AMERICAN
UNIVERSITIES
FIELD STAFF
522 FIFTH AVENUE NEW YORK 36, N.Y.

MODERN MEDICINE IN NORTH AFRICA

A Letter from Charles F. Gallagher

New York
April 15, 1957

In no other field of activity can the French be so proud of what they have accomplished in North Africa as in the domain of public health and medicine. Even the bitterest North African nationalist critic who will storm and rage at what he considers to be French failures in political life, in economic arrangements, or in education, is usually constrained to admit that both his country and the best traditions of French medicine have been nobly served by dedicated men who have spent, and often given, their lives working for a healthier and happier Maghreb.

The work accomplished by the French is naturally most evident where they have been longest installed, i.e., in Algeria; although an impartial judge must consider remarkable what was done in forty-odd years in Morocco.

The public health organization in North Africa began from nothing. When the French landed in the harbor of Algiers in 1830 they found virtually no hygienic organization and no facilities for public health and sanitation; but they did inherit a population afflicted with almost every major disease known to medical science. A handful of European doctors had been treating the Dey's court and his high officials; otherwise conditions were appalling: medicine, especially in the countryside, was submerged in superstition and fetishism; dentistry was practiced, as in the Middle Ages in Europe, by barbers; circumcision--the one surgical operation which all the male population underwent--was likewise done by

barbers, or sometimes, in the villages, by a local religious leader. The death rate from unsanitary practices was extremely high. Notions of public health, aside from the conduit of water to two or three of the largest towns--and that without any provisions for avoiding pollution--were less than rudimentary. The same picture, with little variation in detail, greeted the French in Tunisia in 1881 and in Morocco at the beginning of the 20th century.

It was upon this void that French medicine, military at first, civilian later, began to build. The first aim was to provide for the health of armies which often had to conduct years-long campaigns in unfavorable conditions in North Africa to those in France. Of course when this idea was first conceived, it was meant to benefit primarily the European settlers who streamed into North Africa in the latter part of the 19th century. It was soon found, however, that to make the country medically "safe" for Europeans, it had to be made "safe" for all. And, as humanitarian liberalism triumphed in Western Europe, the ranks of the civil service began to be filled with idealistic young French doctors, who engaged in a long and only recently victorious battle against epidemic diseases.

North Africa in the 19th century was a breeding ground for epidemics. Notable were the epidemics of smallpox (1831-32), cholera (1834), typhus and smallpox again in 1842, and so on until the great 1893 outbreak of cholera. Plague was common too, and let it be recalled that Oran, in Western Algeria, was the site of Camus' novel of this title.

The 1893 epidemic marked a turning point. By this time the discoveries of the Pasteur school had begun to be disseminated; more and more doctors arrived in Algeria and Tunisia, and the teaching of medicine was

CHARLES F. GALLAGHER, who will participate in the AUFS 1956-57 program of visits to member institutions, has devoted the past five years to an intensive study of the affairs of Northwest Africa. He started his higher education at the University of California just after Pearl Harbor and soon was shifted to the Japanese language school at Boulder, Colo. He served out the war as an officer in the Navy and then became fine arts advisor on Japanese cultural property during the occupation of Japan. In 1949 he entered Harvard University to major in Far Eastern languages and history. He was graduated *summa cum laude* in 1951. Subsequently he was twice offered Harvard-Yenching fellowships to continue in the Far Eastern field, but decided instead to study Islamic society. Under Fulbright and Ford fellowships, he worked for two years in Paris and three years in North Africa. After completing his research in Rabat, he settled in Tangier to write a history of Morocco and a grammar of Maghrebian Arabic. He joined the AUFS in July 1956 as a staff member and remained in North Africa to gather material for a series of reports before his scheduled return to the United States in the fall.

THE FRANCO-MOROCCAN HOSPITAL at Souissi, near Rabat, has 676 beds. It was opened in 1955

organized at the University of Algiers. In 1894 the Institut Pasteur of Algeria was founded--the first of several which now dot North Africa and whose laboratory and research work on local health conditions has been of monumental importance in the area. By the turn of the century the uphill part of the struggle was about over; many epidemics would return occasionally, with ever diminishing vigor, up through World War II, but with the creation of mobile sanitary squads in the 1920's, the first signs of a dangerous outbreak could be spotted and combatted even in the most remote parts of the country. The constant progress in recent years is shown in the following table for Algeria:

TABLE A

Year	Cases of Typhus	Typhoid and Paratyphoid	Smallpox
1943	7,728	2,115	1,811
1944	1,554	1,956	1,034
1945	1,116	1,823	334
1946	885	2,451	584
1947	506	1,705	533
1948	206	1,005	422
1949	99	930	314
1950	118	1,030	146
1951	107	853	102
1952	86	891	86

Similar tables would show much the same picture for all North Africa. In Morocco, for example, the infant mortality in 1952 and afterwards for the European population of Morocco was lower than that of France itself (34/1000 as against 43/1000 for 1952, deaths of children under one year out of 1,000 living births). And the general mortality of the Muslim population of Rabat was down to 19/1000 in 1953 as opposed to 32/1000 in 1931. In Morocco as in Algeria, epidemics held the country in their grip throughout the first part of this century. When the French arrived in 1912, plague was raging around Casablanca and Rabat, and serious outbreaks of this disease and of typhus continued at frequent intervals until 1942.

Since epidemics have been brought under control within the past ten or fifteen years, largely by a mass vaccination campaign, medical attention has turned to the social diseases. The three most serious in North Africa are tuberculosis, venereal diseases, and eye diseases. The last is the number one affliction of the whole area, and particularly of the hot, desert regions of the pre-Sahara where it is not uncommon to find almost 100 per cent of the children suffering from trachoma or other infectious eye diseases. A special program is now operating with the help of UNICEF and good results obtained. Syphilis, which was formerly a great scourge, has been sharply reduced in the last two decades with the advent of new treatment methods. Nevertheless, the fact that almost one person in forty in Morocco was treated for venereal disease in a public hospital in 1952 shows the continuing nature of this problem.

At the present time North Africa is in a relatively favorable position, compared to many countries, as regards public health. One of the best indices of this is the lack of precautions attached to visits to the area. Travelers going to Morocco, Algeria or Tunisia are not required to have any special inoculation and they may return to the United States or Western Europe without going through public health formalities. To enter North Africa, however, from Africa south of the Sahara or the Middle East requires various immunizations to cholera, yellow fever, typhus, etc. By these standards North Africa is to be classed with European countries as more a "have" nation than a "have not."

As Table B shows, however, by absolute standards it is deficient in the number of medical personnel working within its frontiers:

TABLE B

	Algeria	Morocco[1]	Tunisia
Population	10,500,000	8,500,000	3,800,000
Doctors	1,700	776	566
Dentists	430	160	108
Pharmacists	600	300	206
Midwives	500	140	160
Hospital beds	25,000	16,000	5,000

These figures do not tell a complete story, however. North Africa is unique in that the nationality of this medical personnel is almost exclusively French. There has been and still is a dangerous lag in developing local personnel trained to do a job which is growing rapidly more difficult as the population zooms at an annual rate of increase of about 25/1,000. In Morocco, where young intellectuals have recently felt it necessary to devote at least a part of their activities to politics, one of the country's leading young Moroccan doctors was shot in a political feud. Almost as grave a loss was the departure from Tangier of that city's foremost Moroccan doctor, Abdellatif Benjelloun, to accept an important ambassadorship in Europe. Only a handful of trained native doctors exist, and their numbers are not growing as they should. The only medical school in all North Africa is the Faculty of Medicine of the University of Algiers; it has equal rank with the medical schools of the other government universities of France, but its students are largely the Europeans of Algeria rather than Muslim Algerians. In Tunisia and Morocco, the only medical training offered in the Institutes of Higher Studies in Rabat and Tunis is for a degree in pharmacy, and here, too, the situation is alarming: in Morocco the last graduating group of pharmacists comprised 10 students, of whom 9 were French. In Tunisia the situation is relatively better--of the 566 practicing doctors at the beginning of 1955, 341 were French, 182 were Tunisian, and 43 were foreigners. The problem remains, however, that the great majority of the medical personnel in both these newly-free countries will be foreigners for some time to come. And it is certain that more than a few of them will leave and go home, although the cultural conventions now being worked out with France will offer them every inducement to stay.

Hospital facilities on the whole are good; least good in Tunisia, most extensive in Algeria, and most modern in Morocco. The ratio of beds to total population in Algeria (almost 2.5/1,000) is favorable when compared to that of a country like France (3.5/1,000). Algiers boasts one large hospital of 2,000 beds with specialized services rivaling those of hospitals in any modern country, and Algeria has two other hospitals of more than 1,000 beds each. The newest show-place hospital in North Africa is the Franco-Moroccan Hospital at Souissi, near Rabat, with a capacity of 676 beds, opened

---

[1] ex-French zone of Morocco only.

in 1955. (See illustration.) I was profoundly impressed when I visited this institution at its formal opening--it was, in respect to its laboratory facilities and its mechanical equipment, certainly the equal of any hospital I had ever seen in America (and much better than any I had ever been in). An idea of the modernity of hospital equipment in Morocco is offered by the fact that three-quarters of the hospital space is less than ten years old.

The Muslim population takes a greater part in the nursing end of medical activities than it does in the practice of medicine. In Morocco, for example, a School of Nursing was founded at the Casablanca Civil Hospital in 1939; in 1945 a similar institution for Muslim female nurses was opened there, and in 1946 a school for Muslim male nurses began instructions in Rabat. By 1950 such nursing schools had been organized for each of the seven regional hospitals of Morocco, and in 1954 more than 200 nurses were following courses at these schools. Head nurses are still almost always French in nationality and training.

The situation in Tangier--the diplomatic capital of Morocco where I lived for 14 months in 1955-56--was similar to that in the rest of French North Africa, but Tangier had exceptional advantages owing to the international administration by which it was governed. As a part of Morocco it had a regional hospital, built and staffed by the French, just like those in the southern zone, and it had its own Institut Pasteur. But it also enjoyed a British hospital and a Spanish hospital, and perhaps the best quality services were obtainable in an excellent clinic operated by a Belgian doctor and his staff. The practicing doctors in Tangier were international in origin, and included one American psychoanalyst, but the majority were French.

My own doctor was in many ways typical. An Alsatian--a German-speaking Frenchman--he had been trained in the University of Strasbourg and had practiced in France before coming to Morocco to settle. The reason was the usual one: the general lack of opportunity in Europe during the depression years of the '30's. Then, as later just after World War II, Morocco had an appeal as a kind of new frontier, resembling in its physical aspects Southern California and offering the chance of a comfortable life on a challenging and new horizon.

Dr. A. was, in theory, a child specialist, but I had been recommended to him by American friends who thought highly of his work and we shared a mutual interest in Moroccan history--he was a founder of the Tangier Archaeological Society. His patients were, like his ability to diagnose in four languages, international. Although his training was French, and of the highest quality, the atmosphere of his office was little different from the homey warmth achieved by a G.P. in a small American town. Only his slight accent and a tendency, understandably common with French doctors, to consider the liver the seat of all internal disturbances, would have betrayed him. In my own case, which had previously been described as colitis and for which a Parisian doctor had prescribed charcoal tablets, Dr. A. diagnosed a "crise de foie" and gave the standard French cure:

cook with olive oil rather than butter, eat artichokes (and Camembert cheese), avoid fried food, fats and wine, and drink copious amounts of Vichy mineral water. This common-sense advice, plus a battery of liver-stimulating tablets which he prescribed for me, seems to have worked and my mildly serious digestive troubles have abated.

Having prescriptions filled, or obtaining any medicament ever produced in any country, was a simple matter in Tangier, and to a lesser extent in all Morocco (whose imports were dutiable only on an ad valorem basis and were subject to an open-door, most-favored-nation treatment). This was not true in Algeria and Tunisia which, under a customs union with France, were more strictly limited to French pharmaceutical products, dispensed under French law or close approximations thereof.

For the itinerant traveler stopping off to or from southern Europe, Tangier was known as a city of banks and pharmacies. It was where you changed your money at the best rate and filled up on all the precious items you could not obtain in Europe: antihistamines, Alka Seltzer, American vitamin tablets, Kleenex, et al. It was where everything, from the newest tranquilizers like Miltown and Equanil on to aureomycin and even more serious narcotic products such as the German synthetic morphines, were sold without prescription in the dozens of pharmacies which dotted the city. Medicines of every kind and size crammed their shelves and could be had at a price usually lower than that asked in the country of origin. It was where a local practicante, usually Spanish, would call at your house and give you an injection of penicillin for 100 francs (about $0.25). My own doctor charged five times this per injection for bringing my immunization card up to date, but I felt a great deal more reassured by letting him inoculate me.

Medical treatment was very reasonable. The consultation fee for a first-class doctor was from 1,000 to 2,000 francs (about $2.50 to $5.00), but the top figure was charged only by the leading specialists in a large city like Casablanca or Algiers, who catered to the rich. The same moderate prices applied to hospital and surgical costs. A friend of mine underwent emergency surgery of moderately serious nature in the Spanish Hospital in Tangier (after having been refused admittance at the British Hospital even though he was a British subject); he spent eight days there and the total cost for the operation, laboratory, anesthesia, and room-and-board came to about $100. Such a figure would have been about doubled in a French-operated hospital, but throughout Morocco a room with meals can be had for about $10-12 a day.

The best tribute I can pay medical science in this area is to reflect that I have some moderately serious dental work to be done in the near future. I cannot possibly pay New York prices and I plan to wait until I return to Morocco where my regular dentist--a painless, efficient worker, equipped with the latest instruments from his native Denmark, and a delightful personality--will do

work just as good as I could find here and at one-fifth the price. This is probably the first time in history that someone is going to Africa to have dental work done.

C F Gallagher