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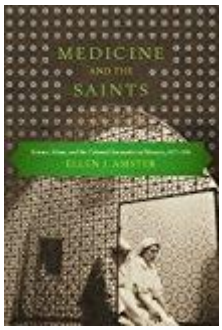

Ellen J. Amster. *Medicine and the Saints: Science, Islam, and the Colonial Encounter in Morocco, 1877-1956.* Austin: University of Texas Press, 2013. xiv + 334 pp. $34.95, paper, ISBN 978-0-292-76211-4.

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Saints versus Doctors in Protectorate Morocco: The Colonial Balance Sheet Once Again

As the European colonial regimes in Asia and Africa came to an end and scholarly balance sheets of the colonial era were drawn up, the efforts of the various colonial regimes to create modern health care systems at first drew great praise. These efforts were almost universally credited with having triumphed over disease and suffering and with having laid the bases of successful health care infrastructures.[1] But very soon postcolonial critics would also take aim at the colonial health services, stressing their limited scope, insufficient resources, and the perceived racism underlying colonial health care policies. Critics have accused the former colonial authorities of conducting health and sanitation campaigns that made use of sometimes very poorly tested experimental prophylactic techniques in colonial settings that would not have been permitted in the home countries. They have also accused the colonial medical services of tolerating high levels of collateral damage even when it seemed that a given health campaign was yielding good results.[2]

In recent years, a number of studies of colonial medicine have appeared. They have been increasingly multidisciplinary and more critical than complimentary of the colonial medical project. Yet several of these studies have indicated that the balance sheet is positive. Two of them are Warwick Anderson's *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (2006) and Richard C. Keller's *Colonial Madness: Psychiatry in French North Africa* (2007). Both authors stress what they perceive as racist attitudes and policies on the part of the respective colonial medical personnel and administrations. Yet both authors conclude that the results obtained by the two health projects were favorable.

Anderson shows that in the Philippines, American health officials quickly understood that perceived Filipino unhealthiness was not linked to

race but to environmental and socioeconomic factors. As the American regime opposed any imposition of segregation, its health services, given their military origins, developed quasi-military methods and institutions for the promotion of public health and personal hygiene aimed at conferring "biomedical citizenship." The idea was that if Filipinos were healthy, they would not pose a threat to the health of Americans. Accordingly, the Philippine Health Service diffused the principles of modern hygiene very widely, thus reducing incidences of cholera, malaria, dysentery, hookworm, leprosy, and other endemic diseases. Anderson also asserts that the rapid Filipinization of the public services in the Philippine Islands occurring during the enlightened governorship of Francis Burton Harrison (1913-21) released a number of American public health specialists, making them available to introduce the methods and techniques of public health administration that they had developed in the Philippines into the federal and state public health services and NGOs of the United States and elsewhere.

Keller's focus is narrower than that of Anderson. He concentrates on the development of the network of psychiatric hospitals and mental health clinics that the French founded in North Africa, particularly in Algeria with its large settler population. He is highly critical of the racist theories that were promoted by the "Algiers School" of psychiatry, particularly by its founder, Dr. Antoine Porot, whom Frantz Fanon, author of ***The Wretched of the Earth*** (1961), excoriated. Keller acknowledges that the body of thought and practice of the Algiers school met the "gold standard" of French psychiatric medicine for much of the twentieth century and that the three principal psychiatric hospitals (one each in Algeria, Tunisia, and Morocco) and the network of mental health clinics that the French left behind were quite solid. Nevertheless, the doctors in these establishments employed controversial methods, particularly electro-shock treatments and lobotomies, with greater frequency, especially in dealing with "native" patients, than would have been acceptable in metropolitan France. In the American-ruled Philippine Islands, the Philippine Public Health Service enforced compliance with its health measures in ways that might not have been acceptable in the United States, at least not by the majority (Caucasian) population, but Anderson suggests that public health enforcement in general in the United States was strengthened thanks to the Philippine experience of some of its doctors.

Ellen Amster's study of medical practice in Morocco during the period of the French protectorate engages with similar questions as those of Anderson and Keller. As she views the Franco-Moroccan medical encounter as central to French efforts to gain control of the country and to modernize it in the face of the efforts of the Moroccan leadership to resist the French but to modernize their country on their own terms, she goes to great lengths to present the pre-protectorate medical situation in Morocco, including traditional Moroccan conceptions of healing. Anderson and Keller, on the other hand, have less to say about the medical state of affairs in the Philippines and Algeria respectively prior to the American and French occupations.

Although Amster is critical of the medical policies, procedures, and achievements of the French protectoral regime (1912-56), she reluctantly recognizes that French medical efforts did much good, "greatly reduce[ing] environmental factor epidemics" and leaving behind a modern health care infrastructure, but one that is currently hampered by lack of funding (p. 141). Also, just as in the case of the early departure of American public health officials from the Philippines, the return to independence of Morocco in 1956 stimulated many displaced French doctors to become "global physicians of international health" (p. 202) by seeking employment in international organizations, thus contributing to the creation of "a human bridge to postcolonial medicine" (p. 208).[3]

Amster examines the French involvement in Morocco from approximately 1877 to 1956 from a medical and medical-social point of view. Her analysis encompasses the clash of traditional Moroccan Islamic culture in which the links between Islam and medicine intersected the secular scientific outlook of what she calls republican colonialism as practiced by the post-1870 French Republic. She concentrates on the city of Fez, which she views as the locus of pre-protectorate Moroccan sovereignty and civilization. It had been the capital of Morocco, on and off, from the early eighth century through 1912, when the first French resident general, Hubert Gonçalve Lyautey, established Rabat (also one of Morocco's four imperial cities) as the capital.

An undertone of Amster's analysis is the increasing influence in favor of modernization of Salafist rationalism on the last pre-protectorate sultan and his entourage as well as on the nascent Moroccan nationalist movement during the protectorate period. Salafist rationalism opposed the world of ***sufi*** healing saints in the name of a renewed and purified Islam. Amster implies that in determining the adoption of a scientific outlook among the Moroccan elite, French medical efforts and Salafism were, at times, tacit allies. But she also reveals that however rational, scientific, and positivist the French claimed to be, their understanding of Moroccan traditional society was flawed thanks to the theories of societal development that they had adopted. The most significant of these was Emile Durkheim's ***sociologie*** that was subscribed to by colonial theorists of the French Third Republic. It reinforced their image of Moroccan Islamic society and culture as being irremediably backward.

Amster's short but insightful introduction to her book sets the stage for the six chapters and the epilogue that follow, the whole tracing "a history of colonial embodiment in Morocco through a series of medical encounters between the Islamic sultanate of Morocco and the Republic of France" (p. 2). However, as Amster explains, Moroccans and Frenchmen, at the turn of the twentieth century, understood embodiment in very different ways, the former via conceptions of "God's Islamic community (***umma***)," the latter via a conception of "the republican citizen as a bounded, rational, and sovereign individual whose physicality constituted one dimension of his relationship to the state." However, she cites David Arnold's ***Colonising the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*** (1993) and suggests that colonial medicine was "the hegemonic inscription of Foucauldian power/knowledge on the colonized body." Thus for her, "medicine reveals the Franco-Moroccan encounter," drawing, as it does, "upon scientific paradigms (cosmologies), knowledge systems (hygiene and medical theory), and the technologies of physical intervention (therapeutics)." Medicine also forces a consideration of the meaning and origins of modernity, suggesting that if the body is taken "as a unit of analysis, we can both avoid and historicize modernity's epistemological cage" (p. 15). Summing up, Amster informs her readers that she is offering "a history of Moroccan politics and sovereignty through the body," one that offers a method not only to analyze the ways by which Morocco coped with the French challenge but also, bearing in mind the recent Arab Spring, a way to interpret "the Islamic social discourses that currently challenge the legitimacy of postcolonial North African states" (p. 16).

Chapter 1, titled "Healing the Body, Healing the *Umma*: *Sufi* Saints and God's Law in a Corporeal City of Virtue," presents the Moroccan setting, particularly the religious and philosophical foundations of evolving and embodied Moroccan conceptions of political sovereignty. Here Amster explains two models of traditional Moroccan political legitimacy: the ***sharif***, that is, the legitimacy of rulers claiming blood descent from the Prophet Mohammed, and the ***qutb***, the moral and sometimes political authority claimed by sufi saints, particularly in moments of crisis, when the authority of the sultans of Morocco over the ***dar el***

makhzen, the territory directly ruled by them as distinct from the broader area of the sultan's religious authority, the ***dar el siba***, might be threatened by forces that they were unable or unwilling to control.

The fifteenth-century sufi thinker Mohammed ibn Suleiman el Djazuli "unit[ed] the fragmented Moroccan sufi brotherhoods into a single network and a universal spiritual path" and "fused sultanic and saintly authority, temporal and spiritual leadership, with a theory of knowledge" (p. 21). The resulting entente between the sultan and the sufi spiritual leaders began to crumble in the nineteenth century, during which Morocco was subjected to increasing foreign pressures, particularly from the French in neighboring Algeria, but also from Great Britain and Spain. The threats facing the ***dar el makhzen*** called forth challenges by sufi reformers, usually tribal leaders dismayed that the Islamic-based health of the Moroccan body politic was being dangerously weakened and with it, in their perception, the personal health of Moroccans, given the traditionally perceived links between civic and personal health, Moroccan sovereignty, and sainthood.

Amster explains these complex relationships by referring, in particular, to two Muslim physicians, Abu Bakar ibn Tufayl (1105-85) and Daoud ibn 'Umar el-Antaki (1543-99). Their attempts to reconcile the revealed truths of religion, on one hand, and science, on the other, as inherited from the classical world lead her to conclude that "Moroccan saintly healing was science, if by science we understand an organized intervention based on a paradigmatic understanding of the universe" (p. 42). The French medical establishment in Morocco, rationalist and Pasteurian as it was, and Moroccan salafists did not agree that saintly healing was in any way scientific.

Chapter 2, "Medicine and the ***Mission Civilisatrice***: A Civilizing Science and the French Sociology of Islam in Algeria and Morocco, 1830-1912," introduces the evolving French attitudes toward Islamic societies, starting with the French occupation of Algeria. Amster traces the decline of the assimilationist ideals of the pre-1871 military rulers of French Algeria and the rise of what she labels as "republican associationism," a body of thought about the governing of colonies that clearly stamped the native Muslims of Algeria as inferior intellectually, politically, and physically. She blames this negative evolution on intellectual currents in France rather than on the prejudices and the expanding political power of settler (***pied noir***) society in Algeria. She specifically targets the course taken by the development of positivist thought in France from its inception, with the ideas and influence of Auguste Comte, via the philologist, philosopher, and historian Ernest Renan, who denied the scientific capacity of the Semitic mind (specifically the Arab Muslim mind), thus influencing the elaboration of Emile Durkheim's theory of social progress that he called ***sociologie*** (borrowing the term from Comte, who had coined it). This theory "would measure a society's level of evolutionary progress according to its categories of thought" (p. 51). The perceived intellectual evolution from Comte to Renan to Durkheim enabled certain colonial theoreticians to justify their descriptions of non-European peoples as immutably primitive, and, according to Amster, caused Durkheim's ***sociologie*** to become the lens through which the Third Republic viewed native peoples of the empire--fit to be subjects, not citizens (p. 66).

Morocco, which for geopolitical reasons became linked to the pre-World War I European diplomatic and military balance of power (that enabled it to preserve its independence until 1912), became open to French occupation at a time when ***sociologie*** had become dominant and French colonial thought had rejected assimilation, with its assumptions of underlying racial/ethnic equality. The same ***sociologie*** strengthened the French perception of themselves as rational, scientific, and progressive, unlike most non-European native

peoples, whom they viewed as backward and irrational.

Yet Amster admits that republican associationism was not totally negative. It offered the possibility that "the native could evolve to a state of civilization if he learned to think like a Frenchman" (p. 80). Even though Comte, Renan, and Durkheim might believe "that individual human thought was a collective social product …, the colonialism of the Third Republic deployed an idea of science--an aggressive positivism--to civilize, classify, and administer the diverse peoples of the empire and to evolve them gently towards a universal secular modernity" (p. 80). In short, according to Amster's explanation, associationism was in reality slow-acting assimilationism.

The medical and philosophical outlook of French physicians paralleled this intellectual evolution. Although at the start of the Algerian project the French medical corps had been willing to accept the traditional Algerian physicians (***atiba***) as equals, that attitude changed as the nineteenth century wore on and French medicine progressed. Once the French penetration of Morocco had begun, by which time French medicine had become a highly scientific endeavor, French physicians active in North Africa viewed Moroccan society as irretrievably backward and Morocan ***atiba*** as sorcerers. They also viewed "Islamic belief as a pathology of mind and society" (p. 74). Thus, what Amster labels as the "seamless incorporation of colonial racism to disease pathology" caused French doctors to claim, at the start of the protectorate, that Moroccans were heavily syphilitic, even though, according to her, they were not. For French critics of Islam at the time, the enforced chastity that was supposedly a hallmark of Islam was therefore a myth and "for French doctors and republican science, the documented existence of Moroccan syphilis provided a moral victory over Islam" (p. 78).

The succeeding chapters present a series of Franco-Moroccan encounters involving French doctors, French social and urban planners, and French social workers with different categories of the Moroccan population. Chapter 3, "The Many Deaths of Dr. Emile Mauchamp: Contested Sovereignties and Body Politics at the Court of the Sultans, 1877-1912," elaborates a complex medical/political synthesis around the murder of the French government physician, Emile Mauchamp, in Marrakech, on March 19, 1907, an event that, according to Amster, served as the pretext for the French occupation of Oujda, in western Morocco, and the imposition of the protectorate five years later. This murder, she argues, was not an action of backward tribesmen against a French man of science. It was, rather, the reaction of numerous tribal leaders in Morocco (perhaps including the ruling sultan, Abdel Azziz or his brother, Abdel Hafid) to the reality that the medical doctors and other experts which the French authorities were more or less imposing on the Moroccan government were spies instructed to report on local conditions to the French legation in Tangier and to prepare for an eventual French occupation of Morocco.

As Amster describes the situation, Mauchamp's death catalyzed both the French determination to completely occupy ***dar el makhzen*** Morocco (except for the smaller territories in the northern and southern parts of the country that would be ceded to Spain) and the determination on the part of tribal leaders to reject what they perceived as Sultan Abdel Azziz's overdependence on foreign advisors and his weakness in the face of foreign demands that, in their minds, were responsible for the economic and political demise of independent Morocco. So, at the end of 1907, the tribal leaders forced the abdication of Sultan Abdel Azziz and his replacement in early 1908 by a brother, Abdel Hafid, who, in order to be recognized as sultan, was required to sign a ***baya*** (accession proclamation) calling on him to expel the French and to suspend the Algeciras Act of 1906. But once on the throne, the new sultan reaffirmed the concessions that his brother had made to

France. He also attempted to break the power of the tribal chiefs by imposing sultanic authority as per Salafist theories of government. Unfortunately for Abdel Hafid, he was challenged by five tribal pretenders in 1911 and by a mutiny of his troops in Fez in 1912. A French army detachment rescued him, persuaded him to sign the Protectorate Treaty of March 30, 1912, Article 3 of which "located Moroccan sovereignty in the person and the throne of the sultan" (p. 49), and to abdicate in favor of Moulay Youssef, another brother. The latter, strongly guided by Resident General Lyautey, reconstructed the sultanate as the sole locus of sovereign power in French Morocco--what Sultan Abdel Hafid had attempted to do. These events, Amster claims, followed from the assassination of Dr. Mauchamp.

In parallel to the increasing French political dominance, the French medical presence in Morocco expanded. At the start of the protectorate Lyautey appointed Dr. Léon Cristiani as surgeon general to the sultan's army. The latter set about creating the Cocard Hospital in Fez for "native" patients.[4] Amster describes how Dr. Cristiani made the Cocard Hospital into a "space of healing" by giving it traditional characteristics, including a fake saint's shrine. With time, this hospital became extremely well frequented. Cristiani, who lived in the hospital with his family, often saw over 1,500 patients per month. At the time that Amster was doing field work in Fez, older residents remembered Dr. Christiani with affection: "His strategic adaptation to saintly healing garnered him a measure of acceptance and even saintly authority" (p. 108). It also served to attract native patients to the hospital.

Chapter 4, "Frédéric Le Play in Morocco? The Paradoxes of French Hygiene and Colonial Association in the Moroccan City, 1912-1937," outlines some of the results of Lyautey's purported desire to organize public hygiene and municipal planning on lines that had been proposed for France and implemented by the social planner, Guillaume-Frédéric Le Play (1806-82) and his successors, who adapted, applied, and diffused his ideas. However, as Amster points out, Le Play's ideas were not easily adapted to the Moroccan situation because French technicians, like Henri Prost, Lyautey's handpicked urban planner and architect, along with other French officials in Morocco, viewed the indigenous population as an environment rather than as a public (p. 13).

To demonstrate the failures of Le Playist-style planning in Morocco, Amster outlines the initial setbacks and failures of French efforts to control and eradicate malaria, typhus, bubonic plague, and typhoid fever, diseases which she claims were exacerbated by the inequalities of the protectoral regime itself. To this list of failures, she could also have added the French identification of the syphilis epidemic that she claims, in chapter 3, did not exist. Amster details the French struggle against typhoid and parallel French efforts to increase (but also to regulate) the supplies of fresh water in the towns, particularly Fez. According to her, these efforts had the effect of increasing segregation. French engineers, who discovered that Fez already had a sophisticated pre-protectorate water system, redesigned and extended this system to favor European neighborhoods and businesses as well as the hydrogeneration of electricity. In Meknès, the French authorities prioritized the irrigation needs of European farmers. Amster's conclusion is that "as European water systems improved, Europeans became heathier and Moroccans sicker" (p. 134).

The water situation in Fez stimulated an indigenous protest movement involving members of the traditional leadership as well as young nationalists, the sort of coming together that the protectoral regime was attempting to prevent. The awareness on the part of both groups of the failures of French medical and urban development practices stimulated increasing criticism of the protectorate, leading to the 1934 manifesto, the ***Plan de Réformes***, and eventually to the demand for full in-

dependence. Thus "the promises and failures of French hygiene produced not Franco-Muslim solidarisme," what Lyautey had wanted the protectoral regime to develop, "but nationalist politics" (p. 141). Nevertheless, Amster is compelled to recognize that "French sanitation, DDT, and water management did greatly reduce environmental-factor epidemics like typhoid, dysentery, cholera, typhus, plague, and malaria over the ***longue-durée.***"

Chapter 5, "Harem Medicine and the Sleeping Child: Law, Traditional Pharmacology, and the Gender of Medical Authority," and chapter 6, "A Midwife to Modernity: The Politics of Colonial Welfare and Birthing a Scientific Moroccan Nation, 1936-1956," constitute the most fascinating part of Amster's book. In particular, these chapters describe two complex and interrelated gendered struggles for medical authority in protectorate Morocco. There was first of all the struggle between French male doctors and the ***'arifat*** (traditional female medical authorities) and the ***qablat*** (traditional midwives). In Moroccan Muslim society these women were "the only legitimate Muslim legal voices in gynecology, childbirth, and female health," specializations from which male practitioners were banned (p. 144). The French male physicians practicing in Morocco deplored this reality. They viewed the influence of Moroccan women in general as negative, but they particularly singled out the ***arifat*** as sorcerers and their "cures" as harmful quackery.

The second struggle was one for careers and authority between the male-dominated French medical establishment and French and other European women doctors who, in the late nineteenth and early twentieth centuries, were denied professional advancement at home. In Muslim societies they could fill a niche, women's health, denied to male doctors. Given that Lyautey and his male-dominated staff were persuaded that Moroccan society could only be permanently modernized if the French authorities were permitted to intervene in Moroccan family life, something that the protectorate treaty of 1912 explicitly forbade, they offered partial outcomes to both struggles by employing French and other European female doctors, nurses, and eventually social workers to engage with the Moroccan family with the initial aim of reducing infant mortality and imparting habits of good hygiene and the ultimate aim of reforming Moroccan society through the family.

French women doctors, who, according to Amster, saw themselves more as persons called to alleviate suffering than as agents of colonization, nevertheless provided much insight to French male doctors regarding the Moroccan family and Moroccan health, thus assisting the male-dominated protectorate health service in its efforts to strengthen French male authority and the authority of the protectoral administration in general. At the same time, however, French medical techniques offered Moroccan women certain channels for increasing their own medical independence. For example, the use made by Moroccan women of French-introduced Friedman pregnancy tests and the possibility of obtaining virginity certificates and other types of medical certification from French or French-controlled medical authorities freed them somewhat from certain aspects of Moroccan male authority. The opening of the first toxicology laboratory in 1931 served to enhance the investigation of cases of drugging and poisoning, something that angry Moroccan wives were frequently suspected of doing to their wayward husbands. So, building on the shoulders of women, the French medical establishment in protectorate Morocco infiltrated the Moroccan home, weakened the hold of Muslim law in such matters as sex and childbirth, substituted objective scientific tests for the application of traditional remedies, Galenic medicine, and Islamic law, and aided "positive science internalized in law and society" in displacing sufi epistemology (p. 173).

Chapter 6, the final chapter, continues the complex discussion of gender and the French

entry into traditional Moroccan society via the family by means of French female medical personnel and by French female social workers. Also this chapter presents the negative results for millions of Moroccans of the industrial development that began to take hold around Moroccan cities as of the 1930s. Peasants and nomads were uprooted via a process of rural exodus and found improvised housing in slums (***bidonvilles***), where they were exposed to tuberculosis. According to Amster, the French authorities at first failed to recognize that rural exodus was occurring and that tuberculosis was spreading. She suggests that these authorities initially concluded that tuberculosis was strictly a disease of industrialized countries, not one affecting what they viewed as backward rural societies. Such was the blindness of the French authorities that they were rudely awakened when the World Health Organization revealed after 1949 that almost the totality of the Moroccan population had been exposed to tuberculosis. Amster concludes that by the end of World War II, "protectorate Morocco relied on a native workforce that was starving, exposed to tuberculosis, and living in squalid shantytowns" (p. 181). Yet the French authorities had been more concerned to suppress the rising nationalist tide, particularly after the 1934 ***Plan de Réformes*** had been elaborated by Moroccan nationalists, than to develop a national public health system for Moroccan citizens.

After 1934, Moroccan nationalists called increasingly for the elaboration of a Moroccan welfare state (they would eventually demand full independence). Although the French authorities did eventually try to create a Moroccan welfare state themselves in tandem with efforts to do the same in France, their accomplishments in Morocco were too little, too late, and not very adequate even though they slowly came to understand that the Moroccan people were the true wealth of the country (p. 188) and should be protected and helped to thrive albeit in ways that would discourage them from becoming nationalists--an impossible task. The French realization that Moroccan "nationalists could use the welfare state" (p. 183) to unite all social classes in Morocco and abroad in favor of independence inhibited French efforts in favor of a Moroccan welfare state.

Despite these caveats, the French and increasingly Westernized Moroccans pursued the penetration of the Moroccan family by doctors, particularly in connection with childbirth. They were seconded by French female social workers, who were determined to combat what they perceived as the destructive ignorance of the Moroccan woman and, in general, of an overly strong family that French observers accused of inhibiting the development of "intellectual autonomy" (p. 185). By 1930, the protectoral authorities were starting to view Moroccans "as a public to educate rather than a disease environment to manage" (p. 188). Still, as Amster observes, the French regime did very little to offer French-style education to Moroccan children, almost nothing to girls. But World War II brought to Morocco the beginnings of "medico-social" policies that were being developed in Vichy-ruled France.

The French insistence on the medicalization of childbirth, according to Amster, led to a medicalizing gaze over a sufficient number of other aspects of Moroccan society as to reveal the amount of collateral damage done to Morocco by French protectoral rule: the squalor of the bidonvilles, the "Moroccan woman's collapsed pelvis and the Moroccan infant's kwashiorkor" (p. 14). But, this medicalizing gaze also strengthened the scientific outlook that Moroccan nationalists were independently developing as part of Salafist Muslim thought. She quotes the Moroccan sociologist Abdellah Hammoudi to the effect that the "identical project of modernization [that occupied] the center of colonial and nationalist approaches" in the last decade of the Protectorate made "the opposition between them seem less radical" (p. 203).[5]

Indeed, the epilogue that follows this chapter bears out the point made by Abdellah Hammoudi.

Here Amster describes several ways in which today's Morocco reflects a kind of medical syncretism or "pluralism" in which traditional healing coexists with the officially mandated approach to medical science. She suggests that this sort of duality exists in other parts of Moroccan social and political life.

Amster offers an example of medical syncretism by showing how the work of a local Fez midwife, Bahia, combines elements of traditional midwifery with modern, French-style procedures. She describes a conversation with four elderly gentlemen in Fez who while recognizing the value of modern medicine, indeed arguing that the government is obligated to provide it to citizens, still "assert the superiority of Moroccan sainthood over positive science" (p. 215). But possibly they do so because of the failure of the present-day Moroccan government to provide affordable state-of-the-art medical care, including prescription drugs, a reality that these gentlemen recognize and deplore. This exchange prompts Amster to conclude that "however flawed the French imperial welfare state may have been, it assumed at least partial responsibility for the health and reproduction of colonized labor. Postcolonial global capital abdicates all responsibility for the welfare of its foreign workers, a global regime in which 'the most basic right--the right to survive--is trampled in an age of great affluence'" (p. 218).

Again in defense of saintly healing, the same gentlemen describe the case of a Moroccan doctor who was afflicted by ***bou zelloum***, an acute pain shooting from the base of his spine down one leg. After modern medicine fails to cure him, the doctor decided to go to France to have his leg amputated; however, he obtained healing from an Azami sharif on the recommendation of a French nurse.

Published in 2013, *Medicine and the Saints* is the outcome of an incredible concentration of time, effort, accumulation of interdisciplinary knowledge, and proficiency in Arabic and French. Amster's sources include a dazzling array of archival materials from France and Morocco, including Arabic-language materials in the Bibliothèque Générale de Rabat and the Bibliothèque Nationale de France. The book consists of 218 pages of dense text followed by 58 pages of notes (1,165 of the latter). Amster has consulted multiple issues of 31 periodicals covering a broad spectrum of subjects over a wide time span. The bibliography lists 368 printed sources in two sections. The first section includes books and articles reflecting the period covered by the text. The second section lists contemporary secondary sources. Both sections include sources covering a number of disciplines. Amster has embedded some 48 black-and-white illustrations in the text, including pictures borrowed from medical publications of the period under study, maps, propaganda photographs, and some snapshots that she herself took.

Medicine and the Saints is clearly a paragon of research and presentation that will withstand the test of time for years to come. Yet some aspects of the book are less successful than others. Amster's writing style is sometimes pedantic and redundant. Certain passages suggest that she has not completely digested the quantities of information that she marshals, and some of her conclusions may seem arbitrary as well as contradictory. Her attempts to prove points about traditional medical practices in Morocco and the lingering effects of the protectoral medical services there occasionally draw on sources from other former colonies quite far removed from Morocco.

In some cases, Amster could be more nuanced in drawing conclusions about complex events. A good example of a somewhat simplified causality is Amster's claim that the murder of Dr. Emile Mauchamp served as the "official pretext for … the creation of a French protectorate in Morocco in 1912" (p. 1). While this murder did serve as an excuse for Lyautey, at that time commandant of the French military post at Aïn Sefra, a strategic point on the Algerian frontier, to occupy Oujda, a Mo-

roccan border town, a few days later, Amster goes too far in attributing the proclamation of the protectorate five years later to this event. Many events before and after the murder of Dr. Mauchamp contributed to the French decision to occupy most of ***makhzen*** Morocco.[6] The international system of spheres of influence and treaties had already consigned the larger part of ***makhzen*** Morocco to France. The March 1907 occupation of Oujda by France could just as easily have led to its annexation to Algeria in the way that another Moroccan border town, Béchar, had been annexed in 1903--also by Lyautey.

As for Amster's claim at the end of chapter 2 that at the start of the protectorate French physicians concluded erroneously, on the basis of false assumptions derived from ***sociologie***, that syphilis was endemic to Morocco, she fails to offer concrete evidence that syphilis was not at least a serious health problem in Morocco at that time. She does, however, accuse one French doctor of having used photographs of skin lesions caused by scrofula to prove the presence of syphilis (p. 77).

Like many postcolonial writers on colonialism, Amster uses the terms "racism" and "race" to designate ethnic prejudice and ethnicity. Although there had traditionally been racial amalgamation in Morocco, most Moroccans were and are white/Caucasian, the fundamental difference between Moroccan and French people being one of religion. A good substitute for "racism" in this context would have been "bigotry." Part of this problem of terminology, of course, stems from the influence of the extensive French research and publication on Morocco and the French colonial empire in general and the meaning of the French term ***racisme,*** a false friend for French-English translators. Although the French term designates the traditional racial prejudice of Caucasians toward blacks, it also designates any kind of ethnic or religious prejudice, particularly that of Christian (and also secular or Jewish) French people directed at Muslims, especially today the North African emigre populations in France.

As is evident given the amount of information that this book conveys and its broad sweep over several disciplines, there is bound to be some repetition, like, for instance, the two references to ***bou zelloum***, the first in chapter 1 and the second in the epilogue. In both cases, the accounts are more or less the same, both dealing with faith healing. The first account intends to show how "the Moroccan body might be perceived as an archive, a repository of a lost form of political authority" (p. 27), the cure occurring because the patron saint of the Azami tribe, Sidi Yahia, was a descendant of Moulay Idris, an early ruler of Morocco reputed to be descended from the Prophet. The second account found in the epilogue tells the same story, without acknowledging the first account. This time it involves the four elderly gentlemen cited earlier who complain about the high costs of modern medicine in Morocco and their continued belief in saintly healing.

The book also amasses a great deal of information on certain subjects but passes over other subjects. As an example, Amster tells the reader a great deal about the French protectorate, particularly from the viewpoint of Fez; however, she says almost nothing about the Spanish protectorate in northern Morocco that ended, except for the ancient Spanish claims to the enclaves of Ceuta and Melilla, in 1956 when the French protectorate ended. Comparisons of the colonial medical histories of both parts of Morocco would have been very valuable. Also, except for suggesting that in traditional Moroccan thought there was a perceived link between saintliness and madness, Amster says almost nothing about the treatment of mental patients by the protectoral medical services or the opening of the Berrechid Hospital, south of Casablanca, in 1920, the third major link in Dr. Antoine Porot's North African network of mental health facilities.

Regarding Amster's claim that the French protectoral regime was very racist, one observes the following contradiction: "Lyautey's rule [she states] created a culture of Franco-Moroccan sociability, unlike the racially segregated colonies of Algeria and Indochina" (p. 161), as claimed by Ann Laura Stoler in "Carnal Knowledge and Imperial Power: Gender, Race, and Morality in Colonial Asia" (1991); however, Amster also claims that Lyautey's system engendered segregation (pp. 113-114). It is doubtful that all of French Indochina was as racially segregated as Amster, based on Stoler, claims. In particular, Cochin China, the first part of Vietnam to be occupied by France, had witnessed by the 1930s a fairly substantial number of mixed marriages at the highest levels of colonial society. A comparison between French and British conceptions of human differences leads Amster to posit that "British imperialists defined essential difference in biological human races, but that the French located civilization in the mind, a rational ability to know" (p. 9) and quoting Alice Conklin, *A Mission to Civilize: The Republican Idea of Empire in France and West Africa, 1895-1930* (1997), cites French belief in the "perfectability of mankind." Given these French attitudes that Amster identifies, is it fair for her to accuse the French of true biological racism, or were they simply guilty of excessive elitism?

As noted earlier, Amster argues that in a certain sense Moroccan saintly healing was science. However, the person she invited to write the foreword to *Medicine and the Saints*, the French-educated professor Dr. Rajae El Aoued, director in 2012 of the Institut National d'Hygiène du Maroc, founded by the French administration in 1929-30, reflects a completely modern, scientific, and bureaucratic outlook. She has described the role of an Agence Nationale de Santé Publique of Morocco, the idea for which was conceived in 2007. This Agence Nationale is still in the process of being created through an amalgamation of the Institut National d'Hygiène with other health-related organizations and units in Morocco, including the Centre Anti-Poison et de Pharmacovigilance, which goes back to the first toxicology laboratory founded in 1931, and the Institut Pasteur du Maroc, the Tangier branch of which was founded in 1911 and the Casablanca branch, now its headquarters, in 1929, so as to become a truly centralized multisectorial national health institute. Dr. El Aoued could just as well have been describing the setting up of a major national health service organization in France. She makes no references either to traditional Moroccan healing or to Salafist approaches to modernization, which Amster views as the silent partner of French modernization efforts in Morocco. Rather, Dr. El Aoued evokes the role of the European Commission in assisting institutional development in Morocco.

Given the importance that Amster imparts to the growing influence of Salafism on members of the Moroccan political and intellectual elite just before and during the protectorate period, she should have devoted more direct attention to it. For her, the overthrow in early 1908 of Sultan Abdel Azziz in favor of Abdel Hafid represented the triumph of Salafism, as confirmed a year later by the new sultan's public execution by flogging of his erstwhile sufi ally, Abdel Kebir el-Kattani (p. 28). While Salafism might have been "modern" in the sense that it rejected the cult of saints and of faith healing, it has been retrograde and intolerant in other respects, particularly in its rejection of religious diversity and secularism. Regarding Sultan Abdel Hafid himself, if he were really that "modern" and ostensibly scientifically inclined, how does one explain his apparent fear, as described by Douglas Porch in *The Conquest of Morocco*, of riding a train through a tunnel? "While traveling from Marseille to Vichy shortly after he had abdicated, [Abdel] Hafid demanded that the train be stopped before the next tunnel so that he could walk over the hill and rejoin the train on the other side."[7]

Regarding the presentation of the text of *Medicine and the Saints* and the importance of the

endnotes that are numerous and frequently crucial for understanding the text, it is regrettable that the University of Texas Press did not present them as footnotes at the bottom of the corresponding pages. Many of the photographs scattered throughout the book are blurred and difficult to decipher, particularly two photographs of maps of Fez, one on p. 34 (fig. 1.8) purporting to show that "the street layout of Fez does not reflect a state-directed design" (but a layout common to the pre-modern centers of many European cities), and the one on p. 117 (fig. 4.2) that, according to Amster, reflects "an example of malaria-driven urban planning …, the areas of native settlement … [being] separated from the European *ville nouvelle* by [a] two-kilometer '*cordon sanitaire.*'" Given the way these maps are presented, it is difficult to distinguish one map from the other or to agree from perusing them that French urban planners in Morocco segregated Moroccans from Europeans as much as Amster claims.

A final comment has to do with the way Amster transliterates North African Arabic names, rejecting, for the most part, the French transliterations that have become more or less standard in the countries concerned when these names are written in the Latin alphabet. For Amster, "Moulay" becomes "Mawlay," the "Chaouia campaign" becomes the "Shawiya campaign," and the saintly resistance leader Ma el Ainin becomes Ma' al-'Aynayn, even though she mostly leaves unchanged the French spellings of the names of contemporary Moroccans. Amster refers to the Muslim Holy Book as the Qur'an rather than the Koran, as per the traditional English usage. Does this approach to spelling reflect concern for a particular form of orthographic and linguistic accuracy or is it a question of political correctness? Possibly she could have explained her approach to the transliteration of North African names and terms in the introduction.

But these criticisms are very minor. Altogether Dr. Amster has written a brilliant study of the interplay of French versus traditional Moroccan conceptions of health and medical science. She shows how French-directed science triumphed at the official level, despite setbacks and contradictions, but has been unable to displace traditional Moroccan health care conceptions and methods, including saintly healing, even though it has influenced them.

Notes

[1]. One is reminded of the speech that King Baudouin of Belgium delivered in Kinshasa during the Congolese Independence Day celebration (June 30, 1960). He evoked the effort that Belgium had made to improve the health of the Congolese people, enjoining the leaders of the now independent country to maintain and expand the health and sanitation infrastructure that Belgium was leaving behind.

[2]. For example, a protégé of Dr. Eugène Jamot (1879-1937), a recognized hero of the French struggle against sleeping sickness (trypanosomiasis) in Cameroon, permitted a colleague to inject a large number of Cameroonian peasants with overly large doses of tryparsamide, an arsenic-based drug used to combat the trypanosomiasis parasite, thus blinding some seven hundred of the recipients of these injections. Even though this medical error all but destroyed Jamot's career and reputation, Jean Suret-Canale, an acerbic critic of French colonialism, cites the case as an example of how the deontologies of medical practice in France and in Africa differed. When the incident came to light, Jamot stood by his colleague, possibly out of *esprit de corps* or because he did not consider seven hundred cases of unexpected blindness among impoverished Cameroonian peasants to be a particularly serious matter. In the colonies, states Suret-Canale, "twenty or thirty or several hundred 'accidents' could not be permitted to impede a mass disease eradication campaign otherwise judged to be effective." See Jean Suret-Canale, *Afrique noire occidentale et con-*

trale: l'ère colonial (Paris: Editions Sociales, 1964), 511.

[3]. In particular Amster (p. 202) cites the case of Dr. Georges Sicault. After serving as the head of the Direction de la Santé et de la Famille in Rabat (1947-55), Sicault entered UNICEF in 1955 first as an assessment and evaluation officer and then as deputy executive director for Europe, Africa, and Asia (1961-75) (in http://www.cf-hst.net/unicef-temp/Doc-Repository/doc/doc454872.PDF). His recruitment by UNICEF was a tribute to the French efforts in Morocco in favor of child care.

[4]. Named after Claude Cocard, a French military nurse killed in the 1912 Fez mutiny, the hospital was renamed Hôpital Ibn el Khatib after 1956. Between 1913 and 1915 the French authorities founded another important "native" hospital in Marrakech, the Hôpital Emile Mauchamp. It was renamed Ibn Zohr following Morocco's return to independence.

[5]. Quotation derived from "Construction de l'ordre et usage de la science colonial: Robert Montagne, penseur de la tribu et de la civilisation," in *La Sociologie musulmane de Robert Montagne,* ed. Daniel Rivet and François Pouillon, eds. (Paris: Maisonneuve et Larose, 2000), 265-288.

[6]. Amster, like other authors who have studied the murder of Mauchamp, views the episode as a political act on the part of a number of possible Moroccan actors who were fed up with perceived European, particularly French, encroachments in Morocco. She also cites the doctor's arrogance, insistence on riding a horse in town, and refusal to wear Moroccan dress (p. 98). (On the other hand, Dr. Fernand Linarès, whom Sultan Moulay Hassan appointed as court physician in 1893, adopted native dress and was known for his sympathy for Moroccans, p. 87.) Amster also claims that Mauchamp occupied a government residence without permission (p. 244n80). In short, Dr. Mauchamp may have provoked his own murder by his behavior. On the other hand, a defender of Dr. Mauchamp, Dr. Maxime Rousselle, a former public health physician who served in Morocco just prior to its return to independence, points out that Mauchamp's residence belonged to Dr. Linarès, it having been given to him by Sultan Moulay Hassan in 1893. Linarès had refused to charge Mauchamp any rent. The horse, which appears in an illustration in the book under review portraying Dr. Mauchamp on horseback (figure 3.3, p. 98), was apparently a gift from Abdel Hafid, the future sultan, possibly a reward for Mauchamp's exemplary service in Marrakech during a typhus outbreak in 1906. See http://memoire-afriquedunord.net/biog/biog07_Mauchamp.htm. Obviously, Mauchamp would have felt free to ride that horse in town.

[7]. Douglas Porch, *The Conquest of Morocco,* 2nd ed. (New York: Farrar, Straus and Giroux, 2005), 291.

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