
Postcolonial histories of health and medicine in Africa have contributed significantly to the destabilization of the global metanarrative of progressive modernity. By illustrating the very significant limitations of “Western” biomedicine in colonial African settings, these histories have also provided meaningful avenues through which to address issues of negotiation and agency by disempowered and marginalized populations. However, in recent years, the postcolonial histories of health and medicine in Africa have turned toward a greater emphasis on the spaces in-between “traditional” binary constructions of “colonizer/colonized” and “European/African” by focusing on cross-cultural interactions, cultural intermediaries, and the complicated politics of cosmopolitan universalism, national technocracy, and indigenous authenticity that frame the terms of debates about the very definitions of terms like “health” and “medicine.” Ellen Amster’s new monograph provides a remarkably comprehensive and self-contained contribution to this trend through an examination of the complex political, social, and cultural dynamics of medical science in late nineteenth- and twentieth-century Morocco.

Amster’s main argument is that Moroccan conceptualizations of the relationship of individual bodies to ideologies of political authority shifted seismically in the colonial era as a long-standing notion of sovereignty as a “Sufi Islamic conception of social corporeality” (6) gave way to a twentieth-century articulation of the Moroccan sultan as “Moroccan sovereignty embodied” (7). The idea of the sultan as embodied sovereignty drew heavily from French positivist ideas about the physical body as the locus of health and illness, and established the sultan as a convenient figurehead for a French positivist technocracy in the years after the 1912 Treaty of Fez made Morocco a full-fledged French protectorate. Primary
opposition to French colonial science and the state structures it supported came not from “traditional” Sufi loyalists but from salafist-inspired reformers who embraced much of the French positivist scientific worldview even as they argued for its essential Islamic roots. As Amster puts it: “in embracing French science as an unquestioned good, Islamic modernists have absorbed the French epistemological repugnance for Sufism and the Sufi path to knowledge” (8). So much so that the tombs of Sufi saints once revered as sites of pilgrimage are now forgotten parts of the built environment, with saints literally entombed in the closets of leather shops and under floors of houses (210). The Sufi healing tradition still survives as part of a medically plural environment in contemporary Morocco, but in a much diminished and altered form.

Amster details the complex dynamics of this transition through six chapters examining a variety of different sites of contestation. Chapter 1 examines precolonial Fez as a Sufi polity, built and organized around the veneration of saints as knowers and healers uniting the physical with the spiritual world, as “literal tent stakes, anchoring a floating map of miraculous events on the Moroccan landscape with their bodies” (22). Chapter 2 is largely an intellectual history of French attitudes toward Islamic science in the nineteenth century, emphasizing the shift from a relatively compatible, even incorporationist perspective early in the century to the development of a categorically racist and hierarchical characterization of Islamic science as irrational and inferior to French positivism by the end of the century. Chapter 3 focuses on the brutal murder of a French doctor in Marrakesh in 1907 as a microcosm through which to understand Moroccan perspectives on the introduction of French medicine and its relationship to growing imperialist impulses. Amster makes the point that while Moroccans saw the scientific and material value of French medical knowledge, they were also keenly aware that this knowledge was being used to further French imperial aims, with strong implications for both Moroccan bodies and the Moroccan body politic. Chapter 4 examines four infectious diseases—malaria, typhus, bubonic plague, and typhoid—to reveal the contradictions of French colonial public health ventures. The ideological constructs of French imperialism created scenarios in which colonial administrations frequently assumed epidemics where they did not exist and sometimes even created epidemics where they were previously absent. Epidemics buttressed French attitudes about Islamic backwardness while simultaneously generating resentments that fueled nationalist resistance. Chapter 5 introduces a gendered analysis of the medical