

'Arabic is still a thriving language in India'

Chicago-based academician, who won the Sheikh Zayed Book Award, says the Dawoodi Bohra community in Mumbai inspired her to study the Arabic language

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MUMBAI-born Dr Tahera Qutbuddin, the American professor who was recently awarded the Sheikh Zayed Book Award for her groundbreaking work, Arabic Oration: Art and Function, says her home city played an important role in shaping her love for the Arabic language. The award is considered to be the most prestigious prize in the Arab world for literature and culture.

Qutbuddin, who teaches Arabic literature at the University of Chicago, was born and raised in South Mumbai, and completed her schooling from Villa Theresa High School, before graduating from Sophia College for Women.

Her book delves into the origins of Arabic oration, focusing on the Khutbahs of Mohammed Rasulullah SA and Imam Ali. A member of the Dawoodi Bohra community, Qutbuddin says Mumbai and her community, in particular, inspired her work. "The city is a part of me. My childhood years are filled with happy memories of living here. I received my education at a convent school in the city, with three years in the middle spent at the Presentation Convent in Kodaikanal. Growing up in a dynamic, bustling, alive city like Mumbai contributed to my immediate sense of belonging in Cairo and Chicago, both of which are vibrant cities like Mumbai. The Lake Shore Drive in Chicago, which I can see from my apartment window, is a mirror image of Mumbai's Marine Drive," she says.

The academician says she was drawn to Arabic literature as a child. She first encountered Arabic through the Quran and lessons taught by her father Syedna Khuzaima Qutbuddin, who is related to Syedna Mohammed Burhanuddin, the former head of the Dawoodi Bohra community. "I was drawn to the typical Indian cadences of the chanted poems recited in com-



Dr Tahera Qutbuddin was awarded the Sheikh Zayed Book Award for her book Arabic Oration: Art and Function. PIC COURTESY/KEN BENNETT

munity gatherings, as well as the deep wisdom contained in these texts, and the sheer beauty and tempo of the language." Arabic has been and continues to be a living and thriving language in India for millennia, she says. "I wrote an article on Arabic in India several years ago, and I continue to work on this aspect, particularly with regard to the Dawoodi Bohra heritage and the Arabic-Islamic writings of its savants, and now—alongside English and Bohra Gujarati—of the powerful and timely online lectures titled Majalis al-Hikma (Assemblies of Wisdom) of Syedna Taher Fakhruddin," she says.

Qutbuddin began work on this book by chance. She was researching the speeches and sermons of Imam Ali, the Prophet Muhammad's cousin, who is also the first Shia Imam, and is known as the master orator of Arabic eloquence, for another book project.

Digging deep into these 7th

century texts, she discovered compelling aspects of these sermons, especially their consistent rhythm, which, she says, no scholar had previously studied. She then studied orality theory as well as the theory of mnemonics (rhetorical devices that aid memorisation) and connected the two. "The orations were produced in a largely oral culture, where in order for your words to be remembered, you had to speak in pulsating rhythms that the brain could easily retain, vivid and graphic images that the mind would capture and hold, and pithy maxims that packed a powerful punch. I've always been fascinated by the power of the written word, how aesthetics can be used to persuade in real-life functions such as politics, law, battles, governance, and preaching religion and ethics, and these texts were just marvellous examples of this formidable medium," Qutbuddin recalls.

She then began by writing what she thought would be a brief piece on the subject, but it ended up running into a hundred pages, and eventually, a 10-year project, which culminated in the book.

She has now circled back to the initial project on Ali's sermons, and she feels that the Arabic Oration book has greatly enhanced the analytical toolbox at her disposal.

The surgical marriage

Why becoming a successful surgeon requires the same grit and dedication expected from a married couple, negotiating complexities of love and loss

doctor in the house

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NEUROSURGERY should be your first wife, not your mistress," a patriarch old-timer neurosurgeon was famous for telling all married resident doctors interviewing for a post-graduate training seat in the specialty. "And if you're not married," he used to caution, "it's better to stay that way. It's very hard for a relationship to blossom in the stressful environment of a residency programme." Those who interviewed for the post pretended to accede to his suggestion, although most married as soon as they got into the course—with varying outcomes, of course.

A vocation does need the exact kind of commitment one seeks from a marriage. You have to be imbued with grit and gumption. Our vocations (not professions) give us purity of desire and unity of purpose. "If you really want to make a wise vocation decision," writes David Brooks, "you have to lead the kind of life that keeps your heart and soul awake every day." In my opinion, this also applies to the decision of marriage. What you do for a living and whom you decide to marry would probably be the most important decisions of one's life. But these too, are not set in stone. You can course correct anytime. I know of doctors who have switched to politics, engineers who've turned actors, businessmen who've become monks, and monks who've become millionaires.

A vocation, like marriage, is a cure for self-centeredness. You are devoting yourself to a cause that's greater than you. You tend to see how your patient or partner will benefit from you, rather than the other way around. And mastery in both requires that you do the same thing again and again, with the belief that it gets better and better. Like the big man Aristotle once said, "We are what we repeatedly do."

Passion is the key element in both, vocation and marriage. When we were kids, every aspect of my life had a surgical correlation, as my dad, a surgeon himself, was so passionate about the vocation. "You have to learn to eat with a fork and knife," he badgered us at every meal. "How

else will you lean to be a good surgeon?" He taught me to use both hands simultaneously for everything. Often, food items on the dinner table were linked to tumours and other malformations we could correlate surgical pathologies with.

I later deciphered for myself that the art of diagnosis in medicine also lends itself to marriage. You look at a tumour on an MRI the same way you look at a potential life partner. Is it smooth at the edges or jagged? What does it do to the structures around it—just push them a little or encase them completely? Does it seem aggressive or peaceful? But most importantly, you ask, what does the core look like—is it solid or mushy? Is the tumour telling you the truth about itself and are you able to understand where it comes from? What feeds its soul?

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You then understand and assess your own ability to handle such a case. Is this something you can operate on or need to refer to someone with greater experience, skill and insight? Because, while in most cases perception matches reality, on some occasions, you can be left surprised. What you think is benign sometimes turns out to be malignant, what sometimes seems ghoulish turns out to be sweet and simple, or, like my kids would say, easy-peasy.

Often, you struggle through the entire operation, but in the end, that struggle seems worth it. Rarely do you get into a tu-

mour and very quickly realise it's best to back out. Usually, you follow the middle path, and even if it's hard, you keep at it. You work on it piece by piece wondering where it's going to take you. You're scared of injuring the wrong nerve or buzzing the wrong artery. If you want to give up—somewhere in between, your assistant will goad you, the anaesthetist will encourage and egg you on some more, but after giving it all you've got, you realise that's its best for both you and the patient to stop at this stage to avoid any further damage. Your patient came in smiling; you want to ensure they go back the same way.

Because, at surgery, just like in a marriage, you don't want to have a complication you can't get out of. "A failure," says Atul Gawande "does not have to be a failure at all. However, you have to be ready for it. Will you admit when things go wrong? Will you take steps to set them right? Because, the difference between triumph and defeat you'll find isn't about willingness to take risks, it's about mastery of rescue."

The best doctors and hospitals don't fail less, they rescue more. In my opinion, the same logic applies to marriages. We all need the ability to face complexity and uncertainty. Which means we all fail.

Primum non nocere is the Latin phrase that means, "First, do no harm." In some variation, it is part of the Hippocratic Oath that medical students take when becoming doctors. More than "till death do us part," I think, "first, do no harm" is a befitting marriage vow.

"We did the small things right," said a famous team of surgeons after separating a pair of twins, conjoint at the head, over several staged surgeries, each lasting 24 hours. I believe these are the exact words most couples in long and joyous marriages use.

No matter how intrinsically beautiful an operation is, or how nightmarish it eventually turns out to be, whether you get into it with faith or fear, whether you come out of it smilingly or scathed, whether you end up hurting or healing, a few hours of complex surgery is like the years one spends in a marriage. After all, blood is involved—sometimes someone else's, sometimes your own.

The writer is practicing neurosurgeon at Wockhardt Hospitals and Honorary Assistant Professor of Neurosurgery at Grant Medical College and Sir JJ Group of Hospitals.

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