

# Disciplining Sex Work in Colonial Cairo

Francesca Biancani

In the last quarter of the nineteenth century, as Egypt's capital Cairo became an increasingly cosmopolitan city marked by the contradictions of globalization and colonialism, urban sex work changed dramatically. Anxieties about the influx of rural migrants, manumitted slaves and unattached foreign women engaging more or less overtly in the selling of sexual services haunted modern urban life in cosmopolitan Cairo. Mass free movement, the intermingling of socially disparate people and unsupervised physical contact between the sexes raised serious suspicions among the authorities: crowds and individual bodies were seen by the ruling elites as dangerous sites of moral degeneration and physical pollution that had to be actively monitored. The Egyptian authorities – and after 1882 the British colonial administrators – tried to implement a whole array of disciplinary techniques to ensure public order and health. After decades of loose administrative intervention by the Egyptian authorities, the British introduced a local version of French-inspired regulationism after they took power. Based on governmental sources, colonial archives, local and imperial narratives, and sexologist literature, this chapter presents a detailed analysis of sex work regulation as a specific type of colonial and biopolitical project. The term 'colonial' here carries two interrelated but distinct meanings. First, and primarily, it refers to the expanding capacity of state institutions to intervene and establish order and uniformity over societal processes. This was a self-strengthening policy Egyptian and colonial ruling elites alike adopted to discipline a marginal segment of the population: unruly women selling sex. Second, the adjective 'colonial' qualifies the historical case of imperial intervention in Egypt with its specific governmentality. Clearly, Egypt was not formally a colony during the period considered here, yet Egyptian politics were largely shaped by a set of hierarchical and extractive power relations imposed by an external power. The limited nature of Egyptian sovereignty, even after the declaration of independence and the formal end of the British protectorate in 1922, meant the country was in a situation of de facto colonial subordination.

In this context, the regulation of prostitution is seen as a distinct dimension of the modern 'power to colonize', to use Timothy Mitchell's famous expression.<sup>1</sup> It is a type of epistemology of power centred on the imperative of controlling individual

embodied practices in such a way as to maximize their positive effects and minimize their potential dangers to collective well-being and productivity. Disciplinary logics and techniques came to 'colonize' human interactions, by defining normative and heteronormative racialized, classed and gendered subjectivities whose orderly production and reproduction were integral to modern biopolitical forms of governmentality.<sup>2</sup> In Egypt the antecedents of biopolitical concerns can be traced back to Muhammad Ali's modernizing efforts. They morphed into a self-conscious disciplinary project at the intersection between imperial and nationalist politics in and after 1882, when sex work regulation was introduced. This imperial policy was aimed at both protecting colonial troops from venereal diseases and preserving public order. The fascinating process by which sex workers were turned into a specific 'dangerous class' by the state<sup>3</sup> can be investigated at different levels. This chapter focuses on the process with a view of pushing the boundaries of Foucauldian governmentality and biopolitical theory beyond its Eurocentric focus.<sup>4</sup> The colony was a laboratory where imperial disciplinary strategies were tested and contested, interiorized, then manipulated and rearticulated by local hegemonic groups and ordinary people during the formulation of their own types of vernacular modernity. Egypt was the site of a subtle and complex interplay between a colonial power and a formally sovereign, yet de facto externally controlled, local form of rule, an emerging modernist and nationalist movement, and the problems arising from the existence of large numbers of non-local subjects protected by capitulatory legislation. It therefore offers an interesting example of the provincialization of sex work regulation as a facet of typically Western imperial governmentality and its imagined order. In this chapter, I focus mainly on the prescriptive aspects of regulation, namely the techniques through which individual supervision extended to quite a comprehensive, if flawed, system of surveillance in Cairo in the last quarter of the nineteenth century. This regime consisted of a number of interrelated practices: labelling, zoning, medicalization, detention and racialization. The subjectification of sex workers as prostitutes constituted both the outcome and the necessary prerequisite of regulationism.

## Labelling

As shown by Khaled Fahmy,<sup>5</sup> in Egypt the emergence of state interest in sex workers' activities can be traced back to Muhammad Ali's defensive modernization reforms<sup>6</sup>: in 1834 a ban on sex work expelled Cairo's prostitutes and performers – albeit temporarily – to Upper Egypt.<sup>7</sup> This was a decisive break from the previous Mamluk and Ottoman practices of de facto toleration, whereby sex work was treated as a profession and, despite being excluded from the guild system, taxed. Taxation was carried out by tax farmers and community leaders, who had free reign in adding or erasing women's names from their registers, often in return for a bribe.

The advent of regulationism in 1882 resulted in a dramatic qualitative change in the way sex work was managed in modern Cairo and signalled a momentous transformation in the relationship between the state and the people. By starting to regulate sex work directly, the state expanded its reach over society in an unprecedented way. The

institutionalization of prostitution through the establishment of state-licensed brothels in designated urban areas where registered sex workers offered their services entailed the creation of a system of legal oversight. This was carried out by the brothel owners, who were responsible for making sure their employees underwent weekly medical checks, and by the so-called lock hospital, used for quarantining sex workers suffering from venereal diseases. This system was accompanied by a broad medical discourse on social hygiene, reflecting the emerging political priority of creating a normative knowledge corpus about the biological and the social.

The British introduced systematic regulationist policies – a local variant of the French-style state-licensed brothel system – immediately after their occupation of Egypt in September 1882.<sup>8</sup> At that time, the modular logic of individual confinement and regulation of abnormal social practices were turned into an expansive regulatory apparatus for reasons of sheer imperial governmentality. Based on a double standard for male and female sexualities, and on the Augustinian conception of prostitution as a ‘necessary evil’, this system of regulated prostitution understood prostitutes as a clear-cut, separate category of marginal social actors. Removed from the working class they originally belonged to, they were increasingly stigmatized as agents of moral corruption and physical contamination. The Malthusian logic of social productivity came to bear on this subaltern group in such a way that regulation was seen as the key method to transform these ‘indolent’, disorderly elements into disciplined workers, thus making their activity both socially and morally acceptable. Unlike France, Great Britain was not a regulationist country: the Contagious Diseases Act of 1864 was the closest it came to sex work regulation. The Act was repealed in 1883 due to vocal opposition from a variegated abolitionist front. Yet, regulationism was invariably put into place in the British colonies, where racist notions about the cultural inferiority and sexual primitivism of the native people were coupled with the paramount importance of colonial security. Utilitarian concerns about public order and the spread of venereal diseases among imperial troops made regulation mandatory, all the while ‘offering a counterargument to the notion that British liberalism was largely responsible for the limited engagement with regulationist practices.’<sup>9</sup>

The first law disciplining sex work was drafted in Egypt on 31 October 1882, i.e. only a month and a half after the British victory against the nationalist uprising led by Colonel Ahmad ‘Urabi at Tell al-Kabir, which brought about the occupation of Egypt by 13,000 colonial troops. According to the Egyptian social historian ‘Imad Hilal,<sup>10</sup> the British authorities forced the Egyptian government to adopt overtly racist discrimination against sex workers. Since the ‘Orient’ was commonly associated with images of sensuality, lust and unrestrained vice, the colonial imagination constructed local women as subhuman. As one Lieutenant Olliver, on duty on the HMS *Calypso* of the Mediterranean Fleet during the First World War, put it:

Perhaps people in England do not realize the effect that the immense inferiority of foreign women – compared to our own – has on men; more or less according to the meridian of longitude of the place so is the woman either a beast of burden, a chattel of her man, or more or less his equal. Tho’ one may respect ones’ equal, one has not the same feeling for the chattel of a man who is decidedly inferior to

oneself and who does not respect herself. And the whisky or vodka inside one tends to take away the objection to her *dago* nationality or her yellow skins.<sup>11</sup>

Given the enthusiasm with which rank-and-file soldiers on leave tended to patronize brothels and taverns throughout the empire, the authorities felt the need to take measures to help prevent the physical degeneration of the occupying forces, in later times steering towards abolitionism. Security reasons were combined with public order and health considerations. According to N. W. Willis, an Australian author of pamphlets on moral reform in the interwar years, Cairo had been reeking with violence and disease before the arrival of the British:

The Wazza [the Wass'ah, the Cairene area for licensed native prostitution, *mine*] bazaar was to be found a fearful death-trap of iniquity [...] and the Egyptian police was afraid to enter [it] in response to the cries of the unfortunate who were being done to death. It was then – in the dark days of Egypt – quite a common thing to discover the mangled body of one of the poor unhappy women in the roadway at Wazza bazaar as the beneficent sun cast its morning rays on this plague-spot. Then, no man or woman was safe in such dens. Many went into the dark, dirty lanes and came out no more ... this state of things has been abolished, until today the place is safe for a European to walk through as Piccadilly Circus or Leicester Square.<sup>12</sup>

In other words, according to Willis, the introduction of regulationism in Cairo was tantamount to a philanthropic act, which not only benefitted the city's ordinary residents but, most crucially, the sex workers themselves, as they could now ply their trade in a safe environment. According to this narrative, sex work regulation in Egypt was part and parcel of the British civilizing mission, and it was justified by the locals' cultural backwardness.

The *manshur 'amm*, or 'general decree', of 1882 profoundly changed the practice of sex work in Egypt.<sup>13</sup> It formally established sex work as a profession by creating a juridical difference between women who were legally authorized to exchange sex for money in state-licensed brothels, and unauthorized clandestine prostitutes and streetwalkers. Regulationism introduced a system of supervision consisting of the brothel, where prostitutes worked under the control of the brothel owner (*badrona*), and the inspection room (*maktab al-taftish*). Two inspection rooms managed by the central Health Administration were opened in both Cairo and Alexandria. The prostitutes' names had to be listed in special registers, together with the results of their medical check-ups. If diagnosed with a disease, prostitutes would be hospitalized and could resume work only after they were discharged from the lock hospital and issued with a medical certificate. Prostitutes had to obtain licences as a proof of their professional status; more importantly, third parties were granted the right to run brothels legally by applying for a regular licence. According to Article 3 of the decree, every prostitute (*imra'ah 'ahirah*) working in a locale known for prostitution was obliged to register her name with the local police in the Bureau of Medical Inspection. She was given an identification card that clearly showed her name, age, address, personal characteristics

and the name of the brothel owner she was working for. She had to undergo weekly sanitary inspections, and the results were reported on her card. The inspections took place on a daily basis, from 8.00 am to 1.00 pm in summer and from 10.00 am to 2.00 pm in winter. Doctors were prohibited from carrying out sanitary check-ups at the woman's domicile. The prostitutes who were unable to attend the weekly sanitary inspection due to illness had to send a doctor's certificate proving that their condition prevented them from being present at the medical inspection. The same provisions applied to female brothel owners, with the exception of women over fifty years of age. The effort to make the marginal status of prostitutes clear is evident in Article 13: every prostitute who wished to leave the trade as a result of marriage or repentance (*tawbah*)<sup>14</sup> had to produce two witnesses and apply to the Public Health Administration in order to have her name removed from the registration list. Pecuniary fines were applied to enforce the law: all women who failed to attend medical examinations or produce a doctor's certificate were subjected to a 50 piastres fine in the first instance, 100 piastres in the second and imprisonment from two to eight days thereafter.<sup>15</sup> The 1882 decree was followed by a number of legal texts elaborating upon its main provisions. In July 1885, for example, an ordinance on the medical inspection of prostitutes was promulgated by the Minister of Interior, 'Abd al-Qadir Hilmi Pasha.<sup>16</sup> It stipulated that the inspection bureaus of Cairo and Alexandria were to be staffed by one or two doctors, one nurse, a secretary with knowledge of Arabic and French, a police officer and a suitable number of guards. A comprehensive Law on Brothels (*La'ihah Buyut-al-'ahirat*) was finally issued on 15 July 1896.<sup>17</sup> This law marked the real beginning of licensed prostitution (*bigha' rasmi*, literally 'official prostitution') in Egypt, and it constituted the basis for the 1905 Arête. The latter was the ultimate legal text on state-regulated sex work and disciplined the activities of licensed prostitutes residing in brothels until the abolition of prostitution in 1949. Article 1 of the 1896 law defined brothel as 'the place where two or more women are living permanently or assembling temporarily for the purpose of prostitution'. According to Article 5, in order to open a brothel a written request had to be submitted to the Governorate, or the Provincial Administration, at least fifteen days prior to the proposed opening date. The request had to include the name, place of birth and nationality of each applicant as well as information about the location and number of rooms of the establishment, and details about the legal owners of the premises. The actual licence consisted of a certificate of inclusion in the brothels register. Both foreigners and locals could apply for a permit, provided they were not minors or interdicted. Those who had been convicted of a crime in the five years prior to the application, as well as commercial sex entrepreneurs whose establishments had been closed down by police authorities for not complying with the existing laws, were forbidden from applying for a license. The brothel owner had to supply a detailed list with the names of registered prostitutes and other people living and working in the house (e.g. servants) to the authorities. Prostitutes had to be at least eighteen years old. Every prostitute received a photo ID card from the police, which was to be renewed annually. Finally, according to Article 15 women had to submit to the weekly medical examination (*kashf tibbi*) described earlier on. In sum, the whole text was characterized by an emerging preoccupation with labelling prostitutes as such and marking them out as a specific sociological type.

## Zoning

As Philipp Howell remarked, ‘forms of regulation typically operated through a range of *spatial* projects designed to produce order and manageability, particularly in the Western city.’<sup>18</sup> Zoning, that is the spatial definition of specific areas of the city for the confinement of prostitutes, worked as the main tool of control and normalization of ‘deviant behaviour’ in the cityscape. As documented by an imposing corpus of literature about the interplay between spatial arrangements and colonial modes of power, segregation often took a cruder, coercive form in the empire.<sup>19</sup> Supported by racist ideology and unmitigated by any concerns about inalienable individual rights and self-cultivation, segregation sometimes took the form of collective displacement of prostitutes to peripheral areas outside the city walls. This move reflected what the human geographer Stephen Legg termed ‘civil abandonment.’<sup>20</sup> This did not happen in colonial Egypt, where regulated prostitution was placed at the centre of the production of the colonial urban space, in both Cairo and Alexandria, figuratively and literally.<sup>21</sup> The main red-light district of Cairo was located in Azbakiyyah, a central area concentrating the trappings of *fin-de-siècle* cosmopolitan life: hotels frequented by hordes of international tourists during the winter months; foreign-owned large department stores such as Cicurel, Chemla, Rivoli and Tiring; the Cairo Opera; the Azbakiyyah Gardens (opened in 1872 and designed after Paris’s Bois de Boulogne); local branches of the main European companies and societies; and the stock exchange.

Descriptions of Azbakiyyah and its ‘red-light’ district are easy to locate in old travelogues, as the area was considered a ‘spectacle’ of the city, a must-see spot for tourists visiting Cairo.<sup>22</sup> The Wagh-al-Birkah contained mostly foreign prostitutes – Greek, Italian and French women – with a licence. The street, with the Shari‘al-Geninah and Shari‘ Clot-Bey appendages, was flanked by three-storey buildings in a Mediterranean style with wrought iron balconies stretching out onto the street. It was a very crowded tourist area, full of bars, taverns and cabarets, in which sex was offered as a commodity to throngs of westernizing local elites, foreign residents, imperial soldiers and international tourists in search for the ‘Oriental experience.’ The Wass‘ah, instead, contained brothels staffed by local women. Russell Pasha, the former head (*hikimdar*) of Cairo’s city police, recalled in his memoirs that a stroll through the area ‘reminded one of a zoo, with its painted harlots sitting like beast of prey behind the iron grilles of their ground floor brothels, while a noisy crowd of low class natives, interspersed with soldiers in uniform and sight-seeing tourists made their way along the narrow lanes.’<sup>23</sup> Brothels could not have more than one door and had to be completely detached from other buildings, shops or public places in order to avoid causing grievances to respectable people. They also had to be far from churches and schools, so that religious sensibilities and the young generations’ morals were not harmed. Prostitutes were required to avoid standing in the doorways or in the windows. From the Wass‘ah, multiple alleys departed towards inner areas whereby the coexistence between illicit activities and ‘respectable people’ in everyday interactions was the norm rather than an exception, amid bursts of complaints by reform-minded individuals. In fact, in Cairo sex work was not spatially insular or confined to the licensed area: it permeated the

entire urban fabric in its informal guise. Several historical sources reveal that sex work was far from being marginalized or removed from the eyes of the passers-by. Those who opposed the regulation of prostitution highlighted the physical proximity of vice to 'decent honourable families' and young generations.<sup>24</sup> Their newspaper columns show how prostitution was anything but carefully circumscribed or segregated in Cairo. According to a contemporary description:

So familiar is the sight of brazen women, lost to all womanly feelings, lost to all shame and often perverted by a sexual lunacy into sexual monomaniacs; so common and so familiar is their presence, hanging from their windows almost in the nude, smoking, cursing, screeching like fiends or laughing like mocking devils; so accustomed have the inhabitants, young and old, become to all the signs of their business that they now pass, as a matter of fact, as something necessary for the use of man.<sup>25</sup>

On a similar note, Florence Wakefield, a British social worker from the British Association for Moral and Social Hygiene, wrote in a report on the British Army and prostitution regulation in Egypt:

Children live in and frequent the segregated areas. I saw three little boys sitting down for the night against the wall of one of the narrow, crowded streets. Throngs of men, many of them at student age and appearance, saunter through the streets, when the women sit at their doors in scanty garments calling to each other and the passers-by. Some of them disappeared as we approached, some stood up respectfully and greeted the police officer as a trusted friend – as indeed he was [...] The area impressed me as a sort of moral swamp, spreading contamination over the whole town.

Despite the existence of specific regulations aimed at spatially circumscribing prostitution, prostitutes were quite visible and navigated the public space. Brothels may have satisfied the regulations that required only one access door and fenced windows, but prostitutes would shout at potential customers from the balconies or thresholds and solicit on the streets.

## Counting

Quantification was a different type of disciplinary technique, whose cumulative effects impacted the public opinion on prostitution no less than law enforcement. Over time, the production of statistics has proven to be a powerful governmentality tool, and it has been used to construct normative corpuses of knowledge in the social sciences. The importance of counting for the creation of a biopolitical system is obvious. Demographic statistics and censuses are key measures for the enhancement of the productivity and well-being of a people, by virtue of their capacity to study, understand and regulate patterns of reproduction, labour, residence, etc. The practice

of counting has been inclusive as much as it has been exclusionary: it was used both to demarcate belonging and to circumscribe difference. Such statistical knowledge, a real tool of power, was constructed through the accumulation of large volumes of data and information.

Being a regulationist country from 1882 to 1949, Egypt produced a distinct type of documents concerning prostitution and its place in Egyptian society. Authorities tried to monitor and discipline sex work by turning it into a quantifiable phenomenon as much as possible. Police and sanitary officials were instructed to collect detailed information about the sex workers' social profiles, while brothel owners were requested to keep registers with their employees' names, provenance and age. Unfortunately, none of these materials are available to researchers today. What historians can make use of in an attempt to reconstruct the dimension of the phenomenon are aggregate data in the censuses (available for 1917 and 1927) and, more significantly, the yearly reports on public security and public health from the Egyptian Ministry of Interior (available for 1921 to 1946 inclusive). These sources have in fact been used and compiled in a number of publications on prostitution and venereal diseases, by abolitionist societies and public health experts, respectively.<sup>26</sup>

According to the 1917 census, there were 1,395 prostitutes in Cairo (with a greater concentration in Bab-al-sha'riyyah, Azbakiyyah and Sayyidah Zaynab). This number is much smaller than other contemporaneous estimates. For example Guy Thornton, chaplain of the Australian and New Zealand Army Corps garrisoned in Cairo during the First World War, writing in 1915, mentioned at least 2,300 native plus 800 European women registered as prostitutes, 'without considering clandestine prostitutes numbering in the thousands'.<sup>27</sup> Two years earlier, Major Frank Young, honorary secretary of the YMCA National Committee, told the *Egyptian Gazette* that 'with the increasing prices in all directions in Egypt, thanks to the popularity of the country as a tourist and a winter resort, one thing remains cheap: vice'.<sup>28</sup> It may be that a major 'purification campaign' carried out under martial law in 1916, during the First World War, had significantly reduced the numbers in the trade. However, without detailed information on this specific episode except for some media coverage, it may be safer to say that, despite the enforcement of state-licensed prostitution in Cairo, the actual numbers of women practising the trade can only be estimated. Moreover, it is commonly accepted that a decrease in licensed prostitution may reflect a significant increase in clandestine sex work: in other words, not a decrease in the actual number of sex workers but simply their 'going underground'. In the 1927 census, the first one listing prostitution as a separate professional category (i.e. separate from 'unproductive' activities such as begging and vagrancy), the registered female prostitutes numbered 749: 680 locals and 69 foreigners. Once again the numbers must be treated with great caution. In 1926, two years after a crackdown on clandestine prostitutes and procurers in the native quarter, the Cairo City Police reported the existence of 1,184 licensed women: 859 Egyptians and 325 Europeans. According to the report, 102 clandestine houses had been raided in 1926. In this case I was not able to verify the contemporaneous trend in clandestine sex work, which would give us a more comprehensive picture of the phenomenon. Contemporary observers described prostitution in Cairo as unabated and flourishing, thanks to relative post-war prosperity.<sup>29</sup> Moreover, according to Russell Pasha, head



of the Cairo City Police, in 1931 the enforcement of state regulation on prostitution did not have any positive impact on public security, as the bulk of commercial sex trade was illicit and out of the authorities' reach. Russell Pasha stated that brothels catered for working-class customers and the 'baser kind of tourists', while '99% of respectable middle-class Egyptian men consorted with clandestine prostitutes'.<sup>30</sup> In fact, he maintained that the general standard of morality in the city was so low that 'there was no need for any but working-class men to cohort with licensed prostitutes because there was an ample supply of other complaisant girls'.<sup>31</sup> If we bear in mind that in the 1927 census, almost 400,000 people in Cairo figured as unpaid workers, the vast majority of them women, it is difficult to estimate how many of them clandestinely engaged in some form of sex work. The available data document only the expansion or contraction of the licensed sector, the relative presence of local as opposed to foreign women employed as prostitutes and the number of clandestine houses raided every year. They reflect the contours of the extent to which public security officials were able to scrutinize the trade, not what was really going on. The public health bureaus for sanitary inspection of licensed prostitutes recorded the numbers of licensed and unlicensed Egyptian sex workers they interacted with in the years 1921 to 1927, while yearly reports of Cairo's city police reconstruct trends in the trade between 1928 and 1946. These data are collated in the Table 1.1<sup>32</sup>:

**Table 1.1** Number of Licensed and Unlicensed Prostitutes, 1921–46

Year	Number of Unlicensed Prostitutes Known to the Police	Number of Licensed Prostitutes
1921	906	1,210
1922	651	1,243
1923	840	1,070
1924	735	843
1925	884	718
1926	-	745
1927	723	641
1928	-	620
1929	-	628
1930	-	653
1931	-	338
1932	2,497 (Azbakiyyah area only)	726
1933	-	745
1934	2,278	848
1935	2,009	804
1936	2,899	821
1937	2,893	823
1938	-	699

Year	Number of Unlicensed Prostitutes Known to the Police	Number of Licensed Prostitutes
1939	-	582
1940	2,124	606
1941	-	742
1942	2,624	758
1943	4,319	631
1944	2,909	571
1945	3,772	555
1946	1,219	462

Source: Data from the records of the public health bureaus for sanitary inspection of licensed prostitutes 1921–27, and the annual reports of Cairo's city police 1928–46.

Between 1925 and 1946, the number of unlicensed sex workers found in clandestine houses or caught soliciting in the streets always exceeded the number of registered women. Looking at licensed prostitution data only, one could at first assume there was a decline in sex work. However, the data on clandestine prostitution reveal an entirely different picture, namely an upsurge in sex work in the 1930s and again during the Second World War, concentrated in the casual and informal sector. Women increasingly seemed to avoid licensed sex work. This was often because they did not want to comply with the compulsory medical inspections that severely affected their ability to work and earn a living if diagnosed with a disease. This was especially true at times when sex work was sustained by increased demand and, therefore, became a particularly interesting occupation. In 1943, for example, when thousands of soldiers were stationed in Cairo, the police detected 4,319 unlicensed prostitutes against 631 licensed ones. Two years later the number of unlicensed prostitutes was recorded at 3,772 as opposed to 551 licensed ones. This is undoubtedly useful information for the description of general trends, but it is far from indicative of the phenomenon. While there was a general agreement among experts on the fact that the clandestine sex trade was several times larger than its licensed counterpart, estimates of its actual volume differed. N. W. Willis argued that:

To every licensed woman in Cairo or Alexandria there are at least ten, perhaps, twenty unlicensed, uncontrolled, women of every colour or nationality *except British and Americans* [my emphasis] [...] most of the women are French; next in numbers come Italians, and there are also Germans, Swiss, Greeks and Spanish.<sup>33</sup>

Dr Fikhri Mikha'il Farag, a prominent specialist on venereal diseases, gave the most disquieting estimates: he argued that the number of unlicensed prostitutes could be thirty-five to forty times that of registered women. Thus if in 1921 there were 906 licensed prostitutes, the number of unregistered sex workers would be around 35,000 to 40,000.<sup>34</sup> Finally, Louise Dorothy Potter, an abolitionist social worker active in Egypt in the 1930s, wrote in the leaflet *Egypt is awakening. Is it true?*:

Cairo has, it is officially stated, about five times as many 'secret' as 'registered' women. This is true in different degrees of every regulated city. In practice, therefore, vice is not confined by the system of licensed prostitution.<sup>35</sup>

As noted earlier, the data on licensed prostitution do not offer an accurate picture of the diffusion of sex work in Cairo. Key information, such as the actual number of clandestine sex workers, is not retrievable and it is bound to remain unknown. Moreover, the proliferation of haphazard and fragmentary data is interesting in itself, as it points to dominant anxieties and concerns about quantification and control.

## Medicalizing

The Egyptian and colonial authorities claimed that one of the main reasons for the adoption of regulationist legislation was to prevent the spread of sexually transmitted diseases. According to this logic, only the containment of the brothels' inmates and strict supervision of their medical condition could prevent the transmission of syphilis and its degenerative effects on the entire society.

Of course the discourse on sanitary supervision of sex workers can be framed within the larger debate on public health, an integral facet of Egypt's defensive modernization project since the beginning of the nineteenth century. The link between scientific medical discourse and modern state-building has been studied extensively in order to show how under Muhammad Ali's rule modern clinical medicine was introduced and developed in Egypt as a tool of self-strengthening state reform.<sup>36</sup> By the 1820s, French consultants were hired to set up Qasr al 'Aini, the first modern medical school in Egypt, under the direction of the French doctor Clot-Bey. The four-year medical curriculum was modelled on the French one. Clot-Bey's reforms were not meant to frenchify Egyptian medicine but simply to introduce modern medical knowledge and practices. In other words, French doctors were to educate a native class of professionals to Western standards. The process of institutionalization of the medical profession went on under a different guise after the British occupation of 1882. In 1893, the Qasr al 'Aini hospital was taken over by the British on the grounds of its supposedly poor management by the Egyptian government, and it was only returned to the Egyptian authorities in 1929. The anglicization of medicine in Egypt resulted in a dramatic decrease in the number of Egyptian doctors. The British administration introduced tuition fees and imposed English as the language of instruction, thus limiting access to a small elite of upper-class, English-speaking locals. Clearly, the British wanted to encourage the practice of medicine as a trade, not as a service for the benefit of the Egyptian population. Legal regulations, for example, privileged foreign practitioners: they could work in Egypt freely, as a medical diploma from any medical school in the world was the sole requisite for obtaining a licence in Egypt. More importantly, the Qasr al 'Aini curriculum was geared not towards specialization but the training of general practitioners for state healthcare facilities. Those who passed the final exams were referred to as 'graduates', not doctors.<sup>37</sup> At the same time, the top echelons of

the profession became the domain of graduates of foreign institutions. As el-Azhary Sonbol reports,

The number of Europeans working in Egypt rose from 109,725 in 1897 to 147,063 in 1907, an increase of 35 per cent in 10 years. The number of Greeks increased by 65 per cent; Germans, 35 per cent; Italians, 43 per cent; Swiss, 35 per cent; and Belgians, 33 per cent. In addition, a great number of Syrians and Armenians, all of whom were Ottoman subjects, settled in the country.<sup>38</sup>

Foreign doctors formed a powerful professional class catering to the needs of wealthy urban elites, while the sanitary needs of the vast majority of poor and rural Egyptians were almost completely ignored. Thus, the knowledge of Western medicine became not only a tool of social control but also constituted a form of power capital, jealously guarded by the colonial elites and their associates. Here we can see an interesting parallel between sex work regulation and the institutionalization of modern medicine and the medical profession under colonial domination. Although disciplinary techniques imported from the West had already been deployed in Egypt before the colonial period, their consolidation into self-conscious biopolitical regulative apparatuses, driven by the increasing scientification of local culture and based on racial hierarchies, was definitely a colonial endeavour.

With the increasing stratification of Egyptian society and the emergence of a nationalist elite, namely a specific group of self-identified agents of modernization, Egyptian doctors – often educated or trained abroad – started to act as mediators between local sensitivities, the imperatives of westernization and cultural imitation. In the 1920s – a century after the first encounter between European and local medicine – a group of Egyptian doctors established themselves as recognized specialists. This professional elite of upper-middle-class men began to question the predominance of European doctors and institutions and assert themselves as pioneers of a truly local, nationalist medical science at the service of the well-off members of the Egyptian population. Liat Kozma excellently explained how ‘reformers and medical doctors who started writing about sex in Arabic, presented themselves as liberating their readers from the hold of customs and organized religion and thus situated themselves as the vanguard of a modern and enlightened East’.<sup>39</sup> Experts in reproductive health and sexology (*ilm al-tanassuliyyat*, ‘science of reproduction’) clearly considered the rational management of sex work an issue of national interest. In 1924, the Berlin-educated dermatologist and self-proclaimed sexologist Fakhri Mikha’il Faraj wrote that Egyptians needed to be taught about sexual health and reproductive matters exactly as they had been acquainted with technological innovations, such as the telegraph, one generation before. His tract on the spread of venereal diseases (*amrad tanassuliyyah* or *zahriyyah*) provides vital information on the medicalization of prostitution in early twentieth-century Cairo. Faraj described the three sanitary bureaus for prostitutes in Cairo: one in the Darb-al-Nubi, for sex workers active in Bab-al-Sha’riyyah and Azbakiyyah; one in ‘Abbasiyyah; and one in Sayyidah Zaynab. He compared them to their counterparts in Berlin in an attempt to underline the serious shortcomings of sanitary policies in the Egyptian capital. In 1921, for example, 1,381 prostitutes were

listed in the registers of the Darb-al-Nubi bureau. During that year, 390 women were struck off the list for various reasons: as a result, the actual number of prostitutes regularly inspected in the bureau was 991. As the clinic was open four days a week, and the total number of inspections that year was 29,208, this means 143 women were inspected per day.<sup>40</sup> Moreover, it is important to remember that the bureaus were only open from 10.00 am to 1.00 or 2.00 pm, and in addition to carrying out medical inspections the medical staff also had administrative responsibilities. Thus we may conclude that every medical check-up would last only a few minutes, instead of the sixty minutes necessary for a thorough internal and external examination and correct diagnosis of venereal diseases. The doctors themselves lamented that they were virtually unable to detect any infection under these circumstances. The regulations concerning the frequency of medical check-ups (once a week) were also evaded. Local women were checked twenty times a year (i.e. every eighteen days), while foreign women were subjected to medical examinations thirty times a year (i.e. every twelve days). Burtuqalis Bey, a gynaecologist specialized in the treatment of venereal diseases in Cairo during the 1900s, claimed that a medical inspection would take him at least thirty minutes, while in state-run bureaus a doctor would check tens of women in that time.<sup>41</sup> Foreign women were exempted from medical inspection if they were able to provide a certificate signed by a private practitioner: this resulted in frequent forgeries. If a foreign woman was diagnosed with a venereal disease, the doctors would notify her consul, who would then prohibit her from practicing the trade until recovery. Given that free clinics were not available, and European women were not obliged by law to seek treatment in venereal wards, foreign prostitutes were largely allowed to keep working provided they did so clandestinely and were not caught prostituting themselves in the *quartier réservé* or soliciting in the streets.

In addition, prostitutes resorted to a number of strategies in order to escape supervision. Some disinfected themselves prior to the check-ups or used special ointments to conceal the external manifestations of syphilis in the hope that they could deceive the doctors. Traditional barbers and midwives played an important role in these practices, as they had some knowledge of traditional medicine. In 1934, for example, a barber known for being a specialist in the camouflage of syphilis marks on the bodies of prostitutes was arrested in Alexandria. In time, a new practice was introduced: rich customers would pay for a private examination for the prostitutes they wanted to consort with, so as to be certain the women were not infected. For a considerable sum of money, a specialist would inspect the prostitute and sign a certificate stating she was free from infection, which was valid for 24 hours. Obviously, such medical inspections had no diagnostic significance. Women, Burtuqalis Bey wrote, were treated like fresh fish, to be consumed within one day after being bought.<sup>42</sup>

In 1904, a hospital for the treatment of native syphilitic prostitutes was opened in Sayyidah Zaynab. The hospital, called 'al-Hod al-Marsud' (haunted basin) contained two hundred beds. The hospital was staffed by only three doctors and the inmates stayed in crowded rooms with windows barred to prevent their escape. Any sex worker found infected with a venereal disease, whether during a routine medical inspection or while she was prostituting herself (in the streets or in a clandestine brothel), was confined to this lock hospital for treatment. The hospital was equipped for the

diagnosis and treatment of venereal diseases throughout their different stages and in accordance with medical practices. For instance, large quantities of mercury and potassium permanganate were used to suppress the infections. Reports by public health authorities point out the constant increase in the number of patients; between 1925 and 1931 the number of women treated in al-Hod al-Marsud rose from 2,830 to 5,783.<sup>43</sup> As stated by Muhammad Shahin, the author of a treatise on the system of venereal clinics established across the country in the mid-1920s, the rise in the number of patients may have reflected a greater awareness of the necessity to cure infections promptly and in accordance with the correct sanitary practices. However, the high number of inmates who stopped treatment upon the disappearance of external symptoms, that is, without full recovery, does not corroborate Shahin's hypothesis.<sup>44</sup> In other words, the number of syphilitic patients was constantly on the rise. This means that regulationist policies did not curb the spread of sexually transmitted diseases, as patients evaded medical techniques of infection control whenever possible. In addition, Shahin's report states that between 1925 and 1932 on average 44 per cent of al-Hod al-Marsud patients at any one time had previously interrupted their treatment.<sup>45</sup> The reasons for this were manifold: not only was hospitalization perceived by the women as an unwanted form of confinement, restraining their freedom of movement, but it also severely affected their economic circumstances. Moreover, the treatment was not free: in 1918 inmates paid 47 millims per day, 50 millims in 1919, and 78 millims in 1920.<sup>46</sup> Brothel owners often advanced money to pay for the prostitutes' hospital fees, charging high rates of interest. We must also take into consideration the fact that a significant number of foreign practitioners were not subject to sanitary control and were thus left virtually free to prostitute themselves despite being infected. Moreover, the vast majority of sex workers in Cairo engaged in clandestine prostitution in an attempt to avoid state control. Sanitary officials considered the treatment provided at the clinic a medical failure; they were perfectly aware that for the majority of women, full recovery was not possible without several years of costly therapy. Secondary and tertiary syphilis, for instance, was to be treated with mercury and potassium permanganate tablets for three years. In addition, the patient was to be kept under observation for two years, with blood tests taken at regular intervals. In reality, though, patients were often discharged from the hospital after only a few days, or once their exterior symptoms disappeared.

## Confinement

In theory, the Egyptian regulationist system was informed by principles of enclosure and hierarchical supervision. However, none of these requirements were respected in Cairo. As we have seen, the *quartier réservé* in fact only hosted a small share of the available establishments, since prostitution in Cairo was scattered across the entire urban fabric. The majority of licensed brothels were opened in the touristic and nightlife areas of Cairo – Azbakiyyah and the surrounding neighbourhoods – thus underlining how the expansion of prostitution was intertwined with the growing upper-middle-class purchasing power and global commerce. Nevertheless, sex work was practiced illegally

all over the city. Despite specific regulations aimed at enhancing the enclosure system, sex work was not segregated. Due to a specific clause forbidding doctors from making house calls, medical check-ups did not take place in brothels. Thus Cairene prostitutes enjoyed liberty of movement to a degree unknown to sex workers subjected to the same regulationist system in other countries. There was certainly a hierarchy within the brothel, but nothing comparable to the French system; the madame was often a prostitute herself and the presence of men – whether husbands, pimps or paramours – was not exceptional. Clandestine establishments in particular were often akin to family businesses, with the owner's family and servants occupying one storey of the building, while sex workers and customers used the rest of the house. Hence, instead of a careful separation between prostitution and the domestic economy, sex work and family work overlapped. In the French system, the brothel owner was considered to be an agent of the central government, indeed the very antithesis of elusive procurers and pimps who evaded supervision and police control over their milieu.<sup>47</sup> In Cairo, by contrast, brothel owners allied with local pimps and bullies to evade state control. In some cases, police officers were known to have an understanding with brothel owners and prostitutes.<sup>48</sup>

Prostitutes caught soliciting in the streets or those failing to turn up for their medical check-ups were taken to the local police section (*qism*) to be sentenced and transferred to the relevant prison (*niyabah*). Unlike French prisons, Egyptian penitentiaries did not have a separate section for prostitutes. Close supervision was not enforced due to infrastructural constraints: in the *niyabah* of Bulaq, the isolation cell was designed to contain no more than fifteen people, but in reality it accommodated forty; in the penitentiary of Old Cairo, isolation cells contained no lavatories; in the 'Abdin *niyabah* there were no windows; in al-Khalifah's the isolation cell had a shattered roof.<sup>49</sup> The efficiency of Egypt's regulationist system was jeopardized, above all, by the very existence of unequal colonial power relations, such as those at work in the capitulatory legal system. The dual system,<sup>50</sup> and the privileges granted to foreign communities by the capitulations, severely curtailed the capacity of both local and British police to enforce the law effectively. Since its inception, sex work regulation in Egypt applied differently to local women and foreign nationals. Such differences were based on the colonial logic behind the Cairene regulation of prostitution and the forms of local government more broadly.

## Racialization and the colonial order

Prostitution in Cairo was described in contemporary sources as a two-tier trade with spatial, juridical and cultural distinction between European sex workers (*afrangi*) and their native counterparts. Discourses on the prostitudinal milieu by Western puritan reformers and imperial authorities maintained that European prostitution in Cairo was mostly squalid and deplorable, but still civilized compared to the native, 'Oriental' abjection and filthiness. They subscribed to a fiction of imperial and racial superiority, while pointing to the necessity of correcting working-class female sexuality and moral weakness through metropolitan campaigns for moral purity and social regeneration. Many accounts routinely stressed this point: the aforementioned Russell Pasha wrote

in his service memoirs that Wagh-al-Birkah, the Azbakiyyah area frequented by European prostitutes, was populated,

With European women of all breeds and races *other than British* [my emphasis], who were not allowed by their consular authority to practice this licensed trade in Egypt. Most of the women were of the third class category for whom Marseilles had no further use, and who would eventually be passed on to Bombay or the Far-East markets, but *they were still Europeans* [my emphasis] and not yet fallen so low as to live in the one-room shacks of the Wass'ah which had always been the quarter for purely native prostitution of the lower class.<sup>51</sup>

In the Wagh-al-Birkah, European prostitutes did not offer a more edifying sight, at least not according to Douglas Sladen. He, however, does not seem to have been entirely immune to the fascination of the scene:

Every floor has its balcony and every balcony has its fantastically robed Juliet leaning over. As the street, in spite of its glare, is not well lighted, you cannot see how displeasing they are; you get a mere impression of light draperies trailing from lofty balconies under lustrous night blue of Egypt, while from the rooms behind lamps with rose-coloured shades diffuse invitations.<sup>52</sup>

Like the Wass'ah, the nearby Harat-al-Ruhi contained many low-class brothels with a more diverse ethnic make-up. Here, Jewish women could be found next to Italians and Levantines. Prostitutes soliciting in the streets were described by travellers as rapacious, dangerous beings: 'wild-eyed, lithe creatures, human leopards' or 'night birds seeking whom they may devour'.<sup>53</sup> Local women were not considered morally degenerate but seen as devoid of any sense of morality. Rather than being seen as 'fallen women', a category later introduced by the activists of foreign benevolent societies and local feminist associations, Egyptian prostitutes epitomized widespread beliefs about the lasciviousness of uncivilized, backward Oriental peoples.

European observers were certainly more concerned with the presence of European women (mostly French, Italian, Greek and Austrian) selling themselves unabashedly to black, brown or white men, than with the plight of Egyptian sex workers, ordinarily described as beastly creatures or freaks. Both foreign and native sex workers were essentialized by the colonial gaze, although in distinct ways. European women were portrayed as victims of the 'white slave trade': mindless or retarded, typically low-class girls whose lack of sound moral judgement ultimately accounted for their present situation. In contrast, local women were often described as voluntary sex workers.<sup>54</sup>

Ethnicity and race were constructed as determinants of sex work practice by the very same institutions of colonial control. Yet, the efficiency of the regulationist system in Egypt was jeopardized above all by the colonial underpinnings of the legislation: its inherently racist logic. On the one hand, the existence of a dual legal system – with separate courts for local subjects and foreign nationals, legal privileges enjoyed by non-Egyptians and the notoriously lenient justice administered by consular courts – hindered the capacity of both local and colonial police to combat illicit sex work



effectively. Colonial power relations allowed capitulatory subjects in Egypt to profit from illicit activity in the country, boosting the consolidation of transnational networks trafficking in any merchandise, women included. Foreign women could receive medical examinations from private practitioners, instead of going to the local *maktab al-taftish*. If diagnosed with a disease, Egyptian subjects were confined to the al-Hod al-Marsud lock hospital, while foreign women were expected to notify their consular authorities and undergo medical treatment on their own initiative. Of course, this rarely happened. Infected foreign sex workers normally started working illegally or obtained false health certificates from complacent doctors. Thus the different treatment of local and foreign sex workers in relation to health checks made medicalization untenable. The closest Cairo came to the medicalization of European prostitutes was in 1915, when the 'European Bureau de Moeurs' and a dedicated lock hospital were opened in the predominantly Coptic area of Shubra as part of a major purification campaign carried out under martial law. The military authorities advocated a 'pragmatic approach' to regulation in order to curb the spread of venereal diseases among the troops. Consuls grudgingly agreed to these measures, provided they were temporary, as they feared that sex work regulations could call into question the whole system of privileges enjoyed by capitulatory subjects in Egypt. This bespeaks the racial hierarchy constitutive of the imperial enterprise. The British introduced sex work regulation out of concerns for colonial governmentality. While the racial hierarchy at the core of the colonial order made sex work regulation completely inefficient, common evasion practices made possible by this racial hierarchy turned regulation into an apparently necessary method of social control.

## Conclusion

As Cairo became a cosmopolitan global capital caught between the contradictions of an emerging nationalist political culture and the reality of colonial domination, the introduction of regulated sex work in 1882 marked an effort to mark out prostitutes – labelled as a new and distinct sociological type – and contain them through a dedicated disciplinary system. Egypt's regulationist policies reflected the expansion of biopolitical concerns from the metropolis to the colony and the ways in which these policies were negotiated in local power relations, cultural norms and the imperatives of colonial governmentality. British authorities enforced sex work regulation, as they did in other imperial domains, for both pragmatic and ideological reasons. Pragmatic considerations included the preservation of Cairo's public order and the well-being of British occupying troops. These were fundamental in motivating sex work regulation, but so was the racist orientalist ideology and the belief in a Western civilizing mission.

Egyptian regulationism was a colonial disciplinary project linking sex, gender, public health and order, based on principles of quantification, spatial segregation and medical supervision, which proved to be unclear and unsuccessful. Contemporary sources expressed the anxiety of the ruling elites about labelling and quantifying sex workers. While these testimonies are certainly interesting, they do not allow us to get a clear picture of the quantitative dimension of the phenomenon, given that the

bulk of sex work in Cairo always managed to stay below the authorities' radar. The regulationist system was not inclusive enough. Egyptian prostitutes avoided regulation by practicing sex work informally, in clandestine houses, camouflaged in the urban fabric and often for limited periods of time. Foreign prostitutes, for their part, were shielded by capitulatory legislation and consular protection. Consequently, they were mostly free to ply their trade undisturbed and outside the system of licensed brothels. In practice, both local and foreign women strenuously resisted pigeonholing by state authorities. In fact, it seems the more inclusive the regulation, the more it excludes, marginalizes and alienates the necessarily complex, fragmented and at times even contradictory forms of human agencies.<sup>55</sup> I believe the study of sex work regulation in colonial Egypt provides a lens for studying the complex ways in which difference and hybridity were essential to the colonial order as they legitimized the deployment of disciplinary mechanisms devised to consolidate, and thus normalize, an order based on difference. Regulated prostitution, in the imperial mind, buttressed the colonial order as one of the main tools for normalizing racial hierarchies through the management of marginalized women.