

<rh>Medical Mobilities in the Modern Middle East and N. Africa

<vh>Special Section

A Thread of Life: Mahbub al-Mahmud and Medical Modernization in Early Twentieth-Century Morocco

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<sc>Summary</sc>: The medical auxiliary Mahboub al-Mahmoud (Tangier, 1888–ca. 1970) remains a neglected figure in the history of Morocco’s medical modernization. However, his life and professional trajectory can provide a fruitful standpoint from which to question the persisting nationalist bias that has pervaded the modest postcolonial medical historiography about that farthest corner of North Africa. Mahboub’s multiple mobilities—temporal, social, geographical, professional—transcend the “colonial fractures” created by the complex European partition of Morocco, which have resulted in Moroccans playing no significant role in the narratives of the origin and development of modern medicine in the country. This paper is divided into three sections, each of which deals with a distinctive phase of Mahboub’s itinerary, his connections with various groups of irregular medical practitioners, and the modernizing initiatives they embodied from the times of Hassan I’s late nineteenth-century reforms to the rise of Moroccan anticolonial nationalism in the 1930s.

<sc>Keywords</sc>: Morocco, twentieth century, medical modernization, medical biographies, medical circulations

During the 1970s and 1980s, a debate arose among Moroccan historians about the real impact of the scientific and technological reforms sponsored by successive sultans during the nineteenth century, especially during the reign of Hassan I (1873–94). The poles of the discussion were represented, on the one hand, by the positivist approach of Mohamed Mennouni, who drew up a rich and extensive factual account of individual actors, student missions abroad, or scientific publications and translations.¹ On the other hand, Marxist historian Germain Ayache regarded those initiatives as a failure since they had not achieved their ultimate goal: to prevent the colonization of Morocco.² Ultimately, the debate led to a certain compromise around the idea that nineteenth-century reforms, despite their undeniable ambition, had failed due to their authoritarian, vertical approach, the lack of financial support, their restricted social basis, and the feeble number of engineers, scientists and physicians receiving modern training and hired by the state. As Jamal el-Himer recently put it, the “serious attempt proving the reformist will of sultan Hassan I . . . was hindered by both internal and external obstacles, which effectively prevented its success.”³

A key issue was, however, overlooked by both sides of the debate: the disconnection between precolonial scientific self-modernization, whether succeeded or failed, and the demands and initiatives of the late Protectorate period. This historiographical gap, which matches the so-called hollow years of Morocco’s political nationalism,⁴ has set the country apart from other North African and Middle East societies, where scientific modernization and nationalist activities were not interrupted under colonial rule.⁵ In this paper, I argue in favor of continuities. I show that Morocco’s turn-of-the-century reforms were more diverse in character and larger in scope than has been acknowledged. Although the reforms were still insufficient to

check the European imperialist grip, they would have managed to distort it thanks to the resilience—however fragile and troubled—of certain initiatives embodied by small groups and individual actors. I take Moroccan medical practitioners as my case study. In relation to them, the above-mentioned historiographical gap persists as a seemingly unbridgeable separation between the first few modern-trained physicians of the second half of the nineteenth century and those (few too) who were part of the nationalist movement of the 1940s and championed the reorganization of preventive, care, and educational structures during the early years of independence.

There are several reasons behind this lasting divide. First, medical historians have put the focus on physicians who received a full regular training because their adscription to the privileged classes of Moroccan society granted them access to official, state-sponsored initiatives. A paradigmatic case is Abdeslam al-Alami (d. 1905), whom Hassan I sent to Al-Azhar medical school in Cairo in the late 1870s. After nine years, he returned to Fez, where he became the sultan's personal physician, translated and published several medical works, and opened a private clinic near the Qarawiyyin mosque.⁶ Second, investigations have also concentrated on Arab physicians born or settled in the country's main towns, most of which would later fall within the larger and richer territory assigned as Protectorate to France in 1912, neglecting practitioners of other ethnicities (Jews, Imazighen, Blacks) and from peripheral settings (such as the areas eventually ascribed to the Spanish Protectorate and the International Zone of Tangier). Thus, the list of medical pioneers of independence is usually restricted to Arab doctors trained in France and linked to French Morocco's urban nationalist movement.⁷ Finally, French doctors alone have been credited with the introduction and expansion of modern medicine in early twentieth-century Morocco. Widespread criticism of their legacy, whether in the form of nationalist accounts

denouncing that a mere thirty-five Moroccan doctors received modern training before independence in 1956, or postcolonial analyses exposing the subalternization of traditional practitioners, has not prevented, paradoxically, that both narratives coincide on giving French actors a quasi-monopolistic stand in the country's medical modernization, neglecting the role of either Moroccans, or Westerners other than the French.⁸

One possible way of reducing this “colonial fracture” would be to reconstruct the forgotten genealogy of the “medical nationalism” that emerged in Morocco from the late 1930s or early 1940s and achieved a dominant position in the early years of independence.⁹ Another possibility, the one I propose in this paper, is to conceive of “medical modernization” in Morocco as being not just a century-long, uninterrupted process, but also a pluralistic one in terms of the ethnicity, training, professional trajectory, geographic location, and political ideology of its actors.¹⁰ In this sense, my paper investigates hitherto shadowed aspects of that process through the life of Mahbub al-Mahmud al-Wazzani al-Tanjawi (Tangier, 1888–ca. 1970). A descendant of Black slaves at the service of an aristocratic family of the North, Mahbub al-Mahmud was trained as a medical auxiliary in French Algeria. Back in Morocco, he was granted access to various medical schemes before growing legal restrictions in the French Protectorate led him to an ever-harder search for alternative strategies to continue the practice of modern medicine, which he never renounced throughout his life. He was also a consistent supporter of national independence, though mainly confined to the orbit of alternative projects such as the Riffian uprising of the 1920s.

The thread of al-Mahmud's life has been hard to follow due to my failure to find any personal records and to access primary sources in Arabic. Although this has made fact gathering and fact checking a goal in itself of this paper, the biographical data are

nevertheless analyzed within a distinct theoretical frame. I follow the work of Kapil Raj, Bruno Latour, and other authors, who take circulations and networks as the key sites of production of scientific knowledge and institutions, to claim that al-Mahmud made a significant contribution to the emergence of modern medicine in Morocco through his domestic and transnational mobilities and relations. Actually, I also sketch the trajectories of a number of Moroccan modern practitioners with which he was connected, to produce that sort of “group biography” that has been regarded as a particularly useful methodology “to link life stories with wider historical processes.”¹¹ In a context of mounting colonial pressure, a few individuals came literally to embody Morocco’s medical self-modernization in its darkest hours. They were the thin but resilient thread of continuity between the turn-of-the-century reformist projects and the medical nationalism of the 1940s. The sections of this paper, which follow a chronological sequence, show how Mahbub and others like him challenged the changing social, geographic, and political boundaries that threatened to strike down their attempts to “translate” modern medicine to Morocco.¹²

<A>Between Social Ambiguity and Medical Hybridity

During the second half of the nineteenth century, the city of Tangier, located at the mouth of the Strait of Gibraltar, became the central site of Morocco’s administrative, military, economic, or sanitary reforms, as well as European imperialistic interventions. Regarding medical education, the most innovative initiative was the Escuela de Medicina opened by the Spanish army doctor Felipe Óvilo in 1886, which four years later became an official center for the training of Moroccan military doctors.¹³ The school was one of the most accomplished examples of the convergence between Spain’s short-lived “regeneration” policy and the sultan’s military reforms (*nizam al-askar*).¹⁴

Around fifteen to twenty students, the first ever to receive a modern medical education on Moroccan soil, spent from three to seven years there before being attached to the *tabors* (modern battalions) of Tangier, Rabat, Marrakech, and Fez or sent to the Mogador Island lazaretto. Some of them would remain active until the first decades of the twentieth century. For example, Mohamed Dukkali, Hamed Romani, and Mustapha al-Zaoudi, “three Arab doctors, former students of Dr. Óvilo,” of the school’s first class of 1886–88, still worked in Tangier in 1902.¹⁵ Ahmed Tamsamani, of the school’s second class of 1890–97, was practicing medicine in Fez as late as 1919.¹⁶

Tangier-centered reforms were already fading by the time the Algeciras international conference of 1906 left the city outside the two “zones of influence” assigned to France and Spain—a move that anticipated its isolation from the Protectorates established six years later. The School of Medicine had shut down for good in 1904, and most of the doctors trained there had either left or been displaced and removed from their posts in the army and the quarantine administration.¹⁷ Nevertheless, the ultimate roots of Mahbub al-Mahmud’s career were grounded in those days in which Tangier led Moroccan self-modernization and a certain balance between European interventions and Moroccan agency was still possible. His was, however, a singular path, on the sidelines of official institutions and initiatives. Al-Mahmud was a Black man, and this meant that he descended from slaves imported into the country.¹⁸ His father was still subject to that condition, a fact that may indicate a recent arrival—for the slave trade remained very active in Morocco throughout the nineteenth century. At the same time, he served none other than Mawlay Abdeslam ibn Tayyib (d. 1892), sharif of Wazzan, the leader of one of the country’s most powerful *tariqas* (Sufi brotherhoods)—the *tayibiyya* or *wazzaniya*—a status that gave him a large economic and social power basis and made him second only to the sultan in religious esteem.¹⁹

Besides, al-Mahmud's father was referred to as the "confidential slave" or "chief slave" of Mawlay Abdeslam, and that prominence explains why he was constantly at his side and even accompanied him in some of his diplomatic missions abroad.²⁰

Black slavery was in fact a socially ambiguous institution in Morocco and the Islamic world at large,²¹ with slaves being often "allowed a degree of social mobility" through their insertion within the circles of influential and powerful clans.²² In al-Mahmud's case, his promotion set off shortly after his birth in 1888, when his family was freed following Mawlay Abdeslam's death. Emancipation, as well as his father's employment as *muqqadim* (steward) of certain land properties in Tangier, may have been decided by the sharif but was ratified by his English widow Emily Keene.²³ Another neglected figure in historiography, Keene's marriage in 1873, just months after her arrival to Tangier, had shocked both Europeans and Moroccans, but was consistent with the sharif's fondness for European habits and culture. With his husband's support and despite her amateurish background, Keene set to modernize the *tayibbiya* brotherhood's traditional poor relief schemes by personally prescribing new drugs, introducing hygienic procedures, and performing smallpox vaccination in Tangier, Wazzan, and Fez. She also devoted herself, in Quaker-like manner, to promoting the education of girls, the improvement of prisons, and the emancipation of slaves. Eventually, she grew to support Moroccan independence against European imperialism.²⁴

In my opinion, Keene took al-Mahmud's family as a privileged recipient of her philanthropic efforts. She did not just decide or ratify their emancipation, but imagined a prominent role for the son in the modernization of medicine in Morocco. From its inception, Keene's reformist strategy in relation to the wazzaniya's poor relief schemes had rested on the medicalization of the curative virtues ascribed to the *baraka* (holy

blessing) hereditarily bestowed on the sharif and his clan, which she now shared by virtue of her marriage.²⁵ She tried to present Moroccans with a hybrid of modern science and popular religiosity so that, for example, they accepted being injected smallpox vaccine by the “sharif” believing that “they were partaking in a holy act” with her, as when they struggled to touch Mawlay Abdeslam’s body or clothes hoping to be cured from their ills.²⁶ In this way, Keene predated by decades the allegedly pioneering “medical hybridity” of the French doctor Léon Cristiani in Fez.²⁷ However, conscious of the limits posed by her amateurism and in line with her commitment to the empowerment of Moroccans, she convinced herself that her strategy would achieve a larger success if continued by a member of the Wazzan clan who had been trained as a modern doctor.

Bruno Latour has argued that the fortune of an idea is never only the result of its own value but requires “a force that comes and searches for it, that adopts it for its own purposes, that displaces and maybe betrays it.”²⁸ This explains very well how Keene’s plans for al-Mahmud were both enabled and transfigured by French endorsement. France had established an alliance with the house of Wazzan in its efforts to consolidate its rule in Western Algeria and extend it to Morocco. In exchange for this, Mawlay Abdeslam and her wife had become French *protégés* in 1884 and their sons had been granted access to learning institutions in Algeria.²⁹ By the turn of the century, medicine would come to play a major role in the policy of France in Morocco. The army doctor Fernand Linarès, long attached to the sultan’s court, was allowed to join the *mehalla* (expeditionary force) sent to the Tafilalet region in 1893, providing precious information about the real extent of Morocco’s political sovereignty and military capabilities.³⁰ Seven years later, the director of the French Hospital in Tangier Paul Fumey played a key role in the diplomatic mission that successfully negotiated the

support of the new sharif Mawlay Larbi to the annexation of the Touat-Gourara-Tidikelt complex to French Algeria.³¹

Fumey's success persuaded France that the permanent attachment of a doctor to Wazzan would be highly beneficial, either in terms of intelligence gathering or through the use of modern medicine enveloped in the sharif's baraka to attract the sympathies of Northern Morocco's inhabitants toward French rule. It was probably by playing upon these expectations that Keene managed to introduce Mahbub al-Mahmud in the embryonic world of French education in Morocco. He was admitted into Tangier's French-Arabic school, opened in 1894, restructured in 1898, and managed by the Alliance Française from 1903.³² Prior to the Algeciras conference, the school had a culturally balanced syllabus that combined French and Arabic elements, and most of its students belonged to middle-class families of "manual workers, *mukhazni* [police soldiers], [or] Algerian immigrants."³³ They all aspired to collaborate in the development of the French diplomatic, military, commercial, cultural, or medical interests in Morocco. In the case of al-Mahmud, he was credited with having the potential to "exert a great influence upon Moroccans" if his links with the sharif of Wazzan were exploited in the field of medicine.³⁴

<A>Trained as an Auxiliary, Working as a Doctor

Eventually, al-Mahmud and four other students would be invited to attend a "native medical auxiliaries" course established in 1904 at the Medical School of Algiers. The course's goals were a "translation" of those of the Escuela de Medicina in Tangier. They followed a proposal made by Lucien Raynaud, an Algeria-based doctor and hygienist who had replaced Spanish doctors in the organization of quarantines at the Mogador lazaretto after 1899. In his book *Étude sur l'hygiène et la médecine au Maroc*

(1902), Raynaud made a veiled reference to the Tangier's school—although it had just been closed, he did not bother to mention its name, or Óvilo's—by saying that the Spanish had organized “medical courses adapted for natives.”³⁵ He wondered if that idea could not be “resumed” through the creation of a “school for native *tebibs* [doctors]” in Algiers. Algerian (but also Tunisian and Moroccan) students would first be admitted to the *madrasa* (secondary school) for one or two years, so that they would “learn French, [and] acquire some general scientific notions.”³⁶ Then, they would follow a two-year practical training in “certain clinics of the civil [Mustapha] hospital.”³⁷ The resulting “Muslim *tebibs*” would render a great service by working on those “distant areas” in which European doctors “could not penetrate.”³⁸

As Kapil Raj has argued, ideas and institutions are inevitably transformed in the course of their geographic or social circulation.³⁹ Raynaud's suggestion was eventually taken up in 1904, albeit with changes that distanced it even further from the original Tangerian model. The preparatory stage was suppressed, so the course was reduced to two years of clinical stage, now supplemented with parallel theoretical lessons. Besides, the graduates were meant to work within the Assistance Médicale Indigène (AMI), a new health care scheme comprising a network of native hospitals in cities and native infirmaries in rural *bled* regions in which native auxiliaries would assist French doctors.⁴⁰ Despite all this, the course sparked fears throughout North Africa that Arab auxiliaries would close in too much on French doctors. Organizations behind the initiative such as the Comité de Patronage des Étudiants Étrangers had to insist that the course's goal was just to “prepare good nurses, not to train doctors, a risk that has been carefully avoided.”⁴¹ But the first classes of auxiliaries trained in Algiers were actually faced with what Hannah-Louise Clark has dubbed a “*tebib* or not *tebib*” (doctor or not doctor) dilemma, the disjunctive of regarding themselves as doctors or not, and often

chose the former option.⁴² It was only after October 1911, when the course's contents were further cut in half, that the subaltern nature of auxiliaries became more clearly outlined.⁴³

Mahbub al-Mahmud, together with his fellows Abdelkader al-Abbas, Ahmed ibn Omar, Mohamed al-Yacubi, and Mukhtar ibn Abdeslam, attended the original two-year course in various moments of the period 1906 to 1911.⁴⁴ The former three were the first ones to arrive at Algiers in early November 1906.⁴⁵ Their daily schedule began with a morning visit to patients at the Mustapha Hospital. In the afternoons they either attended hygiene and scientific lectures and conferences at the madrasa or were taught anatomy, physiology, first aid procedures, and notions of pharmacology and surgery at the Medical School by Algerian doctor Belkacem Benthami and French doctor Victor Trenga.⁴⁶ Emphasis was generally laid on "North African pathology," though also on wounds and fractures and Pastorian bacteriology. The French were satisfied with the Moroccan students' motivation and skills. An official report noticed that "two of them are especially well gifted, especially a black man, Mahbub ben Mahmud, 18 years old, who has come at the insistence of the sharifa of Wazzan."⁴⁷ In addition to lobbying for his selection, Keene gave al-Mahmud a letter of presentation in which she advised him "to mix only with educated people, avoid strong liquors, pray regularly and make every effort to please his teachers."⁴⁸

In Algiers, the Moroccan students would be exposed not just to modern medicine but also to Arab cultural and political activism. The link between both was doctor Benthami, a graduate of Algiers School (1897) who received his MD at Montpellier University (1905) and was also one of the main figures of the *Jeunes Algériens*. This movement, inspired by the Young Turks and the Young Tunisians, advocated for the modernization and secularization of Arab society and culture, while

demanding the right of native Algerians to participate in the political and public life of the colony (not necessarily the independence of Algeria).⁴⁹ Benthami lectured Mahbub and his fellows on the *nahda*, the nineteenth-century movement of cultural revival that awakened political consciousness in the Middle East and North Africa. He would claim that modern medicine had to be appropriated by Arab doctors as a way to “reconnect themselves with their autochthonous medical tradition, when the Muslim world was ‘the Educator of Nations, the Protector of Sciences and Letters.’”⁵⁰

A second generation of Moroccan modern practitioners emerged, thus, in the late 1900s, less in number than their Tangier’s predecessors, and lacking their official support and educational level. Trained as auxiliaries in Algiers, they would nevertheless begin their careers as doctors back in Morocco. The rise of French influence gave them the chance to access positions of certain responsibility. For Mahbub, that chance arrived during the Civil War that confronted sultan Abdelaziz with his brother Abdelhafid in 1907–8.⁵¹ No sooner had he graduated on June 29, 1908,⁵² with the highest marks,⁵³ than he rushed to join the four-thousand-soldier force that Abdelaziz summoned in Rabat in the first days of July to launch a last, desperate offensive against Mawlay Hafid’s headquarters in Marrakech.⁵⁴ A *dahir* (decree) authorized him “to practice his medical profession in the sharifian [sultan’s] *mehalla*,” which French army officers, doctor Cristiani among them, were trying to transform into a more efficient combat force.⁵⁵ The campaign, however, ended more abruptly than he or anyone probably expected. Hafid’s forces disbanded the *mehalla* on the road to Marrakech on August 19. Abdelaziz went back to Casablanca and abdicated two days later, beginning a decades-long, French-funded exile in Tangier.

In January 1909 France recognized Hafid as the legitimate sultan. Past support for his brother did not prevent, however, French influence from expanding. As a result,

al-Mahmud and his colleagues advanced their careers under French patronage. In a significant continuity with their Tangier School predecessors, military medicine became a professional niche, though no longer in the sultan's army. During the Civil War, a convention had been signed for organizing a new kind of tabors in the main coastal towns of Morocco as stipulated in the Algeciras conference. The new regiments were composed of European officers and Moroccan noncommissioned officers and soldiers, and chiefly intended to guarantee the security of the foreign residents, as well as the normality of commercial and economic activities.⁵⁶ The two tabors corresponding to Tangier—one under French, the other under Spanish control—were effectively organized between June and August 1908.⁵⁷ The above-mentioned doctor Fumey took charge of the medical care of the French regiment, and al-Mahmud was hired to work by his side. Other colleagues may have been attached to the regiments of Rabat, Casablanca, Mazagan, Mogador, or Safi.

To grasp the importance of al-Mahmud position, it should be noted that Tangier was still regarded by France as the central site of its future power in Morocco in the years following the Algeciras conference.⁵⁸ The pioneering and most important French medical institutions were still located there: a hospital, established in 1865 and moved to a new building in 1893; a native dispensary opened in 1904; and the Pasteur Institute, whose construction began in 1910. They were headed by Paul Fumey, hospital director, tabor medical officer, and medical consultant to the Sanitary Council; Léon Cabanes, dispensary director; and Paul Remlinger, director of the Pasteur Institute. These doctors were meant to become the higher technical authorities of the future French-controlled sanitary administration that would replace the international institutions established during the nineteenth century.⁵⁹ Al-Mahmud embodied the Moroccan side of this project in his triple condition of tabor doctor, “*médecin adjoint*” to Fumey at the hospital,⁶⁰ and

physician at the dispensary with Cabanes.⁶¹ He seemed destined for a key role in the future sanitary administration, and it was probably for this reason that he, together with ibn Omar and al-Yacubi, went back for an additional year at the Algiers Medical School in 1909–10.⁶² This unusual supplementary training period must have reinforced their already strong conviction of being “real” doctors.

It is important to notice that such conviction, or at least a constant willingness to become acquainted with and perform modern medicine, was also present in other Moroccan practitioners whose training was even more fragmentary. That was the case of the “one or several Moroccan students/assistants” that the local government was allowed to attach to the European doctors of the new tabors with a view to “encouraging the practice of [modern] medicine” in the country.⁶³ Some of them took this opportunity to start a lifelong career in medicine against all odds. For example, Abbas al-Offir, a young student of Rabat’s French-Arabic School, was recruited in 1909 by doctor Jules Mauran as tabor assistant,⁶⁴ and maybe also as *interprète-infirmier* (translator-nurse) in the French dispensary.⁶⁵ By the 1930s, he was issuing individual health certificates, prescribing “real drugs,” and giving “all sorts of injections,” including smallpox vaccines; the purchase of an “ultraviolet rays machine” had built him a “solid reputation” in Rabat’s “Muslim milieus.”⁶⁶ French authorities acknowledged that this “ancient nurse,” despite being unregistered, had been practicing for decades a “perfected medicine that went certainly beyond Arabic medicine.”⁶⁷

The role of that heterogeneous collective of auxiliaries, assistants, translator-nurses, and other irregular practitioners in Morocco’s medical modernization has been hitherto neglected. They represented, however, a sort of middle-class contribution to the process that proved the larger scope and diverse nature of reforms, and explained their resilience under European rule. Mahbub al-Mahbub was one of its most prominent

representatives. Despite this, his bright career prospects were rapidly obscured by the march of events in Morocco. The so-called Agadir Crisis of July 1911—Germany’s naval demonstration against the French occupation of Rabat and Fez—obliged France to accept not just an autonomous Spanish Protectorate in Morocco but also the establishment of an international regime in Tangier. Such “unforeseen partition of Morocco into three zones” struck a fatal blow to France’s pan-Moroccan, Tangier-based medical projects, soon displaced by new institutions and actors based in Rabat and Casablanca.⁶⁸ Al-Mahmud and other auxiliaries faced the dilemma of staying in Tangier or moving to the French Protectorate established in March 1912. With Abdelkader al-Abbas, he applied for a position “in a [native] hospital of the French zone” after learning that “the Resident-General [Hubert Lyautey] was in need of native medical auxiliaries” to launch the AMI.⁶⁹ Instead, the French dusted off the old project of sending a doctor to Wazzan after al-Mahmud’s services were requested by the brotherhood.⁷⁰ His task would be “to take care, as a doctor, of the sharif and the inhabitants of this town,”⁷¹ though his presence was also seen as convenient “for the extension of our influence in the region.”⁷² Lyautey was informed by the French Legation in Tangier that al-Mahmud “would be able to pay real services from a medical point of view if he was sent to Wazzan alone” and that he offered “all the necessary assurances.”⁷³

<A>A Health Care Scheme for the Rif Republic

The lack of primary sources opens a gap in the biography of Mahbub al-Mahmud between 1913 and 1924. I think he stayed in Wazzan for most of that long period, given the potential impact of his political and medical tasks, and the possibility of working as a doctor as a result both of his personal service to the sharif of Wazzan and of the

absence of AMI and military medical schemes in a town that would not be occupied by the French until the 1920s. But the fact that al-Mahmud joined the ranks of the Rif Republic—an embryonic independent state that had emerged in the territory of the Spanish Protectorate in 1921—on the eve of its armed offensive against French Morocco suggests that he had become deeply disillusioned with his former patrons in the course of those years. I think one main reason was the declining role awarded to the sharif of Wazzan in French policy in Morocco, and the growing intervention of French authorities in the brotherhood’s affairs. Sometime between 1914 and 1918, for example, Lyautey forced the unification of the spiritual and temporal power of the wazzaniya, divided between the new sharif Mawlay al-Tayyib and his cousin Mawlay Ali, in the hands of the former. Mawlay Ali had opposed the French-backed sultan Abdelaziz during the Civil War and allegedly showed pro-German sympathies during the First World War, while his cousin, a figure “without prestige and without authority,” was completely submissive to the French.⁷⁴ Al-Mahmud, whose appointment to Wazzan had been requested personally by Mawlay Ali to Lyautey, must have resented his removal because it weakened his position and disavowed his mission.

On the other hand, the French began to replicate elsewhere in the North—with French doctors and larger funding—the mixture of modern medicine and baraka that he alone was supposedly expected to perform. As medical historian Ellen J. Amster has shown, army doctor Léon Cristiani “adapted French medicine to the idioms of saintly healing” in the Cocard Hospital of Fez by describing himself as the “*shaykh* [chief] of a *zawiya* [brotherhood’s headquarters] of which the sick are the faithful.”⁷⁵ Many decades later, the city’s inhabitants were still persuaded that “a saintly *sharifian* family, the Wazzani . . . or Alawi . . . , were curing people with him.”⁷⁶ As a result, the hospital’s clientele rose from fifteen hundred patients a month in 1916 to over ten thousand in

1926.⁷⁷ A School for Native Nurses was also opened there in 1916, with Victor Trenga, one of al-Mahmud's teachers in Algiers, as director.⁷⁸ This school was, in my opinion, yet another "translation" of Tangier's Escuela de Medicina, further devaluated in its goals, but still retaining a fraction of uncertainty about the professional status of its graduates, as we will show later. A Swiss doctor who visited it shortly after its creation commented, "We have seen, at Fez Hospital, a school for native nurses, recruited from the town's upper classes, speaking and writing correctly in French, who serve in the operating room and who are meant to be very useful for the development of the health service in Morocco."⁷⁹ A more general reason behind al-Mahmud's rupture with the French was the professional marginalization of Moroccan modern practitioners. The legislative framework set up for regulating the health professions in the French Protectorate—which began with the *Arrêté type municipal* of September 19, 1913, and was followed by the dahir of April 12, 1916—sought to consecrate a monopoly of modern medicine by European doctors, leaving Moroccans confined to the exercise of Arabic classical and traditional medicine or to subaltern roles. Tangier doctors, Algiers auxiliaries, and tabor assistants all were the target of these regulations because their commitment to modern medicine belied the key colonialist narrative of European science versus Islamic tradition. The final blow to al-Mahmud's loyalty may have been the occupation of Wazzan by French troops in October 1920. The sharif was further discredited for having permitted Christians to enter a holy town, and the region fell for the first time under the Protectorate's administration. A native hospital was opened, the seventh in the AMI network, and military doctors were attached to the town's permanent garrison. In that context, al-Mahmud's mission had lost its sense.⁸⁰

Following the French occupation, I think he moved back to his hometown Tangier, where he could count on relatives, old colleagues, and even Emily Keene, still

active in her seventies. He may have opened a pharmacy, for he was later portrayed by both Europeans and Riffians as a “black pharmacist or druggist,”⁸¹ a misleading image uncritically perpetuated by historiography.⁸² That was the first time he shifted his professional profile to a field adjacent to medicine, either for economic reasons or to avoid legal/political problems. But international Tangier had become a nest of political intrigue and smuggling after the onset of the so-called Rif War, an uprising of northern tribes against the Spanish army in July 1921 that eventually evolved into a larger scale conflict that affected French Morocco and developed international ramifications. The Riffian uprising can be taken as the last local attempt to reform the Moroccan sultanate, a tentative self-modernization to check European imperialism and keep the country (or a part of it) independent, inspired by parallel examples in the Islamic world, especially Atatürk’s Turkey. Riffian leader Mohamed ibn Abdelkrim al-Khattabi (Abdelkrim) “was not simply a religious reformist but also a modernizer, anxious to use European techniques when they could benefit his cause.”⁸³ He repeatedly expressed his fondness for modern science, technology, and medicine, as long as they were used for the benefit of the Rif Republic. As he claimed in a *Manifest to the Civilised Nations* sent to the League of Nations on September 6, 1922, “The Riff does not object to modern civilisation, nor is she averse to projects of reformation,” but only if they relied on “a system of government for herself, dependent upon her own will.”⁸⁴

I do not know if al-Mahmud’s return to Tangier or the opening of his pharmacy were directly related to the war. But the climax of his medical career resulted from his decision to leave Tangier and join the Rif Republic in the last days of 1924 or early days of 1925.⁸⁵ Al-Mahmud was not the first modern doctor to work for the Riffians, but he would be the most important.⁸⁶ Aside from his role as Abdelkrim’s personal physician, he was charged with the mission of organizing a modern health care system in the

period in which the Rif Republic came closest to develop a stable, permanent administration. He did so by way of initiatives that bore striking continuities with the modernizing reforms of previous decades. Al-Mahmud's recruitment and prominence, for example, were once again the result of British influence, this time mediated by a humanitarian association called the British Red Crescent (BRC)—which, despite its name, had no relation with the Red Cross / Red Crescent world.⁸⁷ Since October 1924, the BRC had been trying to help the Riffians to organize a local Red Cross society with a view to receiving international medical aid while obtaining indirect recognition as “belligerents” and, therefore, as an independent state.⁸⁸

These efforts proved fruitless. However, publicity given by the BRC to the Riffian cause in Muslim territories of the British Empire resulted in significant sums of money being raised by the Khilafat Committees of British India, the Riff Relief Fund of Lahore, and the Comité de Secours aux Sinistrés Rifains in Cairo.⁸⁹ These sums were forwarded to the association's headquarters in London and used to buy drugs and medical supplies that were sent to a representative in Tangier. With the money left, contacts were made to hire health staff in that city, where the small colony of Britons sympathized with the Riffian uprising in various ways.⁹⁰ Emily Keene, still one of its most respected members, supported Quaker initiatives in favor of refugees.⁹¹ Her decisive role in al-Mahmud's life makes it highly probable that she took part in his recruitment by the BRC or at least was aware of it. Once smuggled into the Rif, he was appointed Abdelkrim's personal doctor and chief physician of the Rif Republic. His first mission was to set up a health care structure for the offensive that was going to be launched against the French Protectorate in April 1925. The centrality of military medicine in the modernizing reforms of the Rif Republic was another element of continuity with previous decades.

Al-Mahmud first established a permanent hospital in Axdir, Abdelkrim's birthplace and headquarters, a small center equipped just with "four wooden beds, with cross-beam, mattress and blanket; an operating table and a board."⁹² Once the offensive was under way, he set up and directed a field hospital (the French termed it *ambulance riffaine*) in Taghanous, a spot in the nearby Al-Hoceima's peninsula, which comprised two tents and was well furnished with drugs and surgical equipment. The latter was actually a donation of the Egyptian Red Crescent and the Khilafat Committees of British India, which had been successfully smuggled into the Rif in June or July 1925 thanks again to the "vigorous intervention" of "certain important British personalities."⁹³ After the landing of the Spanish army in Al-Hoceima Bay in September 1925, both hospitals were bombed by artillery and airplanes despite the fact that "a large cross of reddened earth standing out from a whitened circle was placed at the center of the hospital's tents."⁹⁴ They were thus transferred to Ait Qamra, a village deeper into the Rif, where they functioned until the spring of 1926. Al-Mahmud also directed or supervised the old Spanish army hospital located in the town of Chefchaouen, which served as evacuation center during the 1925 military operations.⁹⁵

At Taghanous, the central Riffian hospital, al-Mahmud trained a small team of assistants in a manner that resembled the irregular education he and others had received from the French before the establishment of the Protectorate. The variegated list comprised his own younger brother;⁹⁶ an Algerian teacher named Said;⁹⁷ Hassan al-Tazi, one of the sons of the sultan's delegate (*mendub*) in Tangier;⁹⁸ the French army nurse Charles Bernard, captured in an advanced outpost north of Wazzan in July 1925;⁹⁹ and two German deserters of the French Foreign Legion.¹⁰⁰ Al-Mahmud also taught some modern medical procedures to local *tebibs* so that they helped in the war effort and organized an evacuation service with Riffian women who gave a first cure to the

wounded on the front lines and decided if they were sent home (mild cases) or to the hospitals (severe cases).¹⁰¹ In the end, the Rif Republic succumbed to a joint French-Spanish offensive in May 1926 and all its embryonic state structures vanished, including the military medical service. Al-Mahmud remained close to Abdelkrim as part of his closer power entourage. As most Riffian leaders, he was not convicted after surrender, being allowed to settle in Fez under surveillance.

<A>Strategies of Resilience in the Medina of Fez

The year 1937 was traumatic for Moroccan nationalism in the French Protectorate. After a decade that had seen the creation of the first secret societies right after the end of the Rif Republic, the first massive demonstrations following the “Berber *dahir*” of 1930, the establishment of the first political party (the Comité d’Action Marocaine [CAM] in 1933) and the presentation of the first program of reforms to French authorities (the Plan de Reformes of 1934), the embryonic movement was shaken by the repressive measures launched by Resident-General Charles Noguès.¹⁰² CAM leaders were detained in November 1936, the party was banned in March 1937, hundreds of protesters and sympathizers were jailed in October, and the top nationalist leaders were exiled to Gabon and the Sahara. The French army entered the medina of Fez and would remain there for over a month.¹⁰³ All these shocking events were softened only by Noguès’s willingness “to compromise with the nationalists” by promoting, among other things, “the extension of general and professional education and the admission of greater numbers of the native elite into administrative and representative bodies.”¹⁰⁴

The 1937 offensive against nationalism in Fez was matched by parallel events in the field of medicine, which have hitherto remained unknown. In August 1937 an anonymous French doctor working at the *ville nouvelle* (the new city built by the French

adjacent to the medina) denounced “a certain number of Moroccan natives who regularly indulge in the practice of medicine or the dental art without fulfilling the legal requisites.”¹⁰⁵ The French doctor was referring not to traditional healers but to “Muslim or Israelite natives [who], being more or less acquainted with the [modern] medical milieu, take advantage of that familiarity to exploit, without a diploma, the credulity of the sick.”¹⁰⁶ A year later, in July 1938, French physician Paul Caraguel, a Paris graduate who ran a private cabinet at Fez al-Jadid (the newest, thirteenth-century Merinide quarter of the medina), presented a request “to prevent the medina’s native *tebib*s from practicing [modern] medicine” that reached as high as General Blanc, the new military governor of Fez and assistant to the resident-general.¹⁰⁷ Caraguel also accused the native nurses of the city’s Service d’Hygiène Publique (SHP) of “using dispensary drugs for the needs of their particular clientele.”¹⁰⁸

Mahbub al-Mahmud’s name was cited in both denunciations and with the same charges—both had been probably written by Caraguel. He was accused in these terms:

<ext>The native Mahboub, former physician of Abdelkrim, has a real medical cabinet at the medina, with instruments, examination table, etc. his prescriptions are accepted in pharmacies, especially the one at K’tarine [Kettanine], in the medina, and he must certainly have a medical license. He also charges 10 francs per visit. He has been drawn to the attention of authorities several times, but nothing has ever been done against him. . . . He also practices the dental art—he worked in the past for a long time in Dr. Franc’s [clinic].¹⁰⁹

Caraguel’s denunciation sheds light on the strategies deployed by al-Mahmud and other irregular practitioners to ensure their resilient yet ever more precarious exercise of modern medicine well into the late 1930s. Before examining such strategies, I find it

necessary to say that the difference between those few practitioners and the also few regular doctors such as Abdelmalek Faraj and Ahmed Djebli al-Ayduni—trained in France in the 1930s and employed in the Protectorate’s health administration or working in French metropolitan institutions—was equivalent to the difference between the elite of the nationalist movement and its intermediate and popular cadres. Both medical self-modernization and nationalism in early twentieth-century Morocco need to be understood as essentially plural endeavors, and I claim that the contribution of nonelite actors and groups was as important for their continuity under foreign rule, if not more, as that of the upper crust—though largely neglected in historiography and commemorations.

As shown in the previous section, al-Mahmud chose a rather alternative path in Wazzan and the Rif, in which his status and work as a “real” doctor were ultimately made possible by the political independence that his patrons (the sharif and Abdelkrim) sustained during a certain period. This section illustrates how he and others like him still found in longtime occupied Fez, during the 1920s and 1930s, social and geographical spaces beyond French control that enabled them to keep on practicing modern medicine. Those spaces existed in the iconic medina, the old town. After the French army took hold of it in the summer of 1911, modern Moroccan practitioners were targeted by the successive Protectorate regulations of 1913 and 1916, later followed by a dahir of August 20, 1926, ordering that “the practice of these [modern health] professions is banned for all those lacking a valid diploma and, also, a license previously issued by the Protectorate’s Secretary General.”¹¹⁰ The iteration of very similar legal texts showed, however, that the authorities were not capable or willing to enforce them strictly. Various kinds of modern practitioners kept on, thus, being “tolerated” by the French and, despite the first official enquiries and warnings, continued to offer their services to

both Moroccans and Europeans. Thus, regular doctors such as Ahmed Tamsamani, trained in Tangier, and the Jewish Salomon Cohen were still openly active in 1919 and may have remained so after that date.¹¹¹

Irregular practitioners should have been an easier target. However, they developed successful strategies to avoid sanctions or achieve “tolerance”—at significant personal and professional costs. A common strategy was to open private cabinets in the heart of the Fez medina, which, as French authorities acknowledged, “was barely accessible to European practitioners,” due to the reluctance of local inhabitants to being assisted by the French doctors of an otherwise underdeveloped SHP scheme.¹¹² Al-Mahmud seems to have obtained a medical license after his arrival in 1926, but finding it increasingly difficult to openly work as a modern doctor, he moved to the old town, where he succeeded in “making a clientele of his own,” as well as in entering fully “within the habits of the medina,” his services becoming “highly appreciated by the *fassi* [Fez citizens].”¹¹³ Several nurses trained at the Cocard Hospital school disguised their unauthorized incursions in medical practice in the same manner, new proof that the contact of Moroccans with modern medicine, however indirect or subaltern, was susceptible of awakening in them a taste for its full practice—as the example of auxiliaries, assistants, and translator-nurses had shown in earlier years. One of those nurses was “the native Smit Sidi,”¹¹⁴ who worked at the anti-syphilis dispensary installed by the venereologist Georges Lacapère in 1916.¹¹⁵ Another one was a certain Ibn Driss, of the municipal dispensary located at el-Adoua quarter of Fez al-Bali (the oldest part of the medina). Caraguel’s charges against him were that “he visits the sick with his mule, has installed a telephone [in his cabinet] and makes all the natives in the medina call him ‘the *tebib* Ben Driss.’ He boasts of enjoying high protection. . . . Prescribes drugs, probably taken from the dispensary, and even hands prescriptions (fee:

10 francs).”¹¹⁶ Despite the evidence of illegal practice, French authorities still had to admit as late as 1937 that these practitioners filled a void, for they provided the only form of modern health care available in that part of the city. Suppressing their services could only be “bad for the population and for epidemiological surveillance (already so difficult and poor), without any benefit for the [municipal] Medical Corps.”¹¹⁷

A second strategy of resilience, in which al-Mahmud was also engaged, was the use of dentistry both as an alternative to and as a cover for the practice of modern medicine. In the latter case, French authorities were aware that some Fez dentists who did not possess a valid qualification not just opened private cabinets and used state-of-the-art technology to expand their clientele, but prescribed drugs, vaccinated individuals, or performed other medical procedures. The director of the Protectorate’s health service, Maurice Gaud, acknowledged in 1939 that “licenses for the practice of the dental art have been issued, exceptionally, for reasons of political opportunity, to natives who lacked a diploma.”¹¹⁸ The legal grounds for this measure were that “their practice predated the passing of the regulations in force” and they could therefore “be assimilated, from that point of view, to tolerated European doctors, without diploma, who have received a similar consideration.”¹¹⁹ Such was the case, for example, of Mohamed al-Bahlouli, who in the 1900s began his career as apprentice to Spanish dentist José R. Cortés, who may or may not have been a relative of doctor Joaquín Cortés, successor of Óvilo at the head of the Tangier medical school.¹²⁰ José R. Cortés had settled in Fez in 1908 after practicing for several years in Tangier, Marrakech and other main cities.¹²¹ He became the personal dentist of sultan Mawlay Hafid, whom he attended in a “luxury dental cabinet” at the royal palace.¹²² After the establishment of the Protectorate, he was “tolerated” by local authorities despite lacking a French diploma and would stay in the city until the 1930s. Al-Bahlouli spent “almost thirty

years” with him, a period during which he succeeded “in doing his job as good as his master.” He eventually purchased “European equipment” and moved on to perform smallpox vaccination.¹²³ In 1938, French authorities denied his request for an official license, though he continued with his work.¹²⁴

In the case of al-Mahmud, he may have combined an interest in dentistry as profitable occupation, with its use as a strategic cover.¹²⁵ For both things he needed to obtain an official license, but failed to get it despite having worked “for a long time” in the clinic of a certain Dr. Franc. He would seek an alternative way in 1938, trying to join what could be called the “dentistry lineage” of Ahmed ibn Driss al-Khayat. Al-Khayat, a Moroccan physician who worked for thirty-five years in Fez until his decease in the early 1930s, had been officially “tolerated” as a dentist by French authorities since 1927.¹²⁶ While still alive, he managed to obtain “the same tolerance” for his son Si Driss ibn Ahmed al-Khayat and for his nephew Sidi Mohamed ibn Sid Messaud ibn al-Khayat. The latter, after working “for eight years without complaint of his clients,” eventually requested “the [official] license to practice the dental art in this city,” which he was finally granted in 1939.¹²⁷ In the same unfavorable context of political repression and professional denunciation, al-Mahmud tried to join the al-Khayat “lineage” so that his medical and dental work was not threatened. Apparently, he was a friend of Mohamed Bennani’s, another nephew and assistant of Si Driss ibn Ahmed al-Khayat. When his uncle died in 1932, Bennani requested official permission to work as a dentist but failed to get it.¹²⁸ In 1938 he died, and then it was “another Moroccan practitioner, Si Mehboub ben Mahmoud, [who] requested permission to succeed him.”¹²⁹ The request was similarly turned down.

Such a frenzy of requests was a direct result of the attempt to exclude Moroccans from modern medicine represented by the dahir of July 5, 1938, regulating the health

professions.¹³⁰ This decree was part of Noguès's repressive measures, a new step toward French monopoly. Al-Mahmud's failure reflected, however, his lack of integration not just into the Protectorate's official structures but also into the Moroccan elites, both medical/dental and political, who were granted restricted access to those structures as Noguès had promised. The two last facts I have gathered about his life and career show how he, once again, took an alternative path in both spheres.¹³¹ In parallel to Caraguel's denunciations and Noguès dahir, al-Mahmud was recruited by the Société d'Education Physique et de Préparation au Service Militaire of Fez in late 1937.¹³² Much later, in June 1947, he was sent to Marseilles in a commission to receive Abdelkrim, whom the French had decided to bring back from his twenty-one-year exile on Reunion Island to counterweight sultan Mohammed V's independence demands and Spanish toleration of northern nationalists' activities.¹³³ The Riffian leader would not arrive because he stepped down from his boat in Egypt and was given asylum by King Faruk.¹³⁴ Although he was defined as a "dentist" in official documents, al-Mahmud's mission would have consisted of assessing the extent of Abdelkrim's heart problems and, probably, surveilling his political activities, much in the same way he had already done with the sharif of Wazzan in the 1910s—and, perhaps, with Abdelkrim himself during the Rif War.

<A>Conclusions

The present study has presented a biographical approach to the education and early professional trajectory of Mahbub al-Mahmud, a key, albeit hitherto neglected, actor of Morocco's medical modernization. The thread of al-Mahmud's biography has been difficult to reconstruct due to the secondary paths through which he systematically walked and my lack of access to personal records and Arabic primary sources of the

period. Despite this, I believe my study shows that the thread of the practice of modern medicine by Moroccans, however thin and fragile, was not interrupted by French (and Spanish) rule. The case of al-Mahmud helps reconnect the story of the late nineteenth-century pioneer physicians with that of the nationalist doctors who took the reins of the country's health care system after independence. The continuity of the process of medical modernization was troubled and hazardous but nevertheless real, and its confirmation ends with the exceptionality of Moroccan medical historiography in the context of the Middle East and North Africa.

The thread of continuity has been possible to weave only by putting the historiographical focus on the role of actors hitherto neglected by both the nationalist and postcolonial narratives. Mahbub al-Mahmud was a representative of a small and heterogeneous collective of practitioners who received an incomplete medical education (auxiliaries, assistants, translator-nurses, nurses, dentists); who often belonged to ethnic groups other than the dominant Arab (Jews, Blacks, Imagizhen) and to social classes less privileged than the aristocratic landowners, military, civil, and religious authorities, and commercial bourgeoisie who surrounded the sultan; and who were often exposed to foreign influences other than the dominant French (and Spanish). These practitioners showed a remarkable resilience in their commitment to modern medicine, devising creative strategies to practice it throughout their lives against an increasingly hostile political and legislative frame.

The example of al-Mahmud—a descendant of Black slaves trained as auxiliary in Algiers thanks to the influence of the sharif of Wazzan and his English widow; returned to Morocco to work in the leading French health structures in Tangier; appointed as personal physician to the sharif of Wazzan; supporter of the Rif Republic; and low-profile doctor and dentist in the heart of the medina of Fez—is striking and

rather unique because his trajectory extended throughout the whole Protectorate period, cut across deeply marked social and political boundaries, and transcended rigid professional barriers. But beyond his individual relevance, the collective that he integrated with other still lesser-known colleagues who have surfaced briefly in these pages reveals that both medical modernization and nationalism in Morocco were endeavors more sustained in time, plural, and diverse than is still assumed. On these grounds, I think a more democratic, globally integrated, and self-centered (medical as well as political) history of Morocco will be possible.

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¹ Mohammed Mennouni, [*Signs of revival in modern Morocco*] [Arabic] (Rabat: Al-Ummia, 1973).

² Germaine Ayache, “[The question of reforms in 19th century Morocco]” [Arabic], *Dar al-Niaba* 1, no. 1 (1984): 13–20.

³ Jamal el-Himer, [*The student missions during the reign of sultan Mawlay Hassan*] [Arabic] (Meknes, 2015).

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⁶ Driss Moussaoui and Michel Roux-Dessarps, eds., *Histoire de la médecine au Maroc et dans les pays arabes et musulmans* (Casablanca: Najah al-Jadida, 1995), 33; Mustapha Akhmisse, *Histoire de la médecine au Maroc. Des origines au Protectorat* (Casablanca: Eddar el-Beida, 1991), 84; Mohammed Jadour, “[Moroccan medicine at the end of the 19th century: The case of Al-Alami]” [Arabic], in [*Medical knowledge and the history of diseases in Morocco*] [Arabic], ed. Asyia Benhadada (Casablanca: Fondation Ibn Saoud, 2011), 50–53.

⁷ Jim Paul, “Medicine and Imperialism in Morocco,” *MERIP Rep.* 60 (1977): 3–12; Mohammed Ghoti, *Histoire de la médecine au Maroc. Le XXème siècle (1896–1994)* (Casablanca: Idéale, 1995), 137–45.

⁸ Ghoti, *Histoire de la médecine au Maroc* (n. 7); Daniel Rivet, *Lyautey et l’institution du Protectorat français au Maroc, 1912–1925* (Paris: L’Harmattan, 1996), 2:223–41; Ellen J. Amster, *Medicine and the Saints: Science, Islam and the Colonial Encounter in Morocco, 1877–1956* (Austin: University of Texas Press, 2015).

⁹ Although this term has been used as a tool for the analysis of the metropolitan memory of colonialism in Pascal Blanchard, Nicolas Bancel, and Sandrine Lemaire, eds., *La fracture coloniale. La société française au prisme de l’héritage colonial* (Paris: La Découverte, 2005), I use it here in relation to postcolonial historiography.

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¹² Simon Schaffer, Lissa Roberts, Kapil Raj, and James Delbourgo, eds., *The Brokered World: Go-Betweens and Global Intelligence, 1770–1820* (Sagamore Beach, Mass.: Science History, 2009).

¹³ Francisco Javier Martínez, “The Tangier’s School of Medicine: A Forgotten Initiative of Medical Education Reform in Morocco (1886–1904),” *J. Int. Soc. Hist. Islamic Med.* 10–11, nos. 19–22 (2010): 80–86.

¹⁴ Wilfrid J. Rollman, “Military Officers and the ‘Nizam al-Gadid’ in Morocco, 1844–1912: Social and Political Transformations,” *Oriente Moderno* 23, no. 84 (2004): 205–25; Francisco Javier Martínez, “Regeneracionismo, sanidad y discurso racial: Felipe Óvilo Canales y la confluencia entre España y Marruecos a finales del siglo XIX,” *Dynamis* 29 (2009): 73–96.

¹⁵ Albert Cousin, *Tanger* (Paris: Augustin Chalamel, 1902), 79.

¹⁶ Dispatch of the Direction des Affaires civiles to the Direction des Affaires Cherifiennes, Rabat, October 8, 1919, Centre des Archives Diplomatiques de Nantes (henceforth CADN), Fonds Protectorat Maroc, 84.

¹⁷ Lucien Raynaud, *Étude sur l’Hygiène et la Médecine au Maroc* (Algiers: Léon, 1902), 183.

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- ²⁰ Emily Keene, *My Life Story* (London: Edward Arnold, 1912), 57, 98.
- ²¹ Pierre Dubois, “Porous Places: Music in the (Late) Pleasure Gardens and Social Ambiguity,” *XVII–XVIII. Revue de la Société d’Études Anglo-Américaines des XVII^e et XVIII^e siècles* 72 (2015): 115–28.
- ²² Josep Lluís Mateo Dieste, “Slave Women and Their Descendants among the Upper Classes in Tetouan, Morocco (1859–1956): Between Recognition and Conflict,” *J. Fam. Hist.* 46, no. 2 (2021): 168–90; Behnaz A. Mirzai, *A History of Slavery and Emancipation in Iran, 1800–1929* (Austin: University of Texas Press, 2017), 96–102.
- ²³ Dispatch of the Pacha of Tangier to the French Minister, Tangier, September 7, 1898, CADN (n. 16), Fonds Tanger A, 675, PO-B1 389.
- ²⁴ Francisco Javier Martínez, “A Woman’s Grace: Gender, Imperialism and Religion in Emily Keene’s Philanthropic Initiatives in Morocco,” *Med. Conflict Survival* 36, no. 1 (2020): 61–81.
- ²⁵ An important difference existed, nevertheless, between the brotherhood’s leader—hereditary depositary of the blessing (*sharif baraka*) and spiritual head of the *zawiya*—and the rest of the clan.
- ²⁶ David Woolman, *Stars in Firmament: Tangier’s Characters, 1660–1960s* (Pueblo, Colo.: Passeggiata Press, 1997), 47.
- ²⁷ Amster, *Medicine and the Saints* (n. 8), 103–9.
- ²⁸ Bruno Latour, *Pasteur: guerre et paix des microbes* (Paris: La Découverte, 2001), 32–33.
- ²⁹ Keene, *My Life Story* (n. 20), 89, 269.

³⁰ Docteur Linarès, “Un voyage au Tafilalet avec S.M. le sultan Mouley Hassan en 1893,” *Bulletin de l’Institut d’Hygiène du Maroc* 3–4 (1932): 1–60.

³¹ Letter of the Tangier Legation to Mawlay Larbi, sharif of Wazzan, Tangier, September 24, 1900, CADN (n. 16), Fonds Tanger A, 675PO, B1 389; Hamza ben Driss Ottmani, *Kaddour Benghabrit. Un maghébin hors du commun* (Rabat: Marsam, 2010), 18; Letter of Dr. Rivoire to the Tangier Legation, Oujda, September 12, 1898, CADN (n. 16), Fonds Tanger A, 674 PO, B1 389.

³² Ottmani, *Kaddour Benghabrit* (n. 31), 17, 20.

³³ Albert Cousin, *Le Maroc* (Paris: Daniel Saurin, 1905), 157.

³⁴ Letter of Paul Mellon to the Ministry of Foreign Affairs, Tangier, March 3, 1906, Archive du Ministère des Affaires Étrangères (henceforth AMAE), 66 Maroc, 407.

³⁵ Raynaud, *Étude sur l’Hygiène* (n. 17), 183.

³⁶ *Ibid.*

³⁷ *Ibid.*

³⁸ *Ibid.* A few Algerians trained at the Algiers Medical School since 1879 had actually worked as doctors in distant military posts. However, their training had not been adapted to the Algerian context. William Gallois, “Local Responses to French Medical Imperialism in Late Nineteenth-Century Algeria,” *Soc. Hist. Med.* 20, no. 2 (2007): 315–31.

³⁹ Kapil Raj, “Beyond Postcolonialism . . . and Postpositivism: Circulation and the Global History of Science,” *Isis* 104 (2013): 337–47.

⁴⁰ Hannah-Louise Clark, “Soigner au bled: cadres et éducateurs en médecine en Algérie pendant l’époque coloniale,” in *Colloque International sur les Politiques de Santé, Algiers, 18–19 January 2014*. http://www.sante.dz/colloque/docs/soigner_au_bled.pdf.

⁴¹ “Comité de Patronage des Étudiants Étrangers. Séance du 30 Janvier 1907,” *Revue Internationale de l’Enseignement* 53 (1907): 216–29, quotation on 223.

⁴² Clark, “Soigner au bled” (n. 40), 7.

⁴³ Hannah-Louise Clark, “Men of Science in Algiers” (paper presented at the Conference Medical Mobilities in the Middle East and North Africa, 1830–1960, Nazareth, January 7–10, 2019).

⁴⁴ William Marsais, *Textes arabes de Tanger* (Paris: Imprimerie Nationale, 1911), ix–x. The course should have started in 1905, but the turmoil created by the visit of Kaiser Wilhelm II to Tangier necessitated a postponement of the initiative to the following year. A certain Mohamed al-Luach, who had been selected in 1905, would not be sent to Algiers.

⁴⁵ “Comité de Patronage des Étudiants Étrangers” (n. 41), 225.

⁴⁶ Clark, “Soigner au bled” (n. 40), 8–9.

⁴⁷ “Comité de Patronage des Étudiants Étrangers” (n. 41), 217.

⁴⁸ *Ibid.*, 226.

⁴⁹ Charles-Robert Ageron, *Genèse de l’Algérie algérienne* (Saint-Denis: Bouchène, 2005).

⁵⁰ Clark, “Soigner au bled” (n. 40), 10.

⁵¹ Charles R. Pennell, *Morocco since 1830: A History* (London: Hurst, 2000), 127–39; Susan G. Miller, *A History of Modern Morocco* (Cambridge: Cambridge University Press, 2013), 62–81.

⁵² Dispatch of the Governor of the Fez Region to the General Residency, Fez, September 15, 1937, CADN (n. 16), Fonds Tanger B, 344bis.

⁵³ *Le Radical*, August 14, 1908. He got 132 points out of 150, while his fellow student Ahmed ibn Omar scored 125.

⁵⁴ Edmund Burke III, *Prelude to Protectorate in Morocco: Pre-colonial Protest and Resistance* (Stanford, Calif.: Stanford University Press, 1976), 120.

⁵⁵ Dispatch of the Governor of the Fez Region to the General Residency (n. 52).

⁵⁶ “Règlement sur les corps de police institués dans les 8 ports de la Côte Marocaine d’après l’Acte d’Algéiras,” in *Nouveau recueil général de traités et autres actes relatifs aux rapports de droit international*, ed. Heinrich Triepel (Leipzig: Libraire Dieterich, 1912), 5:70–88.

⁵⁷ Ministère des Affaires Étrangères, *Documents diplomatiques. Affaires du Maroc* (Paris: Imprimerie Nationale, 1908), 4:284, 323.

⁵⁸ Francisco Javier Martínez, “Double Trouble: French Colonialism in Morocco and the Early History of the Pasteur Institutes of Tangier and Casablanca (1895–1932),” *Dynamis* 36, no. 2 (2016): 317–39, 326.

⁵⁹ *Ibid.*

⁶⁰ Dispatch of Resident-General Lyautey to the Tangier Legation, Rabat, November 2, 1912, CADN (n. 16), Fonds Tanger B, 344bis.

⁶¹ Dispatch of the Tangier Legation to Resident-General Lyautey, Tangier, January 6, 1913, CADN (n. 16), Fonds Tanger B, 344bis.

⁶² Actually, the course lasted just from January to July 1910 because its start was delayed by local protests in Algiers. James McDougall, “Conquest, Resistance and Accommodation, 1830–1911,” in *A History of Algeria* (Cambridge: Cambridge University Press, 2017), 49–85, 82.

⁶³ Triepel, *Nouveau recueil* (n. 56), 80.

⁶⁴ Dispatch of the Protectorate’s Secretary General to the head of the Service du Contrôle Civil, Rabat, May 4, 1934, CADN (n. 16), Fonds Protectorat Maroc, 614.

⁶⁵ The post of translator-nurse provided yet another training opportunity for Moroccans because French doctors were supposed to teach them “to make small dressings and, under their direct supervision, to prepare drugs.” *Instructions relatives au service des dispensaires français au Maroc*, undated leaflet, CADN (n. 16), Tanger Fonds B, 344 bis.

⁶⁶ Dispatch of the Contrôle Civil of Rabat to the head of the Service du Contrôle Civil, Rabat, May 29, 1924, CADN (n. 16), Fonds Protectorat Maroc, 614.

⁶⁷ Ibid.

⁶⁸ Martínez, “Double Trouble” (n. 58), 329.

⁶⁹ Dispatch of the Tangier Legation to Resident-General Lyautey, Tangier, August 27, 1912, CADN (n. 16), Fonds Tanger B, 344 bis. The AMI was finally created by *dahir* of October 21. Jalil Bennani, “Assistance médicale et pacification,” in *Psychanalyse en terre d’Islam* (Toulouse: ERES, 2000), 105–8. Al-Mahmud suggested that a certain Mukhtar Omar replaced him at the *tabor*. He may have attended the Algiers course after its reform in 1911 or perhaps had been his assistant in Tangier.

⁷⁰ After the seminal initiative of Fumey in 1900, the French negotiated the opening of a fifteen-bed “dispensary-hospital” in 1907. But the new sharif Mawlay Al-Taieb argued he could not guarantee a French doctor’s security against the eventual aggressions of nearby mountain tribes, so it was henceforth assumed that the candidate “should preferably be a Muslim” and “should refrain with the utmost care from any kind of propaganda, and exclusively display towards the natives his role as Muslim doctor acting under the influence of the *baraka* of the Wazzan *shorfa*.” The name of Benthami Belkacem was then put on the table, but nothing was finally done until al-Mahmud’s appointment six years later. Dispatch of Dr. Henri Fournial to the Tangier Legation, Wazzan, May 11, 1907; Dispatch of the French Consul in Ksar el-Kebir to the Tangier

Legation, Ksar el-Kebir, July 22, 1907; Note of the Chargé d’Affaires of the Tangier Legation to the Ministry of Foreign Affairs, Tangier, July 24, 1907, CADN (n. 16), Fonds Tanger B, 344 bis.

⁷¹ Dispatch of the Tangier Legation to Resident-General Lyautey, Tangier, December 23, 1912, CADN (n. 16), Fonds Tanger B, 344 bis.

⁷² Ibid.

⁷³ Note of the Tangier Legation to Resident-General Lyautey, Tangier, n.d., CADN (n. 16), Fonds Tanger B, 344 bis.

⁷⁴ Note of Henri Michaux-Bellaire, Salé, November 30, 1925, CADN (n. 16), Fonds Protectorat Maroc, 1MA 100, Direction des Affaires Indigènes.

⁷⁵ Amster, *Medicine and the Saints* (n. 8), 104.

⁷⁶ Ibid., 108.

⁷⁷ Ibid., 105–8.

⁷⁸ Jules Colombani, *Le ministère de la santé et de l’hygiène publiques au Maroc* (Casablanca: Les Éditions Franco-Marocaines, 1924), 213–14.

⁷⁹ Frédéric Blanchard, “Notes sur le service de santé pour les indigènes au Maroc,” *Revue Médicale de la Suisse Romande* 36 (1916): 359–72, 362.

⁸⁰ Alix Woytt-Gisclard, *L’assistance aux musulmans indigènes au Maroc* (Paris, Recueil Sirey, 1936), 67.

⁸¹ Ibid., 103.

⁸² Charles R. Pennell, *A Country with a Government and a Flag: The Rif War in Morocco, 1921–1926* (Wisbech: MENAS Press, 1986), 150; Dirk Sasse, *Franzosen, Briten und Deutsche im Rifkrieg, 1921–1926* (Munich: Oldenburg Verlag, 2006), 75; Jesús Salafrañca, *La república del Rif* (Málaga: Algazara, 2004), 114.

⁸³ Charles R. Pennell, “Women and Resistance to Colonialism in Morocco: The Rif, 1916–1926,” *J. African Hist.* 28, no. 1 (1987): 107–18, 116.

⁸⁴ Mohamed ibn Abdelkrim, *Manifest to the Civilised Nations*, affixed to the letter sent by John Arnall to the Secretary of the League of Nations, London, September 6, 1922, Archive of the League of Nations, Political R-591, 11, 30065, 12861.

⁸⁵ Sasse, *Franzosen* (n. 82), 74.

⁸⁶ In the first years of the Rif War, Spanish doctors captured in combat had been obliged to care for Riffian soldiers and civilians. A couple of French doctors and Muslim physicians trained at the Algiers Medical School were also recruited in French Algeria to work for short periods in the Rif. Francisco Javier Martínez, “Soutenir, soulager: organization sanitaire et médecins au service d’Abdelkrim et de l’armée riffaine, 1921–27,” *Cahier d’histoire immédiate* (forthcoming).

⁸⁷ British Red Crescent Society, *The Work of the British Red Crescent in Three Continents, 1912–1914* (London: British Red Crescent Society, 1915).

⁸⁸ Sasse, *Franzosen* (n. 82), 106; Francisco Javier Martínez, “Weak Nation-States and the Limits of Humanitarian Aid: The Case of Morocco’s Rif War, 1921–27,” in *Dilemmas of Humanitarian Aid in the 20th Century*, ed. Johannes Paulmann (Oxford: Oxford University Press, 2016), 104.

⁸⁹ *Ibid.*, 102; A. Burdett, ed., *Islamic Movements in the Arab World, 1913–1966* (Cambridge: Cambridge Archive Editions, 1998), 2:328.

⁹⁰ Sasse, *Franzosen* (n. 82), 169–74.

⁹¹ Martínez, “A Woman’s Grace” (n. 24), 76.

⁹² Rafael López Rienda, *Del Uarga a Alhucemas. Abdelkrim contra Francia* (Madrid: Calpe, 1925), 313.

⁹³ Martínez, “Weak Nation-States” (n. 88), 102; “A travers le Rif,” *L’Oeuvre*, March 9, 1927.

⁹⁴ *Ibid.*

⁹⁵ *Le Matin*, September 13, 1925.

⁹⁶ “A travers le Rif,” *L’Oeuvre*, March 9, 1927.

⁹⁷ *État Major de l’Armée. Section de renseignements. Maroc*, October 1925, Service Historique de la Defense (henceforth SHD), 3H102.

⁹⁸ Dispatch of the General Residency to the Ministry of Foreign Affairs, Rabat, January 23, 1926, AMAE (n. 34), 67 Maroc, 133.

⁹⁹ *Politique générale marocaine. Le Rif*, May–June 1926, AMAEF (n. 34), 67 Maroc, 138; *Déclaration du Sergent Albert (Raoul)*, Fez, December 12, 1925, SHD (n. 97), 3H100.

¹⁰⁰ Sasse, *Franzosen* (n. 82), 87, 371.

¹⁰¹ Pennell, “Women and Resistance” (n. 83), 116.

¹⁰² Pennell, *Morocco since 1830* (n. 51), 247.

¹⁰³ *Ibid.*

¹⁰⁴ John P. Halstead, *Rebirth of a Nation: The Origins and Rise of Moroccan Nationalism, 1912–1944* (Cambridge, Mass.: Harvard University Press, 1967), 254–55.

¹⁰⁵ Dispatch of the Head of Municipal Services of Fez to the Governor of the Fez Region, Fez, August 2, 1937, CADN (n. 16), Fonds Protectorat Maroc, 614, 94.

¹⁰⁶ *Ibid.*

¹⁰⁷ Dispatch of the Governor of the Fez Region to the Director of Political Affairs, Rabat, July 29, 1938, CADN (n. 16), Fonds Protectorat Maroc, 614, 94.

¹⁰⁸ *Ibid.*

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- ¹⁰⁹ Dispatch of the Head of Municipal Services of Fez to the Governor of the Fez Region (n. 105).
- ¹¹⁰ Parent, "Au Riff," 94.
- ¹¹¹ Dispatch of the Direction des Affaires civiles to the Direction des Affaires Cherifiennes, Rabat, October 8, 1919, CADN (n. 16), Fonds Protectorat Maroc, 84.
- ¹¹² Dispatch of the Governor of the Fez Region to the Director of Political Affairs, Fez, September 15, 1937, CADN (n. 16), Fonds Protectorat Maroc, 614, 94.
- ¹¹³ Dispatch of the Head of Municipal Services of Fez to the Governor of the Fez Region (n. 105).
- ¹¹⁴ Dispatch of the Governor of the Fez Region to the Director of Political Affairs, Rabat, July 29, 1938, CADN (n. 16), Fonds Protectorat Maroc, 614, 94.
- ¹¹⁵ Hannah-Louise Clark, "Civilization and Syphilization: A Doctor and His Disease in Colonial Morocco," *Bull. Hist. Med.* 87, no. 1 (2013): 86–114, 94.
- ¹¹⁶ *Ibid.*, 94.
- ¹¹⁷ *Ibid.*, 94.
- ¹¹⁸ Dispatch of the Director of Public Health and Hygiene to the Delegate of the General Residency, April 7, 1939, CADN (n. 16), Fonds Protectorat Maroc, 614, 94.
- ¹¹⁹ Dispatch of the Delegate of the General Residency to the Director of Public Health and Hygiene, Rabat, March 27, 1939, CADN (n. 16), Fonds Protectorat du Maroc, Carton 614, 94.
- ¹²⁰ Francisco Javier Martínez, "Severo Cénarro y los proyectos médico-sanitarios de la España africana," *Cuadernos del Archivo Central de Ceuta* 19 (2010–11): 255–96, 270.
- ¹²¹ "La odontología en el palacio del sultán de Marruecos," *La Odontología* 19 (1910): 337–341, 337.
- ¹²² *Ibid.*; *La Vanguardia*, August 2, 1912.

¹²³ Dispatch of the Delegate of the General Residency to the Director of Political Affairs, Rabat, January 11, 1938. CADN (n. 16), Fonds Protectorat du Maroc, Carton 614, 94.

¹²⁴ Ibid.

¹²⁵ French dentists in Morocco may have been more progressive in politics than doctors, so this may have been another reason for al-Mahmud's move toward this specialty. For example, during the Rif War, a journal informed of two "communist" dentists having been identified in Fez and Tangier. *L'Action Française*, April 13, 1926.

¹²⁶ Dispatch of the Delegate of the General Residency to the Director of Public Health and Hygiene (n. 119).

¹²⁷ Ibid.

¹²⁸ Dispatch of the Head of Municipal Services of Fez to the Governor of the Fez Region (n. 105).

¹²⁹ Dispatch of the Delegate of the General Residency to the Director of Public Health and Hygiene (n. 119).

¹³⁰ "Dahir du 7 Juillet 1938 (9 jourmada I 1357), modifiant le dahir du 12 avril 1916 (8 jourmada II 1334), portant réglementation de l'exercice des professions de médecin, pharmacien, chirurgien-dentiste, herboriste et sage-femme," *Bulletin Officiel du Protectorat Français au Maroc* 1346 (August 12, 1938): 1078–82.

¹³¹ Al-Mahmud died in Tangier in the 1970s. Pennell, *Country with a Government and a Flag* (n. 82), 154.

¹³² *Le Petit Marocain*, June 15, 1938. This association was part of a vast network deployed in metropolitan France and the empire, whose aim ranged from the promotion of amateur and professional sport among young people to their physical preparation for the military service. Lionel Pabion, "L'Union Chéron': le sport en uniforme (1906–

1939),” *STAPS. Revue Internationale des Sciences du Sport et de l’Éducation Physique* 127 (2020): 29–43.

¹³³ Léon Gabrielli, *Abdelkrim et les événements du Rif (1924–1926)* (Casablanca: Éditions Atlantides, 1953), 222; Zakia Daoud, *Abdelkrim. Une épopée d’or et de sang* (Casablanca: Éditions Ponte d’Anfa, 2010), 455.

¹³⁴ Lucía Calancha and Mhammad Benaboud, “Evasión de Mohammad ben Abdelkrim al-Jattabi a El Cairo según el archivo Varela,” *Hesperia* 16 (2011): 251–70, 268.