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Malleable Medicine: Conveying, Debating, and Accommodating Medical Knowledge in Colonial Algeria, 1900-1939

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Malleable Medicine

Conveying, Debating, and Accommodating Medical Knowledge in Colonial Algeria, 1900-1939

Thesis for the Research MA Colonial and Global History (30 EC)
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COVID-19 and the restrictions to slow its spread have impacted this thesis, as they have impacted everything else. A trip to the archives in Paris was cancelled and the workdays monotonized amid the volatile health crisis. Meanwhile, my research continued to require source material and my focused attention. It has often been a struggle to navigate these needs and restrictions. Nevertheless, writing this thesis has also been a joy. My topic, a social history of medical knowledge in Algeria between 1900 and 1939, continued to fascinate and I felt both challenged and honored to contribute, be it in slight measure, to the inclusion of the perspectives of Algerians on this matter. Writing this thesis was also joyful because of the generous help and support I received along the way.

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Introduction

To familiarize Algerian Muslims with microbes, germs, and the diseases they cause, a writer going by the pen name *Al-Ḥikma* ('The Wisdom') wrote an informative article in the Algerian Arabic newspaper *Al-Ummat al-Djazāʾir* ('The Community of Algeria'). Before moving to the specific diseases that flies disseminate and the necessary precautions one should take to avoid this, the twofold article, published in 1935, is almost poetic in the way it renders the risk tangible. For instance, according to the writer, a fly produces a sound 'like wind blowing through the reed.' Yet, this insect brought trouble, too:

> Unfortunately for our world, this fly spreads in the houses and it is one of our grimmest enemies because it transmits many different diseases. You could call house flies the "cars of germs and microbes", because they transmit germs and microbes from one place to another like cars transport people from one place to another, and this transportation takes place at a remarkable speed that exceeds the speed of cars. If airplanes were as common as cars, we would call house flies "airplanes of germs and microbes". However, airplanes differ greatly from planes of germs and microbes, since they were used during times of war to drop bombs and to destroy; while planes of germs and microbes drop bombs and destroy during both times of war *and* times of peace.[1]

This metaphor is telling, because it reveals the discursive strategy behind conveying scientific medical knowledge to an Arabic readership that was not yet used to it. In this case, the author compares flies with cars and bomber planes, which many Algerians might have encountered while fighting in the French army during the First World War.[2] This kind of knowledge-on-the-move, across boundaries of culture, politics, and religion is the main subject of this thesis.

The analytical frame in which I will explore this moving knowledge is shaped by what I call 'medical interactions', which take place between different 'orders of medical knowledge'. By avoiding categories like 'scientific medicine', 'colonial medicine', or 'traditional medicine', and instead speaking of 'orders of knowledge', I emphasize that knowledge is not self-constitutive but inherently dynamic and therefore in need of active ordering. Moreover, the

[1] "Al-Ḏubāb wa al-Amrāḍ," *Al-Ummat al-Djazāʾir*, 30 July 1935.
[2] Between 1914 and 1918, almost 300,000 Algerians served in the French army. James McDougall, *A History of Algeria* (Cambridge: Cambridge University Press, 2017), 136-137.

assumption of this intrinsic dynamism diverts scholarly attention from the search for knowledge's origins towards questions concerning the way it moves. By understanding knowledge as such, this thesis contributes to the expanding field of the History of Knowledge.

Yet, before I lay out my research questions to effectively examine moving medical knowledge in colonial Algeria, it is important to have an impression of the historical context in which my research is embedded. I will therefore start by giving a short genealogy that combines the history of the social disparities in colonial Algeria and the cultivation of a medical landscape based on French notions of care.

الذباب والامراض

الذباب « معلوم » على راي المعاجم العربية في وصفها بعض الاشياء . وله اصناف كثيرة ، منها ما يطن ويخرج منه صوت كما يخرج من القصبة عند النفخ ، ومنها ذباب كبير يقال له ذباب الحمير ومنها صنف يقال له ذباب الخيل ، وصنف آخر يقال له ذباب الكلاب لا يجتمع الا عليها . واعمها الصنف الذى نراه في البيوت ويطلق عليه الانكليز ذباب البيت . ومن نكد الدنيا علينا انتشار هذا الذباب في البيوت وهو من الد اعدائنا ذلك لانه يقوم بنقل امراض كثيرة مختلفة . ويمكنك ان تسمي ذباب البيت « بسيارات الجراثيم والميكروبات » لان هذا الذباب ينقل الجراثيم والميكروبات من موضع الى موضع كما تنقل السيارات الناس من موضع الى موضع ويتم النقل بسرعة غريبة تتجاوز سرعة السيارات . ولو كانت الطيارات الهوائية شائعة شيوع السيارات لسمينا ذباب البيت « بطيارات الجراثيم والميكروبات » .

Figure 1: Part of the article about the "airplanes of germs and microbes"

"Al-Ḏubāb wa al-Amrāḍ," al-Umma, 30 July 1935.

Historical Background

The chronological window confining this thesis stretches from 1900 to the start of the Second World War in 1939. However, this was not the first period that Algerians had to deal with alternative medical knowledge from Europe. Starting in 1830, when France conquered Algeria, doctors deployed by the French army established a rudimentary network of military hospitals. These military hospitals provided medical care for soldiers, settlers, and Algerians, because, besides curing European bodies, medicine was considered an important tool to "civilize" the colonized population. This undertaking designated the first structural implementation of European medicine in Algerian daily life. However, Algerians were overall reluctant to frequent French military hospitals. To make it easier for Algerians to receive "European" care, several *hôpitaux indigènes* ("indigenous" hospitals) were opened near the end of the nineteenth century. These hospitals were run by missionaries. Meanwhile, the many medical ideas of Algerians, which were practiced by *ṭoubīb*s (doctors), *ḥakīm*s (wise men, doctors), and *murābiṭ* (*marabouts*, in French spelling, the title of Muslim religious teachers and healers), continued to serve the majority of the population.[3]

Moreover, the unwillingness to welcome the spread of France's alleged civilization was counteracted on different occasions: from 1853 onwards, a corps of *médecins de colonisation* (doctors who served the colonization of the land by assisting European settlers, the *colons*) was trained to serve in the vast and understaffed rural areas of Algeria where most Algerians resided. These doctors offered free medical care for the deprived, toured the land to see patients, and distributed quinine against (malarial) fevers. The endeavor to reach the population in Algeria's hinterland was further institutionalized by the creation of the *École préparatoire de médecine et de pharmacie d'Alger*, which opened in 1857. Almost half a century later, in 1904, this Algiers School of Medicine started to train a small cadre of *médecins auxiliaires indigènes* ("indigenous" medical auxiliaries). These medical auxiliaries had to smoothen the access to French care for Muslims living in the countryside and, in doing so, embody French colonial rule. However, these intermediary medical assistants, of whom there were 300 in total between 1904 and the 1950s, struggled to perform all their medical duties in the large areas they had to cover. Besides the long distances, medical auxiliaries had to deal with all kinds of difficulties

[3] Claire Fredj, "L'organisation du monde médical en Algérie de 1830 à 1914", in: Abderrahmane Bouchène, Jean-Pierre Peyroulou, Ouanassa Siari Tengour, and Sylvie Thénault [eds.], *Histoire de l'Algérie à La Période Coloniale (1830-1962)*, (Paris and Algiers: La Découverte and Barzakh, 2012), 286-289.

such as hostile settlers, lack of payment, and local powerplay in the different *douar*s (rural Muslim villages and a unit of French colonial administration).[4]

After the turn of the century, social divisions instilled by the colonial regime had hardened. This hardening had been a gradual but steady process during the preceding seventy years. From the conquest of Algeria in 1830 onwards, the European settler population had always expected of the military to subject the "native" population so they could "freely" and most efficiently cultivate the land. The prerequisite privatization of property was violently enhanced by the French army, whose ministry officially ruled Algeria until 1870. Algerian peasants were dispossessed and confined to live in small infertile areas and subsequently pushed to wage labor in the agricultural colonies on their former lands. Legally, Algerians were marginalized, too. In 1865, a *sénatus-consulte* (a legal act during the Second French Empire, 1852-1870) fixed Algerians into a legal subordinate status called *indigénat* ('native status'). Algerian Muslims (and, until the Crémieux decree of 1870, also Jews) were hence *indigènes* ('natives') who were considered French subjects, but who were deprived of French citizenship for reasons of behavior, religion, and culture that were all deemed incommensurable with the principles of the French body politic. At the same time, these allegedly insufficient aspects of Algerian personhood were, in theory, judged modifiable and could, thanks to different types of paternalist colonial interventions in the name of "civilization", be "uplifted" towards the standards of citizenship. However, while this social promotion was perpetually postponed, Algerians were subjected to dispossession, arbitrary punishment, and impoverishment while having no right to litigate against this oppression.[5]

The racist *sénatus-consulte* of 1865 endured until 1944 and formed the legal groundwork of colonial Algeria. By 1900, the frames of two populations in the colony had crystallized as a result, with a French citizenry on the one hand, and a group who lacked citizenship, the so-called *indigènes*, on the other. These two groups remained theoretically separated, yet in practice they encountered each other more and more. The Algerian population grew fast and increasingly demanded social elevation from the colonial state by way of, principally, education. Simultaneously, new affective ties of solidarity were forged, not

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[4] Fredj, "L'organisation du monde médical en Algérie de 1830 à 1914", 286-289; Hannah-Louise Clark, *Doctoring the Bled: Medical Auxiliaries and the Administration of Rural Life in Colonial Algeria, 1904-1954*, Ph.D. diss., Department of History, Princeton University, 2014; Hannah-Louise Clark, "Administering Vaccination in Interwar Algeria: Medical Auxiliaries, Smallpox, and the Colonial State in the Communes Mixtes", *French Politics, Culture and Society*, 34:2 (2016), 32-56.

[5] McDougall, *A History of Algeria*, 86-128. Emmanuelle Saada has argued that Algeria should be seen as a social laboratory for the way in which the law determined access to Republican citizenship. Emmanuelle Saada, *Empire's Children: Race, Filiation, and Citizenship in the French Colonies* (Chicago [etc.]: University of Chicago Press, 2012), 99-101.

exceptionally with foreign causes like the situation of Algerian labor migrants in France, the fall of the Ottoman Empire (roughly between 1908 and 1922), and the Rif war in Morocco (1921-1926). In Algeria itself, associative life surged with, for example, the creation of labor unions and cultural and religious societies, which concretized political aspirations and the formation of communities. In lockstep, however, the colonial limits on these communal pursuits concretized too. The various community-forming projects were both accelerated and intensified by more, and more rapid means of transportation and communication like trains, cars, the radio, and the (Arabic) press. Inevitably, these developments led to more contact, overlap, and a more explicit polarization between Algerians and Europeans in the first decades of the twentieth century.[6]

An important current in this period was formed by the aspirations of Muslim reformists. Algerian Muslims' social cohesion and self-identification were confined within the legal boundaries of the *indigénat* and therefore, paradoxically, pressure-cooked by the colonial regime. The reformist *ʿulamāʾ* (learned Muslim men) searched ways to improve the situation of their community *within* the constitutional framework of French Republicanism. Galvanized by the promises of liberty, equality, and brotherhood, the reformist *ʿulamāʾ* presumed the premises of the *indigénat* – chiefly concerning matters of religion and culture – to be modifiable so that they could gradually meet the colonial provisions of citizenship for Algerian Muslims in the near future. Religious and cultural principles thus became politicized and were topics of debate in the Arabic press.[7] Medicine, as we shall see, also became arguable and was, as other fields of Algerian daily life, subjected to the reformist question of how to adhere to a most orthodox form of Islam while also becoming apt for French Republicanism.

Next to the intensification of communal solidarities and the hardening of colonial segregation, the first decades of the twentieth century also saw a changed medical landscape. From the start of the conquest of Algeria, French physicians had considered the invaded land to have an inherently different climate that was warm and miasmic. Contrary to French soldiers and settlers, Algerians were naturally "acclimatized" to this environment and were therefore thought to have inherently different bodies. During the first sixty years of colonial rule, French medical interventions therefore mainly targeted social issues related to hygiene and lifestyle (e.g. the need for clean air and water) and the curing of fevers with quinine.[8]

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[6] McDougall, *A History of Algeria*, 130-178.
[7] Ibidem, 160-165.
[8] Claire Fredj, "Treating a Young Colony: Doctors in the French Army of Africa, Fevers and Quinine, 1830-1870", *Le Mouvement Social* 257:4 (2016), 21-45; Anne Marie Moulin, "Tropical Without the Tropics: The Turning-

This changed in the 1890s. From the founding of the Pasteur Institute in Paris in 1888 onwards, Pasteurian discoveries seeped into Algeria and in 1894, the colony inaugurated its own satellite Pasteur Institute in Algiers. These discoveries altered the way in which the French apprehended Algeria: the colony's population could no longer be seen as intrinsically different, because microscopic research had proven that all bodies were biologically similar. This universality of human biology meant that the colonial social stratification could no longer be hinged on climatic differences. Yet, this did not flatten the hierarchies in Algeria. In fact, Pasteurian science was just as universal as the Republican promise of equality. Variation observed in Algerian's behavior, culture, and religion – not coincidentally the same determinants of the *indigénat* – were pathologized as (bio)medically deviant.[9] Simultaneously however, the French wanted their newly conceived health perceptions to be known and practiced everywhere. Health and disease had become relational conditions which were determined by immunity and contagion. This implied that the wellbeing of the whole colonial population depended on the wellbeing of the separate(d) groups it comprised. Consequently, Algerians became the target of various health campaigns that had to inform them of risks and precautions. Yet, this did not imply that the colonial state became a more socially assertive presence in the lives of the targeted Algerians. On the contrary: laboratory medicine as devised by Pasteur could (selectively) strip medicine of its social components and, hence, 'confine public health to the management of human-microbe interactions', instead of durably improving the appalling socio-economic conditions for the majority of Algerians through medicine.[10]

Hence, while Algerians were exploited and outlawed, they were also encouraged to comply with the health principles of their oppressors. It is within this multi-faceted and volatile forcefield that Algerians tried to maintain stability within their orders of medical knowledge. The following research questions will render their efforts intelligible.

Point of Pastorian Medicine in North Africa", in: David Arnold [ed.], *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900* (Amsterdam and Atlanta, GA: Rodopi, 1996), 160-180.

[9] Ellen J. Amster, *Medicine and the Saints: Science, Islam, and the Colonial Encounter in Morocco, 1877-1956* (Austin, Texas: University of Texas Press, 2013), 10.

[10] This argument is set forth by Aro Velmet. Aro Velmet, "The Making of a Pastorian Empire: Tuberculosis and Bacteriological Technopolitics in French Colonialism and International Science, 1890–1940", *Journal of Global History* 14:2 (2019), 199-217. In the first decades of the twentieth century, Algerian state medicine, the indispensable framework for potential medico-social improvement, was overall under-resourced and neglected (which of course does not mean that it did not exist), see: Clark, *Doctoring the Bled*, 9-15.

Research Questions and Relevance

The main research question of this thesis is: *How did different orders of medical knowledge interact in colonial Algeria between 1900 and 1939?* To answer this question, three domains of medical interaction were delineated, each connected to a particular type of source in which this interaction was discussed, promoted, rejected, or sometimes only mentioned. These sources inform the three sub-questions that together contribute to answering the main question.

The first of these sub-questions is: *How did ordinary Algerians respond to alternative ideas and practices of medicine?* To explore this question, I analyze two books by the French linguist and anthropologist Joseph Desparmet. In these works, Desparmet describes in detail the lives of Algerians living in, or near, the northern city of Blida between roughly 1900 and 1932. Ideas about health and sickness and practices of healing were recurrent themes throughout these accounts. Desparmet, who was fluent in Algerian Arabic, was able to firsthand note these medical understandings, often by quoting practitioners directly. Not only do his works provide a perspective on the daily experience of medicine for ordinary Algerians, they also show glimpses of how metaphysical medicine was challenged from different angles. In the first decades of the twentieth century, Islamic and French conceptions of health and disease trickled into Blida and its hinterland, compelling practitioners of metaphysical medicine – often women – to relate to these new influences. These instances of medical interaction are of particular historical importance, because they shed light on an understudied group of people who produced few sources.

The second sub-question is: *How do medical advertisements in the Arabic press complicate the binary between European "modern" medicine and Algerian "traditional" medicine?* In the chapter revolving around this question, the medical market is taken as a heuristic device that illuminates the variety of medicine on offer in Algeria between 1908 and 1938. By analyzing advertisements related to health and medicine in the Arabic press, a diverse medical landscape appears where market forces drove doctors, pharmacy-owners, and producers of drugs to promote particular perceptions of health and disease. Although there is no direct interaction here (i.e. this chapter does not study the response of somebody confronted with a different medical idea), it is still worthwhile to peek into the medical market, since advertisers acted within a field of economic competition in which their goods and services had to convince the Arabic readership. The assemblage of advertisements in the pages of Arabic newspapers can be considered a platform of medical interaction, since they were pondered interactively in the minds of Algerians looking for a suitable therapy. Underlying this chapter is a critique of the idea that consumers of health care had to choose between *either* French

“scientific” medicine *or* Algerian “traditional” medicine. Instead, the medical market shows that medicine was a supple category, allowing for many compositions of ideas and practices. Yet this chapter carries a warning, too: besides its emancipatory potential as a melting pot of knowledge, the medical market’s suppleness was exploited by European entrepreneurs who tapped into the vast group of Algerian consumers by merely adjusting the form of their advertisements. By coating their medical ads in Oriental guise and baseless references to Islam, they exacerbated rather than mitigated the distinctions between Algerian and European orders of medical knowledge.

The third sub-question focuses on the negotiations involved in the spread and accommodation of newly introduced medical conceptions: *What were the strategies behind the spread of scientific medical knowledge by and amongst Algerians as they become apparent in the Arabic press?* Medicine was subject to historical change and, indeed, this change had accelerated with the introduction of Pasteurian ideas of health, hygiene, and sanitation. The chapter in which I deal with this last sub-question shows how Algerians were far from categorical regarding these new influences but tried to make them compatible with their own Islamic frame of reference by, for example, appealing to particular readings of Islamic law, the *sharʿīa*. To expose the discursive space where the spread and accommodation of scientific medicine were vocalized, this chapter closely analyzes four newspaper articles published in two Arabic newspapers from the early 1930s. Two of these articles deal with the limits to the reach of this medical proselytization. These limits to knowledge dissemination became apparent when doctors tried to promote the benefits of scientific medicine to Algerians who preferred different therapies. The ensuing interactions are included in this chapter as well, because they render the arguments for and against particular medical conceptions explicit and illuminate the political motives and implications behind accommodating or rejecting knowledge.

Together, these three sub-questions offer a kaleidoscopic view of medical interaction in colonial Algeria. To have this historically underpinned view is relevant for two reasons: Firstly, because it complicates the binary between “modern” European medicine and “traditional” non-European medicine. On the one hand, this thesis furthers this complication by demonstrating that the history of scientific medicine outside of Europe was not just a triumphant march of conquering hesitant or resisting minds. Instead of such universalist Eurocentrism, it displays the limits of the spread of Western scientific medicine, the attempts to broker particular conceptions of disease, and the selective accommodation of scientific medicine by Algerians. On the other hand, this research complicates the binary by showing the flexibility and pragmatism of Algerians when confronted with new, alternative knowledge. In the instances of

medical interaction that this thesis puts center stage, we can see glimpses of the thoughtful considerations that preceded the rejection or (piecemeal) acceptance of novel forms of care. Secondly, this thesis' relevance lies in amplifying the voices of rarely-heard historical actors. Via their utterances regarding medicine, we can better understand the daily deliberations of ordinary, non-elite Algerians whose roles, politics, opinions, and desires otherwise remain muffled under the oppressing forces of both colonialism's racialized hierarchies and of its enduring archive that tends to obliterate colonial subjects' agency and personality.

Sources and Methodology

Restrictions put in place to slow the spread of COVID-19 had an impact on this thesis. Working from the Netherlands on the history of Algeria during the colonial period would already have been a challenge without a global pandemic, since most of the libraries and archives of this particular historical context are elsewhere, most notably in France and, of course, in Algeria. After an inspiring online exchange with Hannah-Louise Clark, a specialist of the history of medicine in the Maghreb, I initially planned on writing this thesis entirely on the medical market in colonial Algeria by drawing on medical advertisements. However, my plans to consult the necessary newspapers in Paris were washed away by a looming new "wave" of infections during the early spring of 2021.[11]

Alternatively, I therefore had to work with source material that was either digitally accessible or available to consult in the Netherlands. This had implications for the course of inquiry. Every fruit of research is ultimately the result of continuous attunements between questions, hypotheses, and observations acquired during fieldwork. However, obtaining such a synthesis is a different trade when physical access to sources is severely restricted. Some source material has been digitized and some not, imposing a pre-made selection of what can be consulted and taken into consideration. The same goes for material that was physically available in the different academic libraries in the Netherlands. Inevitably, working with this narrowed set of boundaries to my fieldwork changed the above-mentioned attunements and challenged me to discern the bigger picture in the diverse and often disconnected sources at my disposition.

However, the imposed limits were also a stimulation to look beyond sources that would have been "easier" to access would there not have been any restrictions. It is probable that,

[11] Fieldwork in Algeria would doubtlessly have enriched this thesis, but due to travel restrictions such a research trip was regrettably unimaginable. For the possibilities and impossibilities concerning historical research in Algeria see: Didier Guignard, Akihito Kudo, and Raëd Bader, "Un terrain Algérien pour la recherche," *Vingtième Siècle*, 77 (2003), 110-112. And a more recent follow-up: Annick Lacroix, Claire Marynower, and Hugo Vermeren, "Retour sur les archives algériennes," *Vingtième Siècle*, 110 (2011), 147-149.

without COVID-19, I would have resorted to drawing on the colonial archive more quickly, by which I mean the written traces and testimonies produced by representatives or institutions of the French colonial state in Algeria. As a scholar who is new to the field, the relatively easy access to libraries and archives in France that preserve the colonial archive might have nudged me to make use of this body of sources, seeking for its un(der)-explored niches. Considering its omnipresence, it is not surprising that most of what has been written about the history of Algeria depends on this colonial archive. This has contributed to an overrepresentation of Algerian history as shaped by France and its colonial institutions, which comes at the expense of seeing Algeria in broader and more diverse frameworks of space, time, and ideas.[12] These types of sources produced by the colonial administration might be helpful in explaining how the colonial state exactly worked, yet they are less useful when we want to grasp the social history of ordinary Algerians.

The blind spots of the colonial archive are important to research, because they shed light on the parts of life under colonialism that escaped, wholly or partly, the influence of the colonial administration. On the one hand, this approach stimulates a more holistic appreciation of historical time and space, since it does not depart from the assumption that everything has been affected by colonialism. This approach embeds a particular historical time and place into a wider matrix of influences, rather than departing from the implicit premise that a colonial situation can only be understood through the prism of its "coloniality".[13] On the other hand, studying sources that have not, or at least not directly, been produced by the colonial state paradoxically enables historians to better understand colonialism itself, because in these kinds of sources the influence, imprint, and duress of colonialism are made palpable by those who were most directly subjected to it.[14]

This thesis tries to eschew the colonial archive because of this twofold historiographical potential. Doing so allows me to apprehend medicine in colonial Algeria without considering it as entirely determined by the colonizer and to take seriously its existence outside of the

[12] Historian James McDougall even writes that 'The history of colonial Algeria is, first [...] primarily French history, and then the history of France-and-Algeria.' In his own work, McDougall tries to understand Algerian nationalism beyond such 'fixed' historiographical categories, see: James McDougall, *History and the Culture of Nationalism in Algeria*, (Cambridge [etc.]: Cambridge University Press, 2006), 31. See also: Isabelle Grangaud and M'hamed Oualdi, "Does Colonialism Explain Everything in North Africa? What Historians Can Bring to the Table," *L'année du Maghreb*, 10:10 (2014), 233-254.
[13] Grangaud and Oualdi, "Does Colonialism Explain Everything in North Africa?", 233-254.
[14] Augustin Jomier, *Islam, réformisme et colonisation : Une histoire de l'Ibadisme en Algérie (1882-1962)*, (Paris: Editions de la Sorbonne, 2020), 22-25. In this work on Algerian Ibadism, Jomier taps into the "inner Maghreb" (*l'intérieur du Maghreb*), a concept coined by French sociologist Jacques Berque, who wanted to study those realms of the Maghreb that were only indirectly, not yet, or never impacted by colonialism: Jacques Berque, *L'intérieur du Maghreb, XVe-XIXe siècle*, (Paris: Gallimard, 1978).

influence of the French colonial state. At the same time, this opens up the possibility to research the ways in which French ideas about medicine were dealt with by Algerians who were confronted with these colonial medical alternatives. To render concrete this strategy of avoiding the colonial archive implies to draw on sources in which experiences of Algerians are *described* by themselves, predominantly focusing on sources that were also *produced* by themselves. This means that much of the material I worked with was in Arabic.

The majority of Arabic sources that are studied in this thesis were taken from newspapers with an outspoken Islamic grounding. Until recently, such texts were either seen as expressions of religious devotion, or interpreted in terms of resistance. Both of these essentialized readings strip Islamic sources of their social embeddedness. They are blind for what Arabic texts can explain about the many facets of life as lived by Algerians, for whom Islam informed a large part of their daily existence.[15] This thesis deploys these Islamic sources in Arabic to delve into the social history of Algerians, with a particular focus on what they can tell us about medicine.

The newspapers I consulted are all held by the *Bibliothèque Nationale de France* (BNF) and, apart from one, were all made digitally available through its online catalogue, *Gallica*.[16] These newspapers are: *Al-Ummat al-Djazāʾir* ('The Community of Algeria'), *Al-Balāgh al-Djazāʾirī* ('The Algerian Report'), *Kawkab Ifrīqīyya* ('The African Planet'), and *Al-Iqdām/l'Ikdam* ('The Audacity'). Out of these newspapers, I selected advertisements and articles dealing with medicine and health, translated them, and subsequently interpreted them in light of the specific medical interaction that they illustrate, notably the types of interaction in the medical market (through advertisements, as discussed in chapter two) and informative communication (through newspaper articles, as discussed in chapter three).

Besides these newspapers, I also drew on two books authored by the above-mentioned Joseph Desparmet. These are the *Kitāb al-fawā'id fī al-'awāyid wa-al-qawā'id wa-al-'aqāyid* (1905) ('The book of the benefits of customs, institutions, and beliefs'), which he wrote in Algerian Arabic as a language learning book, and *Le mal magique* (1932), an in-depth account of the medical lives of Algerians in Blida and its surroundings. While reading the works of Desparmet against the grain, I selected the parts that went specifically into situations where Algerians, who practiced a metaphysical form of medicine, were faced with therapeutic alternatives. Especially in *Le mal magique*, these instances are casually mentioned and

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[15] Jomier, *Islam, réformisme et colonisation*, 24-25.

[16] I had the opportunity to consult one newspaper *sur place* during a quick family visit in Paris.

randomly dispersed throughout the entire book, yet they are rare and invaluable recorded examples of ordinary Algerians expressing themselves on this matter, if not at all.

Historiography

Already during the colonial period, French authors interpreted the history of the introduction and organization of European medicine in Algeria. Besides descriptions of how it protected the health of European soldiers and settlers, the recurrent theme in these texts was medicine's contribution to the French "civilizing mission" (*mission civilisatrice*) in the colony. Regarding the Algerian population, medicine was framed as a justification for the imposition of colonial rule. To give an example of this frame: in 1928, anticipating the commemoration of the centenary presence of France in Algeria, Jean Tremsal dedicated the thesis for his doctor's degree to the French 'colonial medicine' in Algeria of the past hundred years. He considered Algeria, when France invaded it in 1830, a land where 'sumptuous ruins of an antique civilization slept in oblivion' until France, 'country of generous enterprises and altruist ideas, "poured out" part of its energy and its overflowing heart [..] and [...] committed its doctors to fulfill their mission of persuasive attraction with the native population.'[17]

Such "heroic" endeavors of French doctors took center stage in this colonial literature, obscuring contemporary Algerian medical ideas and practitioners. In fact, when discussing "Arab medicine," French Orientalists preferred to look at much older Islamic medical traditions. Their texts located the heyday of Arab medicine exclusively in the medieval past, when Europe learned from men like Avicenna, Rhazes, and Averroes. These authors contrasted the medieval period with the period in which they lived themselves and concluded that, ever since, only Europe had developed its medical culture. Thereafter, like Tremsal's thesis, these Orientalist treatises culminated in a justification for the spread of European medicine by way of colonialism.[18] Other works of French scholars during the colonization of Algeria that deal

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[17] 'Partout dormaient, enveloppées d'un oubli destructeur, les ruines somptueuses d'une antique civilisation, et les derniers vestiges d'une légendaire prospérité. [...] Au mépris de tant de dangers, la France, terre des entreprises généreuses et des pensées altruistes, déversa sur le sol africain une partie de ses énergies, et le trop plein de son coeur. [...] et, [...] elle chargeait ses médecins d'accomplir auprès des indigènes leur mission de persuasive attraction.' Jean Tremsal, *Un siècle de médecine coloniale française en Algérie (1830-1929) : contribution à l'étude de l'oeuvre médicale française en Afrique du Nord*, (Tunis: impr. Gén. J. Barlier & Co., 1928), iv-v.

[18] See for example: Alexandre Germain, *La médecine arabe et la médecine grecque à Montpellier, étude historique, d'après les documents originaux*, (Montpellier: impr. de J. Martel aîné, 1879); Joseph Hariz, *La part de la médecine arabe dans l'évolution de la médecine française* (Paris: impr. Graphique, 1922); Henri-Paul-Joseph Renaud, *Trois études d'histoire de la médecine arabe en Occident : extraits d'"Hespéris", 1930-1931* (Paris: Librairie Larose, 1931); Jean Cazenave, *Legs de la médecine arabe à la thérapeutique française du moyen âge* (Alger, impr. de V. Heintz, 1941); Lucien Leclerc, *Histoire de la médecine arabe : Les sciences en Orient, leur transmission en Occident par les traductions latines; exposé complet des traductions du grec*, 2 vols (Paris: E. Leroux, 1876).

with medicine did so with a general focus on the acclimatization of settlers and soldiers,[19] bioprospecting,[20] and on diseases that were allegedly specific to Arabs, like "Arab syphilis" and "Arab bronchitis," which racialized the hierarchy between Europeans and North-Africans through medicine.[21] Whenever authors touched upon contemporary Algerian medical knowledge, they did so dismissively. In their texts, "Arab medicine" was deemed ignorant, unscientific and a proof of Algerians' overall inferiority.[22]

In general, studies of medicine in Algeria that were produced during the colonial period compartmentalized European medicine and Algerian medicine, usually designated as Arab or Islamic medicine. The fault lines maintained by colonial legal divisions formed the blueprint for distinguishing between medical entities. Like legal categories, these clean-cut and supposedly coherent bodies of knowledge were considered unequal in many different ways. Consequently, books on medicine in Algeria helped shape the premises that were used to justify colonial intervention.

In more recent literature on the topic, the binary between colonizer and colonized can still be discerned. To give an extreme but telling example of its endurance, let us consider how, in 2009, Bruno Bonnemain wrote about pharmacy in colonial Algeria. Bonnemain regards this colonial period as a 'parenthesis,' arguing that 'it is as if there was a before and after the French

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[19] See for example: H. Agnély, *Le climat de l'Algérie*, (Alger: impr. de J.-B. Dubois, 1866); Alphonse Marcailhou d'Aymeric, *Manuel hygiénique du colon algérien*, (Alger: impr. de Juillet Saint-Lager, 1873); René Ricoux, *Contribution à l'étude de l'acclimatement des Français en Algérie*, (Paris: G. Masson, 1874); Edward Landowski, *Sur l'acclimatement en Algérie* (Paris: impr. de A. Chaix, 1878); Alcide Treille, *Hygiène du colon et du soldat en Algérie,* (Paris: Bibliothèque des 'Annales économiques', 1889).

[20] See for example: Émile Bertherand, *Ressources que la matière médicale arabe peut offrir aux pharmacopées française et algérienne*, (Algiers: impr. de A. Bourget, 1859); Léon de Rosny, *Notice sur le thuya de Barbarie (callitris quadrivalvis) et sur quelques autres arbres de l'Afrique boréale*, (Algiers: Dubas frères, 1856); Cyrille-Cyprien-Adr. Julien, *Flore de la région de Constantine, comprenant la description succincte des caractères botaniques des plantes de la contrée, de leurs propriétés et de leurs usages chez les Européens et chez les indigènes*, (Constantine: impr. de L. Marle, 1894); Max Guyon, *Contribution à l'étude pharmacographique de quelques drogues nouvelles ou peu connues*, (Algiers: impr.-libr. Jules Carbonel, 1923); P. Fourment and Dr. Roques, *Répertoire des plantes médicales et aromatiques d'Algérie*, (Algiers: impr. de P. Guiauchain, 1942).

[21] See for example: Charles Claude Bernard, *La Syphilis chez les Arabes au point de vue de l'hygiène publique et de la nécessité d'une hospitalisation entièrement indigène,* (Algiers: impr. de V. Aillaud, 1875); Julien Brault, *Pathologie et hygiène des indigènes musulmans d'Algérie* (Algiers: A. Jourdan, 1905). Georges Lacapère, *La syphilis arabe (Maroc, Algérie, Tunisie)*, (Paris: Gaston Doin, 1923); Jean Gontier, *Une forme clinique de pseudo-tuberculose chez les indigènes de l'Afrique du Nord 'la bronchite arabe' (travail du service du docteur Masselot),* (Montpellier: impr. Firmin et Montane, 1924); William Goëau-Brissonnière, *La syphilis nerveuse chez l'indigène musulman algérien : Contribution à l'étude de la syphilis exotique* (Algiers: Impr. 'la Typo-litho', 1926); Simon Benhamo, *Le Bouton d'Orient en Algérie*, (Algiers: impr. de L. Deltrieux, 1927); For an in-depth study of racialization through medicine in the case of "Arab syphilis," see: Hannah-Louise Clark, "Civilization and Syphilization: A Doctor and His Disease in Colonial Morocco," *Bulletin of the History of Medicine*, 87:1 (2013), 86-114.

[22] Émile-Louis Bertherand, for example, one of the nineteenth-century's most prolific writers on medicine in Algeria, wrote in great detail about the practices and ideas behind Algerians' therapeutics. Yet, he always did so to contrast it with European scientific medicine. Émile Bertherand, *Médecine et hygiène des Arabes : études sur l'exercice de la médecine et de la chirurgie chez les musulmans de l'Algérie.* (Paris: G. Baillière, 1855).

presence in Algeria. A before, because we can show that an art of healing existed before the French arrived. And an after, because when the War of Independence was over, Algerians took control of the practice and teaching of pharmacy relatively quickly, depending on the region.' During this "parenthetic" period 'very little autochthonous pharmacists participated in this adventure of 150 years,' which is enough reason for Bonnemain to leave them entirely outside of his analysis.[23]

Not all more recent historiography on medicine in colonial Algeria employs such a blunt and exclusionist compartmentalization. Yet still, scholarship published after the colonial period has often reiterated the binary between colonizer and colonized in direct and indirect ways. Historians of medicine form no exception. They have studied medicine by meticulously examining the colonial state's medical apparatus and its various agents. Recurrent topics in these works are Pasteur Institutes, missionary medicine, military medicine and medicine as practiced by European settlers.[24] Of course, this focus on how the colonial state functioned in the medical domain is important and contributes to our knowledge of both colonialism and medicine. However, by largely excluding the roles and ideas of Algerians regarding medicine, these works tend to describe just one side of an analytical coin that eventually boils down to the reproduction of the old colonizer/colonized-binary. Consequently, whenever Algerians figure in these interpretations, they do so either as subjected victims or as resistance fighters.[25]

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[23] 'On constate [...] que très peu de pharmaciens autochtones vont participer à cette aventure de 150 ans. C'est comme s'il y avait un avant et un après la présence de la France en Algérie. Un avant car on peut montrer qu'il existait un art de soigner avant l'arrivée de la France. Et un après car les Algériens au moment de l'indépendence ont alors pris en main, plus ou moins vite selon les régions, la pratique de la Pharmacie et son enseignement.' Bruno Bonnemain, "Histoire de la pharmacie Française en Algérie (1830-1962)", *Revue d'Histoire de la Pharmacie*, 363 (2009), 303. It is unclear why Bonnemain speaks of a period of 150 years when he refers to the period of the French colonization of Algeria (1830-1962).

[24] For work on the ties between Pasteur Institutes and the colonial state, see: Claire Fredj, "Le laboratoire et le bled : L'Institut Pasteur d'Alger et les médecins de colonisation dans la lutte contre le paludisme (1904-1939)," *Dynamis*, 36:2 (2016), 293-316; M.P. Laberge, "Les instituts Pasteur du Maghreb : la recherche scientifique médicale dans le cadre de la politique coloniale," *Revue française d'histoire d'Outre-Mer* 74:274 (1987), 27-42. For research on missionary medicine, see: Karima Dirèche-Slimani, *Chrétiens de Kabylie (1873-1954): une action missionnaire dans l'Algérie coloniale* (Paris: Bouchène, 2004); Bertrand Taithe, "Algerian Orphans and Colonial Christianity in Algeria, 1866-1939", *French History*, 20:3 (2006), 240-259; Research on medicine as practiced by the French army and by settlers can be found in: Claire Fredj, "Soigner une colonie naissante : les médecins de l'armée d'Afrique, les fièvres et la quinine, 1830-1870" ("Treating a Young Colony: Doctors in the French Army of Africa, Fevers and Quinine, 1830-1870"), *Mouvement Social*, 257:4 (2016), 21-45; Patricia M. E. Lorcin, "Imperialism, Colonial Identity, and Race in Algeria, 1830-1870: The Role of the French Medical Corps", *Isis*, 90:4 (1999), 653-679; Charlotte Ann Chopin, "Embodying "the New White Race": Colonial Doctors and Settler Society in Algeria, 1878–1911", *Social History of Medicine*, 29:1 (2016), 1-20; William Gallois, "Local Responses to French Medical Imperialism in Late Nineteenth-Century Algeria", *Social History of Medicine*, 20:2 (2007), 315-331.

[25] This limited Algerian repertoire can be clearly read in William Gallois, "Local Responses to French Medical Imperialism in Late Nineteenth-Century Algeria", *Social History of Medicine*, 20:2 (2007), 315-331.

Thus, permeating this historiography is the persistent assumption that medicine neatly coincided with colonial power, leaving intact the idea of a colonial confrontation between Algerians and Europeans.[26] In the last decade, however, multiple French historians such as Emmanuel Blanchard, Sylvie Thénault, Muriel Cohen, and Annick Lacroix have called for a reinterpretation of the notion of "contact" in a colonial context. They critique the discursive fault lines created by the historiography of the Algerian War of Independence (1954-1962), which, in their eyes, has put too much emphasis on separation, violence, and domination. This focus has come at the cost of a *longue durée*-view of social history under colonialism that allows for a more nuanced interpretation of colonial coexistence.[27] As such, they aim to reinterpret Algerian colonial history within broader frameworks of space, periodization, identity, and politics, by attending especially to intermediary actors who defied colonial categories and hierarchies. Their study reveals much about the extent and limits of categories and trajectories that have traditionally been historicized as rigid, orderly and somehow natural.

This call to articulate the social history of colonial Algeria was heard by historians of medicine, too. Research became more attentive to the person-to-person, quotidian experiences of people looking for, or providing, care and cure. Algerian point-of-views were accentuated, with a specific emphasis on the "colonized patient" to reconstruct patients' agency in their quest for (French) care.[28] Moreover, the disparity between this colonized patient and a colonizing doctor has been reconsidered by paying close attention to the group of *auxiliaires médicaux* (medical auxiliaries), who held an intermediary position as Algerian physicians working for the French colonial state.[29] The work of Hannah-Louise Clark, which drives this reconsideration, sets the tone in this field. Drawing on a wide range of Arabic source material and with a specific focus on rural Algeria during the interwar period, Clark has shown how Algerian medical

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[26] Yvonne Turin has explicitly argued for this apprehension in order to study sites of 'cultural confrontations.' Yvonne Turin, *Affrontements culturels dans l'Algérie coloniale : écoles, médecines, religion, 1830-1880* (Paris: F. Maspero, 1971).

[27] Three introductions to a collection of accompanying articles have set the tone in this revision of Algerian historiography. Concerning the nineteenth-century, see Hélène Blais, Claire Fredj, and Emmanuelle Saada, "Introduction : Un long moment colonial : Pour une histoire de l'Algérie au XIXe siècle," *Revue d'histoire Du XIXe Siècle*, 41:2 (2010), 7-24; For research on the interwar period, see: Emmanuel Blanchard and Sylvie Thénault, "Quel « monde du contact » ? : Pour une histoire sociale de l'Algérie pendant la période coloniale," *Mouvement Social*, 236:1 (2011), 3-7; Prolonging Blanchard and Thénault's endeavor to research the social history of Algeria is: Muriel Cohen and Annick Lacroix, "Introduction. Entre Algérie et France: Ecrire une histoire sociale des Algériens au vingtième siècle," *French Politics, Culture & Society*, 34:2 (2016), 1-10.

[28] Claire Fredj has illuminated the various ways in which this Algerian "colonized patient" negotiated the (kind of) medical care he or she received from the French state, which works against the idea that patients *either* docilely accepted state medicine *or* completely refused French therapeutics. Claire Fredj, "Retrouver le patient colonisé : Les soins aux « indigènes » dans l'Algérie coloniale (fin XIXe siècle-années 1930)," *Histoire, médecine et santé*, 7 (2015), 37-50.

[29] Clark, *Doctoring the Bled.*

auxiliaries were involved in small-pox vaccination campaigns,[30] and how villagers defied simplistic notions of patronage by strategically seeking state medicine.[31]

Moreover, in a slight change of analytical course, Clark has recently explored how Muslim intellectuals and ordinary Algerians responded to alternative interpretations of health and disease, most notably ideas of microbes and germs as propagated by European doctors. In this work, she zooms in on the efforts that went into rendering commensurable different orders of knowledge, especially through the study of Islamic law and its health-related precepts.[32] This thesis contributes to this recent historiography on medicine in colonial Algeria by further complicating the binary between colonizer and colonized. It enlarges and diversifies the historical evidence underwriting a critique of taking such monolithic blocs as a conceptual point of departure. Instead, this thesis shows that Algerians, in their day-to-day experience with medicine, were not homogeneous in their appreciation of European ideas and practices, but that, for different reasons and in different ways, they showed both willingness and resourcefulness, next to aversion and contempt for these alternative therapies. This thesis attests to this interpretative diversity.

Conceptual Framework

Two concepts loom over both the historiography and my methodology: *colonial medicine* and *medical pluralism*. This thesis is situated at the crossroads of the discussions related to these concepts. They therefore demand closer examination. Here, I will give a short overview of these discussions and explain how this thesis relates to them. Next, I will argue for an alternative gauging of the historical phenomena that colonial medicine and medical pluralism try to clarify: I propose to focus on the movement of medical knowledge across religious and cultural boundaries as can be discerned in the efforts to actively order knowledge.

To start off, *colonial medicine* has been the central concept in literature about medicine in colonies. It arose as an independent field of study in the 1980s. This rise was epitomized by the edited volumes *Disease, Medicine, and Empire* by Roy Macleod and Milton Lewis and *Imperial Medicine and Indigenous Societies* by David Arnold, both published in 1988. These works set the first steps towards an agenda by stating that historians should study both the way in which Western medicine was utilized as a tool for empire and how indigenous people

[30] Clark, "Administering Vaccination in Interwar Algeria".
[31] Hannah-Louise Clark, "Expressing Entitlement in Colonial Algeria: Villagers, Medical Doctors, and the State in the Early 20th Century", *International Journal of Middle East Studies*, 48:3 (2016), 445-472.
[32] Hannah-Louise Clark, "Of Jinn Theories and Germ Theories: Translating Microbes, Bacteriological Medicine, and Islamic Law in Algeria", *Osiris*, 36 (2021), 64-85.

responded to this.[33] Shula Marks has observed that this 80s agenda of colonial medicine studies shared many characteristics with the history of biomedicine in general, since both entailed the disentanglement of scientific interests and patient experiences for purposes of governability. Signaling this resemblance, she wondered: what 'is specifically colonial about colonial medicine?'[34]

Drawing on papers for a conference on Medicine and the Colonies in 1996, Marks suggested some of the field's distinct forays. One of these was the observation that, due to colonial expansionism, large amounts of people were on the move. This flux of bodies was joined by microbes and therefore led to the spread of infectious diseases, as is explained in William McNeill's *Plagues and People* (1977).[35] Another innate potential of the study of colonial medicine, according to Marks, was the unwrapping of particular 'tensions of empire', as theorized by Ann Laura Stoler and Frederick Cooper. Questions of race, gender, and eugenics – often studied in the context of diseases – were medically classified in an effort to durably reproduce the distinctions that lay at the basis of colonial hierarchy. This colonial hierarchy, presuming the rule of a minority over the majority, was inherently instable and its proponents sought footing in self-serving theories that could enhance the legitimacy of their dominance. The way in which medicine contributed to this stabilization of the colonial hierarchy formed a second research strategy within the field of colonial medicine.[36]

However, efforts to chart the particular colonial traits of colonial medicine, meaning the way in which medicine enabled colonialism and vice versa, have led to a unidimensional interpretation that sees medicine essentially as an expression of Western coercive power.[37] This critique is eloquently set forth by Projit Mukharji. Working in the context of British India, Mukharji has pointed to this conceptual shortcoming and argued that its consequence is the presumption that a "Western" kind of medicine "encountered" "indigenous" kinds of medicine before pushing those aside in a confrontation for medical hegemony. Mukharji states that the

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[33] Roy Macleod and Milton Lewis [eds.], *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion*, (London and New York: Routledge, 1988); David Arnold [ed.], *Imperial Medicine and Indigenous Societies*, (Manchester and New York: Manchester University Press, 1988)

[34] Shula Marks, "What is Colonial about Colonial Medicine? And What has Happened to Imperialism and Health?", *Social History of Medicine*, 10:2 (1997), 205-219.

[35] William H. McNeill, *Plagues and Peoples* (New York: Anchor Books, 2010 [1976]).

[36] Marks refers to Ann Laura Stoler and Frederick Cooper, "Between Metropole and Colony: Rethinking a Research Agenda", in: Ann Laura Stoler and Frederick Cooper [eds.], *Tensions of Empire: Colonial Cultures in a Bourgeois World* (Berkeley: University of California Press, 1997), 1-56.

[37] Other seminal books that explore the ties between medicine and colonial power are Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Cambridge, UK: Polity Press, 1991); and David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993).

resulting “encounter-frame” is facilitated and reinforced by the 1980s agenda which promoted a focus on medicine as a tool of empire on the one hand, and on the indigenous response to this on the other. He criticizes this encounter-frame for three reasons: it obfuscates the power imbalance between the two categories; it falsely suggests that medical encounters took place in clearly delineated spaces of interaction; and it erroneously treats medical entities of this dichotomy as mutually exclusive.[38]

Drawing on Mukharji’s critique, I avoid the concept “colonial medicine” in this thesis. I do so for two reasons: First, because I am not convinced by the categorical detachment of colonial medicine from the broader umbrella-term “biomedicine” in the ways Marks has examined. Rather, I think that medicine in both the colony and the metropole ‘mediates between the biological and the social of the human being’, in the words of Ellen Amster; and that the (historical) study of medicine therefore has the potential to ‘trace the modalities of power of the modern state, colonialism, and postcolonial biopolitical reality through the body.’[39] In other words, medicine can render different social relations intelligible and should therefore not be primordially fixed in a separate category. Indeed, the social history of medicine might even explore interesting similarities between colonies and metropoles. Second, I argue that the categorical “fixing” of a phenomenon through the creation of an adjective, like “colonial”, entails a false idea of homogeny, coherence, and isolation from other conceptions of medicine. Such sterile compartmentalization bears the risk of reproducing the “encounter-frame” that Mukharji warned for. Instead of “medical encounters”, I therefore use the term “medical interactions” in this thesis, because, whereas an encounter carries the connotation of a singular adversarial clash, an interaction hints at a more continuous process of interplay.

Yet, if *colonial medicine* does not capture what this thesis intends to examine, then what concept should we use in its place? One candidate is *medical pluralism*. This concept came in use during the 1960s and 1970s, when medical anthropologists researched the ideas and practices of non-Western therapies in an effort to counterbalance Western biomedicine’s claims to universality and superiority.[40] Whereas historians initially fell behind on this critical agenda, they began to catch up in the 1980s, when several scholars started to take non-Western medical

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[38] Projit Mukharji, *Nationalizing the Body: The Medical Market, Print and Daktari Medicine* (London: Anthem Press, 2012), 8-9.

[39] Ellen Amster, “The Body and the Body Politic: Medicine, Public Health, and Healing as History in the Modern Middle East and North Africa”, *International Journal of Middle East Studies*, 47:3 (2015), 563-565.

[40] A key publication of this early anthropological work on medical pluralism is: John M. Janzen, *The Quest for Therapy in Lower Zaire*, (Berkeley [etc.]: University of California Press, 1978).

traditions as legitimate research topics.[41] Recently, preceding a state-of-the-art collection of work on medical pluralism, the concept itself has been critically assessed by Waltraud Ernst. She signals multiple potential pitfalls: first, medical pluralism neither offers a durable solution for the problem of dichotomization between one medical system and another, nor does it suspend a static perception of such systems in the first place. Second, Ernst warns that using medical pluralism as a concept insinuates that medicine 'is located outside the realms of power', because a discourse of 'plurality' makes interaction seem to take place on a neutral, level playing field. And third, besides indicating the trap of situating medicine in a power vacuum, Ernst also alerts scholars to not exclude moral considerations when referring to medical pluralism. The emancipatory potential of pluralism might overshadow questions about the desirability of the emancipated entities (Ernst gives the example of Nazi medical experiments in this regard, but we could also think of, for example, phrenology – although these two are far from incommensurable).[42]

Although Ernst also points to some advantages of using medical pluralism as a concept (e.g. its move away from a Eurocentric perspective and its potential to jointly analyze medical diversity *and* power struggles), I will not use it in this thesis. Answering this thesis' questions within the framework of medical pluralism would not solve the problems that colonial medicine has left us with, being the "fixing" of medical categories that together form a plurality.[43] Designing a new conceptual taxonomy is neither the point of departure nor the goal of my research. Rather, like Ernst, I depart from the assumption that 'medical traditions' are intrinsically 'plural' – both in terms of the variety of ways in which any one tradition has been interpreted and codified by different learned authorities, and in terms of the great variety of their practical applications.'[44]

[41] As we have seen in the discussion of *colonial medicine*, this historical attention for non-Western medicine should be seen as constitutive of the historiographical binary. Important publications in this scholarly vein include: Arnold [ed.], *Imperial Medicine and Indigenous Societies*; and Macleod and Lewis [eds.], *Disease, Medicine, and Empire*.
[42] Waltraud Ernst, "Plural Medicine, Tradition and Modernity: Historical and Contemporary Perspective: Views from Below and from Above", in: Waltraud Ernst [ed.], *Plural Medicine, Tradition and Modernity, 1800-2000* (London and New York: Routledge, 2002), 3-5.
[43] Besides the problem of the necessity of defining sub-categories, Walter Bruchhausen points to the paradox of encapsulating a diverse multitude under a collective denominator: 'As a concept, it is somehow a contradiction in itself because it refers to diversity as a necessity and claims to describe some unifying aspect. Thus at one and the same time it emphasises and denies the worth of a single concept.' Walter Bruchhausen, "Medical Pluralism as a Historical Phenomenon: A Regional and Multi-Level Approach to Health Care in German, British and Independent East Africa", in: Anne Digby, Waltraud Ernst and Projit B. Mukharji [eds.], *Crossing Colonial Historiographies: Histories of Colonial and Indigenous Medicines in Transnational Perspective* (Newcastle upon Tyne: Cambridge Scholars Publishing, 2010), 100.
[44] Ernst, "Plural Medicine, Tradition and Modernity", 6.

Nonetheless, the premise of intrinsic plurality should not hinder clear communication. To describe the interacting orders of medical knowledge in this thesis, I will therefore assign "labels" to these orders, instead of "categories." I have chosen to speak of "metaphysical medicine" when I discuss forms of medicine that consider health, disease, and therapy to have their origins outside of the visible, tangible, natural world. I use "Islamic medicine", when these metaphysical origins are based on Islamic principles. And I use "scientific medicine" to refer to a conception of medicine that excludes metaphysical explanations. These labels are created for practical reasons and by deploying them, I do not intend to "fix" the phenomena they describe.

Next to using these provisional labels, I try to minimize the epistemic violence in my thesis by framing the medical interactions within the field of the History of Knowledge. The roots of this discipline can be found in the 1970s, when the alleged pristine knowledge produced by science was increasingly questioned from a relativist point of view. In the last decade, the questioning of epistemic authority and expertise have only intensified, making historicizing the formation of such authority and expertise even more urgent. The History of Knowledge responds to this urgent call. In an agenda-setting article, Sven Dupré and Geert Somsen have argued that the History of Knowledge 'is more than just an expansion of the history of science'.[45] Rather, it examines the boundaries of science and knowledge constellations, and presumes those boundaries to be inherently permeable and subject to change. This makes the History of Knowledge so suitable for the topic of this thesis: it circumvents the need to "fix" epistemic categories by taking the fluidity and contingency of knowledge as its central topics of inquiry.

Yet the History of Knowledge has another, related analytical advantage: since it regards knowledge constellations as fluid and contingent, it moves away from the master narrative that science is the touchstone that determines the definition and appreciation of its alternatives. In other words, science becomes one order of knowledge among many other orders. The History of Knowledge therefore decenters the origin of epistemic authority. Hitherto, this origin has commonly, and partly as a result of the scholarly focus on the History of Science, been located in the West.[46] In order to reflect both this non-originality and fluidity in the conceptual

[45] Sven Dupré and Geert Somsen, "The History of Knowledge and the Future of Knowledge Societies", *Berichte Zur Wissenschaftsgeschichte* 42:2-3 (2019), 186. The short genealogy of the discipline's rise is also taken from this article.

[46] Marwa Elshakry has demonstrated how the History of Science has contributed to the frame of science being "Western". She shows how this idea was in fact developed outside of "the West". Marwa Elshakry, "When Science Became Western: Historiographical Reflections", *Isis* 101:1 (2010), 98-109.

vocabulary of the new discipline, Philipp Sarasin has proposed to speak of ‘orders of knowledge’. Other than “categories”, “entities”, or “cultures”, the term “orders of knowledge” inherently implies that the described knowledge is not self-constituting: it is “ordered” by a variety of stabilizing frames.[47] In this thesis, I deploy this terminology of “orders of knowledge”, too, because I want it to be clear that the medical knowledge at play in colonial Algeria – as any knowledge indeed – needed continuous and active ordering.

In the three chapters that follow, different medical interactions will be explored. However, each interaction will demonstrate that Algerians, despite their social marginalization, continued to hold control over the ordering of their medical knowledge. Hence, medicine was malleable, and in the way Algerians molded it we can read how they related to the times in which they lived.

[47] Philipp Sarasin, “More Than Just Another Specialty: On the Prospects for the History of Knowledge”, *Journal for the History of Knowledge* 1:1 (2020): 2, pp. 2-3. Sarrasin borrows the idea of ‘orders of knowledge from Michel Foucault. Michel Foucault, *Archaeology of Knowledge* (London and New York: Routledge, 2002 [1969]).

1. Joseph Desparmet and Blida's Challenged Medical Practitioners

Introduction

French anthropologist Joseph Desparmet (1863-1942) maneuvered through Algeria's colonial society precisely there where the tensions between Algerians and Europeans were most palpable. As an exemplary product of France's knowledge production apparatus *and* as an expert of Algeria's popular culture, he held a unique position from which he could notice the cultural sparks that, ignited by the loaded field of colonial tension, jumped from colonizer to colonized and vice versa.[48] In other words, Desparmet had both a rare perspective and a knowledgeable view on the social and cultural demarcation lines between Algerians and Europeans, so rigidly separated by the 1865 *sénatus-consulte*. He was therefore capable of signaling instances of interplay and, occasionally, of the modification of these lines. Pertinently for the research at hand, a recurrent subject of Desparmet's studies were Algerian conceptions of health, sickness, and healing. These conceptions were, as we will see, no static entities but rather flexible medical interpretations that were shaped by particular historical circumstances.

In this chapter, I centralize Desparmet and his anthropological works on medicine with the following sub-question in mind: *How did ordinary Algerians respond to alternative ideas and practices of medicine?* I will answer this question in three steps: Firstly, I will critically assess Desparmet's pivotal position through a combined analysis of his biography and an earlier discussion of his persona by Fanny Colonna. This will lead to a better understanding of his position and his scholarly production which, in turn, will enhance our interpretation of his descriptions of changing medical knowledge. Secondly, I will discuss one of Desparmet's texts on medicine in Algeria in order to see his ambivalent positioning reflected in his scholarly work. And thirdly, I will zoom in on instances that describe, or allude to, how Algerian orders of medical knowledge were challenged by alternative medical ideas and practices, and how these orders, under the influence of such alternatives, were actively re-stabilized.

Taken together, these three discussions will result in a double-layered answer of the sub-question. That is to say, it is sensitive to the considerations that led up to changing medical knowledge, *and*, reflexively, it is critical of the producer of the extraordinary source material that allows us to interpret these considerations in the first place. Answering this sub-question contributes to answering this thesis' main question, because it brings the perspective of

[48] The idea that tensions of empire play out in a "loaded" field is borrowed from Arthur Asseraf, *Electric News in Colonial Algeria* (Oxford and New York: Oxford University Press, 2019), 11-17.

Algerians who were directly confronted with medical alternatives to the table. This rare point of view, articulated by practitioners themselves, gives insight into medical interaction in a most immediate and individualized sense. As such, this chapter attests to the negotiated malleability and, hence, historical contingency of medical orders of knowledge.

However, the importance of discussing the acts and thoughts of these Algerian medical practitioners transcends my discussion of medical interaction. For these practitioners, whose medical knowledge is often juxtaposed *vis-à-vis* etiquettes like "learned medicine", "scientific medicine", and "expertise", can here, speaking via the words of Desparmet, be seen to position themselves within a dynamic spectrum where multiple orders of medical knowledge were at play. Such agency of positioning and negotiated interplay with external influences is a rare phenomenon in the colonial archive of which Desparmet's works should be seen as a part. Moreover, a large part of the vivid group of Algerian respondents who figure in Desparmet's work were women. Throughout the texts, they are frequently quoted directly, which gives invaluable insight into their practices, thoughts, power, and – indeed – expertise. Thus, besides a fascinating-though-compromised source to research medical interaction, Desparmet's work also forms an opportunity to re-include women, as prominent and omnipresent providers of care and cure, into the medical history of Algeria.

In this chapter, two works of Desparmet's extensive oeuvre are singled out, because they address medicine most directly. The first text is part of a chapter on medicine in Desparmet's *Kitāb al-Fawā'id fī al-'awāʾid wa-al-Qawā'id wa-al-'aqāʾid* (1905), which can be translated as "The book of useful lessons concerning customs, institutions, and beliefs".[49] *Kitāb al-Fawā'id* is essentially a language learning book for French students aspiring to learn the Algerian Arabic colloquial. The many texts it contains, in Algerian Arabic, deal with a broad range of subjects illustrating the particular characteristics of the colonized population. Although its section on medicine is insightful, it also epitomizes colonial knowledge for it was meant to enhance colonial control over Algerians. The second work under discussion in this chapter is *Le mal magique* (1932). This book is an in-depth anthropological examination of the metaphysical medical conceptions of ordinary Algerians living in the northern city of Blida and its hinterland, located 50 kilometers below Algiers. Together, these two hitherto unexplored texts form the core source of this chapter. However, before delving into its contents, the biography and positioning of Desparmet will be discussed.

[49] Henceforth, this work will be referred to as *Kitāb al-Fawā'id*.

Desparmet

Joseph Desparmet began his career as a secondary school teacher in Paris, teaching French and Latin. This linguistic vocation expanded when he started learning, and later teaching, Arabic in Algeria. In 1907, Desparmet was the first to receive an *agrégation* in Arabic (the most advanced examination for civil service in the French public education system), after years of studying the Arabic colloquial that is spoken in the city of Blida and its surroundings. The fruit of his work was a language manual of this particular colloquial, which was republished many times and became a go-to resource for Arabic language acquisition in the colony.[50]

Yet, Desparmet's expertise reached far beyond linguistics alone. Through his fluency, he had access to Algerian voices, which allowed him to conduct ethnographic research amongst the Algerians living under the *indigénat*. Throughout the first decades of the twentieth century, he collected oral testimonies about popular beliefs, customs, literature, and local institutions from the *Mitidja* plain in Algiers' hinterland, where Blida is one of the largest cities. He worked tirelessly: next to his teaching positions, he authored more than five ethnographic books in both French and (colloquial) Arabic and many articles that appeared in journals about Algeria.[51] Owing to a combination of his ethnographic interests and his linguistic reach, Desparmet became one of the most invested experts of Algerian popular culture.[52]

Repeatedly, during his career and even after his retirement in 1928, Desparmet drew on his fieldwork to study the surge of Algerian nationalism. In various articles, he connected oral, popular traditions to this political project of the reformist *ʿulamāʾ*.[53] In 1976, these unusual explanatory connections between linguistics, folklore, and politics moved Algerian social scientist Fanny Colonna to pick Desparmet as one of two French colonial scholars for an analysis of their positions in the intellectual field of colonial Algeria.[54] Colonna explains how

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[50] Joseph Desparmet, *Enseignement de l'arabe dialectal d'après la méthode directe* (Algiers, 1907-1913). This language book contains lists of vocabulary and presents exercises. In general, it is much more grammar-oriented than *Kitāb al-Fawāʾid*.

[51] Important monographs include: *Kitāb al-Fawaʾid fī al-ʿawāʾid wa-al-Qawāʿid wa-al-ʿaqāʾid* [*Le livre des bienfaits sur les coutumes, les institutions et les croyances*] (Blida, 1905); *La Poésie arabe actuelle à Blida et sa métrique*, Actes du XIVe congrès international des orientalistes, Tome III, (Paris, 1907); *Contes populaires sur les ogres* (Paris, 1909-1910, 2 vol.); *Ethnographie traditionnelle de la Mittidja : L'enfance* (Algiers, 1927); *Le mal magique : Ethnographie traditionnelle de la Mettidja* (Algiers and Paris, 1932).

[52] Desparmet's private papers are held at the *Maison Méditerranéenne des Sciences de l'Homme* in Aix-en-Provence. This information is drawn from the biographical information on its website: https://archimede.huma-num.fr/index.php/fonds-joseph-desparmet-2 and from: Asseraf, *Electric News in Colonial Algeria*, 119.

[53] For this more political work, see for example: Joseph Desparmet, "L'oeuvre de la France jugée par les indigènes", *Bulletin de la Société de Géographie d'Alger et de l'Afrique du Nord* (1910), 167-186, 417-436; Joseph Desparmet, "L'entrée des Français à Alger par le cheikh Abdelkader", *Revue africaine* (1930), 225-256; Joseph Desparmet, "Quelques échos de la propagande allemande à Alger", *Bulletin de la Société de Géographie d'Alger et de l'Afrique du Nord* (1915), 46-73.

[54] The other being Augustin Berque (1884-1946), a head of the Native Affairs administration of the French government in Algeria. Like Desparmet, Berque was no classic academic but, in the words of Colonna, a

Desparmet only figured in the margins of this field, because he taught at high school level far from Algiers and only held interim positions at university. She writes that he 'was viewed at the time as a folklorist, a sort of provincial notable who prided himself on being an intellectual.'[55]

Taking Desparmet's view from this intellectually marginal, noninstitutionalized position as a starting point, Colonna asks how contemporary researchers in the 1970s should use scholarship from the colonial period in general. 'There is a certain naïveté,' she writes, 'in the position of those authors who strive to demonstrate that colonial science is colonialist, or that its knowledge is a reflection of the power field in which it was produced.'[56] Rather, she argues, we should determine the reliability of a scholar based on both his or her relation to the research subject and their position regarding the broader field of knowledge production. Instead of *objective* knowledge, Colonna therefore prefers to speak of *genuine* knowledge, which depends on the interest of the scholar regarding his or her topic and on his or her positioning in the intellectual field. Thus, she argues that Desparmet's research, although created in a colonial society and 'often racist in trivial ways', remains of undoubted significance for our understanding of colonial Algeria.[57]

At the core of Colonna's analysis is the question of the reliability of a colonial scholar and the veracity of his or her produced knowledge. She argues that, regardless of the power structures in which scholars might operate, 'there are positions that [...] have an interest in truth.'[58] However, we should see her complexification of colonial knowledge in the light of its time. As Edmund Burke and David Prochaska write in the introduction preceding the English translation of Colonna's article, she 'went against the grain of 1970s Algerian historiography,

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"practitioner". Through his experience in dealing with Algerians, he was able to write and publish an article on Sufi brotherhoods in 1919. For this analysis, I used both the English translation of Colonna's article as it appeared in: Fanny Colonna, "Scientific Production and Position in the Intellectual and Political Fields: The Cases of Augustin Berque and Joseph Desparmet", in: Edmund Burke and David Prochaska [eds.], *Genealogies of Orientalism: History, Theory, Politics* (Lincoln, NE., 2008), 174-190; and its original French publication in 1976: Fanny Colonna, "Production scientifique et position dans le champ intellectuel et politique : Deux cas : Augustin Berque et Joseph Desparmet", Henri Monio [ed.], (Paris: Union Générale d'Éditions, 1976), 397-415.

[55] Colonna, "Scientific Production and Position in the Intellectual and Political Fields", 182.

[56] Ibidem, 174.

[57] Colonna even speaks of 'required reading'. Moreover, concerning the difference between genuine knowledge and objective knowledge, she writes: 'objective knowledge is not necessarily a product of "goodwill." Rather, certain social groups or isolated individuals might have an interest at a given moment in time in producing *genuine knowledge*, given both their relation to the object of study and their position within the field of intellectual production to which they belong but that exists outside of them.' Ibidem, resp. 175 and 174-175. The citation about Desparmet's racism comes from p. 175.

[58] Ibidem, 185.

which tended to assign merit to Algerian perspectives and blame to French colonial scholars.'[59] In Colonna's analysis, Desparmet thus served as an example to show how scholarship that is produced in a colony should be judged on more criteria than just its "coloniality". Here below, my analyses of two works of Desparmet expand on Colonna's insights by reflecting on this multi-dimensionality of the knowledge he produced. First, the discussion of *Kitāb al-Fawā'id* shows how knowledge could be simultaneously a tool to solidify colonial power relations *and* an insightful source for Algerian dealings with medicine. And second, a reading against the grain of *Le mal magique* demonstrates how a colonial work of anthropology can amplify Algerian voices who articulated their medical considerations in their own words.

Kitāb al-Fawāʾid

Desparmet's *Kitāb al-Fawā'id* was first published in 1905 as a language guide for French students of Algerian Arabic, the language in which most of the book is written. The back side of the cover, however, is in French, as are the last five pages and the table of contents. There, in the French introduction, Desparmet explains how he assembled his observations, taken from the *Mitidja* plain, and aligned them into one coherent book that fulfilled the expectations of the examiners of candidates studying for the *brevet d'arabe*, an Arabic language diploma. During the oral part of this test, a candidate was expected to converse in 'spoken Arabic' about 'the morals, customs, institutions, administration, agriculture, and industries of the *indigènes*.'[60] Hence the title of *Kitāb al-Fawā'id*, which, in its entirety, can be translated as "The book of useful lessons concerning customs, institutions, and beliefs".

Desparmet acknowledges that the observations in the book are regionally anchored, but he states that there is a certain unity of morals and language in the Maghreb, which, according to him, justifies the use of his findings from the *Mitidja* alone. Moreover, he writes that his texts were edited and checked by Algerians from the same region, resulting in a collection of 'correct information, in which we only find the French spirit in the clarity of details and the order of composition.'[61] So, what we have is a language book of, and in, Algerian Arabic that draws on a rich assemblage of anthropological observations that are checked on their exactitude by

[59] Edmund Burke and David Prochaska, "Introduction: Orientalism from Postcolonial Theory to World Theory", in: Edmund Burke and David Prochaska [eds.], *Genealogies of Orientalism: History, Theory, Politics* (Lincoln, NE. and London: University of Nebraska Press, 2008), 26.

[60] 'Des interrogations en langue arabe parlée sur les moeurs, coutumes, institutions, administration des indigènes, sur leur agriculture et leur industrie, avec réponse du candidat dans la même langue', Desparmet, *Kitāb al-Fawā'id* (1905), viii.

[61] 'des renseignements exacts où l'on ne puisse retrouver quelque trace de l'esprit français que dans la clarté des détails et l'ordre de la composition.', Desparmet, *Kitāb al-Fawā'id* (1905), ix.

Algerians themselves. This remarkable team of Algerian fact checkers might spur the historian's temptation to treat the *Kitāb al-Fawā'id* as a source that contains somehow less "coloniality" because of its more pluralist and collaborative composition. And, indeed, we might assume that the book's contents, when taken as unidimensional information-carriers, are probably more accurate as a result of its Algerian reviewers. If we would follow Colonna's wording, we might even say that Desparmet has toiled to create a "genuine" collection of information.

However, it is important to emphasize the primary goal of this language book: to form a future cadre of colonial servants which had to be capable of communicating with the subjugated population in order to understand, and thus control, their lives, projects, and desires. This principal aim is in line with the book's content: a schematic collection of the many facets of Algerian life that creates and reinforces comprehensible colonial categorizations. If this does not already become clear from browsing through the Arabic texts, it is explicitly stated in the French introduction, where Desparmet writes that 'the [language] student needs to quit his country so he can penetrate a foreign country, to leave the present so he can fathom the past, and leave reality so he can enter the imagination', which is why his *Kitāb al-Fawā'id* is meant to be 'a step-by-step and methodical study of the moral, social, intellectual, and religious life of our natives of Algeria.'[62] Thus, beyond the insightfulness of its contents, *Kitāb al-Fawā'id* is fundamentally, and in fact rather literally, a *tool* for the perpetuation of the colonial hierarchy of the French ruling over 'their' Algerians.

Now, to insert the necessary empiricism and return to our topic of medicine, we will take a look at a part of the chapter of *Kitāb al-Fawā'id* where Desparmet discusses Algerian medical practices. Desparmet states that Algerian Muslims, encouraged by divine dicta, principally used honey, recitals, and verses from the Quran, which they wrote on paper and tied to aching parts of the body. They did not consult a doctor but drew on cures inspired by their ancestors, the sayings of Marabouts, and the visits of *djinn*s. Desparmet discerns two types of medicine that Algerians use: drugs and herbs. The drugs they use come from the traditional herb shops and some of them are eaten every day as a prophylactic, like black pepper, aniseed, ginger and cinnamon. Other drugs are taken as healing medicine, like tailed pepper (*Piper cubeba*), nutmeg, *Asafoetida* (dried gum of the *Ferula* tree), lesser galangal (*Alpinia*

[62] 'L'élève doit sortir de son pays pour pénétrer dans le pays étranger, du présent pour pénétrer dans le passé, du réel pour pénétrer dans le monde de l'imagination. [...] 'Le plan de mon livre est bien [...] l'étude progressive et méthodique de la vie morale, sociale, intellectuelle et religieuse de nos indigènes d'Algérie.' Desparmet, *Kitāb al-Fawā'id* (1905), vii-viii.

officinarum), *Senna* (of the *Fabaceae* family), fenugreek, sesame, poppy, *Globularia vulgaris*, *Berberis*, *Grewia*, and *Juniper*. Examples of the herbs that Algerians use are thyme, *Mentha pulegium*, rosemary, *Vitex agnus-castus*, *Drimia maritima*, and the pollen of the *Sambucus nigra* plant. The 'Christian' medicines (*adāwī al-naṣārī*) available to Algerians, writes Desparmet, are feared for containing ingredients judged as *ḥarām* (forbidden in Islam), like pig fat.[63]

Concerning the person of the Algerian doctor, Desparmet observed that this person was illiterate or only educated in the Quran, astronomy, and in *Simiyya* (*ʻilm al-jadwal*), a form of Sufi science that departs from the idea that the metaphysical world can be steered into a desired direction, in order to avert illness for instance. These Algerian doctors, as described in *Kitāb al-Fawā'id*, set people's broken bones but also treated diseased cattle, like donkeys and mules. For the Christian doctor, however, Algerian Muslims had a 'lack of trust' (*ʻadam iʿtiqād*). This distrust had various reasons, of which Desparmet cites four: Firstly, Muslims 'stick with the habits of their ancestors' and use the therapies that have been used by them. Secondly, Muslims are either 'stingy' or cannot even afford to visit a doctor. Thirdly, Muslims fear the Christian doctor 'for that he would cut an organ from their organs (*ʻuḍū min aʻḍā'ihim*), as it is a Christian custom: they cut people up whether they are alive or dead, like the butcher who cuts up the slaughtered and skinned sheep.' And lastly, Muslims refuse to visit a doctor who 'does not mention the name of God over his medicines.' These four reasons lead Desparmet to conclude that Muslims stick with 'writings, visits (of *djinn*s), and medicine that is renowned amongst the population,' but that this applies especially to the 'common' people, since the rich allegedly did trust the French doctor (*fīhum man yaʻtaqadu ʻan al-ṭabīb al-faranṣāwī*).'[64]

The above descriptions of Algerian remedies and Algerian unwillingness to consult French doctors are detailed and concise. Moreover, they even offer a potential answer to this chapter's question of how ordinary Algerians responded to alternative ideas and practices of medicine. This response was, according to *Kitāb al-Fawā'id*, variable, depending on, amongst other things, budgetary considerations. In case Algerians refused French medical help, this was allegedly due to a mix of religious purism, pragmatic conservatism, and fear. However, this answer is limited for different reasons. For one, it restricts its scope to Algerian health seekers and French doctors, leaving Algerian health providers' thoughts of French medicine out of the equation. Furthermore, the answer provides neither examples nor reconstructions of the arguments on which its conclusions are based. And lastly, it is presented as a knowledge tool

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[63] Citations are all taken from Desparmet, *Kitāb al-fawā'id* (1905), 245-246.
[64] Ibidem, 246.

for aspiring French colonial servants. Hence the name of *Kitāb al-Fawā'id*: 'The book of *useful* lessons.'

In sum, although *Kitāb al-Fawā'id* conveys detailed knowledge of Algerian medicine, it is also a case in point of how this knowledge was represented in the colonial archive: it was fixed as a category that intrinsically opposed French medicine. Yet, in the rest of this thesis we will see how Algerians, when they expressed themselves on the matter, ordered their knowledge in ways that were much more complex than can be defined by opposition alone. In fact, Algerians' epistemic dynamism can be seen in other work of Desparmet, as we will see in his *Le mal magique*.

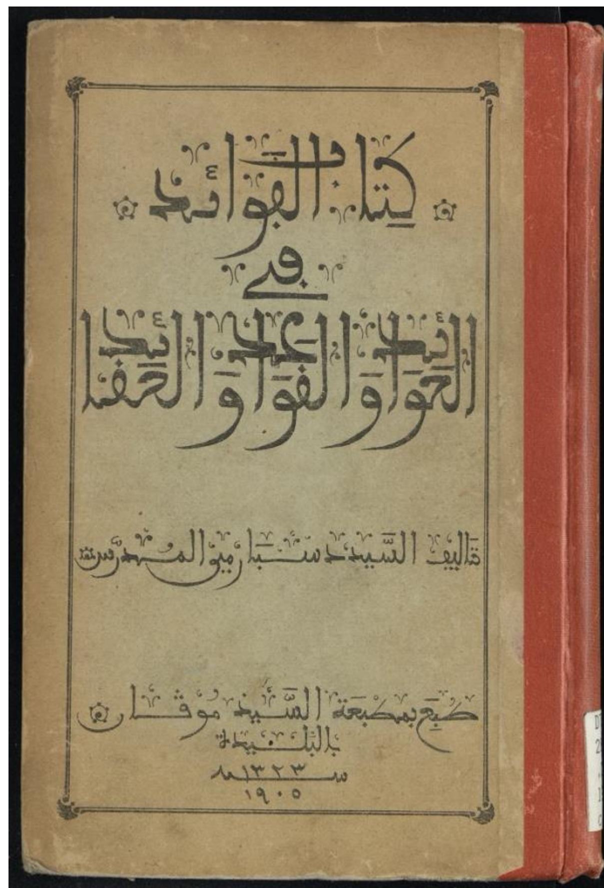

Figure 2: The front cover of Joseph Desparmet's Kitāb al-Fawāʾid *(1905)*

Le mal magique

Whereas the *Kitāb al-Fawā'id*, published in 1905, was intended to help secure colonial categories and their control through language acquisition, *Le mal magique*, which was published twenty-seven years later in 1932, was written as a testimony of Algerian medical

ideas and practices, in order to avoid their fading into oblivion. *Le mal magique* is therefore a landmark study of a waning tradition, or, in Desparmet's own words, a 'mold, taken from a death person.'[65] As a serious anthropologist who had lived for many years amongst his respondents on the *Mitidja* plain, writing this book rendered him melancholic: while the centenary of the conquest of Algeria was celebrated with displays of the land's riches, Desparmet laments: 'They are right to salute the future Algeria, but it would be correct to remember the Maghreb that disappears as well.'[66] Not considering this medical tradition worthy of mere *textual* preservation, he also pointed to specific domains from which French doctors could *practically* benefit, like psychotherapy, animal magnetism, and other psychic forces that were, according to Desparmet, only 'glimpsed at' by modern science.[67] Supposedly in vain, however, because he was well aware of the skepticism of these French doctors, who he knew considered Algerian medical practices 'cabalistic' and consisting of 'chimeric superstitions.'[68]

As Desparmet already understood, *Le mal magique* was published at a pivotal moment in the history of medicine in colonial Algeria. This was a time when, on the one hand, more and more Algerians became convinced of the benefits of French health care, while, on the other hand, there were still groups, as in the *Mitidja*, who clung to the practices of their ancestors. The interwar period was a time of accelerating epistemological shifts and accentuated ideological divides. The medical landscape, which saw the advent of Pasteurian principles, was no exception. Around 1930, the image that *Kitāb al-Fawā'id* had sketched of Algerians who were reluctant to see the French doctor seems to have disappeared completely. In *Le mal magique*, Desparmet portrays a very different relation between Algerians and French medicine:

> Of the different arts that the French conquest has imported to North Africa, our medicine is the one that the *indigènes* have accepted most broadly. Today, our *médecins de colonisation* can count on a stable Arab clientele: rich city dwellers frequent our clinics, the poor go to our hospitals, and the Moors willingly lift the curtains of the *harem* for our visiting nurses. Many young Muslims prepare for a medical career under the supervision of European masters. They have so well adopted our methods that they consider them as theirs. [...] Remembering the Arab medical school of the Middle Ages, our benevolence seems a restoration. There are

[65] 'Je voudrais que ma contribution fût comme un moulage pris au lit d'un mort.', Desparmet, *Le mal magique* (1932), 22.
[66] 'Ils font bien de saluer l'Algérie qui vient ; mais il est juste de rappeler le Maghreb qui s'en va.', Ibidem.
[67] Ibidem, 21.
[68] Ibidem.

> Algerians, encouraged by racial pride and the nationalist press, who see in the clinics for the *indigènes*, built by the French, restorations – rather miserable by the way – of the famous *maristans* of the great age of the califs. A *chéchia*-wearing doctor, recently graduated from one of our faculties, believes that he is, in his soul and in his conscience, the heir of Averroes rather than a pupil of Pasteur.[69]

However, warns Desparmet, directly referring to the above-discussed passage from *Kitāb al-Fawā'id*, those enthusiastic Algerian doctors 'forget that their fathers resisted our techniques as fervently as their great-grandfathers resisted our arms.'[70] According to him, it was the First World War that caused Algerians in rural areas like the *Mitidja* to begin taking 'our experimental sciences' seriously, when they began to experience the 'marvels of its applications.'[71]

In the remainder of this chapter, I will do two things: first, I will give a short overview of Algerian medical conceptions as set forth by Desparmet in *Le mal magique*, followed by two examples of instances where Algerians, often women practitioners, were confronted with medical alternatives in order to interpret their reactions to this medical interaction. Such instances are randomly scattered across all of *Le mal magique*'s 347 pages. They were no separate topic in Desparmet's study, but functioned as telling anecdotes or as illustrations for broader phenomena. What allows me to draw on these examples of medical interaction is *Le mal magique*'s level of detail and the many examples it gives to demonstrate an argument. While the observations in *Kitāb al-Fawā'id* were meant to be extrapolated and applied to the Algerian population in general, *Le mal magique* is a case study that, according to Desparmet, describes a state of exception. This is remarkable, since both books have the same geographical

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[69] 'Des différents arts que la conquête française a importés dans l'Afrique du Nord, notre médecine est celui que les indigènes ont accepté le plus généralement. Aujourd'hui, nos médecins de colonisation peuvent compter sur une clientèle arabe, les riches citadins fréquentent nos cliniques, les pauvres nos hôpitaux ; et les mauresques soulèvent volontiers la tenture du harem devant nos infirmières visiteuses. Nombre de jeunes musulmans se préparent à la carrière médicale sous des maîtres européens. Ils ont si bien adopté nos méthodes qu'ils les considèrent comme leurs. [...] Quand ils se rappellent l'école médicale arabe du Moyen-Age, notre bienfait leur paraît une restitution. L'amour-propre racial aidant, et la presse nationaliste, il y en a qui voient dans les dispensaires indigènes, que les Français leur ont bâtis, des restaurations, assez mesquines d'ailleurs, des *marastans* fabuleux de la grande époque des califes ; et tel docteur en chachia, récemment échappé de nos facultés, se croit, en son âme et conscience, un descendent d'Averrhoès plutôt qu'un élève de Pasteur.' Desparmet, *Le mal magique* (1932), 7. A *maristan* is a historic Islamic hospital and a *chéchia* is a classic North African hat, resembling a *fez*.

[70] 'Ceux-là oublient que leurs pères ont résisté à nos techniques presque autant que leurs arrière-grands-pères à nos armes.' Ibidem.

[71] 'Les paysans de la Mettidja n'ont commencé à prendre au sérieux nos sciences expérimentales qu'à l'époque de la guerre de 1914-18, où ils ont fait connaissance avec les merveilles de leurs applications.' Ibidem, 13.

scope, being the city of Blida and its surrounding lands on the *Mitidja* plain, and they both describe the same group of Algerians.

In the introduction to his book, Desparmet gives an overview of the basic ontology underwriting Algerian ideas of health and illness. According to him, Algerians departed from the idea that purely human knowledge is an illusion and that perceptions are empirical findings belonging to a world of the senses (*al-ʿālam al-maḥsūs*). In turn, this world of the senses is driven by an immaterial world: the world of spirits (*al-ʿalam al-arwāḥ*). Following this assumption, a science that is exclusively interested in the sensible world, like European medicine, was seen as a delusion. Drawing on the famous proto-social scientist Ibn Khaldun (1332-1406), Desparmet explains that Algerians believed that the human soul consisted of two layers: one upper layer with access to the sensible world and an inner layer which could sometimes and only in some people connect to the world of spirits. There, in the spiritual world, one could find cures for bodily ills. The select persons with an "inner layer" that permitted entry to the spiritual world were revered as saints, which is why, according to Desparmet, famous healers in North Africa gained a saint-like status, both before and after their death. Thus, medicine had a divine provenance and could be accessed by saintly healers or, more directly, through the sayings of the Prophet as noted in the book Medicine of the Prophet (*Ṭibb al-Nabbi*).

However, there was a second access route to this world of spirits, with all its divine truths and solutions to the material and physical problems of the sensible world. This route could be followed through the more universally attainable quality of intuition, called "the soul of reason" (*al-rūḥ al-ʿaql*). This intuition could be cultivated by practices aimed at "muting" the sensible world, like recitation rituals (*ḏikr*) or fasting. Some people were particularly trained in sharpening their intuitive capacities, like Sufis, while others were naturally capable to go beyond the world of the senses, like the mentally deviant (Desparmet speaks of '*aliénés*').[72] Thus, Algerian medicine was based on the interaction and mediation between bodies acting in the sensible world on the one hand, and the world of spirits on the other. Algerian considerations of French scientific knowledge should be seen in this context. For example, Algerians mocked European scientists for only taking into account the sensible world by saying: 'They have no knowledge whatsoever – they only make assumptions.'[73]

Nonetheless, such Algerian repudiations of French science played out on a theoretical stage. For a deeper understanding of medical interaction, they should be complimented by

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[72] Desparmet, *Le mal magique* (1932), 12-22.
[73] Ibidem, 13. This judgement is taken from the *Quran*, 4:157.

empirical receptions of alternative knowledge and by the interpretation of direct challenges to medical practices. As medical alternatives trickled into the *Mitidja*, often introduced by French colonial doctors or by members of the *ʿulamāʾ*, local health providers of care were compelled to respond. Here, I will discuss two anecdotes taken from *Le mal magique* where the ensuing medical interaction is evident.

First, let us take a look at an observation concerning an older instant of medical interaction that Desparmet made during his fieldwork in Blida. It reads as follows:

> Against this disease spirit [called *la Hurleuse*, a 'wild' female *djinn* that caused heavy coughing for children, which sometimes led to their death], the *indigènes* use certain remedies that remind us of our pharmaceuticals. They treat it with potions of roses, snail teas, squid bones with honey, and inhalations of gaz. However, if we look aside the appearances and search for the idea behind these cures, we realize that these practices are not inspired by our medical rationalism at all, not even those that are evidently brought here by us. Fifty years ago, the use of mephitic exhalations was recommended in Blida, by way of a French herald who, accompanied by the sound of the tambour, spread the word of the mayor of the military hospital. It became a popular and common remedy and it still is. Why? The reason is that this innovation was superimposed on an ancient superstition: the belief that foul smells chase *djinn*s away. [...] They [the mothers searching for a remedy for their sick children] enthusiastically adopted the suggestion of the French doctor (*toubib roumi*), because it answered to their conception of disease and because, instead of receiving a medical prescription, they saw in it a magical rite that they knew: one of their expulsion rituals.[74]

This passage is revealing, because it is a clear example of how moving medical knowledge was negotiated, interpreted, and practically inscribed into an existing frame of reference. A recognizable therapy, namely that of exhalations of foul-smelling vapors, treating a relatively

[74] 'Contre cette maladie-esprit les Indigènes emploient certains remèdes qui rappelleraient notre pharmaceutique. On la traite par des potions de rosée, des tisanes d'escargots, des loochs d'os de seiche pilé avec du miel, des inhalations dans les usines à gaz. Mais, si l'on écarte quelques apparences et qu'on en cherche l'esprit, on s'apercoit que ces pratiques ne s'inspirent guère de notre rationalisme médical ; non pas même celles qui manifestement ont été importées par nous. L'usage des exhalaisons méphitiques fut préconisé à Blida, il y a une cinquantaine d'années, par la voie du héraut, au son du tambour, sur l'ordre d'un major de l'hôpital militaire. La vogue en fut sur le champ établie et dure encore. Pourquoi ? La raison en est que cette innovation se greffait sur une ancienne superstition : la croyance que les odeurs fétides mettent en fuite les génies. [...] Elles avaint adopté d'enthousiasme la suggestion du toubib roumi, parce qu'elle répondait à leur conception du mal et que, au lieu d'une ordonnance, elles y voiyaient un rite magique bien connu d'elles, un de leurs rites d'expulsion.' Desparmet, *Le mal magique* (1932), 187.

common pulmonary infection was easily projected onto this already existing Algerian practice. Wrongly however, as Desparmet's oral history laid bare, for what at first sight seemed like the appropriation of French diagnosing and remedying was, in fact, a completely different interpretation of medical knowledge. The herald spreading the word of French military medicine around 1880 provided scientific legitimation of the already existing practice of *djinn*-expulsion. Feeling double-reassured – by the French herald representing scientific medicine *and* by their existing metaphysical reasoning – Algerian mothers found themselves on the overlapping part of two orders of medical knowledge, which boosted them to 'enthusiastically' continue their therapeutic custom. This example of the treatment of *la Hurleuse*, the malevolent *djinn*, is a good example of the malleability of knowledge orders when they are confronted with external input: moving knowledge was interpreted in a way that helped Algerian mothers to stabilize their existing order of medical knowledge.

The second example taken from *Le mal magique* shows that there was not just one order of Algerian medical knowledge. On the contrary: amongst Algerians, various orders exchanged and were continuously balanced against each other. In this case, we see how different medical orders caused friction and contributed to the distribution of status, in this case between men and women. Both the organizing and distributive principle of medical knowledge was strictly gendered, which could sometimes lead to amusement: 'In Blida, women teach each other cures that relocate pains, which makes their husbands smirk.'[75] Here, such caring sorority is "just" the object of grins, yet it also led to outright mockery:

> The contention of feminine practices and masculine methods is curious here. We witness a clash of two mentalities that represent two civilizations: the religious mentality and the animist mentality. 'Hey, you old (woman) healer,' said a *taleb*, 'in your spells, offensive or defensive, that you call effective, in what lies their power that realizes your desire? You employ neither Quranic texts nor prayers, and neither an invocation of marabouts nor pledges to spirits. And what is a magical operation without an intervening supernatural force? Your tactics lack competence: they are like a rifle without gunpowder, or like a kettle on a fireless stove.' – 'Not at all,' protested the old woman, 'our work carries its driving force within itself:

[75] 'A Blida, les femmes s'enseignent entre elles des cures par transfert du mal, qui font sourire leurs maris.' Desparmet, *Le mal magique* (1932), 106.

> that force is the very desire of our own soul, the ascendant of our almighty *nefs* [mind, soul]; but you don't understand any of those things'.[76]

Here, we see how principles of metaphysical medicine conflicted with Islamic medicine. Women healers, here exceptionally quoted directly, had to defend their therapies and their position as knowledgeable providers of care. They even bounced back by arguing that there is no point in explaining their remedies to men. We also see that it was not the colonial state alone that utilized medicine to repress alternative, vernacular orders of knowledge; Muslim men too aimed to dislocate the roots of such orders from the household towards the patriarchy of Islamic orthodoxy. One of the consequences of this dislocation was that men who did not comply to this Islamic order of knowledge were judged effeminate.[77]

Conclusion

In this chapter, I have explored medical interactions in colonial Algeria as described by French anthropologist and linguist Joseph Desparmet. As a speaker of Algerian Arabic and a scholar devoted to his fieldwork, Desparmet had a rare perspective and a knowledgeable view on Algerian popular culture. His work, in which medicine was a recurring topic, is therefore an ideal starting point to explore how Algerians dealt with historical change and external influences. Yet, before diving into this matter, I discussed Desparmet's biography and his scholarly position. In 1976, Fanny Colonna has exemplified Desparmet to show that knowledge which has been produced in a colonial situation should be judged on more than just its coloniality. Rather, the positioning of the scholar in the (colonial) intellectual field is important to determine whether his or her produced knowledge is – in Colonna's words – 'genuine'. Desparmet, who worked most of his career outside of Algiers' university and among Algerians on the rural *Mitidja* plain, held a marginal position in the intellectual field. He therefore formed

[76] L'opposition entre les procédés féminins et la méthode masculine est ici curieuse ; nous assistons au choc de deux mentalités représentant deux civilisations : la mentalité religieuse et la mentalité animiste. "Eh ! la vieille, disait un taleb à une rebouteuse, dans vos sortilèges, offensifs ou défensifs, que vous tenez pour efficaces, où se trouve la puissance qui réalise votre désir ? Vous n'y employez ni text coranique, ni prières (*doua*), ni invocation aux marabouts (*etouessoul*), ni adjuration aux Esprits (*'azima*) : et qu'est-ce qu'une opération magique dans laquelle n'intervient aucune puissance surnaturelle ? Votre artifice manque de ressort : c'est une charge de fusil sans poudre, ou une marmite posée sur un foyer sans feu". - "point du tout, protesta l'adjouza, notre *eumal* (notre oeuvre) porte en lui sa force réalisatrice : cette force c'est le désir même de notre âme, l'ascendant de notre toute pouissante *nefs* ; mais vous ne comprenez pas ces choses".' Desparmet, *Le mal magique* (1932), 107-108.

[77] Desparmet writes that 'a learned *indigène* (*ʿalem*), questioned on the same topic declared that many men were women in this regard, concerning both their temperament and their mentality. "These effeminates (*nisouâni*), he said, will tell you that *djinn*s cause and cure diseases (*houa llî iahlek ouelli iberri*)". In French: 'Un savant indigène (*ʿalem*) interrogé sur le même sujet déclarait que beaucoup d'hommes étaient femmes sur ce point, tant par le tempérament que par la mentalité. "Ces efféminés (*nisouâni*), disait-il, vous déclareront que ce sont les génies qui causent les maladies et qui les guérissent (*houa llî iahlek ouelli iberri*)". Ibidem, 219.

an ideal example for Colonna to show the potential benefits of drawing on colonial scholars. My discussion of two of Desparmet's texts on medicine expanded on Colonna's insights concerning colonial knowledge's multi-dimensionality.

My examination of *Kitāb al-Fawā'id* has shown why Algerians were reluctant to accept French medical interventions. Their reasons ranged from unwillingness to divert from ancestral habits, religious purism, and fear or surgery, to financial considerations. These are important insights, yet in the way Desparmet writes about them, they seem factual and static. Moreover, they remain without contextualization or underlying argumentation. This has to do with the intended use of the text: to instruct French learners of Algerian Arabic how to govern most effectively, on the basis of clearly delineated chunks of knowledge. Therefore, we can add a remark to Colonna's discussion: whereas she states that a scholar in the margins of the colonial field might have had a different, more 'genuine', perspective on his or her research object, I would like to warn that he or she could simultaneously contribute in fundamental ways to the endurance of the power relations that are at the very core of the colonial hierarchy.

Next, my reading against the grain of *Le mal magique* has demonstrated how Algerian agency in the shaping of their orders of medical knowledge can be carved out of a colonial work of anthropology. Of course, Desparmet's intentions with this book, published twenty-seven years after *Kitāb al-Fawā'id*, were different: instead of strengthening French control over Algerians through knowledge, *Le mal magique* is the result of his efforts to save a set of ideas and practices from oblivion. Nonetheless, much of what Desparmet wrote actually proves the flexibility and endurance of Algerian orders of medical knowledge. The two anecdotes under discussion in this chapter attest to the pragmatism of Algerian mothers, who turned French scientific knowledge into an epistemic reinforcement of their existing practices of *djinn*-expulsion, and to the determination of old women healers, who were challenged by Muslim men who critiqued the basis of their knowledge, to maintain their respected position of expertise.

These findings lead me to conclude two things which, together, form an answer to this chapter's sub-question (*How did ordinary Algerians respond to alternative ideas and practices of medicine?*). Firstly, we have seen that Algerians had multiple well-thought reasons to reject French care. And secondly, it is clear that Algerians either creatively molded the order of their knowledge so that it could accommodate changing circumstances or that orders of knowledge were actively defended against, for example, Islamic orthodoxy. So, Algerian responses were manifold and could both be welcoming and rejecting, depending on how they would destabilize their existing order of medical knowledge.

2. A Peek into the Medical Market

Introduction

The previous chapter explored medical interplay on a relatively small scale, namely the day-to-day health practices of Algerians in Blida and its hinterland as described by Joseph Desparmet. The current chapter moves onto a wider stage by taking the Arabic medical market as its field of analysis. It draws on the commercial strategies of doctors, pharmacies, and producers of medicines to analyze the various ways in which health care was not only an oppressive force that the French colonial state applied "from above," but a practice that could encompass Pasteurian insights, Islamic religious rules, and "traditional" Maraboutic appeal. Advertisements from four Arabic newspapers form the basis to sketch the different alloys of medicines on offer in the market. Based on these sources, I argue that, for Algerian consumers of medicine, there was no dichotomized force field of competing medical "systems." Rather, market forces seem to have been an incentive for doctors, pharmacies, and producers of drugs to incorporate different ideas and forms, creating a versatile platform for medical consumers.

This does not mean that the medical market was a politics-free arena where different orders of medical knowledge mingled without restraint. Instead, vendors acted within a medical landscape that was neatly interwoven with the political and social currents of the time, which affected their advertorial choices as well. Thus, in answering this chapter's sub-question – *how do medical advertisements in the Arabic press complicate the binary between European "modern" medicine and Algerian "traditional" medicine?* – I argue that the medical market provided a historically contingent discursive space where different orders of medical knowledge interacted and were forged into new amalgams, but with the important caution that it is necessary to keep distinguishing between the interaction of ideas and the appropriation of forms. By this, I mean to differentiate between an active reordering of knowledge and a mere symbolic reference to such reordering. Such pseudo-reordering has the opposite effect of reproducing the distinction between various orders. Hence, medical advertisements provided a format that could both emancipate new orders *and* consolidate existing orders of knowledge.

The Conceptual Rise of the Medical Market

By the end of the 1980s and early 1990s, the concept of the medical market developed in the context of early-modern England. Roy Porter and Harold Cook described how, during the seventeenth and long eighteenth century, 'regular' practitioners of medicine who were used to build a reputation by the maintenance of a satisfied group of patients and, sometimes, by

attaining respected positions in hospitals or through publishing medical advice literature, had to deal with a rapidly expanding medical market, where 'advertising held the key.'[78] This market held ample opportunities for healer-merchants, often designated as quacks, who could reach a large audience without having to establish their name as a reliable practitioner. These vendors could advertise their products on the same stage as 'regular' physicians. Moreover, standardized brand commodities formed a convenient cover for non-regular medicines and nostrums.[79]

Hence, the analytical concept of the medical market was conceived by scholars who tracked the formation of this very market. Porter and Cook introduced it to grasp the implications of commercialization on existing hierarchies instilled in the field of medicine, since the commoditization of medicines and the expanding ways to market them challenged the premises of "professionalism", which were, in early-modern England at least, less fixed. The medical market thus provided a lens to empirically study the social mechanisms underlying the professionalization of medical careers. As such, it functioned as a tool to render explicit the power constellations that underwrite medical hierarchies.

The explanatory force of the medical market, however, became increasingly indistinct as the concept gained academic popularity. The conceptual use of the medical market became increasingly gratuitous and slowly grew into a "truism", suspending deeper scrutiny of the dynamics it was designed to accommodate. This critique was taken up in 2007, when an edited volume by Mark Jenner and Patrick Wallis aimed to refocus the analytical lens of the concept. They argued for the critical examination of the economic, institutional, cultural, and political contexts that the medical market claimed to collectively assess.[80] Coined and developed in a European context, one of the most interesting tests of the medical market's conceptual validity was to research it in places beyond the West, as Pratik Chakrabarti emphasized in the same edited volume.[81]

Chakrabarti was one of the first scholars to study the medical market in a colonial context and he inspired many others. A prominent historian who followed suit was Projit Mukharji, who argues that the medical market is a particularly interesting field of research

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[78] Roy Porter, *Quacks: Fakers and Charlatans in English Medicine* (Stroud: Tempus, 2000 [1989]), 53.
[79] Porter, *Quacks*, 52-62; Harold J. Cook, "Good Advice and Little Medicine: The Professional Authority of Early Modern English Physicians", *The Journal of British Studies*, 33:1 (1994), 21-23.
[80] Mark S. Jenner and Patrick Wallis, "The Medical Marketplace", in: Mark S. Jenner and Patrick Wallis [eds.], *Medicine and the Market in England and its Colonies, c. 1450-c. 1850* (London: Palgrave Macmillan, 2007), 1-3.
[81] Pratik Chakrabarti, "Medical Marketplaces Beyond the West: Bazaar Medicine, Trade and the English Establishment in Eighteenth-Century India", in: Mark S. Jenner and Patrick Wallis [eds.], *Medicine and the Market in England and its Colonies, c. 1450-c. 1850* (London: Palgrave Macmillan, 2007), 196-215.

because it has the potential to nuance the idea that "Western" medicine neatly coincided with medicine as it was organized "top-down" by the colonial state. A fruitful way to add such nuance is by zooming in on how "indigenous" forms of medicine were commercialized. Mukharji, for example, has studied the professional identity formation of *daktars*, a group of doctors practicing a 'vernacularized' version of the 'cosmopolitan' form of medicine that was introduced in India by the British. These *daktars* could 'perform' their professional identity most fruitfully within the burgeoning medical market.[82] Yet the medical market held more analytical opportunities outside of Europe: other historians of South-Asia have used the concept to, for example, historicize homoeopathy in Bengal or to understand the politics surrounding the trope of 'adulteration.'[83]

Applying the concept in this chapter, I acknowledge the historical contingency of colonial Algeria's medical market, as well as its context-dependency. In doing so, I take Waltraud Ernst's critique of the medical market as constituting a politics-free arena seriously.[84] However, this chapter has no aim to reconstruct the formation of the Algerian medical market, as Porter and Cook have done, and neither does it track the professionalization of a particular group of health workers. Rather, I intend to perceive the medical market as a tool that can render medical interaction visible and intelligible.

Such interaction is not "direct", because on newspapers' advertorial pages there is no adherent of one particular medical idea directly communicating with the adherent of another medical idea. The direct interaction takes place both before and after a medical ad appears on paper. *Before*, because, as we will see, ads were conveyors of composites of medical ideas for which a unifying informational template was found in the format of text and sometimes imagery. And *after*, because advertisements on the pages of newspapers sent their messages simultaneously, "in parallel", towards the eyes of the reader. It is there, in the deliberative minds of health-seeking readers, that the "direct" medical interaction takes place. In the current

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[82] Mukharji, *Nationalizing the Body*, 12-16.

[83] Shinjini Das, *Vernacular Medicine in Colonial India: Family, Market, and Homeopathy* (Cambridge: Cambridge University Press, 2019). Nandini Bhattacharya, "Between the Bazaar and the Bench: Making of the Drugs Trade in Colonial India, ca. 1900–1930", *Bulletin of the History of Medicine*, 90:1 (2016), 61-91.

[84] Ernst writes: '[an] emphasis on pluralism also harbours certain dangers. To begin with, it may well give further credence to one of the persistent ideological ploys of Western biomedicine: that medicine is located outside the realms of power, domination and hegemonic strife. An exclusive focus on medical pluralism in the domains of medical ideas and professional institutions, and in regard to patients' freedom of choice colludes with the image of the medical market place and the sphere of healing as a 'liberal heaven', in which patients of all social and cultural backgrounds are supposed to have free choice and easy access to their favoured medical treatment; where medical professionals and itinerant healers of all stripes are said to ply their trade alongside, and in mutual respect for, each other; and where biomedicine could not only be simply one of a number of different modes of healing but also abstains from undue claims of epistemological superiority and greater efficacy and efficiency.' Ernst, "Plural Medicine, Tradition and Modernity, Historical and Contemporary Perspectives", 4.

absence of either oral or written patient testimonies of such deliberation, or of the traces of vendors' argumentation behind the mixing of medical ideas in their ads, the medical advertisements remain, for now, the historian's principal source to study the interaction as it played out in the medical market.

The Algerian Medical Market

Whereas historians of medicine working in a South-Asian context have already started to include the medical market and its advertisements into their frames of analysis, the historiography concerning the Maghreb is still in its infancy when it comes to exploring this concept and its sources. Recently, however, there have been some attempts to introduce advertising to the discussion. In her PhD-thesis, Hannah-Louise Clark writes that the 'advertisement pages in the early-twentieth-century Arabic-language press attest to lively competition among European, Jewish, and Muslim patent drug vendors, physicians, and pharmacists in urban locales.'[85] She briefly zooms in on the premises of both the demand-side, with Muslims wishing to consume only products that were allowed in Islam; and of the supply-side, with European sellers of drugs who were often insensitive to such demands. Instead of tending to religious principles, European merchants tried to attract Muslim consumers by drenching their ads in Orientalist symbolism and by communicating in Arabic.[86]

In his PhD-thesis about the reformist *ʿulamāʾ* in the Mzab, a region in the Algerian Sahara, Augustin Jomier also refers to the press as a source of the dissemination of medical knowledge. He describes how learned Islamic reformists diffused European hygiene norms in "health advice" articles. They educated the 'indigenous masses' by writing in Arabic about the 'fundamentals' of sanitation, which, according to them, consisted mainly of clean water and air. Along similar lines, Jomier refers to three pharmacies that advertised European-styled therapies for their Muslim clientele. The pharmacies he mentions – *Boukerdena, Chemoul*, and *Filippi* – "Islamicized" these European influences, as will be further discussed below. Jomier contrasts the mission of the reformist *ʿulamāʾ* with more conservative Islamic voices. One sheikh in 1936 or 1937 in the Mozabite city of Ghardaïa, for instance, warned for the usage of medicine of (European) 'idolaters.'[87]

[85] Clark, *Doctoring the Bled*, 51-52.
[86] Ibidem, 51-53.
[87] Augustin Jomier, *Un réformisme islamique dans l'Algérie coloniale: Oulémas ibadites et sociétés du Mzab (c. 1880-c.1970)*, Ph.D. diss., CERHIO, L'Université Nantes Angers Le Mans, 2015, 213-216.

This debate is taken up by, again, Clark in a recent publication where she further explores the intricate associations between religious orthodoxy, Islamic law, and the popularization of French concepts of health and healing in colonial Algeria. A prominent stage onto which these associations played out was the popular Muslim press. Clark mentions the same *Boukerdena*-ad as Jomier to illustrate how Muslim 'modernists' advertised 'modern medicinal preparations' that could 'revive the Muslim national spirit.'[88] She contrasts these 'modernists' with the Young Algerians, a group of educated Algerians wanting to stimulate assimilation of Muslim Algerians towards a national state built on a colonialist blueprint. In the pages of the Young Algerians' flagship newspaper, *al-Taqaddum* ('The Progress'), this "assimilationist" group propagated a vision on health that was largely based on a hygiene manual of the Pasteur Institute.[89]

In what follows, most of these different groups will be considered and some of the above-mentioned advertisements will reappear. Going beyond these previous discussions, this chapter enriches the existing forays into colonial Algeria's medical market by placing advertisements center stage. Instead of drawing on them as illustrations of broader historical phenomena, it is a worthwhile experiment to dedicate a separate chapter to advertisements in order to explore which new insights they can bring to the fore. My hypothesis is that, by primarily focusing on advertisements, we will more fully understand the multivocality of strategies behind the promotion of particular ideas of medicine. Through various examples, we will encounter some of these strategies and come to understand both their differences and their similarities. However, such an experimental exploration demands a structured approach, which I will describe below before jumping into the analysis of the advertisements.

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[88] Clark, "Of Jinn Theories and Germ Theories", 80.
[89] Ibidem, 81. The health manual to which Clark refers is: Louis Parrot, *Kitāb fī Ḥafẓ al-Ṣiḥḥa li-ʿāmma Muslimī Shamāl Ifriqiyya / Le livre de la bonne santé, dédié aux musulmans de l'Afrique du Nord*, trans. Edmond Sergent (Paris: Institut Pasteur, 1922).

Figure 3: To illustrate her point of European companies resorting to advertise in Arabic, Clark gives the example of this ad for Valda pastilles. Clark writes: ‘Valda menthol pastilles manufactured in Lille were sold as the remedy of a turbaned shaykh. Encircling the shaykh were a haïk*-draped urban women, respectable turbaned men, and even an attractive young women in a loose headwrap in the stages of gargling, inhaling, relieving chest pains, and treating snoring.’*[90] Al-Balagh al-Djazaïri, 2 June 1931, 4.

Studying Medical Advertisements

Initially, I selected forty advertisements that deal with, or refer to, health and sickness from three Arabic newspapers and one French newspaper (intended for Muslim readers) that are available in the *Bibliothèque Nationale de France* (BNF) and through its online catalogue *Gallica*. Out of these forty, I distilled seven advertisements that, together, give a broad representation of the variety of marketing strategies in Arabic medical advertising. Next, I devised two analytical categories: medical advertisements created by European entrepreneurs and medical advertisements issued by Algerian entrepreneurs. As we will see, adherents of both categories tried to “reach out” to the order of medical knowledge of the other, be it with different motives and strategies. Yet before I will explore these strategies, I will first discuss the four newspapers I consulted and the way in which I perceived the advertisements in their pages.

[90] Clark, *Doctoring the Bled*, 52.

The four newspapers from which I selected the medical advertisements are: First, *Kawkab Ifriqiyya* ('The African Planet'), which was published in Algiers between 1907 and 1914. This weekly was the first Arabic newspaper to be edited by an Algerian, Maḥmūd Kaḥḥūl, and it has been considered the first independent publication in Algeria. However, it was closely affiliated with, and controlled by, the colonial administration.[91] The second newspaper I consulted was *Al-Balāgh al-Djazāʾirī* ('The Algerian Report'), which was directed by Lākhḍar ʿAmrūsh. This newspaper of Islamic reformist ilk was published between 1926 and 1948 in Mostaganem and later in Algiers, and carried the header 'The selected edition of the sons of Algeria, whose slogan is "we are Muslim before anything else".'[92] The third newspaper was *Al-Ummat al-Djazāʾir* ('The Community of Algeria'), which was a weekly newspaper that appeared on Fridays between 1933 and 1938 and was directed by Ibrāhīm Abū al-Yaqdhān (1888-1973), who believed the role of the press was to spread Islamic values, by giving advice on all kinds of matters and by forming an Islamic elite, in the pursuit of adapting an orthodox interpretation of Islam to contemporary changes in life. Although it was not proclaimed as such, we can thus consider *Al-Umma*, like *Al-Balāgh*, to be an Islamic reformist newspaper.[93] The last newspaper was *L'Ikdam* ('The Audacity'), which was edited in Algiers between 1919-1923. This weekly paper had both a French and an Arabic edition (*L'Iqdām*) and claimed to defend the interests of Algerian Muslims while embedding this struggle in a broader framework by including wire dispatches about the struggles of Muslims elsewhere in the world.[94]

Studying historical advertisements is as challenging as it is rewarding. The reason for this is, however, the same: the information they carry is concise. Since there was so little space to convey a convincing message (although still, some ads were surprisingly extensive), entrepreneurs were compelled to be succinct. This succinctness has the advantage of allowing for expeditious interpretation and the discursive ingredients that had to lead to commercial success are often explicitly mentioned (e.g. questions like 'which features make this a good product according to the ad?' can usually be answered rather quickly). Moreover, accompanying these small units of information are often telling and intelligible images, which gives another interpretive dimension to the analysis. However, the conciseness of ads also brings difficulty. Since it is usually impossible to "go beyond" the ad so that we might learn

[91] Patrizia Manduchi, "Per Una Storia Della Stampa in Algeria: Da "L'Estafette d'Alger" (1830) Ai Giornali Della Repubblica Algerina Popolare e Democratica (1889)", *Oriente Moderno* 9:70, 7/12 (1990), 226-227; Asseraf, *Electric News in Colonial Algeria*, 48.
[92] Rashīd Muqaddam, "Al-baʿd al-Iṣlāḥī fī Djarīdat al-Balāgh al-Djazaʾirī, 1926-1948 : Al-Djānib al-Dīnī wa al-Idjtimāʿī," *Al-Miʿyār* (1), March 2019, 28-42.
[93] Jomier, *Un réformisme Islamique dans l'Algérie coloniale*, 169-177, 261-2, and 291.
[94] Asseraf, *Electric News in Colonial Algeria*, 94-95.

more of its creators and their underlying intentions, commercials often remain rather unidimensional in their interpretability. Considering this ambiguity, and to return to the field of medicine, the way I treat the following medical advertisements is to see them as ideal types of therapeutic authority. By this, I mean that regardless of the health claims they might make or the remedy they try to sell, they all try to convey an ordered model of health, sickness, and healing. It is this ideal type that I try to uncover in my analyses here below.

European Merchants Appealing to Algerian Readers

Entrepreneurs and enterprises who promoted their products in Arabic newspapers of course knew their readership. As any marketing strategy, in the past and in the present, they played into their readers' customs and preferences, which were then molded into a generic, exaggerated form to maximize customer appeal. European companies in Algeria, while trying to reach the land's majority population of colonized subjects, went to great lengths to weave their messages into an essentialized framework of otherness. When browsing through the advertising pages, arguably the most outstanding feature of such commercial outreach is the imagery that often comes along. Thus, in word and image, Islam was a pivotal commercial trope, which often went beyond just affirming the religious legitimacy of the product's consumption for Muslims: it was rooted in a solid Orientalist base and sometimes even invoked the name of God.[95] We could therefore speak of an "Oriental" appeal, which had to trigger potential Muslim consumers into buying a European health-related product or service. To give body to this appeal, I will here discuss a selection of four medical advertisements which invoke such allure.

[95] With this 'Orientalist base', I mean the performative European discourse and symbolism regarding non-European territories and phenomena that assumes, and therefore constitutes, hegemony of an essentialized "West" over an equally essentialized "Orient" as theorized by Edward Said. Edward W. Said, *Orientalism* (London etc.: Penguin Press, 2003 [1978]), esp. 3-9.

Figure 4: A different Valda advertisement. Potential buyers were cautioned to get the 'real' Valda Pastilles, Al-Balāgh al-Djazāʾirī, *30-01-1931.*

The first advertisement I discuss here was issued by the French company *Valda*, which produced – and still, under a different owner, produces – green pastilles against a sore throat (see figure 4). Through a keen and innovative marketing strategy, founder Henri-Edmond Canonne (1867-1961) was able to make *Valda* an international success.[96] This particular ad, published in 1931 in *Al-Balāgh al-Djazāʾirī*, is a variation on a returning form which contained a standard set of text and images, such as the turbaned man whose glasses look the same as those of *Docteur Valda*, the advertorial figure recommending the pastilles in France. Just as in the ad discussed by Clark, around the man's figure are six floating windows where we can see situations in which *Valda* pastilles might bring relief. Amongst these, three situations seem to represent somebody who is bedridden. In each floating window, some words are discernable, though sadly they remain indecipherable.[97] Interestingly, the text warns the reader of adulteration by stating to 'not use anything else than the real Valda pastilles,' which could be known to the user, because 'these pastilles are not sold without "Valda" stamped on the packaging.'

[96] Jacques-Marie Vaslin, "La mine des pastilles vertes Valda d'Henri Canonne," *Le Monde*, February 27, 2012, https://www.lemonde.fr/idees/article/2012/02/27/la-mine-des-pastilles-vertes-valda-d-henri-canonne_1648698_3232.html

[97] One of the words might be همهم (*hamhama*), which means 'to grumble' or 'to clear one's throat'.

Even though this example does not communicate any references to Islam, it is completely covered in Oriental attire. The turbaned, bearded man is of course the most obvious example of this. Presumably because this figure allegedly symbolized wisdom and authority, which made it an ideal conveyor of marketing messages of European companies like *Valda*. As such, this medical advertisement epitomizes two, paradoxical, messages: on the one hand, it offers an example of how vendors, via the medical market, could easily side-step a "clash" of medical systems by covering their product in a different style. On the other hand, dressing a medical ad in this kind of exaggerated symbolism also reaffirms the perceived otherness of the targeted potential consumers, which actually strengthens the divide between Europeans and Algerians.

Figure 5: An advertisement for Wybert pastilles, which allegedly helped against the side-effects of smoking. Here, we also see a clear example of an Orientalized appeal, even invoking the name of God, Al-Balāgh al-Djazāʾirī, *6 February 1931.*

The second advertisement (figure 5), for the equally still existing *Wybert* pastilles, is also drenched in such Orientalist guise. Under the sitting band of turbaned smokers, an extravagant Arabic text recommends the use of *Wybert*'s product, yet not before invoking an Islamic appraisal of God: 'Praise be to God alone'. Then the text proceeds: 'God gave smokers *Wybert* pastilles. An effective medicine with many benign properties. It clears coughing, removes hoarseness, and cleanses the mouth, eliminating the unpleasant smell of smoke and moisturizing it. May God guide those who are protective of their health towards its persistent usage.' Here, this Swiss brand even writes that God is the source of their product, of course without explaining the grounds of such divine provenance. This commercialization of religion is another example of the above-described paradox: a strategy to appeal to potential Algerian consumers by opportunistically exploiting their perceived cultural symbolism for marketing ends, which at the same time reduces them to their marginalized personal status of Orientalized Muslims living under the *indigénat*.

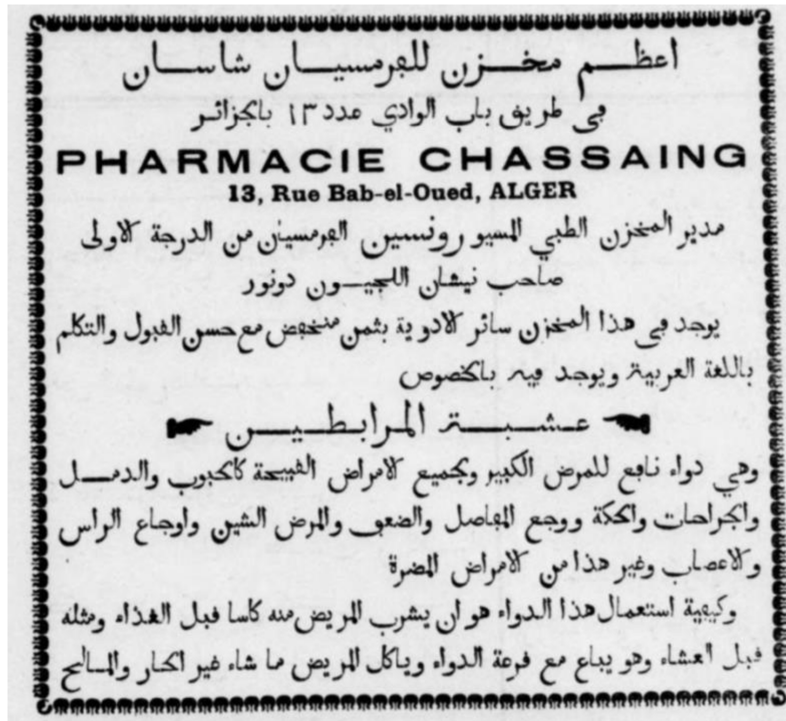

Figure 6: An advertisement of the Chassaing pharmacy in Algiers, Kawkab Ifriqiyya *(22 October 1909).*

The third advertisement (Figure 6) was issued by a French pharmacist, mister Roncyn, and mentions him to have been lauded with the French *Légion d'honneur*. Roncyn, who ran the *Chassaing* pharmacy in Algiers, used a different strategy to appeal to Algerians: instead of

applying an Islamicizing layer to his merchandise, he promoted a medicine that seems to have had its origins in Algeria itself. This medicine was called ‘the herb of the Marabouts’ (*‘ushbat al-murābiṭīn*) and claimed to be effective against ‘the big disease’ (which likely refers to syphilis), various kinds of hemorrhoids, and headaches. This extraordinarily multipurpose drug was better not combined with spicy or salty food. This ad forms an interesting complement to the previous two, because it used a different tactic to engage with Algerians. What is more, by connecting the authority of Marabouts to its product, the *Chassaing* pharmacy even promoted a type of medicine that was usually disdained by French doctors.

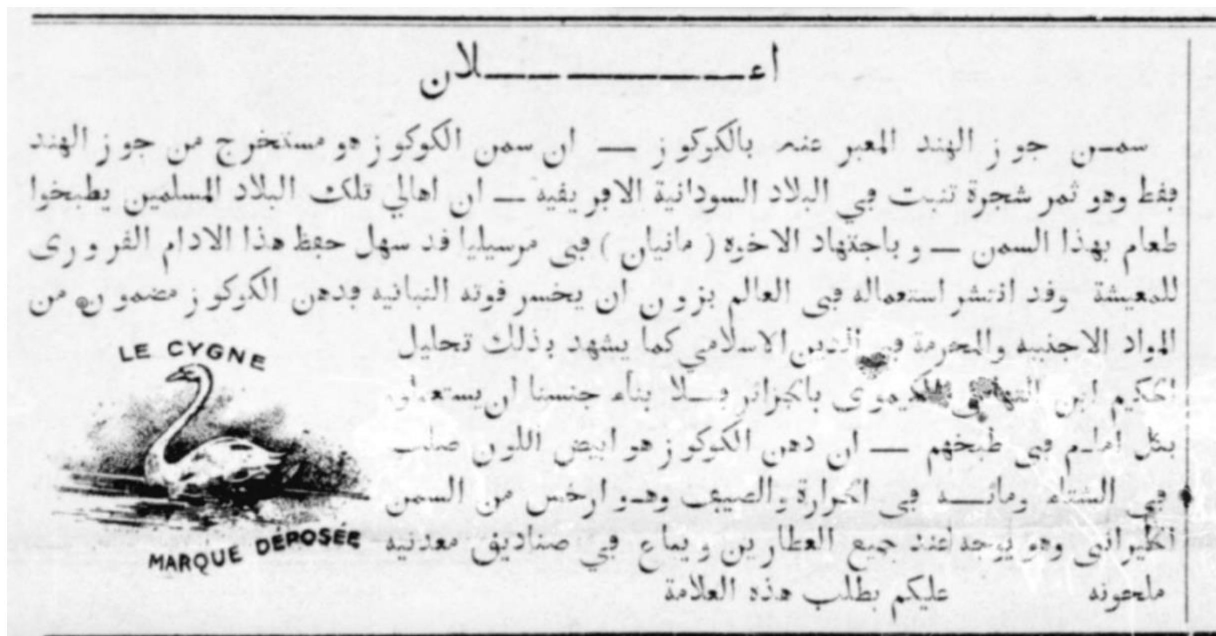

Figure 7: An advertisement for coconut butter of the label Le Cygne. L'Ikdam*, 05-01-1923.*

The fourth advertisement trying to accommodate its product within Islamic rules of consumption are of foodstuffs. Nonetheless, this ad also made health claims, which is why it is included in this analysis. Here above, we see an ad of *Le Cygne*, which was a brand of coconut butter ran by the Magnan brothers in Marseille (see figure 7). Their ad attests to the desire of French brands to reassure their Islamic consumers, but interestingly, this particular ad also provides underlying reasons for the religious compatibility of the promoted product, for it states: ‘its use has spread throughout the world without losing its vegetable strength and coconut fat is guaranteed without foreign substances and substances that are not allowed in the Islamic religion as has been shown by the analysis of doctor Ibn al-Tahami the chemist in Algiers.’

Thus, the Magnan brothers refer to an Algerian Islamic authority in order to emphasize the religious commensurability of their product.

Algerian Medicine Adopting External Influences

Next to European merchants trying to appeal to Algerian customers as described above, a second marketing strategy can be observed in Arabic medical advertising: the emphasis on "modern" ideas and practices adopted by Algerian medical entrepreneurs. Algerian doctors and pharmacists integrated European techniques into their merchandise in order to promote their services. Three examples illustrate this strategy.

دواء ناجـــــــع [الكواتين]

لضعـف النفـس

بوخدنه عبد الرحمان الصيدلي من الرتبة الاولى

"PHARMACIE BOUKERDENA"

PHARMACIE DE 1e CLASSE

11, rue Dumont-d'Urville & 5, rue Henri-Martin ALGER

TÉLÉPHONE 30-29

Figure 8: The advertisement for "al-Kawātīn" by pharmacy Boukerdena, Al-Umma*, 26-05-1936.*

The first advertisement is issued by pharmacy *Boukerdena* in Algiers and promoted a drug by the name of *al-Kawātīn* (see figure 8). It is quite elaborate regarding the development of this specific medicine and reads as follows:

> Since an era far from our days, skillful Muslim doctors like al-Suyuti of Antioch and sheikh Ibn Sina and others like Hypocrates the Greek and Ambroise Paré and Parcelsus the Christians, searched a medicine for the good remedy of the malady of weakness (of the mind) to eradicate its existence. However, they had a lack of therapeutic means to treat the diseases since it was hard to find drugs from distant lands which was caused by the difficulty of transportation, and it made those doctors decide to make medicines out of extracts of plants and native materials only, which gave results that varied in their relevance depending on both the disease and the dose. After deep study and sufficient knowledge of the books of both the ancients and the moderns, we were able, by the grace of God, to invent a substance (*al-Kawātīn*), which we might consider as the best medicine and the most beneficial and the least dangerous to cure a weakness of ability (of the mind). And the modern and accurate ways of preparations gave us an extraction of the beneficial components of plants and of both domestic and foreign materials and refine them in the form of tasty pills, which do not contain anything that is not allowed by the Islamic Sharia.

Abderrachmane Boukerdena, the owner of the pharmacy, thus tried to fuse various medical cultures – Greek, Islamic, and Christian – into the origin story of his product. Notably, the label "modern" is here contrasted with "ancient," instead of with "traditional," and neither of them is used pejoratively since they both are claimed to have equally contributed to the discovery of *al-Kawātīn*. Clark has pointed out that Boukerdena was closely affiliated with the reformist *ʿulamāʾ* and that his business should therefore be seen as advancing the reformist political cause.[98] What I think is important to distill from this ad is the seemingly easy engagement of an Algerian vendor with European ideas of medicine. It clearly demonstrates how the medical market provided a platform where otherwise compartmentalized orders of medical knowledge could melt into a new coherent order.

[98] Her translation of *al-nafs* ('psyche' or 'mind') is the 'Muslim national spirit,' which neatly aligns with the reformists' political goals. Clark, "Of Jinn Theories and Germ Theories", 80.

Figure 9: An advertisement for the Chemoul pharmacy in Algiers.' Al-Balāgh al-Djazāʾirī, *20-09-1931.*

The second advertisement illustrating how Algerian medical merchants integrated external influences into their medicine is of the *Chemoul* pharmacy in Algiers (see figure 9). Its text reads:

> Hey you, gentlemen of frail structure, nervous system and mind, we show you a very precious and effective medicine that we extracted recently after research in old Arabic books and after long chemical and medical experiments – Its name is *al-Jinsayn* and it is composed of three dissolved drugs that are imported from America and Central Africa. We recommend sick people to take it and we ensure (by the power of God) a retrieval of your force and we made it in the form of pills.

Again, it is the mind that needs reinforcement, which *al-Jinsayn* apparently provided. And, again, the origin of the drug is miscellaneous. *Chemoul* had combined the knowledge in 'Arabic books' with the outcome of 'long chemical and medical experiments' in order to compose his inspiriting pills, whose ingredients were imported from afar. This ad for *al-Jinsayn* is therefore

a good example of how medicine, when commercialized, could be given the exact wished-for backstory that was thought to appeal to most of the readers.

Figure 10: An ad for a Muslim eye clinic, Al-Umma*, 26-05-1936.*

A last example of Algerian medical entrepreneurs combining their goods and services with extra-Algerian knowledge is the above advertisement for the eye clinic of doctor Awqu (see figure 10). Even though his ad appeared in an Algerian newspaper, Awqu's clinic was located in Tunis, the capital of Tunisia. There, he tended an ophthalmological enterprise that flaunted its European knowledge and instruments:

> The doctor has brought from the biggest capitals of Europe the best medicines that can be found and top-notch instruments from the latest inventions, that can treat the most complicated diseases of the eyes, and these new instruments are preferred with the doctor's special skill in the art of ophthalmology. Patients will be cured of every kind of eye disease and even diseases from which recovery was previously impossible. The doctor proceeds to treat most of the eye diseases without surgical procedures and this highly skilled doctor has a lot of knowledge of the art of the eye that is known to all European faculties.

Doctor Awqu, who also did visits to the residencies of Muslim patients, clearly set his services apart by invoking European knowledge and instruments. Again, we see how Arabic newspaper readers and Muslim seekers of therapies were lured into choosing a particular remedy by an appeal to European "modernity."

Conclusion

Together, the advertisements under discussion in this exploratory chapter sketch an idea of the flexibility of Algeria's medical market. We have seen how European medical (and nutritional) entrepreneurs tried to appeal to potential Algerian buyers by resorting to an exaggerated idea of the aesthetic and religious preferences of their target group. Paradoxically, by employing such stereotypes in their ads, European vendors reproduced the otherness of Algerians. This is especially painful when manifestations of the alternative construct are merely used as empty markers, such as *Wybert*'s appeal to God. We have also seen how Algerian medical merchants weaved external, often European, therapeutic influences into their advertorial messages. Hence, the medical market shows how the binary between European "modern" medicine and Algerian "traditional" medicine was complicated in multiple ways, since both sides tried to use the other side to their advantage (think of religious legitimacy, Maraboutic appeal, "modern" instruments, and scientific experiments).

Thus, whereas medicine in colonies has often been historicized as neatly coinciding with the fault lines of the colonial social stratification, we have seen how the medical market formed a platform where entrepreneurs could shift between these categories. Of course, this attests to the flexibility and pragmatism that medicine allowed for, which, as a consequence, poses the question of the "stability" and the level of "coherence" of medical knowledge in the first place. However, what the advertisements also demonstrate is that pragmatic businessmen in the

medical field were well aware of the fact that they were combining different medical ideas and practices. This, one could argue, is an affirmation of the endurance of the preceding constructs. But still, affirming this does not make the ensuing blending of these constructs any less true.

What is important, I argue, are the motives behind the advertised medical blends. Sociologically speaking, to switch between different audiences both has a goal and demands effort, all the more when the difference between audiences has been asymmetrically fixed in the law, as was the case in colonial Algeria. Exaggeration (e.g. the Orientalist guise) and deceit (e.g. feigning religious validity), for instance, were some of the European marketing strategies to overcome such differences. Their reaching out to colonized Algerians therefore remained purely symbolic, empty, and not emancipatory whatsoever. Of course, one could argue that Algerian marketing strategies were just as deceitful, for who could verify that, indeed, the entrepreneur had done 'long scientific experiments' or that his instruments were quintessentially "modern"? But even if we, skeptically, label such Algerian strategies as being just as opportunistic as those of their European competitors, we should still acknowledge that the motives behind such opportunism were, as we can see in the ads, different to those of Europeans: Algerian entrepreneurs strived to fuse different orders of medical knowledge, while European companies reproduced the existing compartmentalization between these orders by creating a monolithic ideal type of the Algerian alternative.

3. Negotiating Medicine in the Arabic Press

Introduction

In the introduction to his book *Le mal magique*, Joseph Desparmet sketched the differences he saw between the Algerian medical landscapes at the beginning of the twentieth century and in the 1930s. Writing at a time when Pasteurian principles were fully embraced by the young Algerian doctors who were graduating from the Algiers School of Medicine around 1932, he recalled the many practices of metaphysical medicine that he had encountered at the beginning of the century in Blida, which formed the main topic of his book. Scattered throughout his manifold anecdotes and descriptions are references to moments when these practices were challenged by Islamic *ṭāleb*s (religious scholars) or medical knowledge propagated by the French. Alternatives to metaphysical medicine were seeping into Blida's rural hinterland and we have seen how practitioners welcomed, modified, or rejected them.

Yet, so far, we have seen less of the popularization of these new health assumptions. Departing from the premise that, in order to spread their medical ideas and practices, the colonial state could not solely depend on force, I argue that we should also study the ways in which colonized people were persuaded and, perhaps even more importantly, how the disposition to reorder their medical knowledge was cultivated. To explore this cultivation, this chapter focusses on the dissemination of scientific medicine in articles about health and disease in the Arabic press in the early 1930s. It is constructed around the following sub-question: *What were the strategies behind the spread of scientific medical knowledge by and amongst Algerians as they become apparent in the Arabic press?*

Answering this sub-question will contribute to a more diverse understanding of how scientific medicine, often considered universal, was received, appreciated, and accommodated in contexts beyond Europe. More broadly, it deals with the question of how knowledge moves between people, crossing boundaries of space, culture, and religion. To render this knowledge-on-the-move intelligible in the case of colonial Algeria, I will discuss two heuristic categories that inform my analysis of the articles. Articles of the first category zoom in on the religious commensurability of scientific medical knowledge. This category is important, because it shows the effort behind integrating new medical ideas within an existing order of knowledge that was importantly structured by Islamic principles. Articles of the second category will focus on moments when the spread of this (Islamicized) medical knowledge was hampered by people who refused to accommodate these new ideas. This second category is important, since arriving at the limits of the spread of knowledge prompts the clear pronunciation of the arguments for

and against this spread. Both categories are represented by two articles. In these four articles, the medical interaction involved in the spread of scientific medical knowledge takes two forms: either between the author who tried to convince his readers, or the article describes a disagreement between his views and those of others. Yet, before diving into the articles' contents, I will shortly expand on the connected historiography and theory, and on my methodology and sources.

Historiography and Theory

Much of the historiography on moving knowledge in the Arabic-speaking world has focused on the accommodating capacity of Islam. Scholarship of the last decade on Islamic attitudes towards historical change has been rich and insightful. Multiple scholars have been critical of state-centered, top-down historical perspectives on Muslim societies that often affirm, and hence strengthen, the dichotomy between European "modernity" on the one hand and Islamic "traditionalism" on the other hand. These historians strive to scrutinize and reconstruct the deliberations that were informed by newly introduced views, practices, and ideas in order to emphasize the ideological flexibility and the pragmatic negotiation that was spurred by historical change. The work of two scholars is exemplary in this regard.

Etty Terem, a historian of Islam in Morocco, researched a *fatwā* (an Islamic legal opinion) on the use of some common household goods like soap, issued by the Moroccan legal scholar Djaʿfar al-Kattānī, as an entry to explore the Islamic regulation of historical change. Drawing on this case, she argued that the reformist *ʿulamāʾ* did not negotiate modernity and the changes it incited in order to resist it, but to steer Islamic tradition through these changes, often to enable them.[99] Leor Halevi**,** who is a scholar of Islam in Syria and Egypt, has studied a collection of *fatāwā* (pl. of *fatwā*) of Rashīd Riḍā (1865-1935) on the use of numerous consumer goods that crossed cultural, political, and religious boundaries. Riḍā's judgement of these goods is described by Halevi as "*laissez-faire* Salafism," because of the commensurability Riḍā proclaimed between Islam and modern material prosperity.[100]

Concerning Algeria, this scholarly field of the accommodation of new knowledge is still less touched upon. Nonetheless, Hannah-Louise Clark has recently accelerated the discussion. She has shown how Islamic tradition and its law provided a discursive space for new medical

[99] Etty Terem, "Consuming Anxieties: Mobility of Commodities across Religious Boundaries in Nineteenth-Century Morocco," *Journal of the Economic and Social History of the Orient*, 60:1/2 (2017), 115-141.
[100] Leor Halevi, *Modern Things on Trial: Islam's Global and Material Reformation in the Age of Rida, 1865–1935* (New York: Columbia University Press, 2019).

initiatives. Clark describes how various players in the medical landscape of colonial Algeria (e.g. Muslim intellectuals, entrepreneurs, French physicians, and villagers) instrumentalized the law to attain the medical care they wanted. Such creative handling happened both with Islamic and French colonial law. To take one of Clark's examples: a group of Kabyle villagers petitioned the Governor General Charles Jonnart in 1909 about the nuisance of fumes and (bloody) liquids that spilled out of an abattoir near their local cemetery. They complained that these intrusions would harm their ritual and religious peace, suggesting that this could attract malicious *djinn*s. Yet, these villagers complied with official complaint protocols and employed a language of "public health", in French, hoping that their metaphysical disturbances would be dealt with on the basis of a French, scientific conception of health and hygiene.[101] This fascinating account shows how the French law, which also proclaimed certain rights, was employed to push a particular health vision.

This last chapter is inspired by the work of Terem, Halevi, and Clark. By adding several examples of the conditions required to make knowledge move, it aims to enrich this exciting field of research. Yet it adds new voices to the debate as well. Whereas Clark mostly concentrates on the debates among French and Algerian elites concerning the theoretical accommodation of knowledge, this chapter also zooms in on the reactions of non-elite Algerians who were at the receiving end of the public health propaganda of these elites. I argue that their considerations illuminate the political motives behind accommodating or rejecting knowledge.

Methodology and Sources

The examples of medical interaction in this chapter are taken from four articles about medicine that appeared in the Arabic press in Algeria between 1930 and 1935. The newspapers I examined are *Al-Ummat al-Djazāʾir* (1933-1938) and *Al-Balāgh al-Djazāʾirī* (1926-1948), which are two of the papers I used to discuss the medical advertisements in the previous chapter.[102] To recapitulate: both were weekly newspapers in Arabic with an Islamic reformist outlook. This means that they spread orthodox Islamic values and guided Muslims through contemporary changes in society without transgressing religious principles and laws. Out of these two newspapers, I selected articles dealing with health and disease, which I then translated in order to analyze the different discursive strategies to spread scientific medical knowledge among Algerian Muslims. Hence, the articles under discussion in this chapter exemplify both

[101] Clark, "Of Jinn Theories and Germ Theories", 76-77.
[102] See p. 46 of this thesis.

the negotiated theoretical accommodation of knowledge and the practical endurance of existing orders of thought.

Matching Medicine and Islam

This first heuristic category that helps rendering the transfer of medical knowledge in Algeria intelligible deals with the ways it was rendered compatible with Islam. Two articles will be discussed to illustrate this accommodation. The first is an opinion piece in *al-Balāgh al-Djazāʾirī* that was published on 25 July 1930 by an anonymous author residing in the coastal city of Béjaïa (see figure 11). In this article, the author recounted the many benefits of medical science. According to him, this science of 'physical bodies' equals the science of religion. He considered these two sciences to be twins, 'whose functions depend on each other religiously', since being healthy is the most important precondition for physical worship and for the completion of religious duties. Therefore, he argues, it is imperative 'to follow the rules of health established by the science of medicine and to not underestimate them if a person wants to live happily and actively with his life and his health.'[103] Interestingly, the author does not seek reconciliation between Islam and medical science by delving into the question of their legal commensurability; instead, he considers them both inherently indispensable for each other's existence.

مزايا علم الطب

والتنويه بالاطباء الجراحين

بجاية

علم الابدان من اجل العلوم لا ينقص عن علم الاديان فهما توأمان تتوقف وظيفة كل واحد منهما على الاخر شرعا

فمن لم يكن صحيح الجسم قوي البنية معتدل المزاج يعيش طول حياته معيشة ضنكا عليلا سقيما ضعيفا طريح الفراش لا يحلو له اكل ولا لذة له في شراب وهو يكابد الالام ويناجي الانين والاسقام ويبكي لا ينفعه بكاء الثكل.

فالصحة سبيل الحياة والمرض سبيل الموت فلا واسطة بينهما ، وعلى الصحة قوام الاعمال وفي مقدمتها الوظائف الشرعية . فان القيام بفروض العبادات البدنية موقوف على سلامة الجسم وسلامة سائر اعضائه التى لكل واحد منها وظيفة خاصة في امداد الهيكل الجسماني بالعافية وهي اذا مرض واحد منها تتابع بتبعها بالضعف والالم والسهر والحمى فتتعطل من المريض سائر الحركات الحيوية وفي مقدمتها مشاعره الخارجية والباطنية التى منها القوات العقلية وان كانت قد تكون منه فلا تنفع الا مريضة منهوكة القوى

لهذا وجب على الانسان ان يحافظ على صحته بالسير على قواعد الصحة المقررة في علم الطب

وان لا يتهاون بها ان كان يريد ان يعيش مسرورا مغتبطا بحياته وعافيته وهذه الوقاية خير له من الانهماك على خلاف قوانين الصحة وتعاطي الادوية

والادواء وان كانت تختلف قوة وضعفا الا ان اشدها ما تتوقف زواله على عملية جراحية OPération كما ان امهر الاطباء من حاز السبق في فن الجراحات وتقدم علم الجراحات من بين علوم الطب من بعد الحرب الكبرى تقدما مدهشا ولازال يسير رجاله وفي ميدانه الى الامام

غير ان الناس قبل اليوم كانوا يفضلون الموت على الاخذ بارشادات الطبيب خصوصا العمليات الجراحية فانهم كانوا يتوهمون بها الموت بعينه ولازال بعض الناس يعتقد بالرغم عن التجاريب العديدة المؤيدة لليقين بسلامة العافية . ان البنج والتبنيج ضرب من الموت وسبب هذا وذاك هو الجهل والوهم

واما اليوم ففيه بعض الاقبال على النصائح الطبية سواء في ذلك ما يكون ادوية او من عمليات جراحية ولكن لا زال الوهم يدخل خوفا شديدا على كثير من الناس البسطاء وما اكثرهم فيموت اغلبهم تحت مفعول ادوائهم وتأثير امراضهم لسبب تفريطهم وتقصيرهم على خلاف ما جاءت به الشريعة من تعاطي الاسباب والحث على العلوم الطبية

فعلى العاقل ان لا يترك الاسباب الطبية خوفا من الموت فيقع في الموت من انكاره وخوفه ووهمه وقصوره وتقصيره

مرضت في العهد الاخير واصبت بالبواسير فكان انجع دواء لها هو قطعها بعملية جراحية . واما تعاطي الادوية فلا يفيد فائدة سوى التسكين مؤقتا ثم يعود المرض كما كان وان كان الدواء من المتطببين ففي اغلب الاحوال ينقلب داء وهذا قد يفضي الى الهلاك فالواجب عليك ايها المريض ان تأخذ الدواء من الطبيب العارف المتخرج من المدرسة الطبية . اياك ثم اياك ان تأخذ ذلك من المتطببين وهم الدعاة بعلم الطب الكذابون واغلب هؤلاء من المراكشيين الدجالين

فقصدت حاضرة بجاية للمعالجة من مرض المذكور فدخلت المستشفى الخصوصي للدكتور الحاذق الماهر الخصوصي بالجراحات الفرنسوي الجنسية ماكس مانون Max Manon فعملت هناك عملية جراحية لقطع هذه البواسير تحت التنويم بالبنج وشاركه في العمل الدكتور النطاسي الكبير السيد الحاج علي البجائي من غير ما اتجعه بجاية فخرجت منها بعد عشرة ايام وانا صحيح معافى من جراثيم ذلك المرض بفضل هذين الطبيبين الحائزين للشهادات العليا من الكلية الطبية بباريس فضلا عما لهما من ملاطفة المريض والنصح في المعالجة

Figure 11: "Mazāyā ʿilm al-Ṭibb," al-Balāgh al-Djazāʾirī, 25 July 1930.

However, he deplored, not everybody was already convinced of the benefits of scientific medicine. Especially undergoing surgery under anesthetics was considered a form of dying and people therefore preferred to literally die than to trust their bodies to a surgeon and an anesthetist. Luckily, he writes, this lack of confidence had slightly

[103] "Mazāyā ʿilm al-Ṭibb," *al-Balāgh al-Djazāʾirī*, 25 July 1930.

waned over the years. Yet, by 1930, fear and distrust of 'simple people' towards doctors and surgeons were still omnipresent: 'most of them die under the effect of how they act and from the impact of their diseases, because of their negligence and their neglect, which is contrary to what the *sharīʿa* law [Islamic law] has brought about the tackling of the sources [of illness] and the urge for the medical sciences. The reasonable person should not deny medical reasons for fear of death, so that he would die from his denial, fear, delusion, perception and shortcoming.' So, without entering the legal intricacies, the author still managed to mobilize Islam to delegitimize skepticism and refrainment from care.

To add to his legal and religious argument, the author also shared a personal experience that showed the benefits of scientific medicine and surgery. He had recently suffered from hemorrhoids, but found relief after surgery under the 'hypnosis' of anesthetics, which was performed by the 'clever, skilled, private French surgeon Max Manon' and his assistant the 'great experienced doctor Mister al-Ḥadj ʿAli al-Bedjāʾī,' both graduates from the medical school in Paris. After just ten days, he was cured and could leave hospital. The author then contrasts the efficacy of surgery with merely taking medication which would have just offered 'temporary tranquillization' before the illness would have come back.[104] Thus, the author from Béjaïa promoted the advantages of scientific medicine by combining two arguments: the need for physical health in order to be a conscientious Muslim and a personal successful experience.

A second anonymous author writing in *al-Balāgh al-Djazāʾirī* chose a different accommodating strategy: he meticulously integrated microbial infections within an Islamic legal frame as stipulated by the *ḥadīth*s (sayings of the Prophet). In this way, principles of scientific medicine were streamlined within an order of Islamic legal knowledge. Part of this second article is taken from a piece by the director of health of the municipality of Alexandria (Egypt) that appeared in the Egyptian magazine *al-Shubbān al-Muslimīn* ('The Muslim Youth'). This article is especially revealing of the discursive leeway that existed between the different ways of interpreting Prophetic sayings about disease. Therefore, it forms a telling illustration of the first heuristic category dealing with the contested compatibility of scientific medicine and Islam.[105]

This second author explains that his article argues against people who invoke *ḥadīth*s to prove that contagion does not exist by drawing on the same *ḥadīth*s but explaining them differently. In fact, according to him, several *ḥadīth*s directly show the existence of contagious diseases, for example: "Speak to a leper only with a distance of one or two spears between

[104] "Mazāyā ʿilm al-Ṭibb," *al-Balāgh al-Djazāʾirī*, 25 July 1930.
[105] "Al-ʿadwā wa al-Aḥādīth," *al-Balāgh al-Djazāʾirī*, 27 March and 3 April 1931.

you,"[106] and "Flee from the leper as you would flee from a lion,"[107] and "If you hear of an outbreak of plague in a land, do not enter it; but if the plague breaks out in a place while you are in it, do not leave that place."[108] The author argues that this last *ḥadīth* even foresaw the practice of quarantining: '[it is the] principle of the issue of *al-ḥajr al-ṣiḥḥī* [litt. 'a health limitation'], in Latin called "quarantina," and the Prophet (peace be upon him) intends with this *ḥadīth* what we are doing now in our present days of quarantining those with contagious diseases or those who are in contact with them whether they come from inside the country or from outside.'[109]

However, *ḥadīth*s were also interpreted as proof of the nonexistence of contagion. Especially the saying "There is no infection, no vengeance, and no Ascaris worm"[110] was popular among people who, according to the author, 'take things and their phenomena for granted and who do not bother themselves with research and thinking before they mislead others and corrupt their minds.' Their interpretation of this *ḥadīth* was erroneous, the author argued, since the Prophet must have meant that contagion could not exist solely by and on itself; it is transmitted by a (microbial) carrier and wreaks damage within a bodily host, which, according to him, proves that indeed 'there is no infection' *ex nihilo*.[111]

One *ḥadīth*, however, caused the author confusion: "who conveyed the disease to the first (camel)?"[112] The answer to this question how and from where the first infection originated is not known, yet the author has a suggestion: another *ḥadīth* could provide solace. "You know best about your worldly affairs"[113] is used as an explanatory "counter-*ḥadīth*" to argue that when a Muslim sees how a disease first spreads within a household before infecting the neighboring environment, he simply must conclude that the disease is contagious, since it has been 'touched by evidence and proof' within the realm of worldly affairs. Moreover, the author reminds his readers that, indeed, the Arabs used to know that diseases could be contagious, but they were unaware of the presence and transmission of germs, which is why the *ḥadīth* "who conveyed the disease to the first (camel)?" did not mention germs or microbes. Yet, this unawareness does not mean that germs were not created by God, for: 'created together with

[106] Musnad Aḥmad ibn Ḥanbal 581, 5:19. Translations and exegeses of *ḥadīth*s are taken from sunnah.com
[107] Mishkāt al-Maṣābīḥ 4577, 23:61.
[108] Ṣaḥīḥ al-Bukhārī 5728, 76:43.
[109] "Al-ʿadwā wa al-Aḥādīth," *al-Balāgh al-Djazāʾirī*, 27 March and 3 April 1931.
[110] Ṣaḥīḥ al-Bukhārī 5770, 76:84.
[111] "Al-ʿadwā wa al-Aḥādīth," *al-Balāgh al-Djazāʾirī*, 27 March and 3 April 1931.
[112] Ṣaḥīḥ al-Bukhārī 5770, 76:84.
[113] Ṣaḥīḥ Muslim 2363, 43:186.

mankind, they are scattered in the air, in the mud, in the water etc. and it were these [germs] that infected the first two people mentioned in the *ḥadīth*.'[114]

Together, the two articles discussed here above illustrate the discursive work behind the accommodation of new knowledge into existing orders, in this case scientific medicine and Islam. The first author argued that both were mutually indispensable and added a personal experience; the second defended a particular exegesis of a set of divine *ḥadīth*s, in order to highlight Islam's anticipation of scientific medicine.

The Limits to the Spread of Medical Science

Now that we have discussed two examples in which different argumentative strategies were employed to convince Arabic readers of the religious legitimacy of scientific medical care, we move on to the second category, which is about the dilemmas regarding resistance against the spread of scientific medicine. Clark has shown how illiterate women practicing *djinn*-based therapeutics were, together with the Muslim family, the main targets of critique by both the French colonial administration and Muslim, male, intellectuals. According to Clark, the vilification of these practices, which were considered ignorant, was part of a broader struggle for political power and national hegemony that had spilled over to the medical field.[115] Such denigration reminds of the dialogue between the Muslim learned man and the woman practicing metaphysical medicine that we have analyzed in the first chapter.[116]

In the last part of this chapter, these discussions are expanded. They show glimpses of the considerations of both the proselytizing Algerian doctors and the withholding villagers when the limits of knowledge propagation became apparent. In the two articles I selected to illustrate the disagreements that ensued, the authors used anecdotes and examples to render explicit their means to introduce scientific medicine to unwilling Algerians. Their recommended solutions to this problem reveal much about who was targeted by their public health propaganda, but also about the modes of resistance of non-elite Algerians against this medical intrusion.

[114] "Al-ʿadwā wa al-Aḥādīth," *al-Balāgh al-Djazāʾirī*, 27 March and 3 April 1931.
[115] Clark, "Of Jinn Theories and Germ Theories", 80.
[116] See pp. 37-38 of this thesis.

The first author, Qudūr ben Aḥmad al-Madjādjī (1894-1951) from the village of Medjadja, near Mostaganem, illustrated the many efforts to introduce new medical knowledge in the format of a Q and A between a 'wise and skillful questioner' and a doctor (*al-ḥakīm*, which can also be translated as 'wise person') (see figure 12). The main topic of their exchange is a certain pandemic and, after an introductory first question about whether one must stay or leave the area where a pandemic rages, the doctor tells about the obligation of physicians to fight the pandemic by 'weapons of medicine that by duty and nature eradicate every disease they find in front of them.'[117] However, suggested the questioner, what about the many small cities and villages, in far off mountains and deserts, where a 'tragic disease' reigned but nobody, despite the presence of doctors and pharmacies, treated it and everybody seemed to 'agree to let it [the contagious disease] reach their brothers?'[118]

سؤال عن سبب الداء

العام وكيفية ازالته من الاجسام

سأل سائل حكيما ماهرا عن سبب وعلة الوباء اي الداء المهلك العام لجميع افراد المجتمع اوجلها وعن كيفية معالجته والادوية المزيلة اياه وهل يلزم الصحيح ان ينتقل عن جوار الذين عمهم الداء الى جوار الاصحاء الذين لم يزل جوهم صافيا وهواؤهم من الامراض شافيا.

الحكيم: اذا تمكن هذا الفساد من شخص مع اشتداده اى الفساد تعدى ولا بد لشخص آخر قريب من الاول لاستنشاقه الهواء المتعكر المتعفن من فيه وخياشيمه ثم يعدو ذلك الداء بحاله الى آخر ثم الى آخر حتى يعم الجم الغفير ان كانت مادة السقم غزيرة ولا ينجو حينئذ منه الا ما قل وندر. وذلك القليل تلزمه الحكمة الارتحال الى ارض ذات هواء طيب ملائم لحالته وان كانت بالارض المنتقل اليها مرض لكنه ادنى واقل من المرض الذي فر منه وجب عليه الانتقال ايضا ارتكابا لاخف الضررين لان هذا تسهل معالجته ويومن تأثيره. وهذا اي وجوب الانتقال من مكان الى مكان محله اذا لم تمكن معالجة من عمهم الداء والا فلا

ومقاومة الداء واجبة على الحكماء مهما قام بفرد من الافراد قبل ان يعم فتشتد مدافعته ويندر النجاة منه الا بالفرار فيقاومونه باسلحة الادوية التي من شأنها وطبعها استئصال كل داء وجدته امامها مع امرهم الناس بالتنزه والتباعد عن الاسباب الذي تحبها سادة ذلك العدو الفتاك (الوباء) واستعمالهم لكل ما من شانه ان يحفظ لهم صحتهم الطبيعية الى اجلهم المسمى. كالطعام الملائم للنظام الذاتي الطبيعي الذي لم تستقر البنية الا به

السائل: انى كثيرا ما رايت وما زلت ارى كثيرا من المدن والقرى و ن سكان الجبال والصحراء قد احاط برجالهم ونسائهم كبارهم وصغارهم وباء اليم والكل في بلدة فيها اطباء وحكماء وصيدليات فلم لم يعالجوا هذا الوباء ارضوا بحلوله باخوانهم. ام تعسر عليهم العلاج لجهلهم بعين الدواء الناجع ام الداء لا يصلح له دواء

الحكيم: المرضى على قسمين قسم لم يشعر بمرضه فلم يقبل دواء ولا تداويا وهو الاغلب وقسم شاعر بمرضه فلم يزل حاله مضطرا الى الطبيب ولسانه سائل هل من معالج يعالجني

فالاولون متى اردت او اخذت في معالجتهم ومحاربة ادوائهم اصلتوا سيوفهم في وجهك وشمروا لقتالك لظنهم بانك انما جئت لتفسد احوالهم التي هم مستحسنون لها ومستلذون بها وظنهم غير مخطئ لانك ايها الحكيم: جئتهم بالادوية الساحقة لاشقائهم وآلامهم التي الفوها واستطابوها لعدم شعورهم بان الداء انما نزل بهم ليصيرهم الى العدم فلجهلهم كانوا اعداء لانفسهم في الواقع، وهكذا يفعل الجهل باهله يصيرهم احبابا واصدقاء بل انصارا واعوانا لعدوهم واعداء الداء لحبيبهم وناصحيهم ومريدي الخير لهم ولا عقاب عليهم مما تناسلوا وتسلسلوا، فهؤلاء ليس لهم شفاء الا في السيف الصارم لو حضر فهو الذي يجبرهم على قبول الدواء والتداوى

وان قال قائل ان جبر الناس على ما يكرهون مخالف لقانون المدنية. قلنا ذلك فيما اذا اجبرناهم على ما فيه هلاكهم وفسادهم

Figure 12: "Suʾāl ʿan Sabab al-Dāʾ," al-Balāgh al-Djazāʾirī, 27 June 1931.

This is where the friction starts and the boundaries of the spread of scientific medicine first become apparent. The doctor explained that there are two categories of patients: one that fell ill and sought medical care and one that felt nothing or had no symptoms of the disease. People of this last, supposedly immune, category were reluctant to accept treatment: 'whenever you wanted to take them for treatment and fight their tools, they drew their swords in your face and they swarmed to fight you, because they thought that you came to spoil their beloved conditions.'[119] According to the doctor, this resistance was due to ignorance, which made them 'allies and enablers of their enemies.' He was crystal clear about the solution: only the 'sword' could compel these people to 'accept medicine and medication.' Any doubt about whether it is against

[117] "Suʾāl ʿan Sabab al-Dāʾ," *al-Balāgh al-Djazāʾirī*, 27 June 1931.
[118] Ibidem.
[119] Ibidem.

‘civilized law’ (*al-qānūn al-madanīya*) to ‘force upon people what they hate,’ was refuted by his logic that, indeed, it would be unlawful to force upon them something that leads to their detriment, but in this case, the doctor argues, something is imposed from which they would benefit, which is what ‘civility requires and what is ratified by civilized law.’[120]

But then what to do when both words and violence yield no effect? How to respond when you see an ‘overwhelming number of sick people’ combined with their refusal to take medicine? For this problem the doctor suggested less violent solutions: these patients should be treated with medicines that show no side-effects and cause them no pain. Furthermore, he adds, those who adhere to biomedicine should protect both their physical health *and* their spiritual health, on which ‘grows the high intelligence, good morals, the Islamic deeds and the sayings and doings of the Prophet.’ This spiritual and religious health, he warned, was threatened by the ‘disease of ignorance.’ Therefore, he deemed it necessary to ‘guide the ignorant people to what benefits them and their pious nature, meaning towards science, which sends them to the good work that leads to their success within the level of what they understand.’[121] Thus, we see how this doctor, both paternalistically and violently, forced unwilling Algerians to accept his medical ideas of cures and precautions against a pandemic.

[120] “Suʾāl ʿan Sabab al-Dāʾ,” *al-Balāgh al-Djazāʾirī*, 27 June 1931.
[121] Ibidem.

متى يعالج المريض وهو يدعي انه صحيح

لا باس عليه ؟

يصاب المرء في عينيه فيسارع الى طبيب العينين لمداواته ، لانه احس بالم الرمد ، ويصاب في انفه او اذنه او فمه او حلقه فيبادر الى طبيب الاسنان ليعالجه ؛ لانه احس بالوجع .

وكذلك حاله في كل ما يصاب به من الامراض في سائر جسده لا يلبث ان يسارع للطبيب فيقطع المسافات الطويلة ، ويبذل المصاريف الباهضة ، ويقاسي آلام العمليات الجراحية ومرارة الادوية ونحو ذلك اياما ولياليا لانه احس اشد الاحساس بمبلغ الالم ، وشعر كامل الشعور بمغبة الراحة ونعمة الشفاء .

يصاب في جانب من ماله فيملأ الدنيا صخبا وضجيجا ، وينادي بالويل والثبور ؛ وعظائم الامور فيقدم الشكايات ؛ ويستغيث ؛ ويلتجيء الى هذا والى ذاك : هذا يمده برايه ، وذاك يسعفه بفضل من ماله لانه ارهبه خوف الفقر وارعبه شبح الجوع المخيف ... !

ولكنه — مع الاسف — لا يحس بالم ولا يشعر بوجع ولا تسمع منه شكوى ولا انينا اذا اصيب في دينه ، او في خلقه بمرض مهما عظم ذلك المرض وتفاقم خطره ! بل يتجاهل المرض كله ويدعي انه صحيح لا باس عليه ! وقد يقاومك بما لديه من قوة اذا قمت في وجهه فتلطفت له قائلا : انك يا اخي لمريض بكذا وكذا ، وان مرضك هذا هو علة العلل فيجب ان تسعى في استئصال شافته .

اذا قلت ايها الناس : ان الجهل علة العلل وقد فشا فيكم في الوقت الذي نطق فيه الجماد فيجب عليكم ان تحاربوا الجهل وتكافحوا الامية وان تقبلوا كلكم الى العلم كما اوجبه الدين وقضت به سنن العمران ، قاوموك بما لهم من كيد ومكر وغدر وخداع ! وادعوا انهم على هدى وعلى طريق مستقيم لا باس عليهم ، وان كانوا يعلمون انهم في حاجة الى غيرهم حتى في كتب عنوان اورسالة او تنظيم حساب !

واذا قلت : ايها الناس — ان الزنا كان فاحشة ومقتا وساء سبيلا ، وهو مقراض النسل ومقدمة الزوال والانقراض ! وقد فشا فيكم فاحذروه ولا تقربوه واسعوا في مكافحته واستئصاله من بينكم ، رمقوك بعيون زارية وقالوا ان هذا لا قصد له الا التشهير بنا ونبش دفائننا ، ولسنا والحمد لله في حاجة الى فضوله فنحن على هدى من ربنا وسنة نبيئنا ، وما علينا الا بخدمة الدينار والدرهم فهي تغطي كل شيء ، وهي الدواء وهي الشفاء وهي الوسيلة الوحيدة لنيل المنازل عند ارباب المنازل (واخدم الدرهم وافعل ما شئت !) فان الدرهم هو الشفيع الوحيد في كل شيء ، وما هذا الناعق الذي يدعي انه يدعو الى الله على بصيرة الا فضولي ضاقت في وجهه المذاهب وانغلقت دونه جميع الابواب فلو وجد وجها من المال ، او بابا من ابواب العمل لما اشتغل بهزا الفضول ... !

واذا قلت : ايها الناس — ان (نحن وانتم) قد افنت العباد وخربت البلاد و بذرت الاموال ودقت اعناق كثير من زعماء الرجال . وهذا مرض عضال قد استفحل فيكم وفتك بجموعكم وشتت شملكم واذهب ريحكم فاستاصلوا شافة هذا المرض العضال من بينكم كما يستاصل الطاعون او الحمى التيفودية ، وارجعوا الى كتاب ربكم وسنة نبيكم ؛ وتآلفوا فيما بينكم ، واسسوا علاقاتكم على اساس « البر والتقوى » لا على العشيرة او الجنس او الوطن ، تشاءموا من نغمتك هذه وحسبوك خلاطا مشوشا واثاروا حولك ضجة وصخبا حتى يخفتوا صوتك بينها وحتى لا يلهيهم عما هم عليه من التعصب والحمية الجاهلية والاستعانة بها على نيل اغراضهم وقضاء حوائجهم ؛ خرب الدين ام قلبت البلاد عاليها سافلها .

وهكذا حالهم معك وحالك معهم كلما اطرقت لهم بابا من الاصلاح فشرحت لهم وجوه منافعه وثمراته الكثيرة او بابا من الاقتصاد فبينت لهم الوان مضاره واصناف مهلكاته ، ورغبتهم في الاول وحذرتهم من الثاني ، الا وقال لك لسان حالهم : نحن في غنية عن نصحك وارشادك فنحن — والحمد لله — لا باس علينا وفي سعة آلاف نعمة ؛ ولسنا نحس بما تحسه انت من الآلام والامراض ، وان كانوا يرون باعينهم ويسمعون بآذانهم صباح مساء وعلى مقربة منهم ضحايا هاتيك الامراض صرعى في تلك المستنقعات !!

واذا ما صبرت معهم صبر ايوب فتفننت معهم في اساليب النصح والارشاد وقلبتها على جميع الوجوه علها تجد منفذا الى قلوبهم فيتعظوا ويتنبهوا من نومهم العميق عدوك مقلقا لراحة مشوشا خطيرا واختلقوا من نصحك وارشادك لهم (مادة) لا اسخف منها الا هي جرت على لسانك ولا على املات قلمك . هي « انك عدو الدولة » فتقدموا بك الى اعوانها بالسعاية والوشاية ؛ وتوسلوا بها الى قطع لسانك وكسر قلمك حيث افلسوا من الحجة وتجردوا من البرهان ؛ ولم يجدوا وسيلة لاخفات صوتك المقلق الا انك (عدو الدولة) والحال انك بري من هذه التهمة براءة الذئب من دم ابن يعقوب !

الى هنا تنتهي حالة اولئك المرضى معك !

فقل لي بربك متى يعالج هؤلاء علاجا ناجعا ؛ وهم يصرون اشد الاصرار على انكار المرض من اصله ويدعون انهم لا باس عليهم ، وفي غاية من الصحة والهناء والعافية ، ويعادون اشد المعاداة من يتهمهم بوجود المرض بينهم ، او يدلهم على وجوه معالجته والتخلص منه ؟

ولو كان لمرضهم حد محدود ، ونطاق محصور لا يتعداه لهان الخطب ولسهل على الحذاق والنطاسيين ان يستكنوا ويعرضوا عنه ويشتغلوا بالاهم ؛

اما ومرضهم فتاك ، ووباؤه سار مسرى الحمى في الجموع المكتظة بالجماهير ؛ ويستحيل ان يتقدموا خطوة الى الامام وهو كالسرطان متمكن منهم في مجاري الحياة ، فما الحيلة وكيف السبيل؟

لقد ذهبت هاهنا الحيل ، وغاب وجه الراي فهل من محنك خبير ؟ وهل من حاذق خريت يهدينا الى سواء السبيل ؟

Figure 13: Part of the the article "Matā Yuʿālidj al-Marīḍ wa huwa Yiddaʿā innahu Ṣaḥīḥ : La baʾs ʿaleyh?," al-Ummat al-Djazāʾir, 6 August 1935.

A second article, published in *Al-Ummat al-Djazāʾir* on 6 August 1935, discussed somewhat the same obstacles to this medical proselytization (see figure 13). Its author, most likely a doctor, described his experiences with Algerian villagers who were unwilling to accept his help. The article – titled 'When a patient is treated while he claims that he is healthy. Is that okay?' – is built around several instructions that the doctor gave to people who were skeptical of medicine. This presumed doctor is clearly desperate of how to deal with the reluctance of these skeptic people. When they fall sick, they deny the 'existence of the disease and they claim that they are fine and in a maximum state of health and wellness and they hate whoever accuses them of having the disease among them or whoever guides them to ways to cure it and get rid

of it. [...] Now the solutions and tricks are gone and the opinions are missing. Is there any clever expert who guides us to the right path?'[122]

His own efforts had resulted in nothing and only seemed to arouse the people. Religion and 'the norms of civilized tradition' (*sunan al-ʿumrān*) are invoked to fight illiteracy and to follow the laws of science. Yet, this message was rejected with 'slyness and trickery.' People who resisted medicine allegedly thought they were doing fine and therefore accused the messenger of misplaced 'curiosity' and of wanting to reveal their 'hidden secrets.' They looked at the doctor with 'fiery eyes,' stating that they were already guided by their Lord and by the *Sunnah* of His Prophet,[123] and that in their earthly existence money was the actual medicine and cure because it paid, for example, for housing: 'the Dirham is the only facilitator of everything.' They described the doctor as a 'person who lost his path' and, if he or she would have the chance, would do something else than prying into other people's lives.[124]

The doctor, almost beggingly, tried to change their minds and to revise their convictions. He even resorted to a political argument and asked them to 'return to the book of your Lord and to the *Sunnah* of your Prophet; and unite in it among you; and base your relationships on the basis of "righteousness and piety" and not on clan, gender or country (*waṭan*).' Yet, again, the message had no effect: it was overwhelmed by noise and tumult, leading the doctor to conclude that 'the religion was demolished and the country is in chaos (litt. 'upside down').' Indeed, the unwilling Algerians even politicized the doctor's presence among them, claiming that he or she was an 'enemy of the state' (*innaka ʿadūw al-dawla*). Seemingly speaking out of experience, the author describes how they went as far as to bring a doctor to the 'informants/helpers of authorities' (*aʿwānaha*), asking for the cutting of his tongue and the breaking of his pen.[125]

These two articles show how doctors, while trying to inform Algerians about diseases and how to treat them, were confronted with different types of resistance. They were mocked and rarely believed. Algerians were often unwilling to accept medical care, because they thought nothing was wrong with them. We have seen how this encounter was dealt with: the spectrum of options went from medicines that caused no side-effects to violent medical subjection. Different arguments were made for such measures, like an appeal to 'civilized law' and religious duties, but also to the country's social harmony. To arrive at such harmony,

[122] "Matā Yuʿālidj al-Marīḍ wa huwa Yiddaʿā innahu Ṣaḥīḥ : La baʾs ʿaleyh?," al-Ummat *al-Djazāʾir*, 6 August 1935.
[123] *Sunnah* are Islamic guiding traditions and practices as exemplified by the Prophet Muhammad.
[124] "Matā Yuʿālidj al-Marīḍ wa huwa Yiddaʿā innahu Ṣaḥīḥ : La baʾs ʿaleyh?," al-Ummat *al-Djazāʾir*, 6 August 1935.
[125] Ibidem.

doctors invoked Islamic “righteousness” as an alternative to existing ties of social cohesion. Interestingly, this political argument ricocheted, because resisting Algerians politicized this medical interference, too. Calling upon the safety of the state, villagers sought support of local authorities to get rid of intruding doctors.

Conclusion

This last chapter has focused on medical interactions as described in the Algerian Arabic press of the early 1930s. These interactions took place either between authors and their readers, in the case of the first two opinionated pieces; or between doctors and unwilling patients, whose confrontations were described in the last two articles. All four articles have proven that the spread and subsequent accommodation of new medical knowledge was a negotiated discursive struggle. We have seen how various argumentative strategies were deployed to render new knowledge commensurable with existing orders of thought. The most important of these strategies were the interpretation of Islamic divine sayings, the argument for the vital mutual dependency between Islam and scientific health principles, and the maintenance of political order.

Yet, conversely, those who were thought to need convincing also talked back: withholding Algerian villagers complicated doctors’ medical propaganda by refusing to comply with their messages. Moreover, they did not wish to conform to external interventions targeted at their bodies. All the more, since these interventions were based on invisible assumptions (e.g. microbes and viruses). Rather, they argued, their wellbeing depended on money (‘the Dirham is the only facilitator’), which implies that Algerians were well aware of the socio-economic causes of their physical immiseration.

Here, the politics behind the moving of knowledge become very apparent: Algerian villagers rejected propositions to relocate their medical knowledge, which was ordered along the lines of their ‘clan, gender, and country’, from the locales of their villages towards the colony-spanning network of the Islamic elite and the ‘pupils of Pasteur’.[126] They were even more suspicious of such uprooting when no material gains were proposed in return. Hence, these four articles prove that the ordering of knowledge always demanded effort. Yet, I argue that the willingness to reorder knowledge depended on the material and political gains that were received in return. Algerian villagers, as this chapter has demonstrated, feared the loss of control and accused the visiting doctor of being an ‘enemy of the state.’

[126] These are the words of Joseph Desparmet. See pp 33-34 of this thesis for the quote.

Conclusion

In this thesis, I have studied interacting medical knowledge in colonial Algeria between 1900 and 1939. In order to render this intelligible, I delineated three fields of interaction which, together, offered a kaleidoscopic view on the dynamic medical landscape of colonial Algeria. In alliance with the expanding discipline of the History of Knowledge, I understood knowledge to be intrinsically mobile and therefore in need of active ordering. Proceeding from this premise, the interactions I focused on occurred between different 'orders of medical knowledge'. When these medical orders communicated, with each other or with other societal demands and impositions, they were transformed; knowledge was added to the order or had left it and the new order had to be rebalanced. Hence, this thesis focuses on the balancing act of Algerians who steered their perceptions of medicine through the many challenges that the colonial society confronted them with.

This colonial society was strictly divided between Algerian Muslims and Europeans, especially after the French *sénatus-consulte* of 1865, which meted out a restrictive personal status for Algerians called the *indigénat*. This personal status was based on behavioral, religious, and cultural criteria, and, at least theoretically, thought to be modifiable by the aid of the so-called "civilizing mission." Practically, however, such social uplifting was constantly deferred so that the legal disparities perpetuated. Living as an *indigène* meant that Algerians were French subjects without French citizenship, which implied that they were policed based on Republican law without being protected by it. Hence, the majority population of Algeria was outlawed and exposed to dispossession, capricious violence, and impoverishment.

During the first decades of the twentieth century, the chronological window of this thesis, these legal divisions hardened and became more distinct. The fast-growing Algerian population demanded the social uplifting that Republican principles and the civilizing mission had promised them. At the same time, Algerians increasingly formed cultural, labor, and religious societies, not exceptionally on the basis of the criteria determining their inferior legal status. The organization of this affective association was enhanced by the expanding means of transportation and communication. As a result, Algerians and Europeans encountered each other more and more, which rendered the continuous process of social differentiation more explicit.

Medicine was one of the fields in which this differentiation was articulated. Yet, "European" medical ideas had changed enormously by the end of the nineteenth century. Until the 1890s, the presumption had been that the climate of the invaded land was inherently

different (i.e. 'hot'), which determined the health of "acclimatized" Algerians and yet-to-be "acclimatized" Europeans. After the 1890s, discoveries in the laboratories of the Pasteur Institute changed this idea: health was not determined by the climate but by the bodily resistance against parasites, vectors, and viruses. Moreover, under the microscope, biological mechanisms appeared to be indifferent to (colonial) social stratifications.

The universality of human biology implied three things in colonial Algeria: first, this newly devised order of medical knowledge, which for practical reasons I labelled "scientific medicine" in this thesis, had to be widely understood and put into practice. Since medical conditions were relational, the health of the whole colonial population depended on the health of the separate(d) groups it comprised. The Pasteur Institute in Algiers and the Algiers School of Medicine therefore launched campaigns to spread this perception of medicine, especially targeting Algerians who held other conceptions of care and cure, which I labelled "metaphysical medicine" and "Islamic medicine" in this thesis. Secondly, "scientific medicine" reduced public health to the management of bodies and microbes. This implied that medical interventions by the colonial state could be deliberately stripped of their social components: vaccines and sanitization absolved the state from relieving Algerians of their famine and poverty. And thirdly, the universal Pasteurian principles did not flatten social hierarchies in Algeria. Instead, the colonial 'grammar of difference' was inventively inscribed into the new scientific order of medical knowledge and, consequently, affirmed this grammar on the authoritative basis of science.[127]

The medical interactions I studied in this thesis played out against the backdrop of these developments which, on the one hand, meant for Algerians that their orders of knowledge were increasingly challenged, but it also implied that, on the other hand, their social subordination was defined in new ways. Yet, without neglecting this colonial asymmetry, what I have tried to do in this research is to look beyond the determinist binary of colonizer and colonized. Instead, I wanted to zoom in at the agency and resourcefulness of ordinary Algerians in stabilizing their medical orders of knowledge under pressure. In order to do so, I drew on French and Arabic source material from which I was able to distill different Algerian perspectives on medical interaction. These sources informed the division between the three chapters, each opening a window on a different kind of medical interaction.

In the first chapter, I explored two anthropological texts dealing with Algerian medical knowledge. Additionally, I critically assessed the author of these works, Joseph Desparmet.

[127] For the 'grammar of difference', see Stoler and Cooper, "Between Metropole and Colony", 3-4.

Desparmet held a rare position in colonial society, because he was fluent in the Arabic colloquial of Blida and its surroundings, where he resided and conducted his fieldwork; yet, at the same time, he was also a highly-educated French man at the top of the colonial hierarchy. Desparmet, who was a thorough examiner of Algerian social and cultural life, therefore had an exceptional view on the permeability and dynamism of the demarcation lines around his field of research. Medicine was a recurrent topic in Desparmet's *Le mal magique* (1932) and by reading it against the grain we gained insight into how Algerian practitioners, many of them women, recalibrated the order of their medical knowledge when this order was challenged. Moreover, in the analysis of *Kitāb al-Fawāʾid* (1905), we saw both the range of reasons for which Algerians avoided French care and the instrumentalization of anthropological knowledge for ruling purposes.

In the second chapter, I examined medical advertisements from four Arabic newspapers in order to explore the medical interactions taking place in the Algerian medical market. My analysis showed that the market was a versatile platform that allowed for the commercialization of various medical ideas. Without suggesting that the medical market was politics-free or developing in isolation, we saw how it formed a space where knowledge could be ordered in ways that could defy the binary between French "scientific" medicine and Algerian "traditional" medicine. However, this relative freedom was enjoyed in different ways: whereas Algerian medical merchants strived to merge Islamic and scientific orders of medical knowledge, European businessmen only adjusted the form of their advertisements by deploying baseless Islamic and Orientalist symbolism that actually reproduced the existing compartmentalization between Algerians and Europeans. Hence, medical advertisements provided a format that could both emancipate new orders and consolidate existing orders of knowledge.

In the third and last chapter, I focused on the spread and accommodation of scientific medical knowledge among Algerians by exploring four articles about health and disease in the Arabic press in the early 1930s. The first two articles centered on the theoretical question whether scientific medicine was commensurable with Islam and its religious health precepts. The two anonymous authors of these articles argued for the mutual indispensability of medical science and Islam and for the anticipation of scientific medicine in the sayings of the Prophet, the *ḥadīth*s. These articles portray the willingness of Algerian intellectuals to accommodate new knowledge in their existing orders of thought. Such proof of religious flexibility contributes to the historiography concerning moving knowledge in the Arabic-speaking world, which criticizes the dichotomy between a "modern" Europe and a "traditional" Islam. However,

two other articles demonstrated that not all Algerians were so welcoming of scientific medicine. This resistance of non-elite Algerian villagers led to frustration among Algerian doctors, who vainly invoked 'civilized tradition,' 'righteousness and piety,' and the '*Sunnah* of the Prophet' to convey scientific medical principles, but who also proposed the 'sword' to violently impose their therapies. Meanwhile, these unwilling Algerians were suspicious of intervening doctors, because they did not propose any alteration of their material conditions ('the Dirham is the only facilitator of everything'). Moreover, losing control over the ordering of their knowledge, dislocated from their 'clan, gender or country' towards the guiding principles of the Quran and the *Sunnah*, was perceived as dangerous for the communal harmony. Consequently, a visiting doctor was called an 'enemy of the state.' Hence, these four articles showed that the ordering of knowledge in a changing society was always a negotiated discursive struggle, but that the willingness to reorder depended on material and political gains that could be received in return.

Drawing on these three chapters, five concluding observations can be made. First, contrary to the way it has been often historicized, medicine did not neatly coincide with the fault lines of the colonial social stratification. It offered both Europeans and Algerians a field onto which they could skid between categories. We have seen this most clearly in the second chapter, where we encountered European and Algerian medical merchants who used the relative liberty of the market to integrate each other's ideas and forms in the concise format of their advertisements. Moreover, in chapter three, we have seen how Muslim intellectuals sought epistemic stability by explaining the most important guiding principle of their order of knowledge, Islam, in a way that would make it commensurable with scientific health principles. Hence, medical knowledge was always on the move and could transgress the rigid social compartments of the colony.

Second, knowledge production needs active discursive effort. Therefore, it is important to distinguish between actual efforts to accommodate new information in existing orders of knowledge and mere suggestions of such accommodation. We have seen the difference between these two strategies in the second chapter, where Algerian entrepreneurs carefully articulated how they forged ingredients of miscellaneous origin into a stable epistemic composition, while European businessmen created an illusion of ordered knowledge by merely dressing their ads in an essentialized aesthetic that fixed Algerian knowledge as inherently different.

Third, Algerians were not homogenous in their interpretation of European ideas and practices. Contrary to the binary between the colonizers and the colonized, which frames the two parts as monolithic entities, this thesis has demonstrated that Algerians were far from homogeneous regarding the ways in which they made sense of changing medical knowledge.

Chapter three has best illuminated this interpretative diversity. There, we have seen how Algerian intellectuals, writing in an Islamic reformist newspaper, inscribed Pasteurian precepts into their religiously ordered knowledge. In fact, they even argued for the very need of scientific medicine for Islam and for its anticipation in divine guiding principles. Yet, this chapter also showed Algerians who were less willing to accommodate scientific medicine. These villagers responded suspiciously and angrily when Algerian doctors came to warn them for the danger of viruses and contagion.

Fourth, expanding on the third observation, we can convincingly state that, under the oppressive forces of colonialism, existing Algerian frameworks of knowledge endured. Next to the example of the resistant villagers, we have read how women in Blida's rural hinterland defended their therapeutic practices against challenges that mocked their expertise and, consequently, their power. Additionally, Joseph Desparmet recorded how Algerian mothers sometimes saw newly introduced medical practices as a reinforcement of their existing order of knowledge. This underscores the resourcefulness of Algerians concerning the way they navigated their orders of knowledge through a rapidly changing medical landscape.

Fifth, thanks to the inclusion of the voices of non-elite Algerians in this thesis, we can assert that the motives of these people to protect the orderliness of their medical knowledge was premeditated and complex. Financial considerations, alleged immunity, and communal peace played an important role in their decision to reject the propaganda of scientific medicine. Moreover, Algerian criticism was less targeted against what was offered by external medical interventions (i.e. knowledge about contagion and measures to prevent this) than what lacked in these offers (i.e. money and other means to lessen their immiseration). Thus, I argue that Algerians' discourses expose the politics behind the ordering of knowledge, because they illuminate the implications of a potential reordering. The distribution of medical knowledge along the lines of 'clan, gender, or country' importantly determined local power relations; any relocation of knowledge, as proposed by *ṭāleb*s and visiting doctors, would therefore imply a rearrangement of power as well. So, with the advent of scientific medicine, Algerian villagers feared to lose the authority over both the way they ordered knowledge and the way they allocated power.

Thus, to answer the main research question of this thesis – *How did different orders of medical knowledge interact in colonial Algeria between 1900 and 1939?* – I argue that the interactions I discussed in this thesis demonstrate that the ordering of medical knowledge needed active effort and that, to generate this effort, a particular motivation was required. Contrary to the historiographic binary between colonizers and the colonized, Algerians formed

no monolithic group. Therefore, their motivations to order their knowledge varied, which resulted in different medical understandings. These differences were related to, but not constituted by the colonial social stratification. Algerians were pragmatic and assertive in the ways they calibrated their medical knowledge, so that they secured a maximum of control over the distribution of power in their immediate surroundings. In some cases, this implied accommodating new scientific knowledge. In other cases, this meant retaining existing, often metaphysical, knowledge. Consequently, despite the oppressive forces of colonialism and the propaganda of Pasteur's health principles, existing Algerian orders of medical knowledge prevailed.

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For the translation of the *ḥadīth*s, I made use of the website: sunnah.com