīdī Hāshim al-Mīrghanī, as reported by a colonial official:[3]

> ... As Muslims put down illness to the influence of evil spirits, sick people generally turn to Morgani [*Sīdī Hāshim*] to be exorcised and, of course, they reward his work with gifts. The latter are given in proportion to the financial situation of the sick person himself...

In that period, he performed so-called "exorcism practices" to heal locals who rewarded him with offerings. The colonial use of the term "exorcism", referring to Sīdī Hāshim's medical practices, is misleading. It would be more correct to speak about habitual and Islamic medicine[4]. These healing practices are not specified in detail, but we can suppose Sīdī Hāshim resorted to Islamic medicine, as self-help therapy by prayer. In Arab and Muslim societies, the popular belief in the existence of *jinn* is widespread. They are invisible spirits that could penetrate the lives and bodies of human beings causing illness. Several Sufi *shaykhs* were popular for their miraculous capability to restore people troubled by the *jinn*'s influence. This was, for example, the case of a contemporary of Sīdī Hāshim: Shaykh Uways (1847-1909). The latter was a leading religious personality in this period, a *shaykh* of the Qadiriyya Islamic brotherhood in Somalia [Samatar 1992].

Sufi shaykhs, like Sīdī Hāshim managed not only social and economic resources, but also the knowledge of medicine and healing practices. This use of *tibb* ("medecine") contributed to «creating confidence and fortifying the charisma» of the *shaykhs* [Last 1988, 185].

Since, at least, the late 1920s, the second generation, that of Sīdī Hāshim's daughter, Sittī 'Alawiyya, has expressed a growing interest in colonial knowledge. Indeed, the healing effectiveness of European medicine was becoming popular through missionary and colonial health care activities. She was aware of its effectiveness and, if necessary, she would not have hesitated to make use of it.

Health and colonial control

Sittī 'Alawiyya's awareness of the power of colonial medicine emerges in an episode reported by Fioccardi, a colonial administrator. The latter explains that he tried to talk to the *sharīfa*, the title used by the descendent of the Prophet, to prevent her travelling to the Gash Barka region, in the south-west of Eritrea. The travels of an influential religious mentor, as was the case of the *sharīfa*, were generally considered by Italian administrators as dangerous and destabilizing for public order.

These travels were, in many instances, comparable to the Christian missionary strategy of itinerant proselytism. The latter had generated occasional tensions among the local population undermining the *pax coloniale* [Uoldelul Chelati Dirar 2003, 402]. In fact, the excess of proselytizing Christian missionaries was in contrast to the colonial administrative and political priority of maintaining peace and order [Uoldelul Chelati Dirar 2003, 402].

Even for Sittī 'Alawiyya, these travels represented a key instrument in propagating (Islamic) faith and in collecting offerings. From the colonial point of view, on the contrary, these trips could undermine political stability, so that administrators used to prevent and limit these *shaykh*s' movements within the colonial borders, as much as possible.

The way in which this political control was exercised and preserved by colonial authorities assumed, in a way, the form of biopolitics: Fioccardi, at that time regional administrator in the Keren district, tried to prevent the *sharīfa*'s travels to the Gash Barka region by explaining to her that it was dangerous for her health. He stressed the point that the region was particularly unhealthy and dangerous.

[3] *Regio esercito italiano, Comando superiore in Africa al Ministero degli Affari Esteri, 16 gennaio 1887*, in Archivio Eritrea (Rome), 43.

[4] Regarding the concept of spiritual medicine see Syed 2003. As the author points out, spiritual medicine includes two components: Distant Healing and Self-care. The first is defined as "any purely mental effort undertaken by one person with the intention of providing physical or emotional well being in another". The second is healing by the patient's own effort. Regarding Islamic medicine in general see also: El-Islam 2009. For a study on *jinn*, possession and medicine see: Nathan 2005; Khalifa, Hardie 2005. For a study on medicine and women involvement in Sufi communities in North East Africa see also Bruzzi 2011

Reporting their meeting he wrote:

> Today the Scerifa [*sharīfa*] tormented me for two hours concerning the issue of her travels to Barca [*in the south-west of Eritrea*]. She told me very cunningly that the Diglal[5] [*a local authority*] wrote to her providing her with hygienic advise whose importance and inspiration she understands.
>
> As I insisted on the issue of Barca's weather conditions and insalubrities, she answered that it would be better to have a fever than to die in poverty.
>
> She added that she knew perfectly well that fevers can be fought with quinine.[6]

Prevention through hygienic and sanitary precautions, such as following special rules of personal conduct, was extremely important to prevent diseases. In this sense, we can clearly understand the impact of the local authorities' advice, as that given to her by the Diglal. This episode points out the exchange of information among local authorities and highlights the impact of mobility and circulation of knowledge among locals, a still underestimated subject. There was a close political relationship between the Diglal and her, as a leading Islamic personality, and their communications represented a further component of colonial dynamics, often ignored and external to the control of the official authorities.

Another aspect that deserves particular consideration is her emphasis on quinine, an important tool of colonial domination in Africa. From the early 1830s, in particular, quinine was produced in European manufacturing companies gaining a growing relevance within the colonial conquests. The case of West Africa is a well-known case in the issue, where by the 1850s British soldiers used quinine to penetrate and conquer the region. The continent, known as the "white man's grave", was a particularly hard environment for Europeans to penetrate. Malaria had represented the main cause of death especially for newcomers that had no opportunity to built up any resistance. From the early 1900s this drug became increasingly important for the suppression of malaria, but at first its use was only experimental; the cause of death was connected not only with the disease but also with an erroneous treatment the patients received. Even quinine prophylaxis was not immediately adopted and only when its use spread, the death rates among Europeans feel significantly. Finally, the adequate introduction and diffusion of quinine in the continent represented a main medical reform, a technological advance that had enabled and favoured the previous «scramble for Africa» since the late XIX Century [Curtin 1961; Curtin 1998; Headrick 1981]. Indeed according to Headrick, «scientific cinchona production was an imperial technology par excellence. Without it European colonialism would have been almost impossible in Africa» [Headrick 1981, 72].

This new European technology represented a further "tool of Empire", not ignored by local authorities. It is in this context that Sittī 'Alawiyya's reference to quinine should be understood. During the negotiation with Fioccardi regarding her travels, she replied by underling her knowledge of the power of quinine. In others words, faced with the colonial attempt to use health safety reasons as a "political technology" to limit her freedom of movement, she responded by stressing her knowledge of both endogenous and exogenous health care effectiveness. As several reports of Fioccardi attest, in the 1910-1920 period, she was continually involved in negotiations with the colonial authorities [Bruzzi 2011, 170]. As the previous episode testifies, in this period the competition between colonial authorities and local leaders was also felt in the area of biopower. So that for some Muslim *shaykhs*, empowerment might be linked to the capability to adopt colonial knowledge and technologies, integrating them in an Islamic context.

Arabic fantasy at Sittī 'Alawiyya's residence and colonial medicine

Colonial sources, related to social and religious practices performed within Sufi centres in Eritrea, appear poor and misleading in their understanding of the local context. Popular or religious rituals and dances performed at Sittī 'Alawiyya's residence are simply defined as Arabic "fantasy", a recurring theme in colonial narratives. This expression represented a sort of macro category to refer to a wide range of local performances, avoiding a detailed description. An example is given in a 1920 colonial photograph of Sittī 'Alawiyya's residence, where a group of local women sit down, looking at others women dancing in the centre of the circle.[7] Here, the title of the photograph is *Arabic fantasy at Scerifa Alauia'* (residence). Fioccardi, a colonial administrator in Keren district, again uses the expression in a colonial report to justify the popularity Sittī 'Alawiyya had in the region. According to him,

[5] On the role of Diglal among Beni Amer see: Nadel 1945
[6] *Telegramma – espresso di servizio, Commissario Regionale di Cheren, 29 ottobre 1914* in Archivio Eritrea (Roma), 1022.
[7] See for example *Fantasia araba presso Scerifa Alauia*, Raccolta E. Lo Giudice, 47, Fototeca IsIAO (Roma).

people used to visit her for her "bizarre" personality and, in particular, for so-called "unpunished Bilen fantasies" that she would habitually lavish on her visitors.[8]

It's hard to establish if this impressive and popular "fantasy", namely a not well-specified Bilen [9] performance, could be a ritual of possession (such as the *zar*) or not. Nevertheless, Fioccardi's assertion that this performance was not punished as it should have been, is meaningful considering the fact that ecstatic practices have often been considered dangerous and destabilizing for political establishments.

In Sudan and Ethiopia, the zar was (and still is) particularly common and is often also performed at Sufi centres. *Zar* rituals evoke the idea of a spiritual or mystical aspect of illness and its treatment. They are predominantly women's healing practices where the cause of female patients' afflictions is ascribed to spirit possession. They have been considered as therapeutic cults concerned with the moral, spiritual and psychological dimensions of disorders. To seek relief from spirit possession women activate the spirit by means of ecstatic dances or others specific rituals [Lewis, Ahmad al-Safi, Sayyid Hurreiz 1991; Boddy 1989; Nicolini 2006].

Notwithstanding the paucity of our sources, the practice of these kinds of therapy rituals at Sittī 'Alawiyya' residence should not be excluded considering the frequent performance of *zar* rituals within Muslim shrines in the region. In fact, according to Lewis, in the Sudanese and Egyptian area the greatest elaboration of *zar* coincided with the rise and spread of the Islamic brotherhoods as the main expression of popular Islam. The term *ḥaḍra*, that denotes Sufi rituals, is often employed to «describe a *zar* seance and in the holding of *zar* ceremonies at, or in association with visits to, the tombs of Sufi saints – powerful sources of mystical blessings» [Lewis 1991, 13].

This is in fact the case of the so-called *zar ḥaḍra* rituals still performed in Ethiopia for example at a Sufi shrine whose custodian is the daughter of the *shaykh* who founded the centre of Tiru Sina.[10] *Zar ḥaḍra* is a a weekly gathering ritual attended by possessed women that takes place regularly at the shrine. It is a session of prayer, chanting, singing and dancing whose aim is to appease a possessing spirit [Zeleke 2010].

Another example of similar rituals at Sufi centres is that performed at the shrine of Sitti Maryam (d. 1952), sister of Sittī 'Alawiyya, in Sudan. She was a leading religious authority, particularly active in Islamic proselyte activities during the Anglo-Egyptian protectorate (1899-1956). Nowadays her shrine is the destination of a popular *ziyāra* especially among women during which they can practice devotional chanting in «remembrance of God» and ecstatic dances [Cifuentes 2008].

Sufi brotherhoods are well known for their general tolerance towards "popular" religious practices and for employing and integrating them in Sufi rituals, an open approach that has a role in the propagation of Islam among non-Islamized people.

This general openness towards local practices could also be noticed if we look at their approach to colonial medicine. In fact, an aspect that deserves particular attention is the question of how Modern medicine was progressively integrated and used by locals through the mediation, not only of Christian missionaries and colonial administrators, but also through Islamic mentors and *shaykhs'* activities.

In this context we note that from the late 1930s, Mīrghanī did not only treat sick people with Islamic medicine. They rather preferred to send local people to colonial hospitals, often managed by Christian missionaries.

Caniglia reports on the subject of charity activities that Sittī 'Alawiyya promoted in the colony:

> Sick people are admitted to the hospitals of Asmara and other close locations at the expenses of the [*Muslim*] Community. The latter also provides for their needs in the event of death.
>
> Hospitals are magnificently equipped and managed by our worthy healthcare workers who are inspired by their Christian vocation [Trad. from Italian. Caniglia G. 1940, 36-37].

In the Mīrghanī case, to whom sick and needy people used to turn, we can clearly note a particular interest not only for the use of habitual and Islamic medicine but also for European medicine.

[8] Cheren, 6 settembre 1917, Colonia Eritrea, Commissariato di Cheren, Riservato-Urgente, Al Signor Reggente il Governo della Colonia. Oggetto: Grave dissidio seguito da ingiurie Tra Morgani e Scerifa. Archivio Eritrea (AE) pacco 1022.8

[9] Colonial name of a local group.9

[10] For a comparative study on this etnography by M. Zeleke and the case of Sittī 'Alawiyya see: Bruzzi S., Zeleke M. 2012, *Women religious leaders: A comparative study on Sufi shrines in Eritrea and Ethiopia*, «Northeast African Studies», 12 (2), *forthcoming*.

It’s noteworthy that the cross-religious dimension of medical practices is not at all an uncommon or new phenomenon in the Eritrean and Ethiopian region, where we can record a wide range of religious and healing practices that Christians, Muslims and other religions groups share on the same territory.

Moreover, histories of medicine and native authority point to a common direction: the impossibility of capturing the cultural complexities of colonial experience in simple dichotomies of local tradition and European modernity, the colonizer and the colonized. Several studies have described the dynamics of these encounters, as processes of adjustment to the colonial establishment [Robinson 2000].

A case study on the complexity of the Islamic and colonial leaderships’ relationships is that of Northern Nigeria. Here, the Muslim leadership, which ruled in the first half of the XX century, during the British administration of the country, was able to explore modern colonial ideas while still adhering firmly to the matrix of Islam [Last 1997, 72; Shobana Shankar 2007, 45-68], especially in the field of colonial medicine. In fact, as Shobana Shankar points out, Nigerian emirs modernized and enhanced their authority through cooperation with Christian missions, in the anti-leprosy campaign in colonial Hausaland in the 1930s. Their representatives were «agents of change», not merely «compromisers who kept the old apparatus of governance in place and allowed Europeans to impose their idea of civilization» [Robinson 2000, 238]. They «believed that religion and religious differences could be subordinated to medical welfare and to political authority». They had submitted to a «Christian» administration «under which they were able to exercise great power. So that, among their people, their power grew not in the mould of precolonial aristocracies but, as a model of moderation in modernization» [Shobana Shankar 2007, 68].

Could we compare the former case with that of the Mīrghanī leaders in Eritrea? The complex and problematic relationship between Islam and Modernity emerges as a key issue in this context. The latter is a question that has received particular attention in the rest of Islamic societies, but still not in Eritrea. The way in which Muslim elites incorporated modern Western ideas could be even though not exhaustively, noticed in the case of the Khatmiyya. Its representatives, being religious, political and medical mentors, expressed a growing interest towards colonial education and medicine maintaining an Islamic leadership and legitimacy. A still rather neglected question in the historiography of the Eritrean region, the history of medicine and Islamic practices could provide new insights for studies interested in the social history of the country.

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